

The narcissistic psychotherapist

I have said somewhere before in a blog that psychotherapy can be a surprise because what is sometimes known as the "Helping relationship" maybe helping the psychotherapist more than the client.

Most assume that counsellors and psychotherapists are long suffering humans who listen to their clients recount their lives and the traumas in it. I have often been asked over the years, "How do you cope with listening to people's problems each day". Some people start to think of you in a 'saintly' way because of this. However I have stated that I have some narcissistic personality traits. So how can that be when I have been a psychotherapist for over 20 years. If I am constantly focused on the client and not self then that is opposite of a narcissistic personality.

Becoming a psychotherapist

As I have said to trainee counsellors over the years the final stage of development as a psychotherapist, is when you become who you are as the therapist. As people develop as psychotherapists they evolve their own style and choose their own treatment strategies which they find works best. So in the end you come up with a psychotherapeutic treatment approach that is you. It fits for your personality like a good quality well worn in shoe.

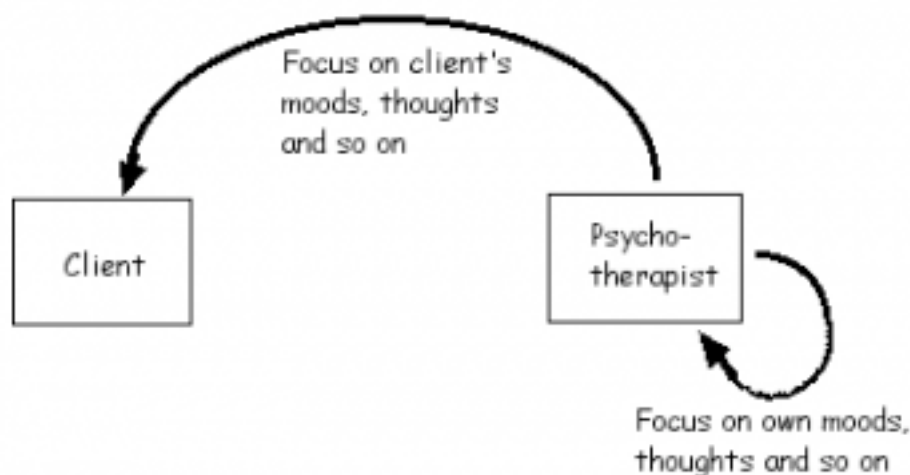
You know what its like when you buy a new shoe. It never fits quite right and is a bit uncomfortable and you may even get a blister or two. As time goes on you and the shoe start to get used to each other and the shoe stretches here and changes there a bit until it fits the mould of your foot, and maybe even your foot modifies a little bit to fit the shoe. Then you and the shoe get on famously.

Well learning psychotherapy is the same. Your original style feels awkward and the techniques you use are a bit uncomfortable at times. One reason is because the approach and the techniques do not fit your personality completely. Over time however that changes and you find a style of counselling that fits for your personality and your personality may even modify a little bit to fit the therapy approach. So in the end the best therapist is one who is just himself. He has evolved a therapy style which fits best for his personality and thus he can be truly himself with the other person (the client). And as we know this is often regarded as the most therapeutic thing of all. Forget the therapy techniques and all, if a psychotherapist can be honest with himself and just be himself in the relationship with the client then that has the most therapeutic benefits for the client. It maybe the first honest relationship that the client has ever been involved in!!

And my point is?

So if I have some narcissistic qualities (Hey I'm a blogger, I must be narcissistic) what form of therapy did I become interested in and evolve for myself?. Well the treatment style that I naturally was drawn too was the transference treatment approaches. That group of approaches that uses the relationship between the client and the therapist as the primary tool for change in the client.

As I have said before, in my view transference based treatments are narcissistic in the way they work. Below is a simple diagram that shows how a therapist can focus his attention in the therapeutic setting.



The therapist can focus his attention out onto the client or he can focus his attention inward onto himself. Of course the inward onto self is the much more narcissistic way. Yes you guessed it! That's one of the key components of a transference treatment approach. In any transference therapy there are two key components

- 1) The transference reactions. These are the feelings, thoughts and attitudes that the client develops towards the therapist.
- 2) The counter-transference reactions. These are the feelings, thoughts and attitudes that the therapist develops towards the client.

They are opposite sides of the same coin. In any transference relationship the therapist must have a good and ongoing understanding of his own thoughts, feelings and reactions to the client. This firstly allows for a much better understanding of the client and is crucial if the therapeutic relationship is going to evolve and develop as all relationships must do. To get a good and ongoing understanding of my own thoughts, feelings and reactions to the client I have to focus attention onto myself. There you have it! I am back to thinking about myself again!

By the way don't tell anyone this. Clients come and pay me to focus on them and think about them when in fact I am thinking about myself!

And there is more

Transference involves an idealisation of the therapist. When clients develop a transference with a psychotherapist they will start to view the therapist as an ideal person. They will only see the good qualities in the therapist and exaggerate those. Why? The Child ego state of the person is looking around for the perfect parent that they never had and will see the therapist as that. They unconsciously think, "If I have a perfect parent then they must be parenting me perfectly".

Depending on the person, the degree of idealisation can vary from a little to a great deal. In the latter you, the therapist, can become the most important person in that client's life. And that can go on for a long time. What do narcissists do? They over estimate their importance. They feel like they are very important to self, others and the world. So if you have a group of people (your clients) highly valuing your importance to them then that is going to be narcissists heaven.

And there is more

One of the difficulties with using a transference treatment approach is that it is very intense. It is an emotionally draining way to do psychotherapy for both client and therapist. That is OK for the client because he only comes once a week, but for the therapist he may be doing it three times per day. And over time that takes its toll.

Narcissists are sometimes described as having a narcissistic void in their relationships. The myth of narcissus states that because narcissus loved himself so much he didn't have any love left over for anyone else. So he could never fall in love with another person because he was already in love with himself. So sometimes in relationships narcissistic people can have a gap or space between them self and others. They don't fully attach or become emotionally 'involved' with others like non-narcissistic people can.

So in the therapeutic relationship the narcissistic therapist will have a bit of a gap and thus won't burn out like another therapist using transference treatments might. Every psychotherapist using the transference must be able to do this in some way or they will burn out fast. So the narcissist is a natural at having that little bit of a gap between self and the client.

Relational TA

This is where the theory of Relational TA starts to get a bit fragile. This approach focuses as much of the therapist's emotional involvement in the therapeutic relationship as the client's. They denote effective therapy as being somewhat dependent on the,

"Extent to which the therapists allow themselves to be penetrated by client's affective states and meanings,...."

And later they state:

"It has been commonly observed that no psychic change will occur in the client unless the therapist, too, is changed emotionally in some way." (TAJ (2005). P182, Hargaden & Fenton).

For me one of the most significant contributions this theory has made is its study on the narcissistic or self focus of the therapist in the therapeutic relationship. It examines in detail the ways and meaning of narcissistic examination by the therapist of himself during the therapeutic process. It takes the narcissistic component of the therapist in transference based therapies to new heights.

The problem that I have with Relational TA comes with is the statement that the therapist must emotionally change during the therapy. What does that mean and how much emotional change is necessary?. If one is treating say three clients per day that means they would need to be emotionally changed three times a day every day they worked! Simply not feasible I think you would agree. Such a therapist would burn out in a short space of time.

However I do not discount this treatment style at all as it does present as being a feasible approach indeed. My theoretical understanding of it would add a bit which they they have left out. I would rephrase the previous Hargaden and Fenton statement as such:

"It has been commonly observed that no psychic change will occur in the client unless the therapist, too, is changed emotionally in some way. At the same time the therapist maintains the narcissistic void between self and the client." How a therapist can be emotionally touched by a client and still maintain a void between client and self is yet to be elucidated. Indeed a subject that I will be further studying.