Working with the narcissistic impasse

Madeleine Fogarty

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Abstract

Although few clients are fully narcissistic, there is narcissism in every characterological adjustment, and narcissistic defences (or creative adjustments involving idealization) are frequently encountered in the clinic. These defences can lead to a “narcissistic impasse”, where the client repeatedly returns to the same topic or event, but acts with disengagement or hostility whenever the therapist attempts to scratch beneath the surface of the idealization. Yet deconstructing these narcissistic defences is often an essential step in helping the client to deal with the issues that have brought them into therapy. This article explores the role that the therapist can play in moving beyond a narcissistic impasse, including the use of the contact cycle, illustrating the process involved through a case study.

What is the narcissistic impasse?

Have you ever sat with a client who seems to resist relational engagement at certain points in the clinical hour? This client may be generally engaged in a therapeutic alliance, can be cooperative and positive about therapy and demonstrates progress towards co-created therapeutic goals. However, particular topics render dialogic interaction unwelcome. The client tells a story that you have heard in one way or another many times before. They may tell it with heightened fervor or defeated flatness, but therapeutic engagement is resisted. The resistance I am describing here is not differentiation or disagreement (both of which have a relational flavor). Instead this resistance has the flavor of monologue and exclusion; it is also characterized by repetition and flatness. It is a no go zone for the therapist, a stop sign from the client. The client seems to be seeking admiration and reassurance. Yet when this is offered it does not bridge the relational gap between the two of you. Where curiosity in the here and now is usually met by the client with co-operation and phenomenological self-investigation, the answer to the therapist’s question “what’s happening for you as you tell me this story now?” is instead met with
blankness or irritation, sometimes even aggressive retaliation. Inadvertently the client is shamed by the therapist’s question (which seeks to bring the client into the here and now) and a rupture between therapist and client occurs.

This is what I am describing as a narcissistic impasse: a flat spot of disengagement that occurs repeatedly, that can be hedged around by deflection and avoidance, or soothed by mirroring, but that will not budge from the centre of the clinical encounter. Despite the client’s palpable refusal to dialogically engage with the therapist, he or she will continue to circle back to the impasse, as this exclusive zone contains the kernel of the client’s motivation for therapy and paradoxically their desire for change. The need of the client organizes the field, even where this need is outside the client’s awareness.

What is the difference between characterological narcissism and the narcissistic impasse?

Though few clients are fully narcissistic, there is narcissism in every characterological adjustment (Johnson, 1994). It has been suggested that we are currently living in a society that creates fragile self-esteem and rewards narcissism (Lasch, 1979) and that Western culture is in the midst of a narcissism epidemic (Twenge & Campbell, 2009). This can be seen in the predominance of narcissistic defenses, which unlike depressive defences (such as “I am bad or unworthy” or “it’s my fault”) are unavailable to insight for the client. In other words, the client cannot take responsibility for their defensiveness and are unaware that they are operating from idealization.

A narcissistic impasse is characterized not only by exclusion (of the external field, including therapeutic dialogue) but, like the mythical hero from which narcissism gets its name, it is marked by a deep fascination with an ideal or image. These idealized defenses occur where there is a conflict between what one thinks they want or have (the idea of a thing) and what one really needs (but is not fully aware of). Not only are they outside awareness, but they are the source of affliction to the self. Shakespeare’s first sonnet well describes the painful experience of idealization that we might bear in mind in order to empathize with clients caught in a narcissistic impasse:

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\begin{align*}
\text{But thou, contracted to thine own bright eyes,} \\
\text{Feed' st thy light's fame with self-substantial fuel,} \\
\text{Making a famine where abundance lies,} \\
\text{Thyself thy foe, to thy sweet self too cruel.}
\end{align*}
\]

Narcissistic idealization/impasse frequently occurs in romantic partnerships,
family of origin relationships and sometimes in the therapeutic relationship. The client’s idealization elicits admiration from the therapist (I find myself drawn to praising their achievements and efforts) after which the client elevates the therapist, often attributing greatness to the clinical work (rather than expressing gratitude) and offering an opportunity for the therapist to feel potent (quite possibly at the moment when this is least warranted). When encountering a narcissistic impasse, by contrast, clients are quick to devalue therapeutic work, unless it mirrors and reflects their self absorption with the ideal, and are notorious for terminating a therapeutic alliance (rather than expressing remorse or sadness) if they are narcissistically wounded by the therapist (Greenberg, 1994). Attempts that I might (empathically) make to add complexity to my client’s idealization are met with glazed eyed compliance at best, and more often are bluntly batted back, because insight hurts.

**What role can the therapist play in shifting this impasse?**

Looking at the contact cycle as a wave (Zinker, 1978) helps us to see the series of rises and falls that many clients experience through the defensive idealization that characterizes the narcissistic impasse. Though the client demonstrates a capacity for sensation, motivation and action, at the narcissistic impasse contact does not occur and the impasse drops us into a void. For example, where a client falls into the narcissistic impasse in intimacy they tend to make contact with the other only in those moments when the client’s lover meets an ideal projection. In other words, the client is not really connecting with the other as they are, but as they seem to meet that ideal. Consequently contact is depleted and satisfaction is denied. Tales of love are repeated, but seldom satisfy: What is happening in the here and now, as the client recounts their idealization is sometimes excitation, but even then it covers a void – an uncertain, uncomfortable, anxiety provoking place of dread and shame.

To invite contact with this internal phenomenology is a delicate yet defiant intervention. Hence it is necessary to carefully evaluate our client’s level of self-support and choose interventions accordingly rather than bringing to our client’s attention whatever is the strongest figure for us. Experience has taught me that it can only be done once the therapeutic alliance has been solidly established. This requires many sessions dwelling in the hermeneutics of trust (Orange, 2011) – mirroring and extending the client’s capacity to fill out the contact cycle by sitting in satisfaction and withdrawal – in order to create an observing platform for the client, a platform from which they will be able to see themselves without interference from their inner critic.

The therapeutic alliance is driven by the expressed needs of the client,
but the need to sit in a moment of real ordinary contact with another and feel satisfaction and withdrawal, will not be initiated by the client at the impasse. Eventually the therapist needs to get in the way of the client’s capacity to deflect, to charm, to entertain and to drone on. Stone in hand, the therapist casts ripples in the idealized defence and offers instead a real and fragile connection through the therapeutic encounter.

To sit with this connection for more than a moment is often very difficult. When I have taken my client’s lead and deflected away from their discomfort, our alliance has been restored by moving from figure to ground. Once ground has been re-established we can return to the shared moment of delicate connection and start to understand it together. This is a time to slow the work down, to stay with it together, to sit with the subtle connection that cautiously creeps back into the room and to support the client to breathe, to feel the energy between you and to feel satisfaction about an experience that may not be pleasant but is real.

Sometimes the work requires courage from the therapist to hold ground in the face of retaliation due to narcissistic injury. It is important to understand that idealized defences are very effective and have been (unconsciously) constructed by the client for life supporting reasons. After a while clients may start to see their idealizing patterns for themselves and may ironically refer to “that cover girl in my mind” or “my perfectionism”, but initially clients may cling to these defenses and fight back. These clients are often highly intelligent and vigilant and can attack with a venom that strikes particularly harshly at the therapist’s own narcissism (especially when this involves the therapist hubristically backing themselves on a hunch, rather than proceeding with a grounded and relationally based challenge). This is particularly the case where defensive idealization includes the client’s elevated idea of themselves or intimate others. If the client’s creative adjustment has been to think of themselves and/or their intimates as perfect, this can be a tricky adaptation to budge.

**Case presentation of “Sarah”**

Sarah came to see me because she felt depressed. In her early 30s she was under-employed, uncomfortable with her family (despite describing them as wonderful), out of step in many of her friendships (where marriages and babies were beginning to predominate) and unable to form a satisfying relationship with a partner. Sarah’s lack of eye contact, hunched posture and rigid body conveyed a sense of shame and unreachableness. But the therapy progressed well. Sarah was open to experiments and within a few months developed a contactful and engaging relationship with me, her therapist. She was able
to take responsibility for her inability to complete tasks and was gainfully employed within a few months. Following that she uncovered a passion, and commenced a masters degree where she continues to do well. Her relationships with friends improved as she developed an appreciation for her difference (from her friends), partly through gainful employment and rewarding study, but also partly by working through what had been a defended resistance to “not wanting to have children”. These shifts towards greater connection and complexity in her friendships occurred in the context of our relational engagement, where Sarah was open to feed back about her style of contact and in the safety of the therapeutic alliance began to experience stages of the contact cycle that she frequently passed over, such as contact, satisfaction and withdrawal. Sometimes we would sit together in the satisfaction of her having differentiated from poor direction from her boss. At first Sarah would describe feeling stiff and uncomfortable, but after learning to enjoy breathing together she would break out into expressions of contagious laughter. Together we reveled in the expression of joy, anger, hope, sadness and ambition, and together we built an observing platform from which Sarah could reflect upon her thoughts and feelings without involving her harsh inner critic.

However there were two areas of suffering that Sarah found hard to shift and difficult to bring to our work. The first was her history of unfulfilled intimate relationships (this was in her awareness, and she complained of it often), the second was her family of origin which was a source of shame despite being described by Sarah as “perfect”. Sarah had introjected an idealized family scenario. Her family were “loving”, well established and “generous” towards her. But at weekly family dinners where parents, older brother and younger sister and brother gathered with their respective spouses and growing entourage of children, Sarah felt out of place and harshly judged, though no words of insult or criticism were ever spoken. Enquiry from her parents or siblings felt like the Spanish Inquisition and talking about these events in the clinical setting evoked similar reactions in Sarah. My curiosity about her experience both at dinner, and as she spoke about it in the clinic, were met with the characteristics of the narcissistic impasse that I have just described. Co-operation from Sarah decreased and she became stiff, resistant and prickly at any intervention. When I asked her what was happening she would turn away from me, divert her gaze and eventually answer with deflection (“I don’t know, this is stupid, can we talk about something else?”) or minimization (“I don’t know why we keep talking about this stuff, its nothing really, so many people have bigger problems than this”).

After circling around this impasse for a couple of months of fortnightly meetings, I hypothesized that the flatness in our interactions about her intimate
relationships and her family of origin were connected (as they often are through our tendency to habitually repeat relationships that are outside our awareness). To throw the stone in the familial idealization that Sarah had created, I needed her agreement to increase the frequency of our meetings. Sarah was very reluctant to do this. We had been working together for almost a year and she had reached a stage where she would start our sessions with “I don’t know what to say this session, everything is going well”. I reminded her that despite these opening remarks the session time often flew (indicating that there was in fact a lot going on). I contracted with her to minimize the financial impact of weekly session costs: I offered a month of weekly sessions followed by a break, if she wanted to take one. Eventually she agreed.

This was an important step, as deconstructing a narcissistic impasse demands close attention from the therapist and yet the shame bursting from the narcissistic bubble requires that this attention is not experienced by the client as therapeutic vigilance. It is delicate work that requires attention with an evenly hovering quality. To move through the impasse the therapist needs to interrupt the idealization that prevents the client from making contact with a more complex reality, and to be fully present to the consequences of this challenge, even when it evokes narcissistic re-injury (as it frequently does).

Sarah’s characterization of her family made me suspicious. Her family were “perfect”, she had “let them down”, a familiar trope for an etiology of depression. But whereas Sarah’s expression of remorse at having let friends down or failing herself by not completing tasks had been openly addressed in our work, this expression of her “failure” held an uncharacteristic hostility. There was something unconvincing about her self-deprecation. I suspected that she was angry with her family, but shamefully hiding this anger under a veil of listless compliance. This is what theorists of narcissism have called a “false self”, but I prefer the term creative adjustment as it assists us to understand the relational adaptability of idealized defences, to appreciate the efforts that the client has made to hide and defend against injury and to integrate this adjustment into adult functioning.

Sarah is the replacement child for a sibling who died in infancy, with a mother who she describes as “anxious at the best of times”. Her birth was followed 16 months later by the birth of a bonny sister who continues to offer the family joy and comfort in her life choices, provision of grandchildren and sunny disposition. These facts were reluctantly acknowledged by Sarah, who adores her sister and bluntly resented my suggestion that she might understandably feel some jealousy towards her sibling. It took many more sessions in which Sarah became more hostile towards me and excruciatingly twisted and angry towards her mother to journey towards the well-spring of grief that Sarah
carried about her childhood neglect and hurt. At moments Sarah would sit in sorrowful acceptance of her loss and then she would swing back towards denial: rationalizing her mother’s (understandable) anxiety and inability to bond with Sarah to the point of “perfect” motherhood. These swings were unpredictable and it was sometimes impossible for me to manage holding Sarah in contact with her feelings, and sitting together for more than a moment. Our early work with the contact cycle and breath supported the therapeutic journey to the point where Sarah recognized that she had introjected a creative adjustment that had helped her to survive her childhood. Like most children she had made her family into the good enough family, but Sarah had adapted this creative adjustment a step further and elevated them to an admiring and unreachable place from which she could feign apology for disappointing her family whist hiding her rage at their inability to meet her needs from both them and herself.

The work of making oneself a priority is paradoxically most challenging where idealized defences are operating, because the client is often blind-sided to the fact that they are unable to contact the needs that drive this idealization. As Sarah came to recognize her patterns of defending against injury through conforming to the expectations of others, particularly the familial maxim of compulsory happiness, she became more familiar with the complexity of emotions that ran beneath her “faking happy for her family”. She often reminded us “that it is going to take a lot of courage to make myself a priority”, and that was partly due to her tendency towards reaching for inter-personal support for intra-psychic suffering. Though sophisticated in some arenas of life, Sarah demonstrated a child-like prioritizing of honesty that lacked an awareness of the other in a dialogue. As soon as she stopped wearing herself out by pretending to be happy, she started to reinjure herself by being brutally honest about her internal state with family members, only to be met by hostility from them. What Sarah learnt through our work was to recognize her needs as hers and to soften her feelings of acute neediness or numbness. Through this process of sitting together, in contact, satisfaction and withdrawal, she began to enjoy various feeling states and learnt to understand them more fully.

Gradually her relationship with her family changed to the point where she shared her release from her needs to be met by her family.

“Now that I am not organized around needing them to meet me, or like everything about me I am starting to see who they are and realizing why it was so hard for me to get the attention that I needed from them. Dad is controlling, dismissive and constantly eroding my enthusiasm for projects that don’t interest him. Mum can hardly listen to me talk about my course and my work. Now that I feel less vulnerable towards them, I no longer
feel my need for their admiration. I am becoming strategic with them, not allowing them to use me, to suck my experience out of me and to make me feel disapproved of and inadequate. I tell my mother what she wants to hear, rather than revealing my ambivalences and uncertainties. I have found other places where those needs can be met more effectively. What feels like the biggest breakthrough is that I am authorizing myself and not looking for approval from them! Of course it is baby steps and I am still falling over, but I can really feel the change in my life and am liberated from the cycle of emptiness that I had become so familiar with.”

Sarah began to take more risks in intimate relationships, but often fell into prioritizing the striving ambitious part of herself, rather than the vulnerable complex part. After breaking up with her devaluing partner, she started a relationship of mutual admiration and was heart-broken when she eventually shared her anxiety and feelings of uncertainty with her new boyfriend who responded by suggesting that she would be better off keeping that sort of stuff to herself: an excruciating reminder of how hard the repeated relationship is to kick.

It became my therapeutic task to sit with her process of grieving another relationship breakup and to watch for patterns of idealization, making men good, devaluing her worth, dismissing her own needs, self-shaming, deflecting from complexity and contact and her fragile capacity to self-authorize. We worked relationally with these themes as they continued to arise in our work.

Throughout this work Sarah reminded me that holding clients afflicted by idealized defenses to satisfaction can be challenging. For a start, feeling satisfied with a moment of connection with a therapist about a vulnerability that is habitually disavowed and shameful to acknowledge is unfamiliar, and this work has taught me to be more patient than I had imagined possible. Sometimes I have found it helpful to follow the client into another area of their life (one that does not require therapeutic intervention as it usually a recounting of an experience where they have felt good enough). But even then, to sit in satisfaction with that ground is foreign; it “feels weird” and can sometimes provoke sabotage. For example, when I invited Sarah to take satisfaction in her self authorized “good work” (before a forthcoming performance appraisal where she sought validation), she became unsettled and began to cry. When I enquired after her tears, she had already moved again to a site of narcissistic injury – reciting yet again a rejection by her idealized lover, her ex-partner. It seems that self-authorized satisfaction is so uncomfortable that Sarah needs to move towards a more familiar site of not being good enough. However Sarah teaches me to listen more carefully to these tears. They are not tears of
re-injury, but of recognition of the losses her (idealized) relationship with her ex-partner has cost her. Satisfaction is like a blanket of comfort, providing sufficient support for her to feel her grief.

Conclusion

Deconstructing the client’s narcissistic defences is often an essential step towards helping them to deal with the issues that have brought them into therapy; but it can require extraordinary patience on the part of the therapist and a willingness to persist in the face of the client’s reluctance or refusal to engage with this part of the work. The narcissistic impasse is a no go zone that the therapist may ultimately need to enter if the client is to continue to grow. Development of the full contact cycle, particularly the celebration of small steps and success and satisfaction, assists the client to experience less isolation and shame and hence decreases the habitual tendency to resort to idealization as a palliative for repeated injuries. Withdrawal and sitting in the fertile void is also an important stage to allow for the expression of sorrow. Grief is also part of the work of relinquishing narcissistic defenses. Letting go of ideals and embracing complexity and ordinariness is a long journey. Some make it. Of the clients whose work helped me to write this paper many have settled into fulfilling relationships, others are still on the journey and I have only mentioned in passing those who have got away.

References

Madeleine Fogarty
Madeleine Fogarty is a psychotherapist with over 12 years experience working with individuals, couples and groups in Melbourne. She has also worked in forensic and mental health settings. More recently she has offered supervision in a relational Gestalt modality to therapists and counsellors. Madeleine graduated from GTA in 2001, has a masters’ degree in psychoanalysis and cultural studies and is currently completing her psychology thesis on Emotional Intelligence and Employee Engagement. Madeleine has trained in mindfulness and is interested in dream work, personal growth and development and the things that get in the way of realizing our full potential: like narcissism.