



What is narcissism?

Narcissism is a Freudian term that has become perhaps more ubiquitous in the social lexicon than any other derived from psychoanalysis.

It is a term that seems to define a generation in the eyes of the media – the Millennials, and one that we use disparagingly to describe celebrities before following them via social media, emulating them or electing them to the highest public office.

Narcissism in psychotherapy

In psychotherapy, narcissism is on a continuum from healthy to pathological. For example, it is entirely possible for a client or patient to lack enough healthy narcissism, in which case, the work is to strengthen their ego accordingly.

The sort of folk who get labelled as ‘narcissists’ – those who crave celebrity status, fame and live up to legend in seeking their reflection in the mirror that is society – rarely presents themselves for therapy. After all, why would they? They don’t have a problem – the problem is everyone else!

When we psychotherapists talk about narcissism and narcissistic defences and structures, it is rarely these people we are referring to. So how can we better understand narcissism as it presents in psychotherapy treatment?

What causes unhealthy narcissism?

Unhealthy narcissism is a defence. Generally, it comes about through the young infant learning through [relational patterns](#) with his or her caregivers that he or she cannot rely on them, leading to a ‘turning away’. This turning away marks the beginning of a defensive structure built around self-sufficiency. However, this is not a self-sufficiency born out of healthy confidence, but one born out of emotional neglect.

Narcissistic structures are often well hidden in clients and patients and difficult to treat. Narcissistic patients and clients tend to treat all relationships, the therapeutic one included, as things that are there to be used and thus discarded when no longer of use. Relationships (in the truest sense of the word) are threatening at a core level to people who rely on narcissistic defences, as any true relating will open them up to a whole host of unbearable feelings and mental pain. The latter lies at the crux of the function of the narcissistic defence; the inability to cope with, endure and make sense of mental pain.

Is working with clients and patients exhibiting narcissistic defences a lost cause? Not if they willingly enter the therapy room and not if they are able to think about their vulnerable side and how they needed to develop a disdain for this part of themselves in order to survive.



Without a doubt though, it will be a lively journey, because as the charming, likeable and self-sufficient façade starts to crack, rage, envy and mental pain will emerge and present themselves in the therapeutic relationship. This is often where the therapy can end, as the therapist is unable or unwilling to engage with the enactments that invariably will play out. If, however, these can be worked through, then there is genuine hope.

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