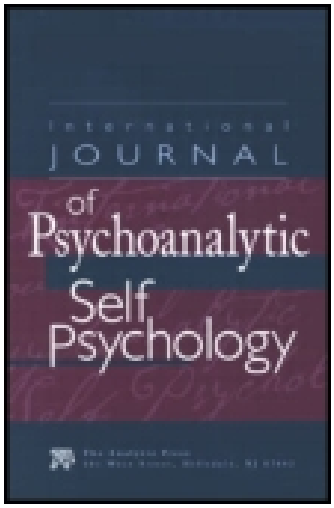

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A Review of Traumatic Narcissism: Relational Systems of Subjugation

Donna M. Orange Ph.D., Psy.D.[abc]
[a] Institute for the Psychoanalytic Study of Subjectivity
[b] Istituto di Specializzazione in Psicologia Psicoanalitica del Sé e Psicoanalisi Relazionale
[c] private practice
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A Review of *Traumatic Narcissism: Relational Systems of Subjugation*

Donna M. Orange, Ph.D., Psy.D.

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Heinz Kohut taught us to understand ourselves as narcissists, all, more or less, vulnerable to fragmentation depending on our early relational luck and later selfobject resources. Thinking developmentally, he stretched the reach of our empathic grasp, and thus of psychoanalysis, to include treatment of many sufferers[1] previously excluded as unanalyzable. Now comes Daniel Shaw (2014), writing in his own firm voice but with resonances also from Ferenczi, Suttie, Balint, Fairbairn, Loewald, and Winnicott,[2] describing the narcissist run amok. He tells us that, when despotic parents, cult leaders, totalitarians in political systems, or authoritarians in psychoanalytic institutes wreak their havoc, the next generation will need our care and understanding in ways quite specific to these "relational systems of subjugation."

This book belongs on my shelf between Leonard Shengold's *Soul Murder* (Shengold, 1989) and Bernard Brandchaft's pathological accommodation work (Brandchaft, Doctors, and Sorter, 2010). To these irreplaceable resources, Shaw adds not only his extensive studies of the precise mechanisms of soul destruction in cults and cult-like groups (such as allegedly therapeutic cults and the large group awareness trainings

Donna M. Orange, Ph.D., Psy.D., was educated both as a philosopher and as a psychoanalytic psychologist, and teaches at several psychoanalytic institutes, including the Institute for the Psychoanalytic Study of Subjectivity in New York, the Istituto di Specializzazione in Psicologia Psicoanalitica del Sé e Psicoanalisi Relazionale in Rome and Milan, and in worldwide humanistic psychotherapeutic settings, as well as in private study groups. Her most recent books are *Thinking for Clinicians: Philosophical Resources for Contemporary Psychoanalysis and the Humanistic Psychotherapies* (2010, Routledge) and *The Suffering Stranger: Hermeneutics for Everyday Clinical Practice* (2011, Routledge).

[1]The Latin root of "patient" is *patior*, to suffer.

[2]This group seems to comprise his most fundamental group of influences, starting with his influential article on analytic love (Shaw, 2003), although he now seems more surefooted in, and committed to, the "relational canon" (Harris, 2011) of Aron, Benjamin, Bromberg, Ghent, Harris, I. Z. Hoffman, and Mitchell.

[LGATs])[3] as well as his own description of cult-like families ruled by traumatizing narcissists. Like Brandchaft, he bravely points out the traumatizing pitfalls involved in psychoanalytic training, even in institutes without the perilous training analyst system. Supervisors with the best of intentions can, instead of helping each younger clinician to develop a personal style or idiom, become narcissistic bulldozers. "My way or the highway!" "Shame on you!" In all of these systems, the traumatizing, narcissistic tyrant explicitly enforces Fairbairn's moral defense, in which the child attributes all badness to himself and goodness to the parent ("better to be a sinner in a world ruled by God than to live in a world ruled by the Devil" [Fairbairn, 1952, pp. 66–67]). The godlike character of the traumatizing abuser may never be questioned, externally or internally.

Clinicians will remember or return to Shaw's checklists: the four elements of a traumatizing narcissistic relational system, the eight criteria (borrowed from R. J. Lifton) of thought reform. In a traumatizing narcissistic system, for example, one will always find (1) intergenerational trauma, (2) delusional infallibility and entitlement, (3) externalization of shame, and (4) the suppression of the subjectivity of the other. Shaw prefers to write of "traumatizing narcissism" instead of Erich Fromm's "malignant narcissism"—though he relies heavily on Fromm—because he wants to emphasize the consequences for the child who attempts to grow up within the ambit of this tyrant. I fully understand his choice, though Fromm's makes sense to me too. These parents' children, who often feel much as Ferenczi's teratoma[4] patients (Ferenczi, 1930) did, that some malignancy has been lodged inextricably in their spirit, and even in their bodies, arrive daily at my door.

With his masterful descriptions of the family, cult, couple, and psychoanalytic systems of traumatizing narcissism—he alludes to religious and political systems too—Shaw includes in every chapter extensive clinical examples to make his concepts pragmatically available for the clinician. The couples chapter will help even individual therapists to understand better the possibilities, perils, and limitations of work with the next generation, or with their partners. For me, his strong convictions help more because they come with a good dose of fallibilism. Some of his patients and couples depart without much improvement. Few traumatizing narcissists, he tells us, seek treatment, and many of their children, who do, have absorbed so many of their parents' tendencies to blame everyone else that they leave treatment quickly. But he also imagines, and describes, how his

[3]Other examples from my own clinical experience include the quasi-therapeutic cult that grew up around Ayn Rand, the Hare Krishnas, cult-like martial arts schools, and certain religious communities.

[4]". . . it is no mere poetic license to compare the mind of the neurotic to a double malformation, something like the so-called teratoma [tumor-like twin] which harbors in a hidden part of its body fragments of a twin-being which has never developed. No reasonable person would refuse to surrender such a teratoma to the surgeon's knife, if the existence of the whole individual were threatened . . . I can picture cases of neurosis, in fact I have often met with them in which (possibly as a result of unusually profound shocks in infancy) the greater part of the personality becomes, as it were, a teratoma, the task of adaptation to reality being shouldered by the fragment of personality which has been spared. Such persons have actually remained almost entirely at the child-level, and for them the usual methods of analytical therapy are not enough. What such neurotics need is really to be adopted and to partake for the first time in their lives of the advantages of a normal nursery" (Ferenczi, 1930, pp. 441–442).

own limitations hurt or fail his patients. His fallibilism keeps me reading, whether he appeals to thoughtful reflection on his own capacities to be a traumatizing narcissist, or to the child's/patient's need for recognition of personal subjectivity (Benjamin's mutual recognition turned upside down, as he puts it).

Thus, when he arrives where he began his writing in 2003, and ends the book with two chapters on analytic love, I am ready. First comes the original chapter, for which he is so well known, "On the therapeutic action of analytic love." He pays tribute to Loewald's classic (Loewald, 1960), but integrates it with Ferenczi, Balint, Fairbairn, Suttie, and Kohut. I can only commend this chapter to your frequent rereading. Shaw, a true Ferenczian spirit, channels everything best in this prophet, whose message we continually seem to squander, into contemporary language without losing the original immediacy.

Rereading "analytic love" now, I am reminded that the ancient Greeks distinguished four kinds of love: *Agape* (spiritual love), *Eros* (romantic love), *Philia* (friendship), and *Storge* (parental love, affection).[5] It seems to me that what Shaw describes, and what I too find indispensible in my work when it goes well, is an emergent affection for my patient. Dan Perlitz (2014) writes of this indispensability of analytic affection, and we have spoken together of a process we call affectionate understanding.[6] Usually I take the profound absence of such affection—or of any sense that it could come—as a signal that I should probably not accept this person as a patient. I have learned over the years to trust this sense. Only work in the climate of such basic affection, even if struggles come and go, can make a lasting difference to the soul-murdered.

Shaw teaches us in his final chapter that such affection—what he calls "analytic love"—can and does live with conflict, rupture, misunderstanding, and terrible pain. With the patients he describes here, this price will always be exacted of us and of our patients.

But he trusts, as do I (Orange, 2011), that understanding that crimes against humanity have brought these patients into our care, and that, as Ferenczi and Fairbairn wrote, no matter what complicated and defensive routines they seem to be repeating, they are seeking love, and thus, we have a chance with them. We speak a simple word. Here are Shaw's words:

> In contrast to the narcissistic system of relating, analytic love is what happens when we do our work with the awareness and acceptance of our own vulnerabilities and fallibility; and with the willingness to acknowledge shame, at least to ourselves, when that is what we are feeling. Analytic love is the balance we find and the tension we maintain between keeping faith with ourselves, and faith in our sincerity and our expertise, while knowing that we are never more than human, always largely unconscious, and as such always fallible, always vulnerable . . . (Shaw, 2003, p. 148)

[5]My parenthetical definitions are vastly oversimplified. The best-known work on these four loves by C. S. Lewis (1960) does not help much; he viewed each type through his particular theological lens.

[6]We are not sure who began to use this expression (cf., Ogden, 2003).

I call this attitude clinical humility, an essential condition for the possibility of analytic love or affection that will not collapse, become destructive, or self-destruct. Hand in hand with such humility go modest clinical goals for the children of these malignant narcissists. They learn to bear their pain:

> . . . . if one's narcissistic illusions are not blinding and rigid, if we are not clinging to illusions of perfection and omnipotence we either imagine ourselves to possess or think we should possess, then we can have the humility to bear the knowledge of the pain we have caused, and the strength to bear the knowledge of the pain we have suffered. Psychological growth involves the tempering of one's narcissism—toward a balanced, realistic sense of self, such that one can continue living creatively and productively, bearing well enough one's own history, what has been, bearing well enough life's vicissitudes, what is to come. . . . (Shaw, 2014, p. 97)

This book belongs on the shelf, and in the mind, of every clinician who works with the soul-destroyed (through family violence, political violence, cults, psychoanalytic violations, religious hubris, and all the rest).

Two more observations, probably welcome to Dan Shaw, who seems to make use of every resource available. First, in addition to all the voices in my internal chorus (Buechler, 1998) to whom Shaw also constantly listens—Ferenczi, Suttie, Fairbairn, Winnicott, Kohut—I also always hear Judith Lewis Herman (1992), whom Shaw cites once. Outside psychoanalysis, she has worked tirelessly to restore human dignity to those silenced and subjugated, and to give their suffering a name. Daughter of original "shamenik" Helen Block Lewis, she now regards post-traumatic stress as a shame disorder (Herman, 2011). What is she saying? When we consider the essential purpose and function of a traumatic narcissistic system as subjugation, we begin to understand why its children may be so difficult to treat. Shame hides its face under rage, dissociation, evasion of every kind, and prevents treatment altogether, more often than not. It accounts for many suicides. In other words, perhaps the leading edge of Shaw's extraordinary work, taken up by him or someone else, will focus on the centrality of shame dynamics, both in the bully (the traumatizing narcissist) and in the victim attempting to recover.

Second, I said above that this book would sit next to Brandchaft. Brandchaft, too, described systems of relational violence in which, for the sake of absolutely needed attachment bonds, a child or an analytic candidate must sacrifice the development of a personal path or any sense of self to the tyrannizing requirements of the parental figure. Dan Shaw has, of course, very usefully shown us that these systems extend to cults, as well as to religious and political systems. Brandchaft believed that a child had three possible developmental paths in the face of this tyranny: utter compliance, rebellion, or oscillation between the two. He showed, in a series of brilliant clinical papers, how pathologies usually conceived otherwise, could be understood as accommodation to, or attempt to survive in and beyond, such relational tyranny. What I believe his account adds to Shaw's is the detailed understanding of problems like obsessions, depression, and bipolarity. Shaw does see that some children of these traumatizing narcissists lose themselves in submission, and others become abusive, traumatizing

narcissists themselves. Understandably he sees the first group as more treatable. But I, like Brandchaft, believe there may be a third group, and I suspect Shaw knows them too.

These second (or third) generation victims of subjugation seem often like traumatizing narcissists themselves, but at other moments one meets the terrified, longing child. In fact this is the "Ari" of Shaw's first "analytic love" paper, to whom he said: "You remind me of those lines, 'you better let somebody love you, before it's too late'" (p. 117).

But Shaw has also something to offer to Brandchaft. Much less afraid to acknowledge his love for his patients—though my own sense of the man I knew as "Bernie" tells me the affection mattered much to his patients—Shaw brings what the Greeks called *Storge* out of the closet. Like Heinrich Racker who wrote long ago:

> [T]he patient can only be expected to accept the re-experiencing of childhood if the analyst is prepared to accept fully his new paternity, to admit fully affection for his new children, and to struggle for a new and better childhood. (1968, p. 33)

We accept our clinical vocation, even should the road, like that of parenthood, often require working in the dark.

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Donna M. Orange, Ph.D., Psy.D.
315 West 86th St., 9E
New York, NY 10024
917-478-9290
donna.orange@gmail.com