Narcissism in the Interactive Matrix: Contemporary Perspectives on Technique

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Despite the prominence of two-person models in psychoanalytic theory and treatment, clinical dilemmas in work with narcissistic patients are frequently framed in outdated one-person dichotomies between active interpretation of narcissistic defenses (e.g., for “Kernberg’s narcissist”) and empathic support around narcissistic needs or vulnerabilities (for “Kohut’s narcissist”). While some prominent classical theorists have moved away from these models and toward a focus on representations of self and other in narcissistic states (e.g., Bach), the implications of these self-other configurations on the nature of therapeutic interaction and the analyst’s participation has not been in the foreground.

This course will draw on contemporary interpersonal/relational ideas to explore the challenges of working with narcissistic problems. It will focus on the use of theories to both alleviate and enact these problems, and the ways in which the analyst’s narcissism is inevitably implicated in the interactive field. Narcissism will be conceptualized as “a central dimension of psychopathology that cuts across the diagnostic spectrum” (Fiscalini, 1994, p. 749), that can be more or less rigid and severe. Throughout the course, we will draw on the seminal work of interpersonal/relational theorists such as Fiscalini (1993, 1994, 1995,) and Mitchell (1988) to address the challenges of working with narcissistic problems and the potential for flexibility and synthesis of seemingly incompatible technical stances. At the same time, we will explore the ways in which any theoretical position, including ones advocating pluralism, expresses the analyst’s subjectivity, countertransference, and self-interests.

Week 1: Theory Ensnared in Sado-masochistic Enactment: The Kohut/Kernberg Struggle

The first week lays out the Kohut/Kernberg debate that forms the backdrop to the interpersonal/relational critique of traditional, “one-person” approaches to narcissism. We will explore what it is about narcissistic problems that lend themselves to polarizing debates and polarized positions: conflict vs. deficit, interpretation vs. relationship; confrontation vs. support; vulnerability vs. aggression; and, sadism vs. masochism. How do our theoretical splits reflect our patients’, and our own, inabilities to sustain ambiguity and tension between opposing poles of experience?

Readings:


**Recommended:**


**Week 2: Narcissistic Person or Narcissistic Problem?**

Theorists in the interpersonal/relational tradition have been vocal critics of diagnostic and technical rigidity and proponents of flexibility and pluralism. This week we will explore the clinical implications of these positions with narcissistic patients, as well as the challenges of working without generalizations and “rules” regarding diagnosis or technical stances. Is this always preferable? Is it useful to think of specificity and commonality as another dichotomy that collapses necessary tension? Might this tension be of particular salience in working with narcissistic patients who, themselves, have difficulty holding simultaneously experiences of self as both unique and ordinary?

**Readings:**


**Recommended:**


**Week 3: Varieties of Narcissistic Relating, Part I: The Shamed, Spoiled, and Special Child**

This week we will begin to look at the vicissitudes of narcissistic relatedness and the ways that these patterns shape the transference-countertransference matrix. No interpersonal theorist has done more to elaborate the challenges of working with narcissistic problems than John Fiscalini. While Fiscalini argues that narcissistic relating characterizes all patients to some degree, he also conceptualizes patterns that characterize core narcissistic constellations (e.g., the shamed, spoiled, and special child [Fiscalini, 1993]). In discussing Fiscalini’s contributions, we will revisit
the way in which analysts can invoke theoretical loyalties to rationalize participation in enactments of these relational configurations.

Readings:


Recommended:


Week 4: Varieties of Narcissistic Relating Part II: Working Inside and Outside of Narcissistic Integrations

In attending to the centrality of parent-child interactions in the origins of narcissistic problems, interpersonal/relational theorists draw attention to particularity of these relationships and of the expression of narcissistic issues. This week we will focus on how this backdrop of variety and nuance complicates the adoption of a technical "stance." For example, if both the growth enhancing and the defensive, constricting functions of narcissistic relatedness are present at the same time, how do we orient ourselves technically? How does attentiveness to the details of a patient’s experience open up possibilities in clinical inquiry and the quality of relatedness?

Readings:


Week 5: Varieties of Narcissistic Relating Part III: Inflated and Deflated Narcissistic States

While not from an interpersonal/relational tradition, Sheldon Bach's extensive work in formulating narcissistically configured object relations has important implications for therapeutic interaction. Bach has aptly described the inflated narcissist, who idealizes him/herself and denigrates others, and the deflated narcissist, idealizes others, while denigrating him/herself. Bach emphasizes that
clinical work with narcissistic patients involves bringing to light the patient’s identification with both parts of an internalized interaction (e.g., the inflated narcissist’s deep feelings of vulnerability and dependence or the depleted narcissist’s hidden grandiosity and superiority). In this class, we will use Bach’s formulations as a springboard for exploring common transference/countertransference paradigms in working with narcissistic issues: for example, the depleted patient and the inflated analyst, the inflated patient and the depleted analyst, the mutually admiring/idealizing dyad, the mutually depleted/inadequate dyad. Particular attention will be paid to the degree of differentiation in these relational configurations, as well as to challenges in identifying the analyst’s participation in the configuration when his/her “role” conforms seamlessly to his/her preferred self-concept, technical proclivities, or defensive adaptations.

Readings:


Recommended:


Week 6: With Which Self do we Empathize? Implications of Multiple Self-State Models to Working with Narcissistic Problems

One influential strain of contemporary interpersonal/relational theorizing emphasizes the multiplicity of mental organization. In this model of mind “psychical processes [are viewed] as a kind of confederation of multiple, dynamically interacting, but otherwise autonomous sub-organizations of internalized self and object representations which move in and out of conscious prominence depending upon the evocative potential of the current interpersonal moment” (Davies, 1999). In this class, we will examine some of the implications of this model for working with narcissistic problems. These include the way that technical choices may meet the needs of one of the patient’s “self-states,” while ignoring those of another. When we are trying to provide consistency, safety, or empathy, whose needs are we meeting and whose needs are we ignoring? And what, if anything, is lost in abdicating a view of a “core” or “unitary” self?

Readings:
Week 7: Tensions between Empathy and Recognition: the Contemporary Debate Between Self Psychological and Interpersonal/Relational Perspectives

The historical debate between self psychological and object relational perspectives about how best to work with narcissistic problems is alive and well in the contemporary literature. However, often lost in the arguments about the relative merits of challenging versus empathic interventions is a more nuanced elaboration of what “attunement” to the patient’s needs actually means. In this class we will explore the difficulties in maintaining an empathic stance, in which the therapist immerses themselves inside the patient’s perspective and a stance that honors the patient’s need to feel recognized by an outside other who can acknowledge their impact and their (in Sullivan’s terms) “bad-me” parts.

Readings:


Week 8: Whose Narcissistic States Are They Anyway? The Analyst’s Narcissism in the Clinical Encounter

The contribution of the interpersonal/relational perspectives in recognizing the influence of the analyst’s subjectivity, and thus the analyst’s narcissism, on therapeutic interaction has been a theme throughout this course. Narcissistic patients can be “difficult,” in part, because they confront the analyst with the more difficult parts of themselves. Calling the analyst’s reactions in narcissistically informed enactments “countertransference” minimizes the extent to which the analyst’s sense of self is on the line. These encounters can challenge the analyst’s professional aspirations, desire for recognition, and capacity to self-regulate. In this class, we will explore how the narcissistic needs and defenses of the analyst can
shape, make, or break the outcome of impasses with narcissistically vulnerable patients. We will use this to examine the role of the analyst's narcissism in structuring therapeutic outcome.

Readings:


Recommended:
