

Therapist Narcissism

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Alice Miller hypothesized that narcissistic disturbance predisposes individuals to become psychotherapists (1981). Raskin and Hall's Narcissistic Personality Inventory (1979) was administered to master's-level graduate students in the fields of counseling psychology, business, and educational computing. Neither the psychology group of 23 subjects nor the educational computing group of 16 subjects scored significantly high in narcissism compared with Hall and Raskin's normative group of 721 subjects or with the business group of 19 subjects.

In *The Drama of the Gifted Child* (1981), Alice Miller puts forth the hypothesis that individuals who enter the field of psychotherapy are likely to be narcissistic individuals. She postulates that the temperament and early upbringing that leads to narcissism predisposes the individuals to seek careers as psychotherapists. Miller states the following:

- There was a mother who at the core was emotionally insecure and who depended for her narcissistic equilibrium on the child behaving, or acting, in a particular way. This mother was able to hide her insecurity from the child and from everyone else behind a hard, authoritarian, and even totalitarian facade.
- This child had an amazing ability to perceive and respond intuitively, that is, unconsciously, to this need of the mother, or of both parents, for him to take on the role that had unconsciously been assigned to him.
- This role secured "love" for the child—that is, his parents' narcissistic cathexis. He could sense that he was needed and this, he felt, guaranteed him a measure of existential security. This ability is then extended and perfected. Later, these children not only become mothers (confidantes, comforters, advisers, supporters) of their own mothers, but also take over the responsibility for their siblings and eventually develop a special sensitivity to unconscious signals manifesting the needs of others. No wonder that they often choose the psychoanalytic profession later on. Who else, without this previous history, would muster sufficient interest to spend the whole day trying to discover what is happening in the other person's unconscious? But the development and perfecting of this differentiated sensorium—which once assisted the child in surviving and now enables the adult to pursue his strange profession—also contains the roots of his narcissistic disturbance. (p. 8-9)

This is an interesting hypothesis, which, if true, would hold implications for therapeutic countertransference and therefore implications for the training and personal therapy of psycho-

therapists. Saretsky (1980), in an article in *Contemporary Psychoanalysis*, discussed how narcissistic tendencies in the therapist diminish objectivity and relatedness, leading to treatment errors. Saretsky suggested that clients who are immature or borderline could cause a narcissistic therapist to experience anxiety around the issue of the therapist's own need for success, thereby contaminating the therapy and obscuring the client's issues from view. Meers (1985) cites the therapist's own narcissistic propensity to ignore countertransference and to believe that the therapist can personally treat any illness as one of the most serious technical complications in treating narcissistic patients. Miller (1981) goes into detail about the dynamics of how therapist narcissism affects the patient:

The patient satisfies his analyst's narcissistic wish for approval, echo, understanding, and for being taken seriously when he presents material that fits his analyst's knowledge, concepts, and skills, and therefore also his expectations. In this way the analyst exercises the same sort of unconscious manipulation as that to which he was exposed as a child. He has, of course, long since seen through conscious manipulation and freed himself from it. He has also learned to say no and to stand up for his own opinions and carry them through. But a child can never see through unconscious manipulation. It is like the air he breathes; he knows no other, and it appears to him to be the only normal possibility. (p. 24)

The effect of therapist characteristics on the practice of counseling and psychotherapy has been of interest from the inception of psychoanalysis. "Therapist characteristics" is a large category in most editions of *Psychological Abstracts*. Diagnosable therapist pathology is notably lacking as a category in itself or as a widely treated subcategory under therapist characteristics. Much of the serious scientific research on therapist characteristics appears to be an attempt to validate assumptions of specific orientations in terms of positive characteristics. An interest in occupational stress has led to some recent focus on therapist psychopathology (e.g., Cooper, 1986; Goldberg, 1986). Family-systems theorists have also focused on the therapist's family conditions (Guerin & Hubbard, 1987). Yet, as Liaboe and Guy (1987) discussed, stereotypes of the psychotherapist, such as Miller's hypothesis, tend to be based on anecdotal case studies, which lack both comparison groups and methodological soundness. Such anecdotal material has emerged from a variety of orientations, including psychoanalysis, person-centered therapy, and family-systems therapy.

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However, it would not be reasonable to assume that the majority of individuals who complete the rigorous training required of psychotherapists are all suffering from a serious, identifiable personality disorder. Miller's (1981) hypothesis is not taken here as a sweeping diagnosis of severe personality disorder for all therapists. Rather, it appears that Miller was suggesting possible narcissistic traits and trends, arrived at by inductively examining what type of temperament and upbringing would predispose an individual to enter the field of psychotherapy. Overall functioning would be expected to be high in these individuals whom Miller labeled "gifted." However, the presence of the narcissistic traits she hypothesized could seriously impair these gifted therapists' perceptions and judgment, creating blind spots that would impede the successful practice of psychotherapy.

Many of the journal articles and books concerning narcissism begin with a definition of the term. Possibly because of the long-standing debate between two of the leading authorities on the subject—Kernberg (1970, 1974) and Kohut (1966, 1978)—writers feel a need to define narcissism at the outset.

Theodore Millon (1981), who wrote the initial working draft on narcissism for the personality subcommittee of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*; American Psychiatric Association, 1980) in 1975, stated that his formulation of narcissism takes into account the thinking of Freud, Kernberg, and Kohut, as well as learning theorists. He viewed Kernberg's theories as being more in line with Freud's and his own conceptualizations. The *DSM-III* characterization of the narcissistic individual's current and long-term functioning is as follows:

1. Grandiose sense of self-importance or uniqueness (e.g., exaggeration of achievements and talents, focus on the special nature of one's problems).
2. Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Exhibitionism: The person requires constant attention and admiration.
4. Cool indifference or marked feelings of rage, inferiority, shame, humiliation, or emptiness in response to criticism, indifference of others, or defeat.
5. At least two of the following characteristics of disturbances in interpersonal relationships:
 - (a) Entitlement—expectation of special favors without assuming reciprocal responsibilities (e.g., surprise and anger that people will not do what is wanted)
 - (b) Interpersonal exploitation—taking advantage of others to indulge own desires or for self-aggrandizement; disregard for the personal integrity and rights of others.
 - (c) Relationships that characteristically alternate between the extremes of overidealization and devaluation.
 - (d) Lack of empathy—inability to recognize how others feel (e.g., unable to appreciate the distress of someone who is seriously ill; p. 317)

Although severely pathological functioning is not expected to be found in individuals functioning at the graduate level, this study attempted to discover whether those individuals drawn to the field of counseling might score a significantly higher level of narcissistic personality traits than would graduate students pursuing other careers.

Method

Master's-level students in the Pepperdine graduate extension programs of counseling psychology (23 subjects), business (19 subjects), and educational computing (16 subjects) at Irvine, California, were the subjects who were administered the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979). Normed on 721 subjects, the 54-item forced-choice NPI was designed to measure traits of pathological narcissism specified in the *DSM-III*. Since its development by Raskin and Hall in 1979, the NPI has undergone appropriate attempts to demonstrate its reliability and validity (Auerbach, 1984; Emmons, 1984; Watson, Gresham, Trotter, & Biderman, 1984).

The instrument indicates narcissistic personality traits at levels below that which would be clinically designated pathological, which makes it particularly useful in comparing degrees of the trait in presumably high-functioning graduate students. The specific *DSM-III* criteria on which the test is based included (a) grandiose sense of self-importance and uniqueness, (b) preoccupation with fantasies of unlimited success, power, beauty, or ideal love, (c) exhibitionism, requires constant attention and admiration, and (d) entitlement, expectation of special favors without reciprocating and interpersonal exploitiveness (Emmons, 1984).

The distribution, administration, and collection of the testing instrument was conducted during a regular class session. Subjects were advised that the test was being used for research to compare psychology students with students from other disciplines. No mention of narcissism was made. Subjects were asked to note the fields of their undergraduate degrees and any other graduate degrees they had received. Any subjects who had received a previous degree in one of the two fields of this study other than their current field were not included in this research. One such subject from the Psychology group was discarded. Further, any subjects who marked both or neither of the forced-choice answers on any items of the NPI were also discarded. Two such subjects in the Psychology group, 1 in the Business group, and 2 in the Educational Computing group were discarded.

Results

Comparisons among the means by *T* tests indicated that the Psychology and Educational Computing groups did not differ from each other or from the normative group. However, the Business group scored significantly higher than the other groups.

The distribution of scores in the Psychology and Educational Computing groups was a normal bell-shaped curve. For the Business group, the distribution was rectangular. Because of this lack of central tendency, one cannot speak of Business students in general in terms of this study.

Discussion

The fact that the present study was based on such a small sample size makes it necessary to use caution in interpreting the results. Even with this caveat in mind, it will doubtless not be disappointing to the therapeutic community that this study failed to suggest significant narcissistic traits in those pursuing a career in counseling and therapy. It would certainly be disquieting to discover that individuals entering a career in counseling were more likely than the general population to be suffering from the deficits found in the narcissistic personality. Psychotherapy is a profession that centers on the ability to establish rapport and engage in an interpersonal encounter with

another human being. It would be a serious deficit for the therapist to be suffering from two of the four characteristic disturbances in interpersonal functioning needed for a differential diagnosis of narcissistic personality disorder.

One suggestion for further research would be to replicate the study with larger groups of subjects. Another suggestion for further research might be to break down the NPI into the specific determinants of narcissism and to compare these among groups to determine whether there are any specific narcissistic traits each group significantly endorses. It might also be useful to gather and compare more detailed demographic information on the subjects in each of the three groups to see if there might be a correlation between characteristics such as sex and age, and narcissism. This would be particularly appropriate for the Business group because of the lack of a central tendency.

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