Psychoanalytic Dialogues, 20:46–59, 2010

ISSN: 1048-1885 print / 1940-9222 online
DOI: 10.1080/10481880903559120

Routledge
Taylor & Francis Group

Enter Ghosts: The Loss of Intersubjectivity in Clinical Work With Adult Children of Pathological Narcissists

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This paper examines the relationship between narcissism and intersubjectivity through the lens of clinical work with adult children of pathologically narcissistic parents. Exposure to parental narcissistic pathology constitutes cumulative relational trauma, which subverts the development of intersubjective relating capacities in the developing child. This trauma is inherited and bequeathed intergenerationally. The paper focuses on the interpersonal dynamics of narcissism, which are conceptualized as "the pathological narcissist's relational system," describing the need to establish complementarity in relationships through coercive projective processes, and through the adoption of the "complementary moral defense." Clinical material highlights the loss of intersubjective functioning typical of the relationships formed by adult children of pathological narcissists, and the inevitability of episodes of mutual dissociation in analytic work with these patients.

Alice is the 40-something daughter of a now-deceased, once very prominent psychoanalyst; her mother was a notable figure in the mental health profession as well. Alice tells a story of unrelenting misery, in a glittering home with famous artists' paintings hung on the walls, her parents at the center of a group of distinguished friends who gather for sumptuous, sophisticated dinner parties. In private, father is depressed and passive, the target of his wife's searing contempt, especially when he tries to defend Alice from her mother's unabating criticism and disapproval. At regular intervals, father loses control and rages, smashing glasses against walls, screaming, "Fuck you all, I hate you, I wish you had never been born!" The outbursts alternate with retreats to near catatonic depressions, with father slumping in his chair, staring into space.

In spite of these periodic and terrifying episodes, father shows some tenderness toward Alice. In some ways, he is her ally in misery, as they sit at dinner while her mother and her older sisters chatter away, ignoring them. But father's attention becomes sexualized in ways that sicken and terrify her—where he stares when he looks at her; his unannounced intrusions into her bedroom

I thank Lewis Aron, Victoria Barlow, Philip Bromberg, Linda Jacobs, Juliet Musso, Cynthia Shaw, and Melanie Suchet for their support and helpful suggestions. I am especially grateful to Jill Salberg for her close reading of many drafts, and for her persistent encouragement.

An earlier version of this paper was presented in 2008 at the 28th Annual Spring Meeting of Division 39 of the American Psychological Association entitled "Knowing, Not Knowing, and Sort of Knowing: Psychoanalysis and the Experience of Uncertainty."

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and unwanted comments about her body. Alice learns to suppress the impulse to turn to father for comfort and protection; turning to mother for protection from father is simply out of the question.

Alice cannot remember a time when she was able to elicit anything other than contempt from her mother. For example, they are in the car *en route* to the summer house, the air-conditioning on so that the windows are closed. Alice is pre-adolescent. Mother lights up a cigarette, and Alice gets increasingly nauseated. She asks mother not to smoke, it's making her feel sick, and is told to stop whining and being so selfish, so demanding. Alice eventually throws up. Mother silently stops the car, angrily throws open the doors, and tells Alice through clenched teeth to clean herself and the car up. Since Alice does not do a very good clean-up job, her mother grabs the towel from her and does it herself. Back in the car, there is silence, until Alice finally apologizes.

Alice describes her mother as a person who categorically refuses to admit to any imperfection in herself—of character, speech, motivation, or action. If Alice is unhappy, according to mother, it's her own fault—Alice is malingering, she's crazy, she's bad. Unfortunately, battling all her life to reject mother's judgments has not prevented Alice from internalizing them. By the time Alice comes to see me, she is 40 and has abandoned her nursing career, in which she was quite competent. But her initial idealistic enthusiasm collapsed as she came to feel more and more depleted by her work with patients and battered by supervisors she saw as abusive and crazy. Hoping to nurture her creative talents and aesthetic sensibilities, she took a retail job in a crafts store, where she barely earns enough to live. Instead of feeling enriched by being in an artistic milieu, she has come to see herself as a shameful underachiever. On top of all this, she is dating a man she describes to me as paranoid and obsessive compulsive; and she is living in an unsafe neighborhood with a roommate she mostly avoids, who gets up early and cooks eggs, the smell of which makes her feel nauseated and persecuted. Resolutely defining her values as antithetical to her mother's, she has nevertheless found herself trapped in a life that seems to confirm her mother's contemptuously low expectations.

I call this patient Alice, in part because of my association to Alice Miller, whose *Prisoners of Childhood: The Drama of the Gifted Child* (Miller, 1981) first opened the eyes of the wider public, including many mental health professionals, to the problem of parental narcissism. My other association to the name Alice arises because my patient's mother, as I know her through Alice's memory and contemporary experience, reminds me of Lewis Carroll's Red Queen, who ruled the grotesque Orwellian world through the looking glass that was in the original Alice's parlor.

Alice and I have worked together for many years, and we agree that her mother's narcissism is best defined as pathological. As one who identifies as relational in my clinical orientation, I have long been fascinated by the paradoxical implications of conceptualizing narcissism within a relational framework (see Shaw, 2003b, 2005a, 2005b, 2006). Relational narcissism—isn't that an oxymoron? Emmanuel Ghent (1989) took up this question in his seminal paper on relational psychoanalysis titled "Credo." He wondered "whether, perhaps, the roots of clinical narcissism lie in some failure to integrate adequately the mode of intersubjective relatedness" (p. 199). I believe Ghent was correct about this, and I wish to take his point further, specifically by looking at narcissism from the viewpoint of the adult child of the pathological narcissist.

I take as a given that exposure to parental narcissistic pathology constitutes cumulative relational trauma (Bromberg, 2006, pp. 6–8 and 139–140; also see Schore, 2002). In elaborating Ghent's point, I focus here on a specific aspect of this traumatization: the subversion of intersubjective relating capacities in the developing child. This subverted capacity for intersubjective relatedness is caused by the cumulative relational trauma of exposure to parental narcissism. It is

both inherited and bequeathed, intergenerationally. I present my work with Alice as a way of thinking about the means of this subversion, describing the pathological narcissist's need (in Alice's case, the parent's need) to establish complementarity in relationships through coercive projective processes, and through the adoption of the "complementary moral defense," which I explain further in what follows.

The compulsion to dominate and control others by these relational strategies is the hallmark of what I term the "pathological narcissist's relational system," the basis on which pathological narcissism can be viewed as a relational phenomenon: a two-person (at least) system, always involving one who is compelled to enforce the dominance of their subjectivity by means of coercive projections; and one who is compelled to submit to objectification and identify with those projections. Driven by envy, what the pathological narcissist projects, through intimidation and belittling, is the shame of his disavowed dependency.[1]

Finally, I use clinical material to highlight the loss of intersubjective functioning typical of the relationships formed by adult children of pathological narcissists, and the inevitability of disruptive episodes of mutual dissociation in analytic work with these patients.

NARCISSISM AND INTERSUBJECTIVITY

In recent years a vast body of psychoanalytic literature has developed on subjectivity and intersubjectivity, drawn both from infant research and neuroscience (e.g., Beebe & Lachmann, 1994; Bucci, 2007a, 2007b; Schore, 2002; Stern, 1985; Trevarthan, 1993; Tronick & Weinberg, 1997) and from contemporary self psychology (e.g., Stolorow, Atwood, & Brandchaft, 1994); the relational school–for example, Benjamin (e.g., 1988, 1998, 2004, 2009a, 2009b), S. Pizer (1992, 1998) and his work on negotiation, and Aron (1996, 2006) and his work on mutuality; the "middle" group of the British object relations school, especially Winnicott (e.g., 1958) and Fairbairn (1952); and attachment theory (e.g., Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969; Fonagy & Target, 1997; Slade, 1999). Drawing from these sources among many others too numerous to cite here, relationally oriented theorists have been especially interested in intersubjectivity and its vicissitudes in the clinical situation.

I wish to draw the reader's attention to some of the ways one can think about narcissism when viewed alongside the concept of intersubjective recognition, particularly as it has been elaborated in the work of Jessica Benjamin. In one of her earliest, seminal writings on the subject, Benjamin (1988) offered a list of near synonyms that capture what she means by the word *recognition,* a key term in her theory of intersubjectivity:

> to affirm, validate, acknowledge, know, accept, understand, empathize, take in, tolerate, appreciate, see, identify with, find familiar, … love. … What I call *mutual recognition* includes a number of experiences commonly described in the research on mother-infant interaction: emotional attunement, mutual influence, affective mutuality, sharing states of mind. (pp. 15–16)

Benjamin (1998) asked how do two people "make known their own subjectivity and recognize the other's?" (p. xii).

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[1]In "Traumatic Abuse in Cults: A Psychoanalytic Perspective" (Shaw, 2003b), I refer to this dynamic in the context of cults, in which there is a narcissist leader, and subjugated, controlled followers. Also see, regarding the "Sullivanian" psychotherapy cult, Shaw (2005a).

Bringing the importance of this deceptively simple question into sharper focus, she (1998) cited philosopher Richard Bernstein:

> Reciprocity must … be preserved as a condition of conceiving the ethical relationship, in which, as Bernstein (1992) says, both self and other "stand under the reciprocal obligation to seek to transcend their narcissistic egoism." For "without a *mutual* recognition of the *Aufgabe* [task/obligation] of searching for the commonalities and precise points of difference, without a self-conscious sensitivity of the need always to do justice to the other's *singularity*… we are in danger of obliterating the radical plurality of the human condition" (75). (p. 100)

As Benjamin (2004) showed, the alternative to intersubjective recognition and relating is complementarity: the sadomasochistic, domination-submission dynamic of "doer - done to." Relating in this mode, each party insists on the supremacy of their own subjectivity, and each becomes locked in to the conviction that they are the victim of the other. In this situation, the one making the loudest, most intimidating accusations—in other words, the one who best imposes their "narcissistic egoism"—can dominate and control the other.

In addition to the importance of Benjamin's work in my thinking about the pathological narcissist's relational system, I am also moved by Jody Messler Davies's portrayals of the essence of clinical impasse. In her groundbreaking work with Mary Gail Frawley on the treatment of survivors of sexual abuse (1994), and in a series of subsequent papers (e.g., 2003, 2004) that illustrate the coercive, introjective-projective push and pull of clinical enactment and impasse, Davies evocatively portrayed the pain, the rage, and frustration for analyst and analysand, of the breakdown of intersubjectivity into complementarity. Davies (2003) evoked the essence of this "no exit" experience ("Hell is other people," as Sartre, 1946, so succinctly put it), in this way:

> Patient and analyst become prisoners of the coercive projective power of each other's vision; each becomes hopelessly defined by the other and incapable of escaping the force of the interactive pull to act in creative and fully agentic ways. (pp. 15–16)

Davies's description perfectly captures my experience of repeated enactment in my work with Alice—which in turn very much captures Alice's experience of being the child of her pathologically narcissistic, always right, always perfect mother. In working with the adult child of pathologically narcissistic parents, as disruptions and impasses arise, analyst and patient alike come to feel that the very right to their own subjectivity is being challenged, dismissed and/or violated. I identify this clinical transference/countertransference experience as a strong red flag for the possibility in the patient's history of exposure to abusive narcissism.

THE COMPLEMENTARY MORAL DEFENSE

Although each narcissist parent/child couple has its own uniquely complex story, one bottom line is that these patients, the adult children of narcissist parents, have been brought up to believe they are always wrong and cannot win, by a parent or parents who claim unyielding infallibility. The justice system in such families has become rotten, corrupt. Any opposition from the child is characterized by the parent as signifying the child's moral failure, punishable by the withdrawal of the parent's love and the administration of contempt. For Alice, it was as though she were perpetually on trial before a kangaroo court, on charges of moral turpitude. At the age of 8, she dreamed that a

favorite toy, her beloved stuffed guinea pig, was suddenly staring at her, and as she watched in terror, it said, "You can say one thing before you die." Her last word, before waking, was "Me."

With a pathologically narcissistic parent, the child's "me" can become a matter of life or death. At stake is her psychic survival, that is, her ability to experience herself as a subject, rather than as the depersonalized object of the other's requirements, demands, and judgments.

Fairbairn's (1952) work, most especially his elaboration of the "moral defence," is also crucial to my understanding of the relational dynamics of the pathological narcissist. Fairbairn's formulation of the moral defense is worth citing at length:

> The child would rather be bad himself than have bad objects. … In becoming bad he is really taking upon himself the burden of badness which appears to reside in his objects. By this means he seeks to purge them of their badness; and, in proportion as he succeeds in doing so, he is rewarded by that sense of security which an environment of good objects so characteristically confers. To say that the child takes upon himself the burden of badness which appears to reside in his objects is, of course, the same thing as to say that he internalizes bad objects. The sense of outer security resulting from this process of internalization is, however, liable to be seriously compromised by the resulting presence within him of internalized bad objects. Outer security is thus purchased at the price of inner insecurity. (p. 64)

In this quintessential passage, Fairbairn focuses on what the child does: she internalizes bad objects. In light of our contemporary recognition of the impact of cumulative relational trauma, what, we might ask, are the parents doing? In Alice's case, both parents were incapable of adequate provision, and of course this intensifies the destructive impact of parental narcissism on the child, more so than when at least one parent is good enough. Yet Alice's mother stands out to us as the more destructive parent, having adopted what I term, in an extension of Fairbairn's conceptualization, the "complementary moral defense," that is, the assertion, usually implicit and sometimes explicit, that one owns exclusive rights to "the goodness," to innocence, purity and perfection—and that the child therefore is the locus of all "the badness." The parent who locks into this position, the complementary moral defense, creates fixed complementarity, and destroys the possibility of intersubjectivity, with the child *who is now coercively driven to adopt the moral defense*. This fixed complementarity and the dominance of one subjectivity over the other is the essence of the pathological narcissist's relational *modus operandi,* and the model for his relationships with significant others.

One possible outcome of being raised by pathologically narcissistic parents is for the child to inherit the behavior and repeat it, in unconscious, or even conscious identification with the parent. This child does unto others as was done to him—he is always right and good, the other always wrong and bad. By contrast, for those like Alice, the sense of her own badness is not disavowed, as with the pathological narcissist, but on the contrary is all too pervasive and persecutory. Many would view Alice and patients like her as "deflated" narcissists, to use Bach's (1985) term. Kleinians such as Rosenfeld (1965, 1987) might identify her "destructive narcissism" and note her "envious attacks" on the therapist. Without wanting to minimize the presence for these patients of narcissistic issues and unconscious identifications with the narcissist-aggressor (Ferenczi, 1933/1980), I nevertheless prefer to view this group as suffering most significantly from what I would call, for lack of a more elegant term, "post cumulative-relational-traumatic-stress disorder." Exposed in development to the parents' rigid assertion of the complementary moral defense, these patients have been forced to adopt the moral defense, since the alternative would be to lose any hope for, even the illusion of, secure attachment bonds. Even when they come to recognize the

abusiveness of their upbringing—even when they read books by Alice Miller and call their parents' narcissists—these patients can nevertheless spend much of their adult lives in a posttraumatic state, unable to be dissuaded that "the badness" really begins at the very core of their being.

THE PATHOLOGICAL NARCISSIST: OBJECTIFICATION AND THE DESTRUCTION OF INTERSUBJECTIVITY

What drives the pathological narcissist? What is such a person doing relationally? Psychoanalysis contains multitudes of post-Freudian contributions on narcissism—Kohut's[2] (1984) and Kernberg's (1985) being just the merest tip of the iceberg. Today, psychoanalysts generally agree that shame and envy are the key affects for the pathological narcissist. A few of the leading explorers of shame (since Lewis's, 1971, landmark exposition on the subject) are Wurmser (1981); Morrison (1989), whose work is influenced by Kohut; Broucek (1991); and more recently Lansky (2005). The relationship of narcissism to envy has been most extensively elaborated by Kernberg, drawing on the work of M. Klein, and Rosenfeld (1965, 1987), Segal (1983), and other neo-Kleinians (Schafer, 1997). These affects, shame and envy, drive the narcissist's need to objectify others and destroy intersubjectivity in relationships.

How do we come to understand the pathological narcissist? It has been my experience that the true pathological narcissist rarely presents for psychotherapeutic treatment. Convinced of their superiority and perfection, they typically don't see themselves as therapy candidates; but they will readily define those with whom they have a conflict as crazy. At most, the pathological narcissist may agree to see a therapist jointly with a romantic or business partner, or with an adult child, with the expectation that the therapist will take his side and provide therapy (i.e., correction) for the other. If the therapist doesn't see things the way the pathological narcissist does, he soon finds reason to disdain the therapist and terminate.

I believe we come to know pathological narcissists best from the patients who have been their objects. In the following, I summarize my understanding of the workings of the pathological narcissist's relational system based on my personal integration of the literature just cited; on my personal experiences, research and clinical work in the area of authoritarian, cultic groups; and on my clinical work with adult children of narcissistic parents.

1. The pathological narcissist is obsessed with maintaining a rigid sense of omnipotent superiority and perfection—of infallibility, self-sufficiency, and entitlement—to the extent that an intensely defended conviction of righteousness and justification is established. In other words, he has adopted the complementary moral defense. The psychotic nature of this delusion of righteousness should not be overlooked or minimized: the pathological narcissist is often intelligent, socially adept, and highly functioning, convinced of his own sanity and skilled at making others feel crazy. For the narcissist, maintaining a sense of omnipotent superiority—delusionally believing that one needs nothing that one cannot provide for oneself—defends against disavowed insufficiency of any and all varieties. Since, for the narcissist, insufficiency is equated with mortifying

[2]Of special importance to me in Kohut's work on narcissism are his essays "On Leadership" (1969/1990b) and "Creativeness, Charisma, Group Psychology: Reflections on the Self-Analysis of Freud" (1978/1990a, pp. 825–832)—essays that emphasize the characteristics of pathological narcissism in relational systems.

dependency and the ensuing sense of impotence and inferiority, it is crucial for him to keep the destabilizing shame of these repudiated aspects of self from being released into consciousness.

2. The narcissist's shame has its origins in the cumulative relational trauma of chronic shaming throughout development, typically at the hands of parents and/or other significant care givers who are severely narcissistically disturbed. This original shame is connected to dependency, specifically in the following way: the narcissist parent envies and resents the child's right to dependency, and demands, covertly or overtly, that the child recognize the exclusive validity of the parent's needs and wishes at the expense of his own. Narcissist parents dismiss the expression of the child's needs and desires as irrelevant, or as contemptible, that is, greedy, selfish, weak, morally abhorrent. The narcissistic parent assumes the posture of viewing dependency in others as contemptible, and delusionally imagines himself to have transcended dependency. The child who has been successfully indoctrinated to view dependency as shamefully contemptible, and who as an adult has renounced (but actually disavowed) dependency, and erected rigid, manic defenses against shame, can now become the pathological narcissist.

3. The adult pathological narcissist urgently requires that dependency and its accompanying shame be kept external, assigned to belong only to others, so as to protect himself from self-loathing and ultimately from decompensation—literally, mortification, or (psychic) death by shame.[3] Contemptible, shameful dependency/weakness/badness must be continually demonstrated to be "out there," not "in here." Bach (1994) observed this as well, stating that "the overinflated narcissist can experience himself as cohesive and alive only at the expense of devitalizing his objects" (p. 32). To achieve this goal of "devitalization," the pathological narcissist virtually colonizes others, using the other as a host, as it were, in whom to project and control his unwanted and disavowed affects and self-states connected to dependency—especially the shameful sense of neediness and inferiority.

4. The pathological narcissist's child is, unfortunately, an optimal target for the reception of these projections, especially the projection of shame regarding dependency. The narcissist parent disdains the child for being dependent, but unconsciously cannot bear the possibility of being surpassed by the child, and so must undermine the child's efforts toward independence. This is of course a perfect double bind (Bateson, Jackson, Haley, & Weakland, 1956). Unable to be anything but dependent, yet still attempting independence, the child of the narcissist parent is condemned either way. She comes to associate dependency with shame and humiliation, and independence with rejection and abandonment. Unless she can adopt the counterdependent, shameless stance of the pathological narcissist, she lives instead in a posttraumatic state in which her sense of inescapable badness is cemented.

What I want to emphasize in spelling out the dynamics of the pathological narcissist's relational system is that the abused child who is his object is not, to say the least, being recognized as a subject in her own right. Her role in the construction of her sense of self is now forcibly taken out of her hands and appropriated by the narcissist parent. Her sense of being the object of and being defined by the other is joined with her sense of shameful badness. She is stripped of agency and objectified. The fate of adult children of pathological narcissists, who, like Alice, fall within the

[3]For a fascinating depiction of the fate of this character type at its most extreme, see Robert Jay Lifton's (2000) account of the Japanese guru, Shoko Asahara, who led his follower group of accomplished professionals in the science fields to release sarin gas in the Tokyo subway system. Forced to appear in court and stand accused, Asahara quickly decompensated to florid schizophrenia.

post-cumulative-relational-trauma spectrum rather than the pathological narcissism spectrum, is to struggle again and again to know themselves and be recognized as subject, against the powerfully reflexive pull to identify as the object of the other, as the one who is "done to."

I see the moral defense in adult children of pathologically narcissistic parents not only as an attempt to create an illusion of safety by denying the badness of the parents, and making oneself the bad one instead—but also as a badge of defeat in a lost battle to develop and assert one's subjectivity; a testimonial to forced objectification; a submission, not a surrender (Ghent, 1990), of one's own subjectivity to the subjectivity of the other.

WORKING WITH ALICE: ENTER GHOSTS

Given the traumatic, assaultive situation of being designated as the source of all "the badness"—the "doer" of all the wrong—that Alice experienced in development, her sense of badness has proven to be difficult to disconfirm. As is so often the case when working with adult children of pathological narcissists, she and I have been highly prone to repetitive, dissociative interactions in the analytic situation, in which we find ourselves locked down, each in our complementary corner: Alice enraged and devastated over a failure of empathy on my part; my feeling attacked and/or controlled, helpless; Alice fearing that I will hate and abandon her if she complains about me. During these times, I feel the ghostly presence of the pathologically narcissistic, attacking parents emerging, sucking all the intersubjective air out of the room, leading each member of the dyad to feel like the victim of the other. These ghosts are so powerful that, at times, it feels as though we are both holding our breath, in dreadful anticipation of a (figurative) visitation.[4] Davies (2004) put it this way:

> "The presence of a psychotic parent—of one who forced the acceptance of an insane reality as the precondition for a loving relationship onto and into a vulnerable child—hovers around the consulting room, exuding a malignant and sulfurous stench, fueling the game of projective-introjective hot potato from which the patient and I struggle to emerge intact". (p. 719)

With Alice and me, it happened like this. One day, a few months into our work, Alice informs me that she needs to put some food she has brought with her in the small refrigerator I have in the bathroom of my office. I sense immediately that there is danger in the room—the edge in her voice which sounds to me like the anticipation of an attack, the sudden knot in my stomach and tensing of my shoulders. As Shakespeare put it in *Hamlet*, in what is probably the most famous stage direction of all time, "*Enter Ghost*." Trying to sound neither annoyed nor guilty, both of which I am already feeling, I inform Alice that I share the refrigerator with the other therapists in the suite, and it is not for the use of patients. This is true, but I am also aware that I don't feel comfortable with her seeing what's in there—it's nothing embarrassing, really, but it's mine and it's private. Moreover, I just don't feel like sharing. Everything is happening too quickly.

I try not to let my resentment of what I perceive as her sense of entitlement show in my tone of voice—she seems to me to presume that I would have no objection. I feel like a bad therapist, judgmental and withholding. Quickly, she begins to sob, louder and louder. … She is horrified, embar-

[4]I use the term "ghost" here with appreciation for Fraiberg et al.'s (1975) application of the metaphor in the context of intergenerational trauma. Also see Bromberg (2003).

rassed. … I must hate her; or, no, she hates me, my stinginess, my lack of generosity, my rigidity; she needs someone who is caring, whom she can trust, she has been too hurt all her life; maybe she is just a miserably awkward, thoughtless, selfish person to have asked; but her food, she's working so hard to eat healthy food and not junk, now the food will spoil, it won't stay fresh, she'll have to eat junk; life is too unbearably hard, nothing ever works, no one ever takes care of her. … The panic and the sobbing have crescendoed, and she is unclear as to whether she hates me or herself or both.

Feeling somewhat dazed and quite confused—ashamed of my incompetence, guilty about my selfishness, and way too resentful of Alice—I falter, fearing that anything I say will be experienced as wounding, will just make matters worse for her, and will only subject my already withered self to further decimation. I am also aware that I hate her right now. So I just try to breathe. I think about our complementarity, how quickly and thoroughly each of us has become convinced that we are the victim of the other, and I remind myself that it is unlikely that I am completely right and Alice is completely wrong. It dawns on me that I have not been entirely honest with Alice, and finally I say,

> Alice, I was irritated by how you seemed to assume you could use the refrigerator, and I was trying to pretend I was not. But I don't think either of us is monstrous. I have a rule that I'm a little rigid about, and I was a little annoyed and guilty and tried to hide it; you made an assumption, incorrectly, it turned out, that it would not be a problem. Neither of us is really so *bad*, are we?

We manage to get to the end of the session as I assure Alice that we will repair our connection and find our way forward. Over the next days and weeks, I come to understand that Alice needs to be able to be enraged with me, to be able to tell me how I have hurt and failed her; but she also needs me not to leave her emotionally, and not to retaliate. Initially, there is considerable defensiveness on my part—and some intellectualization; some unpleasant raising of voices on both our parts; the feeling on both sides of being abused; Alice threatening to terminate; and the wish on my part to shut down and give up. As we talk about what happened, I am eventually able to get more consciously in touch with the parts of myself that cannot bear the humiliation of feeling forced into submission. Recognizing and owning these parts of myself, I can now more fully feel a connection to the terrified, emotionally abandoned parts of Alice. Regaining my analytic functioning, I become able to convey to her that I am sincerely open to knowing her anger, even when it is directed to me; and her pain, even when she says I have caused it and I'm not hearing her; and that I want very much to continue. And we do.

But after disruptions like this one, which have happened more often than I would like, and which have tended over the years to be spread further apart but which seem more intense when they recur, the repair usually takes weeks, sometimes months. During these times there are often significant setbacks for Alice: weeks of agoraphobia, a few weekends of suicidal ideation, a good deal of depersonalization, panic, and mistrust of me and of what will happen in our sessions. For my part, I experience dread of the subsequent sessions as well: Will she quit? Will she upbraid me so harshly that I will be unable to stop myself from becoming defensive and ragefully retaliatory? Will she, because of my incompetence, drop into psychotic depression and not come out?

The central aspect for me of the working through of these impasse episodes—as has been elaborated by Bromberg (1991, 2006, pp. 85–107, 140–145), and by Stern (2004)—has involved finding a way out of the dissociative state one enters when one's subjectivity is perceived to be under assault. Initially when I feel under attack, I cannot see my own badness, I want to deny it com-

pletely. The dissociation dissolves for me when I become able, without undue shame about feeling exposed, to see in myself what I do not want to see—the disavowed badness that my patient sees and is trying to show me. Having identified that there is badness—mine, Alice's, our ghost's—the question is, can I, the analyst, survive my shame about being fallible, about having badness, and still esteem myself as a good enough analyst? This is a crucial question for patients who are adult children of pathological narcissists—will their analyst be accountable in a conflict, or will his shame be so intolerable to him that he will seek to minimize the situation? Or even more retraumatizing, will he duck his share of the blame and pass it to the patient?

What I have said to Alice in the wake of our disturbing disruptions is that while we both recognize that what happens between us restimulates Alice's traumatic experience of annihilation in her family, I also recognize that I, too, regress, that I fail to resist the pull toward complementarity, and that I fail her, however involuntarily, in ways that feel like the ways she was traumatically failed as a child. I have also stated to Alice that just as I believe in the possibility for her of ongoing healing and growth, I believe that I, too, can and must grow to be the analyst that she can use, more reliably and effectively, for her growth. As I see it, any relationship in which one member is expected to change and grow, and the other considers himself exempt from those processes, is a relationship in which the one expected to change is being subjugated, to one degree or another, by the one claiming exemption. When the analysand is forbidden to know that the analyst is also struggling to change and grow, or when the analyst believes he has no need to change and grow, the analysand may easily, and justifiably, feel subjugated, envious and resentful. For the adult child of the pathological narcissist, being in such a position is bound to be retraumatizing.[5]

These acknowledgments of fallibility on my part (Bollas, 1983; Orange, 1995), and the process of repair we engage in after disruptions, have made it safer for Alice to hear me say the difficult things that need to be said. I have been able to point out to Alice how she repeatedly snatches defeat from the jaws of success, both in her life and in our work. We are able to talk about her ways of being contemptuous, and about her envious attacks on me and what I have to offer. Knowing that she can rely on my willingness to acknowledge my fallibility has given Alice greater courage to be able to recognize and confront the hateful, destructive parts of herself she feels most ashamed to expose.

In working with patients like Alice, I am inspired and encouraged, as so many others in the community of relational analysts have been (see, e.g., Aron & Harris, 1993), by the now legendary struggles of Ferenczi to become the analyst his patient "RN" needed him to be (see Dupont, 1995). I am inspired too by the contemporary and equally courageous struggles described by Philip Bromberg (2006). He wrote, "A patient needs a human being as a partner, a human being who can accept (eventually) his own limitations and failings, and, most important, a human being who can tolerate not having seen his failings when they are pointed out" (p. 95). One meaning I take from this statement is that a patient needs an analyst who has not stopped growing, that is, who does not suffer the narcissistic delusion of omnipotent perfection—and who recognizes the need for and is committed to his own ongoing growth. In a vignette with his patient Alec, Bromberg (2006) described a critical impasse and finally, the breakthrough they eventually reach:

> I was feeling deeply moved and personally changed by Alec's willingness to hang in while forcing me to see what I could not before acknowledge: that my out-of-control anger had protected me from expe-

[5]See Benjamin (2009a, 2009b), and Sedlak's (2009) discussion, papers I read only after completing this paper. Benjamin makes an eloquent case for the analyst's need to change (I would add "and grow") as essential to the analyst's ability to facilitate the patient's change.

> riencing the dissociated shame held by another part of myself, which I could now own. I spontaneously thanked Alec. Undramatically and straightforwardly, he said simply, "You're welcome." It was a nurturing moment for me (I felt wonderful) and a powerful statement of Alec's growth. At that moment Alec revealed that he felt deserving of being acknowledged for having just given me something valuable, his help, and that I was not above being personally enriched by his acknowledgment in the same way that Alec felt enriched by my thanks. (p. 103.)

The analytic stance Bromberg assumes in this vignette strikes me as expressing the essence of analytic love, a theme I have explored in previous contributions (Shaw, 2003a, 2007). It is the antithesis of the narcissistic position, in which the delusion of one's infallible rightness and total self-sufficiency must be preserved at all costs; which would mean in the case of the analytic relationship, that the cost would have to be paid by the patient.

The reparative processes—acknowledging fallibility, being accountable for doing harm, apologizing, forgiving, expressing and receiving gratitude—are shame diminishing, "subjectifying" processes. They stand in contradistinction to the objectifying, narcissistic processes of coercive projection and belittling diminishment, the purposes of which are to induce shame and establish domination. Narcissistic, objectifying processes are often employed covertly, in ways that are unconscious or disavowed. Reparative, "subjectifying" processes, on the other hand, are usually more effective, I would assert, when overtly employed. The reparative processes can instill hope, and perhaps even faith, in the possibility that disruptions do not have to be catastrophic or terminal, but can be meaningfully repaired, and that one's badness, and the badness in others, can exist along with, and not override and destroy goodness (see Benjamin, 2009a, 2009b; Hoffman, 2009, p. 635).

So, we continue, Alice and I—not because we have understood and resolved, once and for all, the exact nature of our repetitive disruptions. But we both agree that we are getting closer, and that in spite of difficulties and setbacks, there has also been much progress: over the course of our work, Alice has married well, revived her creativity, and created significantly better working conditions for herself. Slowly, with tenacity in the face of the painful, repetitive disruptions we have been through together, Alice and I are learning to create a less traumatic, more successful relational history, where neither of us has to be condemned and destroyed—or alternatively, captured, subdued and enslaved—for the other to be entitled to exist.

CONCLUSION

To return to Ghent's speculation, that the roots of narcissism lie in the failure to integrate the capacity for intersubjective recognition, I am further suggesting that for many of our patients, this failure occurs as a result of exposure in development to the coercive projective processes that I have described as characteristic of the pathological narcissist's relational system.

Working with adult children of narcissistic parents inevitably entails enactments of relational traumas that are painful and difficult for analyst and patient alike. When the ghosts of the pathological narcissists in the object worlds of our patients enter the transference/countertransference matrix, it is inevitable that at some point, the analyst's ghosts will manage to jump out and join in as well. At moments like these, we have reached the point at which Fairbairn (1952, p. 70) wryly suggested that exorcism might be the indicated treatment modality.

To be able to help our patients lift the curse that blights the expansion of freedom in their relational world, we will need not only to help them discover a path away from their bad object ties;

we will also need to be able to recognize, as Davies (2004) reminded us, the emergence of our own bad objects in the analytic space. The analyst who can successfully regulate shame in working through disruption—not by disavowing it and projecting it, but by owning it and bearing it—can provide a crucially reparative experience for the adult child of the pathological narcissist. It can be a "subjectifying" experience, in which the patient is not required to hold the analyst's projected shame, and thereby not conscripted into being the object of the analyst. If analyst and analysand can successfully co-construct these and other acts of mutual recognition, there is good reason to hope that the patient's engagement in the compulsive, nightmarish game of projection/introjection—doer-done to, hot potato—can be greatly diminished, perhaps even laid to rest. The present can become something alive, and not an eternally haunted, endless reenactment of a traumatic relational past. *Exit Ghosts*.

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