

Who Put the Cissi in Narcissism?

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This article arises from a workshop called 'Narcissism Reflected', run in London in February 2004 under the *Pink Therapy* seminar series. It had the purpose of opening up discussion on an area much neglected, but of crucial importance. I contend that this subject matter holds a lot of pain because, historically, one of the principal psychological assertions made against homosexuality was that it arose intrinsically from a narcissistic disorder. As a consequence, it has become difficult for the gay community to look at the issue squarely and dispassionately, not least therapists. In rejecting such assertions, the 'baby has been thrown out with the bathwater' and the subject has gone into its own closet. And in case the reader is wondering whether the word 'cissy' is derived from 'narcissism', the answer would appear to be not – according to Chambers Dictionary, it is a combination of Cecily (whoever she was) and 'sister'.



I believe it is important, if not critical, to examine the relevance of the subject because, like any other section of the population, gay people suffer from ordinary human psychological and emotional wounds which give rise to narcissistic disturbances and behaviour affecting intra- and inter-personal relationships. Additionally, there is a sub cultural and sociological aspect, where the emphasis on such features as physical appearance and sexual expressiveness in a heavily commercialised gay world has created pressures, which foster self-centred and narcissistic character traits and behaviour. With the development of online contact and dating services, the tendency to commodify relations in terms of superficial characteristics has legitimised an easy-come, easy-go attitude to people. So there is an ethical dimension to raising the subject, and in setting the context in relational rather than purely individualistic terms.

Twentieth century psychology – and psychoanalysis in particular – has left a deep wound in gay culture by pathologising homosexuality *per se*, rather than addressing the psychosocial issues brought by gay people (let alone bisexuals and transgender people) in an unempathic society. As a consequence, it has become very hard for individual gay people to examine their legitimate developmental issues on a level playing field with heterosexuals. Steven Mendoza (1997) states the issue well: 'Prejudice against homosexuality says that the homosexual can only take the object as a narcissistic projection and, in his primitive narcissistic organisation, can find the object only projectively, and hence homosexually'. In challenging this view, he explains how the heterosexual world conveniently projects its own shadow onto gay people amongst others: 'There are our broken marriages, our damaged children, our perverse sexual fantasies, our sadistic acting out of rage transferred from the mother, our terrors of oedipal and paranoid reprisals... projected onto homosexuals, blacks, patients, colleagues, the adherents of different psychoanalytic ideologies and all other available persecuted out-groups' (Mendoza, 1997).

An Overview of Narcissism

Defining the term narcissism can be problematic. We have an *everyday*, cultural use which people take to be self-centredness and an inability to see the world from anyone else's perspective. We commonly meet this when others expect us to know what they are talking about, or we assume that others think the same way we do. Much of the time we take this to be

annoying but harmless. Sometimes we might be offended, but not quite know why. We also have a more technical *psychological* perspective, where narcissism in either children or adults is traced back in developmental time to our drives and the way we handled early primary relationships in infancy. Within this perspective there can, nevertheless, be considerable variation in thinking on the subject as the history of psychoanalysis can testify. To these definitions, I would add two more.

Pathological narcissism, although arising out of the psychological perspective, requires a category of its own. We are talking here of control freaks and 'operators' who, although appearing socially well-adjusted, ultimately treat the rest of the world as pawns in their game – such people can be dangerous when they have organisational or political power as they can destroy whole cultures. Almas talks about this in the following terms: 'As a personality structure, it is more deeply and strongly crystallized, and thus more rigid, than the character of the normal individual. The personality is crystallized around its disconnection from the depths of the soul'.(1996: 27). The reason why such people need a category of their own is that they usually present as 'sub-clinical' – in other words, they operate under a veneer of normality and social acceptability, and would not be seen dead inside a therapy room.

Finally, I would want to name *social or cultural* narcissism, which refers to the way our society, in the current epoch of civilisation, encourages us to treat others as moveable and expendable figures and tends to

legitimise the disposability of unwanted relationships. This also finds a home in the cult of celebrity, and presents a challenge for social theorists such as Lasch (1979) and Bauman (2003). This is all about social dystopia, Dante's *Inferno*.

Posited against this collection of phenomena, the opposite of narcissism might be broadly termed *relationality*. This refers to our ability to perceive and experience the world in mutually reciprocal terms, where the other has an autonomous reality which is respected. In recognising that one's actions have both cause and effect, relationality involves taking responsibility in a deeply moral way. This is rather like the paradigm shift away from seeing the earth as the centre of the universe. Within this perspective, the psychological issues are crucially important to the extent that we have enough free emotional capacity to extend beyond our self-needs for approval, emotional comfort and power. There is also no reason to suppose that gay people are any more or less constitutionally predisposed to be *either* narcissistic *or* relational – we all have to work on it!

Psychological theories themselves can be quite varied and complicated. Writing as recently as 1993, Symington remarks: 'In the analytic world there is a tremendous confusion of tongues, and the result is that people are often talking at cross-purposes' and he confesses 'I believe that we psychotherapists have largely failed when it comes to narcissism' (Symington, 1993: 8-9). And narcissism is not exactly a popular subject in all therapeutic modalities. For example, Heiller

complains about the 'dearth of publications' on the subject in the Transactional Analysis literature and notes: 'the words narcissism, narcissistic injury, narcissistic needs and narcissistic transference are frequently used...as though readers are somehow supposed to have implicit knowledge of narcissistic issues and their aetiology' (Heiller 2004: 39).

In the workshop, I distinguished three psychological 'discourses' which each depend on one's philosophical perspective. The first was classical *drive* theory. As we will see later, this view of human nature, essentially deriving from Freud, formed the basis of a lot of subsequent problems in interpreting homosexual experience. Drive theory may be said to look at the person from the standpoint of internal energies, generic to all human beings, which have to be directed and managed in certain ways if psychological maturity is to be achieved. The second discourse was *object relations* theory, broadly exemplified by a range of thinkers such as Fairbairn, Kernberg, Klein, Kohut, Masterson and Symington. Essentially, we are talking here of an attachment-separation problem, where narcissism may be considered a defence against abandonment depression. The infant idealises the self-object - usually the mother - and is unable to move beyond this to adapt to any other figure. Within this perspective, Kohut believed that the development of a healthy narcissism was essential to the building of self-esteem, otherwise the personality becomes impaired and the person oscillates between grandiose and enfeebled

positions. The third discourse may be described as more fundamentally *existential*, where the individual is exposed to experiences of something called 'the void' in terms having to be a separate self in consciousness. This existential void gives rise to a whole way of looking at psychopathology, most eloquently set out by Almaas (1996).

So, where did things go wrong? One of the key writers to chart the difficulties faced, particularly within the analytic tradition, has been Kenneth Lewes (1995). In tracing the changing ethos within the field, he notes that Freud was somewhat ambivalent towards homosexuality:

'On the one hand, Freud's own attitude toward homosexuality included a profound respect for the achievements of homosexuals as well as an interest in the way homosexuality threw a new light on more usual behaviours and orientations taken for granted. On the other hand, Freud subscribed... to cultural norms that defined healthy psychic and sexual functioning by the way it corresponded to historically contingent establishments and functions' (p35).

But changes in thinking around a 1930s watershed started to confuse things. Lewes goes on to make an important observation: that there started to be an unfortunate confusion between what Freud called a 'narcissistic object choice', which was not in itself a pathology, and the primitive psychosexual stage of narcissism: '[Freud] was at pains to deny that narcissistic object

choice was characteristic of narcissism, since for him the choice of any external object was not possible during narcissism' (Lewes 1995: 63). In other words, the two discourses I mentioned earlier - drive theory and object relations - became entangled in their different uses of the term narcissism - one referring to a *stage of development*, the other to an *object choice*. Lewes contends 'The most that can be legitimately claimed is that there is an innate tendency for homosexual object choice, when it is narcissistic, to drift toward more primitive narcissistic pathology' (Lewes, 1995: 63). But this drift could equally be said of heterosexuality when the ego is under threat.

Lewes discusses the other principal nail in the coffin, prevalent in psychoanalytic circles in the middle years of the twentieth century: namely, that the persistence of homosexual object choice must be something to do with the non-resolution of the Oedipus complex, or a trauma driving someone to a psychosexual regression to the preoedipal stage. In dealing with this he makes the excellent point that 'individual psychosexual development is not finally a function of the Oedipus complex alone but of it along with the peculiar psychosocial forces and the combination of instinctual drives and developed ego functions of the individual's "constitution"' (Lewes 1995: 66).

In pursuing the object relations theme, I would contend that we might usefully consider a spectrum of developmental *wounds* which can occur at different times and which either arrest emotional development or cause it to regress. Firman and Gila refer to this as 'primal

wounding': 'any grandiose narcissism is *not* an inherent characteristic at all *but the result of primal wounding*. In fact, these self-centred parts of ourselves are none other than aspects of survival personality that developed in response to early empathic failures' (Firman and Gila 2002: 130). But Firman and Gila are at pains to point out that 'primal' does not simply refer to 'early' in a developmental sense: 'We call the effects of these empathic failures primal wounding, not because this wounding is early or primitive, but because it breaks this primal – that is, fundamental or essential – connection to the ground of our being' (Firman and Gila 2002: 122). And such breaks in a sense of continuity of being, although very powerful for a child, can also be devastating for adults. So this potentially frees us up from thinking of narcissistic wounding as purely an infantile phenomenon.

Richard Isay has done much to identify exactly when such wounds might occur for gay males. He particularly identifies

the post oedipal rupture with the father, about the age of four or five, which damages the capacity for gay boys to love themselves and thus others, later: 'If the father withdraws because he sees something he labels as not masculine, or he withdraws because he senses our wish to get close to him, then damage is inflicted on the child' (Isay 1994: 34). Later, I shall suggest that we do not restrict ourselves to just the two stages of pre oedipal and oedipal, we should add two more: adolescent wounding and cultural wounding. Each of these wounds might be said to contribute to our experience and understanding of narcissism.

Although the primal wounding argument is very convincing in understanding the way emotional development gets stuck or regresses, writers such as Almaas take a more existential perspective by arguing:

'Since narcissism is present when the self is identified with anything other than essential presence, whenever we identify with a dimension of experience superficial to our essential presence, we are bound to acquire narcissistic traits. Therefore if we identify with the body, emotions or any mental content, we will experience some narcissistic qualities' (Almaas 1996: 26).



So Like Me - David Shenton

He goes on to argue that since all ego structures are based to some extent on identifications and impressions from the past 'it is clear that the experience of ego cannot be devoid of narcissism' (Almaas 1996: 26). So this includes pretty much everything that makes us individual. Almaas further argues that, in order to connect with 'essential presence' one would have to experience a degree of emptiness, or void, which can feel very threatening to the ego.

It naturally follows that, whether one sees narcissism as arising from various relational wounds, or simply from any separate-self experience of being an individual, then we are all in the same boat. All that differs between people would be the particular circumstances of their wounding, and their abilities to develop capacity for self-reflection. There is nothing intrinsic in any of the above to indicate that homosexuality *per se* is a wound, or to suppose that it is any more separative from 'essential presence' than heterosexuality.

The Walking Wounded

Yet there is something particular to the way many gay people adapt to their wounds, in our current society, which legitimates and aggravates narcissistic wounding. I would like to offer some ideas.

The first is a response to rejection in either early childhood, as described by Isay, or in adolescence. Consider the following type of scenario:

Sally sets up a date to meet a woman called Jo who she met through a website. She finds Jo very exciting from her photograph and initially

looks forward to meeting her, taking great care to fix the meeting arrangements. On the day, she sends a text message to cancel the date, giving some invented reason.

There are two possible ways of looking at this 'hit and run' tactic from the standpoint of a narcissistic trait. Firstly, Sally is so frightened of being rejected by Jo, that she feels the need to reject first to save herself from what could feel like the greater wound. The second possibility is that her real intention has been, perhaps unconsciously, to prove that she has the power to attract someone – and not to follow it through to an actual meeting. This issue of needing to know one has power may well be a response to earlier, younger experiences of powerlessness in either childhood or adolescence.

This leads on to a second idea, that rules of relational, social engagement were not acquired at crucial stages of development, such as adolescence. If legitimate gay relationship was beyond the pale at a time when the socially expected norm was 'boy meets girl', then how would any rules be acquired? Who would make them? If I look back at my own socialisation experience in the 1970s, the message I generally received from much of the gay subculture was one of individualism where the rules related more to how I could get sexual needs met, rather than how I could learn to treat people respectfully. In other words, in the effort to assert and advance gay freedom and expression, the subculture tended to *legitimate* treating people selfishly – there were few gay daddies around to say otherwise.

If anything, this amoral approach to human relationship has been exacerbated by what Zygmunt Bauman refers to as the Liquid Modern age. In talking of love and romance, he comments acerbically:

'When guided by wish ('your eyes meet across a crowded room'), partnership follows the pattern of shopping and calls for nothing more than the skills of an average, moderately experienced consumer. Like other consumer goods, partnership is for consumption on the spot...first and foremost, it is eminently disposable... If found faulty or not "fully satisfactory", goods may be exchanged for other, hopefully more satisfying commodities.... Any reason why partnerships should be an exception to the rule?' (Bauman 2003: 12-13).

Consider the following counselling vignette from the not too distant past:

Darren describes arranging to meet someone called Simon, who he has never seen, in a gay pub, based on a phone contact. When Darren gets there, he stands at the far end and observes someone who he guesses to be Simon, walk in. Darren realises he does not fancy him, and walks out of the pub without making any contact. Darren seems to think this is socially acceptable behaviour.

Now, can the counsellor reasonably make no ethical judgement about this? And if so, should something be said to the client? My view is that, from the standpoint of addressing a deficiency in the client's relational development, it is reasonable for the counsellor to challenge this behaviour on the

grounds that another human being is being hurt or discounted by such an action.

Michael Bennett locates the role of the therapist, in relation to the healing of narcissistic tendencies, in terms of ethics and purpose:

'In the late stages of psychotherapy the therapist is helping the client to develop a critique of the client's rewritten narrative of the self. The therapist helps the client evaluate the new story in terms of its coherence, truth, authenticity and morality. Inconsistencies, gaps and blind spots are challenged.... The presenting problem that the client brings represents a break in his ability to maintain equilibrium and development. From the client's point of view this rupture is a source of suffering; from the therapist's point of view this is an opportunity to protect the unseen evolutionary process. This is a primary purpose of counselling and psychotherapy and it entails the counsellor holding a fundamental moral and ethical position on behalf of the client, with or without the client's knowledge or permission' (Bennett 2005: 127-128).

Conclusion

My observation is that 'politically correct' therapy culture has now cottoned-on to the idea that 'gay' does not mean 'good' at all costs. It is possible to identify, empathise with and appreciate the narcissistic wounds of gay people as they present in therapy, without going down the route of pathologising homosexuality itself. I believe it is possible to highlight and challenge narcissistic patterns and

disturbances without having to suffer the charge of homophobia. It is also important to recognise that there is a tremendous spectral range of psychological, emotional and moral development among gay people. Gay therapists have a particularly important role to play in opening up dialogue

around the historical issues that have made narcissism a taboo no-go area for the gay subculture. – whether this is a debate about the politics of social relating, or the ethics of unsafe sexual practices. This will give permission to non-gay-identified therapists and supervisors to do the same.

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