Narcissistic Deficits in Drug Abusers: A Self-Psychological Approach

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In the book of Steps and Traditions (Alcoholics Anonymous, 1952) it is told that the likely outcome of step five, "admitting to God, ourselves and to another human being the exact nature of our wrongs" is that "we shall get rid of that terrible sense of isolation that we've always had." In the same paragraph, there is recognition that loneliness and the feeling of not belonging is nearly always present prior to the time that drinking got to be a problem. Alcoholics Anonymous (AA) also acknowledges in the fifth step that most alcoholics crave attention but either "...were shy and dared not draw near others, or ... were apt to be noisy good fellows craving attention and companionship but never getting it."

People working with substance abusers and their families are often challenged to help clients with self deficits engage in the process of getting well. When these deficits present as grandiose attitudes, stubborn resentments, and depressed or anxious moods, they often distance both the practitioner and other clients.

Since the birth of the anonymous
group nearly 50 years ago. Twelve Step Programs have acknowledged these problems under the heading of “defects of character.” Although it is clear to addictions practitioners that self-esteem dysfunctions are critically involved in the illness, there has not been a way of adequately conceptualizing how self-feeling is created or improved. Often the beginning practitioner sets “an increase in self-esteem” or “an improved self-image” as a treatment goal. Certain exercises are then prescribed as if the self-esteem would, like a muscle, respond to greater use.

Interventions like this are partly guided by a stratified model of human psychic organizations, which is so pervasive that some practitioners are not aware that it permeates their practice and attitudes. Basically, the model proposes that there is a superego, an ego, and an id. Using this model, one thinks of the human self in a segmented, compartmentalized way. The model also assumes that the practitioner’s ego is more in touch with reality than the client’s, and that it is the practitioner’s role to confront the client and define “the way things really are.”

Kohut’s Model of Development

The self-psychological model proposed by Heinz Kohut (1971) asserts that development of self-feeling is a process that starts at birth and depends on the environment. The self is seen as a whole rather than split into superego, ego, and id. Kohut’s theory asserts that there is a way to look at development of self-esteem that is quite different than previous theories and this shift in have a strong desire for attention, but the attention received is either insufficient to fill the emptiness or potentially overwhelming. Also, the alcoholic/addict often feels lonely and out of place in society long before drinking ever becomes a problem. Self-psychological theory states that such feelings are the outcome of repetitive experiences with others who were unable to support the developing child’s sense of self; who were unable to grasp the nature of the child’s unique needs and experiences.

Self-Object Function in the Development of Self-Esteem

In order to develop a healthy, cohesive, vigorous sense of self, the environment must provide interaction with healthy “self-objects.” The term self-object was coined by Kohut to describe that part of a person’s experience with another person, and with the role other people play in supporting an individual’s sense of who they are. In the shared dimension of the relationship between a mature and immature “self,” certain functions are provided by the mature self-object until the developing self has internalized them. Although provided by the self-object, these functions are experienced by the immature self as its own. The following are primary functions that must be provided by the self-object for healthy development of self-esteem to occur.

- A sense of being affirmed, understood, respected, and looked upon with joy and delight.
- The experience of safety and of being calmed, resulting from faith in a protector who is seen as omnipotent.
- The experience of kinship and belonging with the human race.

In self-psychological terms, being affirmed and looked upon with delight is called being “mirrored.” In the parent-child dyad, one sees an interactional ballet: the child moves, develops, and makes new sounds, while the empathic parent responds in such a way as to mirror the delight experienced by the child. Gradually, these experiences create a foundation of adequacy, confidence, and vigor.

This foundation sets the stage for further developments. Inevitably, the environment does not respond empathically to some aspect of the child’s experience (e.g., the child is ignored because the mother is busy). If these failures are not terribly frequent and are non-traumatic, the child comes to learn and accept the extent of his power. The child also slowly internalizes the self-object mirroring functions, perhaps by recalling the memory of the mother or father who has provided empathic mirroring. Thus the child begins to acquire confidence in his own abilities and becomes more able to provide this approving function for himself. This experience of being
disappointed by the parent is termed "optimal failure," in that the environment has failed to provide a function. However, there has been enough successful groundwork laid to permit the child to provide the affirming function. Thus, a new bit of psychological structure has been built.

In healthy narcissistic development, the child's illusion of omnipotence and power does not disappear completely. The child who experiences optimal failure of this illusion preserves a part of it, which becomes the precursor of the healthy ambition of adulthood.

The second component of the personality, which must be nurtured to form a healthy, vigorous self-feeling, is the "idealizing function." As the child's limitations become more apparent, and consequently the child's grandiose perceptions of infancy are upset, these powers are then assigned to parental figures. When the child needs to feel safe or be calmed, an attachment can be formed with a powerful parental figure. This is called "merging." This psychological merging activity allows the child to feel cohesive and whole. The idealized figure becomes internalized over time and remains in the psyche.

Initially, the child actually wishes to merge with or become part of the idealized figure. As the child matures, it is enough simply to be in the presence of one to whom the child can ascribe the omnipotence that the child lost in reality. For the older child and the young adult, it is enough to simply know that friends and family are around when they are needed (Kohut, 1984).

The third self-object function is called the "alter ego" or "twinship" function. This relates to a feeling of similarity to the rest of the world and to mankind. The child who works alongside a father at the workbench typifies an early form of this experience. Adolescents copying each other's styles demonstrates a somewhat later occurrence. In adulthood, we enjoy collegial relationships and experience mutual respect for our psychological trauma, one experiences narcissistic depletion and has more self-object needs.

This assumption forms a good underpinning for the nursing approach because it normalizes ill clients' increased dependence. Hence, dependence becomes more understandable rather than something to guard against. If clients are demonstrating the need to "use" practitioners or others, one can look at the quality of that self-object relationship and form some initial hypotheses about what elements of self-feeling the clients are incapable of providing for themselves. The demand for responses that immediately and completely fulfill the need to maintain self-esteem indicates an inability to provide this function for the self. Clients who have extreme difficulty meeting their own self-esteem needs often treat others as if they were there specifically to serve them. Often clients with this kind of character defect will convey the impression that the nurse is an extension of their wishes and needs. At this point, the staff often want to give way to frustration. Yet, it is precisely at this time that the situation must be analyzed and that the pain the client experiences beneath the bravado must be understood.

Empathy in the Development of the Self

The ability to provide self-object functions hinges on the provider's correct empathic perception. Empathic understanding may be the crucial element in the recovery process. This is especially true for clients who are newly admitted. Jan, a young professional woman who was admitted for cocaine abuse said, "I felt incredibly jumpy. I couldn't imagine what I was going to do about any of my problems. It was hard for me to believe that anyone else would be able to understand what I had been through. What helped was being able to talk with staff and the other clients and know that they really understood."

Empathy is the ability to understand another person so completely that the feelings, thoughts, and reasoning of others are readily grasped. This does not mean that all desires are gratified. It does mean that the nurse/therapist helps clients investigate their feelings and thoughts, and tries to understand the source of the clients' pain. The nurse also creates hypotheses in her mind that are based on clients' views of reality and the theoretical framework. Lastly, the nurse communicates an understanding of the clients' pain without giving advice.

In understanding clients, it is important to be aware that optimal failures have inevitably occurred in the process of growing up. It is the
tragic or repeated shortcomings in empathic mirroring and rejected attempts to merge, idealize, or imitate the parent that generally result in deficits to the self or actual character pathology.

Application to Abusers

Carl, a young former professional athlete, demonstrated narcissistic deficits created by repeated failures. These deficits became evident when he experienced bereavement, "I don't have the same kinds of problems those other people have. I've done things and met people most of them would never even dream of," he said. Carl's life was glamorous in many aspects, but he had lost control of his cocaine use and it was destroying him economically.

He had moved from relationship to relationship until he found his current girlfriend to whom he is now engaged. In treatment, Carl complained that there weren't enough opportunities to go outside for exercise, and that staff were never available when he needed them. At one point, he refused to participate in activities.

Empathic understanding of Carl's resentful, grandiose presentation (acting as though he didn't care about his treatment) came about through the investigation of the events leading to his hospitalization. A friend whom he had known since childhood had been killed by a rival cocaine dealer.

Once these facts were revealed, staff could get some perspective on the meaning of this friend and the feelings that the loss elicited and that Carl was defending against. The critical element of this understanding was Carl's need to have other people empathically respond in such a way that maintained his self-esteem.

As the staff sifted through his history, it became apparent that Carl's family had never been able to respond to his emotional pain without demeaning his masculinity. This exemplifies a repeated empathic failure, which contributed to his grandiose presentation. He had to deny the pain because his experiences led him to have little hope of being understood and little capacity to handle feelings of bereavement. His cocaine use often served to temporarily strengthen his fragmented sense of self, thus protecting him from bereaved feelings for which Carl did not have a self-soothing psychological structure.

It is also important to note that all people have the need for empathically accurate self-object. It is the extent to which others are used for this purpose that informs the practitioner of deficits in the self. The way in which others are used, presently and in the past, guides hypotheses.

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The Injured Self and Behavior Patterns

Personality deficits include the "mirror-hungry" personality who searches desperately for approval, the "ideal-hungry" personality who searches for others deemed worthy of admiring, and the "twinship-deprived" personality who feels confirmed only when the self-object has the same thoughts, values, and appearance (Kohut, 1978). These character types are variants of the normal personality. The following vignettes deal with deficits in the mirroring and idealized functions of the self.

The Mirror-Hungry Personality.

Grandiose character traits were readily apparent in Tommy, a hospitalized cocaine addict. During his first three days in treatment he impressed both staff and other clients with his bragging and attempts to remain at center stage in the milieu. "I'm a dealer," he boasted, "I like cars and the good-looking chicks...I got a fur coat, body guards...you name it." Tommy liked having power.

As he slowly began to reveal himself in group therapy though, it became apparent that Tommy was a pauper in his relationship with his parents for whom he felt he could never do anything "right enough." Buried under the grandiose presentation and constant bids for mirroring was rage and depression about never really feeling affirmed in his relationship with those who were most important to him. Without the drug to boost his status, grandiosity was his only vehicle to try to get from others that which he was truly incapable of providing for himself.

The mirror-hungry personality attempts to find affirmation and approval to overcome a sense of worthlessness or lifelessness. The history presented by these clients is often one of restless movement from partner to partner, accompanied by dismay that no relationship seems to last. Often what happens is that the demands for mirroring and approval become too great for the other person, and the relationship cannot withstand these needs. Add to this a drug dependency, and the relationship profoundly deteriorates.

The Ideal-Hungry Personality.

The ideal-hungry personality searches for another to admire. As long as this person is able to attach to one with prestige, power, and authority, then a sense of safety and purpose remains. Sometimes, the real limitations of the idealized person intrude and the structural flaws make it impossible for the ideal-hun-
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gry person to accept the imperfections. Such an experience may create profound disillusionment, the harbinger of feelings of insecurity and purposelessness. Lloyd, a divorced, homosexual young professional came into inpatient treatment for cocaine abuse and suicidal ideation. For the year prior to his admission, he struggled with disillusionment and depression over the loss of a male lover who he initially perceived to be an effective and powerful man, yet one who also rejected and demeaned him.

Lloyd was desperate for an end to the frenzied ritual of drugs and meaningless relationships. His narcissistic depletion was compounded by the fact that his father and stepfather both died during the preceding year. As treatment progressed and Lloyd’s urges to use drugs stabilized, the relationships in his life became clearer.

Inspection of his early and current relationships revealed a deficit in mirroring functions demonstrated by a desperate need to be admired and praised. Instead of feeling admired by his mother’s responses, he more often felt dread, “She used to make really snide remarks all the time. I really tried to help her with the younger kids, I practically raised them,” he said. “I remember one time when I was helping her with dinner she looked at me and said that I really had great legs for a boy and that someday I would make someone a great wife! This was in front of company too. I was so embarrassed. Why would she do that to a kid who was trying to be helpful?”

It was his father, however, who apparently was unable to protect and calm his son, which would have allowed the client to internalize the idealizing functions of self-comfort. “He didn’t really deal with the situation with my mother very much. I think mostly he was trying to make enough money to support all of us kids.” It was this structural deficit that created the need for the presence of a male companion preceding the drug use that ultimately led to his cocaine addiction.

In inpatient treatment, Lloyd accepted Twelve Step groups grudgingly. As an outpatient he refused to attend. Given more time, this client might have become a strong advocate of Twelve Step groups. However, repeated failures to connect with his father probably discouraged him from trying to connect with an idealized male figure (a sponsor). Lloyd used the channel that he was psychologically able to use, which was twice weekly therapy until he became physically ill and returned to another state to live with members of his family.

These two cases illustrate several points about the mirror-hungry and ideal-hungry personalities. First, the mirror-hungry personalities may present as grandiose. The grandiosity is most often a defense against depression and rage that clients feel at self-objects who deprived them of the opportunity to feel confident about themselves and satisfied with their abilities. Second, clients may have narcissistic deficits in mirroring functions. However, if the idealizing and twinship functions are strong, clients are often able to compensate for inadequate psychological structures in mirroring by developing strong ideals and goals. The reverse is also true. If the clients have experienced inadequate self-objects to idealize, but had consistent, adequate mirroring, and feel kinship with others (twinship), the confidence and self-affirmation may help to make up for the inadequate psychological structures in the idealizing functions (Baker, 1987).

Summary

Using empathic abilities and basing understanding of clients on information as the client sees the situation, one can become much more able to detect what individual clients need to begin to feel better about themselves. This would truly add substance to the intervention by increasing self-esteem.

By beginning to apply the client’s perspective to one’s understanding, the practitioner will discover greater depth and meaning, thus helping to change addictions treatment for the better.

References

Drug Abuse Treatment
KEY POINTS


1. The primary functions of self-objects are to provide a sense of affirmation, calming, and a sense of similarity or belonging.

2. The self-other bonds reactivated in times of stress; in times of illness or psychological trauma, there are more self-object needs.

3. The demand for responses that immediately and completely fulfill self-esteem needs indicates an inability to meet them on oneself because of an inadequate psychological self-esteem maintenance structure.

4. The nurse’s role in creating an empathic milieu is to understand the client’s viewpoint in the context of the theoretical model and to communicate this understanding without giving advice.