A Phenomenological Typology of Narcissism

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Introduction

This foundational paper is designed to describe a variety of narcissistic types. Based on a phenomenological perspective, a five-category model is presented which attempts to articulate an understanding of this important human occurrence and how it impacts a wide variety of interpersonal interactions within all human encounters and within all human organizations. In approaching this paper, a paradigm based on phenomenology (James, 1950) provides the conceptual framework. This suggests that the imposition of a prior *set* of categories was resisted; rather, both clinical and personal observations, along with some literature support on the topic, dictated the categories. Even though the etiology of narcissism will not be presented in any depth, there seems to be general agreement in the literature pertaining to this phenomenon being related generally to the issue of identity. While the Jungian analyst Schwartz-Salant (1982) suggests that the special defensiveness of the narcissistic character disorder acts as a defense against injury to an already poor sense of identity, this paper also refers to the concept of normal narcissism. However, unless otherwise specified, narcissism is presented as a disorder of the self.

As a psychosocial dynamic, narcissism cannot be expressed outside of social interactive relational experience. As Frankl (1975) suggests, the individual can only be understood within the context of his/her relationships with others. Therefore, the study and examination of narcissism needs to be seen as an observable psychosocial reality. A lack of true empathy seems to characterize those with a narcissistic disorder. If we consider the capacity for empathy to likely be an innate feature in the human psyche, with deep archetypal roots (Jacoby, 1990), then we will consider its absence as a manifestation of some form of truncation or disturbance of this instinctive process. As an injury to the self, negative narcissism permeates all aspects of an individual's psycho-spiritual-social functioning. It becomes pervasive in all facets of life and seems to be significantly present in all personality disorders.

People with a narcissistic disorder seem to lack the capacity to experience real feelings - the basis for empathy. Lowen (1985) suggests that "a feeling is the perception of some internal bodily movement or event. If there is no such happening, there is no feeling because there is nothing to perceive" (p.46). He also importantly notes that "the degree to which the person identifies with his or her feelings is inversely proportional to the degree of narcissism" (p.14). In other words, the greater the degree of being "out of touch" with one's feelings, the greater is the likelihood of narcissistic disturbance. Having a *sense of self* is connected to having feelings and being aware of oneself in the here-and-now. Without a true sense of self the person is vulnerable to narcissism. Lowen reminds us that the mythological Narcissus fell in love with his *Image* - not his real *Self*.

Reciprocity is a necessary aspect of healthy relationships. As a social interactive process, reciprocity helps us to engage interpersonally in a manner that brings out the best in each other. By definition, a reciprocal relationship implies mutuality and an active concern for the other. The essence of social and emotional support is based on genuine (active) caring for each other. Through this process, possibilities which were previously unknown, or latent, are discovered and become manifest. Narcissism greatly diminishes these personal and interpersonal potentialities.

As a "disorder of the self" (Johnson, 1987), negative narcissism reveals its woundedness primarily in the context of intimate interpersonal relationships, but it may also, over time, appear in relationships generally. As a form of psycho-spiritual injury, narcissism, in its negative form, is indicative of an earlier (childhood) psychological trauma or deficit. How it becomes internalized and expressed outwardly depends on a number of complex factors, including issues concerning earlier attachment, the level of childhood injury to the developing sense of self, as well as the unique makeup of the individual in the context of his/her psycho-social-cultural environment. Clinical experience also suggests that traumatic events in adulthood (such as physical, sexual, or emotional abuse) may propel a defensive adaptation of a narcissistic nature ("no one's ever going to hurt me again"!).

We are surrounded by the self-centered "image". From subjective and inter-subjective experience, one does not have to look far to acknowledge that the concept of self-absorbed and self-serving individualism is alive and well and living within and between us. However, in developing a differential diagnostic approach to the concept of narcissism, we may be able to move away from what would appear to be a commonly held singular and stereotypical perspective. From a clinical viewpoint, in treating individuals and couples, the psychotherapeutic applications of the model presented here

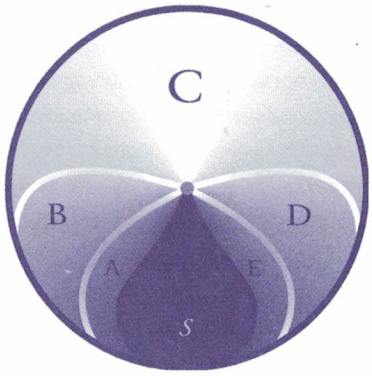
will become evident and a source for further inquiry. Group, team and organizational applications will also be considered in later work on the subject.

Defining Types

In attempting to define a range of narcissistic styles, the five categories presented here provide a continuum of what would ostensibly appear to be distinct types. The concept of "type" is not meant to simply (or disrespectfully) place the person into a fixed category; rather, the intention is to describe a general disposition within which the person operates in the social environment. Sharp (1987) suggests that no system of typology is ever more than a gross indicator of what people have in common and the differences between them. While the DSM-IV (1994) describes Narcissistic Personality Disorder as a *particular* diagnostic category, this paper attempts to broaden the assessment perspective to include some of the more subtle manifestations of narcissistic inclinations and styles. However, the differences between these types may not actually be as distinct as presented, and when observed closely, one will discern *type fluidity* and connecting threads, which reveal an interrelationship between the categories, leading to a definition of dominant types with possible auxiliary (secondary/backup) styles. Perceived demands in the external environment may create spontaneous shifts in type, although it would seem that one is more or less typically true ("at home") to a specific category.

Theories of narcissism have ranged from explicit notions of "self-love", to questions as to whether it in fact refers to any real phenomenon at all (Holmes, 2001). However, it would appear from clinical experience that a constellation of related indicators, including observable symptomatic defenses, combine to suggest the probability of distinct narcissistic styles or "leanings". This is not to imply that anyone is *innately* narcissistic (in the everyday pejorative sense of the term), but it does consider the development of negative narcissism as a form of psycho-social adaptation and psycho-spiritual injury. While Freud (1914) distinguished two types of narcissism, primary (normal) and secondary (pathological), it is suggested here that five types exist, within a range from aggressive, to normal, to passive.

Whereas this model's "proportional representation" does not accurately reflect the general population per se, it does suggest that while most would tend to fall within the normal range *(C)* as their principal type, and approximately forty-percent between *B* and *D* as primary, less than five-percent fall within the extremes of *A* and *E* types. The *S* represents the "shadow", the theoretical merging of *A* and *E* leading to extreme emotional reactivity and breakdown.



Type A: Aggressive (Hostile)

People who fall into this category are essentially oblivious of the impact that they have on others – nor do they really care, except to the extent those behaviours/interactions may reflect negatively on themselves. This type is more closely associated with the classic DSM description of Narcissistic Personality Disorder and seems to affect a small proportion of the general population. A sense of self-aggrandizement, entitlement, and extreme self-interest (accompanied by an absence of true empathy) is a prevailing feature of this type. Lacking in consciousness and the complexities of intra/interpersonal awareness, particularly from the perspective of feelings/emotions, Type *A* tends to be autocratic and oblivious to the degree of their self-involvement, although this may be obvious to others. Harbouring many unconscious complexes, this person may be regarded as simply being "out of touch" with deeper inner drives and needs. Oblivious narcissists appear as arrogant, self-serving and ruthless (Holmes, 2001). The "real self" has been invaded and occupied by the "false self" and this becomes the lens through which this narcissistic sufferer views the world. Known as being "thick skinned", haughty, reactive, and exploitive, they defend against vulnerability and needs for authentic warmth and closeness and are impaired in their capacity to truly care about another person.

Affirmation is achieved via control as well as demands for recognition from others for achievements. They tend to talk about themselves and their projects incessantly and feign interest in others. While having the capacity for charm and manipulation, Type *A* narcissistic rage can be explosive, hostile and destructive towards others, particularly when their narcissistic control and confidence is perceived to be challenged.

Type B: Dominant (Covert)

Type *B*, while possessing many of the features of Type *A*, distinguishes itself by a level of conscious awareness that others, as well as oneself, may be negatively affected by their

attitudes and behaviours. This awareness helps the individual to sometimes modulate interpersonal responses and manage them in more appropriate ways; but the demand for service to the self is strong, and under stress/pressure will easily resort to self-centeredness and over-reactivity with a leaning towards hostility. This sufferer may believe that "at times, I really can't help it", when the conscious demand for a self-centered reaction supersedes the perceived benefits of a more other-centered and ethically-appropriate response. The person may struggle with guilt because of an inability to be more emotionally and socially appropriate. Feelings of vulnerability are close to the surface and, for this type, narcissistic rage may tend to be more defensive than destructive.

Type C: Standard (Normal)

Kohut (1972) argues that healthy narcissism is a precondition for successful social living, including object relatedness. The person has an appropriate sense of self, and self in relation to others, with an ability to relate in an open and responsive fashion while considering the welfare of others to be as important as one's own. The normal innate drive towards differentiation and individuation is being achieved and the person essentially feels connected to the world and basically at home in their own skin. Having a cohesive sense of self, the individual's self-worth is not merely based on achievement, but on "the introjected 'gleam in the mother's eye' (which) generates an inner feeling that one's entire existence is affirmed" (Jacoby, 1990, p.73). Feeling integrated, the individual respects his/her own needs and will assertively defend personal rights as well as the rights of others when appropriate. A person of integrity, empathy and compassion would seem to best describe this type. This is not to imply an absence of complexes and life's difficulties (which we all have), but unlike the other narcissistic types, Type *C* will seldom be gripped by psychological disturbances and complexes and will therefore be less likely to project these onto others. While it is human to experience a wide range of feelings and emotions, people with healthy/normal narcissism will tend to be more responsive rather than reactive under pressure; more (naturally) self-disciplined/receptive as opposed to impulsive/reactive and hostile. Relationships tend to be conscious and reciprocal and one has a balance between self-interest and altruism. The self is seen more as *self* and the other more as *other*. Personal boundaries are fairly secure and interpersonal boundaries are respected.

Type D: Submissive (Anxious)

Seemingly other-centered and concerned, this person is somewhat self-effacing and ostensibly self-denying. The individual attempts to control his/her world through service to others and may be seen as a little too altruistic, or, "too helpful". In sublimating one's energies and focus of attention, there is a belief that one will only have one's needs met through service to others and the person will present in a benign, friendly, and wanting-to-please manner. "I'm only here to help" seems to be their often not-so-subtle slogan. Type *D*, however, will only feel valued if there are indications that their efforts to "help" are appreciated. Over time, others may experience Type *D* demands to "please" as controlling and frustrating. D.H. Lawrence (1929) spoke of the "greed of giving" (p.25) which appears to fit this category. Also, "exaggerated modesty" (Kohut, 1971) is intended as a defense against appearing "too full of oneself". In being identified with caring for others, Hollis (2007) suggests a certain "transformation from self-isolation into participation with others". (p.110) and refers to this as a "projective identification". Furthermore, this person consciously knows what it is like to be ignored/mistreated and will maintain a sympathetic stance of service to others in order to avoid feelings of vulnerability, depressiveness, and inferiority. The capacity exists to appropriately modulate behaviour to the demands of the environment, but not without experiencing anxiety, and sometimes depression as an adaptation to unmet emotional needs. Becoming offended and withdrawn will typically indicate a first line of defense; but under enough disappointment and discouragement, the pressure may cause the person to erupt with angry, histrionic, although typically non-violent, outbursts.

Type E: Passive (Hostile)

Representing, it would seem, a small proportion of the general population, this person almost always presents in an extreme self-pitying "poor me" manner, a casualty of the world and of life itself. The victim persona is prevalent, and, being extremely caught up in him/herself, the emotional suffering of the person tends to be great and he/she is only appeased by being in control of outcomes, particularly in relation to significant others. The "real self" has been subsumed by the "false self", often resulting in extreme feelings of vulnerability and loneliness. There are compulsive forms of self-denial and self-effacement (Johnson, 1987). Type *E* is hypersensitive as well as hypervigilant and may at times express narcissistic rage outwardly towards the object of his/her disappointment, or inwardly towards the self. As Frankl (1975) writes, "Once the angel is repressed, he turns into a demon" (p.70). Suicidal ideation may be no stranger to this person and thoughts of taking one's own life (and perhaps the lives of others) may occur when in the grip of internalized rage. Deep feelings of unworthiness, anxiety, and depressiveness permeate the person's sense of being. Feeling

alone and misunderstood are common emotions, and, having ambivalent relationships, the person may push others away, while complaining that "nobody understands". In fact, "nobody cares" may be the not-so-unconscious mantra of this sufferer. Depressive and anxious, the person's energy is turned inward. Being so self-centered and self-deprecating, he/she has little real energy for the world. Similar to Type *A,* to quote Furedi (2004), "The fragile character of emotion-based identities dooms the self to a continuous quest for affirmation" (p.72). But any amount of confirmation from others will never be enough. Besides, one's depressive and fatalistic disposition virtually ensures an absence of real affirmation from the outside world, as well as a life of repetition and self-fulfilling outcomes.

Type Combinations

Practice experience, as well as initial research into the Five Types, suggests that most people identify with *type combinations*, that is, an *auxiliary/second* to their main type; for example, *Cb, Cd, Bc, Dc.* The significance of the auxiliary, and even a tertiary, needs to be seriously considered in the refinement of our understanding of the Model itself. While this *mobility of type* will be the subject of further exploration, what seems to be constant, however, and (without intervention) immutable, are the *A* Type and *E* Type psychic constructs. This is not to suggest that this much smaller proportion of the general population does not ostensibly *present* or *behave* in other-type fashion, but the depth of psyche injury is such that they cannot escape their fundamental character dispositions and fixed world view (although one might ask whether one is not the *shadow* of the other!). It seems that both of these types exhibit a level of psychopathology that is not readily accessible to treatment, unless (in exceptional circumstances) there is an agreement to long-term intervention. Furthermore, under excessive emotional pressure, the merging (or "collapsing") of *A* and *E* may result in extreme psychic, if not psychotic, breakdown.

Clinical Implications

Rarely do clients/patients present themselves for psychotherapeutic intervention specifically (consciously) because their narcissism is getting in the way of their happiness! Usually individuals are not aware that their self-involvement is actually a causal factor in their personal and interpersonal dilemmas. Rather, people appear at the therapist's door with a wide range of presenting problems relating to such symptoms as anxiety, depression, relational difficulties, and a wide variety of complexes that have become too much to bear without assistance. Implicit in all of these problems is a deep concern that one's sense of self is under threat, and there exists a fear of fragmentation, diminishment, insignificance, and even annihilation. Treatment requires the development of a positive self-object relationship towards the healing of the client's pain and deep-seated sense of fragility. Given that the result of earlier empathic failures has plagued the suffering narcissist for all of his/her life, the demand for empathy on the part of the therapist becomes a fundamental and basic requirement of the treatment process. It seems that narcissistic rage is a predictable reaction to perceptions of re-injury via non-attending and non-empathic responses and interventions. This demands a high degree of consciousness and sensitivity on the part of the psychotherapist.

The dynamics of transference and counter-transference abound in the treatment of people with narcissistic disorders. Complexes (both the client's as well as the therapist's) may be activated requiring that the therapist be vigilant, self-aware, and self-disciplined. Working with couples (when narcissism is a factor - and it often is) demands special skills to intervene in a collaborative and conjoint manner in order not to ostracize one or the other in the marital/couple relationship.

As we have identified five categories of narcissistic types, the question arises as to whether a differential approach to psychotherapy is needed. This question needs to be answered in the context of the meaning of psychotherapy itself – the healing of the psyche/soul/spirit. Good therapy requires a deep respect for the uniqueness of each individual and his/her reality and experience. In working with narcissistic disorders, it seems to be helpful to have an appreciation as to the *how* the disorder manifests itself by type. This may assist in the adaptation of the therapist's intervention/approach. On the other hand, as alluded to above, the need for structure and compassion is a requirement in working with the issue of narcissism. Whether therapist or client, Hollis (2007) reminds us that, "Locked within each of us is not only a history of wounding, but an understandable narcissistic agenda" (p.212). And if, from a Jungian perspective, narcissism is indeed part of our individuation process, it is suggested here that this process can be greatly facilitated by a responsive and empowering therapeutic relationship towards the transformation of the Self from self-loathing to self-love.

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