# BOOK REVIEW

*TRAUMATIC NARCISSISM: Relational Systems of Subjugation*, by Daniel Shaw (2014) New York, NY: Routledge. 167 pp. $42.95 (paperback)

Reviewed by

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Daniel Shaw's *Traumatic Narcissism: Relational Systems of Subjugation* is volume 58 of the Relational Perspectives Book Series. In this book, Shaw looks at the traumatic impact that pathological narcissism has on others. The dependence that children have on their parents, students have on their teachers, and patients have on their therapists makes them particularly vulnerable to the narcissistic pathology of the individuals upon whom there is dependence for love, learning, and healing. Individuals in trusted positions of authority may abuse that trust to meet their own narcissistic needs at the expense of the individuals who are dependent upon them. What Shaw calls "traumatic narcissism" may involve physical or sexual abuse, as well as more subtle boundary violations, but most centrally, it is a type of trauma in which one is denied the right and the ability to have an independent mind of one's own. Traumatic narcissism is a kind of brainwashing that instills a dread of thinking for oneself. Shaw shows how traumatic narcissism is particularly at play in cults, be they religious or therapeutic in nature.

Shaw notes the irony that, although psychoanalysis is presumably a liberatory social practice that should enable individuals to think for themselves, it has too often possessed cult-like qualities. Psychoanalysis has too often been perverted to systematically undermine the ability of analysands, supervisees, and students to think for themselves by dogmatic assertion of what is or is not psychoanalysis. And in the privacy of the analytic or supervisory relationship, boundary violations have been committed by idealized clinicians who often possess "guru-like" reputations in their local institutes. At a discipline-wide level, it is well known that new ideas in psychoanalysis have often been initially rejected for not being "real" psychoanalysis, though at a later point, such ideas may become widely accepted within the analytic community. Relational psychoanalysis has been at the forefront of expanding the range of what can be considered psychoanalysis (i.e., self-disclosure, once-a-week, face-to-face treatment, the inevitability and pervasiveness of prereflective unconscious communication and enactment, sociopolitical dimensions of identity formation and maintenance, etc.).

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Shaw's *Traumatic Narcissism* is relational in a variety of ways. He understands narcissism in a relational way, having been influenced by Stephen Mitchell's (1988) seminal work on narcissism as a relational phenomenon. In addition, Shaw illustrates a relational way of working with patients who have suffered traumatic narcissism as children and as adults. Not surprisingly, individuals who have suffered the traumatic narcissism of their parents often repeat those childhood traumas in their relationships with their teachers, therapists, and romantic partners as adults. Sometimes the adult traumas may be even more severe than the original childhood traumas. Entering adulthood with a hunger for an ideal relationship with someone who has all the answers makes one particularly vulnerable to being seduced by a charismatic narcissist in a position of authority who will exploit that hunger for self-serving and self-aggrandizing reasons. This relational dynamic is common, yet surprisingly, it has not received the analytic attention it should have until Shaw's systematic treatment of this issue.

Shaw starts out with Mitchell's relational formulation of narcissistic relational dynamics. Mitchell did not view narcissism as simply a developmental phase to be outgrown, as did Freud, or as simply an evolving developmental line throughout the life span, as did Kohut. Mitchell viewed narcissism as a grand existential illusion through which humans cope with their sense of insignificance and impermanence in the vastness of universe. As such, it can inspire vital and creative living and relating to others. Nevertheless, intersubjectivity, as Jessica Benjamin (1988) noted, is based on a dialectic of assertion and recognition. Everyone possesses a need to assert their own unique individuality and subjectivity and have it validated by their parents, teachers, therapists, and romantic partners. Yet intersubjectivity requires mutual recognition of each other's separate subjectivity. In traumatic narcissism, such mutuality is lacking to the point that the other is not allowed to have an independent mind of his or her own. The subjugated other is required to simply mirror the other's subjectivity and adopt the other's viewpoint as though it were his or her own (i.e., brainwashing). Not only is the subjugated other required to mirror the narcissist's goodness and greatness, but also to contain and identify with all of the narcissist's split off and repudiated badness and inferiority. Shaw calls this the trauma of objectification. The subjugated other is not a subject with developmental needs and individuality of his or her own, but only an object of use that serves a function in meeting the narcissist's requirements.

This is what makes traumatic narcissism traumatic. It is a relationship in which a dominant person coercively pressures a dependent person to mirror that person's goodness and greatness. The subordinate is granted a place in the narcissist's entourage or fan club if the subordinate submits to that coercive pressure. The subordinate is allowed an existence and an identity as a narcissistic extension and should be thankful for the privilege of basking in the reflected glory of a unique and exceptional individual. The traumatic narcissist viciously attacks the identity and self-respect of the subordinate to psychologically beat him or her back into submission if the subordinate rejects the role of narcissistic extension to be a person in his or her own right. The subjugate's price of refusing the role of narcissistic extension is to feel like a bad and worthless individual who deserves to be cast out of paradise. This is why Shaw calls traumatic narcissism a relational system of subjugation.

This relational system of subjugation explains how individuals can be trapped in the role of narcissistic extension through a process of psychological intimidation. The traumatic narcissist exploits a vulnerable individual's dread of being made to feel worthless, and then being mistreated in all the ways that a worthless individual believes he or she deserves to be mistreated if that person dares to express a mind of his or her own, to

expose "the emperor's new clothes." Shaw notes that traumatic narcissism has psychopathic elements; as such, entitled individuals feel that they are above the rules that apply to ordinary individuals, as well as possess paranoid elements in the assumption that anybody who challenges their unquestioned authority is envious and malicious. As a result of this paranoid element, the abuser feels like the innocent victim, full of completely justified self-righteous indignation, simply defending him or herself.

Shaw notes that psychoanalysis at its best is about cultivating the patient's ability to have a mind of his or her own. Bollas (1983) has put it in terms of enabling the analysand to develop his or her own personal idiom. Loewald (1960) noted that the analyst needs to respect the patient's emergent core without imposing a conception of who the analyst thinks the patient should be and become. This is easier said than done because the analyst possesses his or her own conception of reality and what is or is not healthful psychological development. Bollas and Loewald are to some degree objectivists who believe the analyst can objectively recognize and honor the patient's true core and remain neutral in respect to its natural unfolding, as in Winnicott's facilitating environment. Yet from a relational perspective, the analyst perceives the patient's core through the prism of the analyst's own idiosyncratic subjectivity, so may see a different core than the one the patient experiences. In addition, what seems to be the patient's core self that exists independently of the analyst may indeed be in part a reaction to the analyst's own personality and way of working.

Shaw's clinical work is characterized by this relational sensibility. Shaw doesn't assume that he can simply remain neutral or objectively empathize with the patient's developmental trauma, developmental needs, and emergent individuality. He assumes he will get caught up in relational enactment, not simply because of induced countertransference, but also because of his own narcissistic vulnerabilities and propensity to respond defensively under narcissistic threat. Shaw is constantly monitoring the ways in which he can unconsciously slip into enacting the role of the traumatizing narcissist. Yet he simultaneously tries to hold on to his own sense of reality as someone trying to be compassionate and helpful in the face of the patient's experience of him as a traumatizing narcissist who is a "bad" and/or "inadequate" therapist.

Sooner or later in Shaw's clinical work there is a moment of truth in which the patient views and treats Shaw as a traumatizing narcissist. At these moments, Shaw's clinical work embodies the relational sensibility in his attempt to be as authentic and nondefensive as possible while owning the universal human tendency to respond defensively without realizing it when his or her essential goodness and adequacy is under attack. In one clinical example, Shaw recognized and admitted to the patient that his attempt at utilizing humor therapeutically through hyperbolic irony was implicitly sadistic. His seemingly therapeutic attempts at humor shamed the patient into retaliation for the ways the patient was destabilizing Shaw's self-esteem.

Traditional psychoanalytic technique advises the analyst to respond nondefensively in the face of intense negative transference, i.e., to not take it personally. Shaw's clinical examples make clear that such recommendations may be unrealistic. Negative transference is personal because it might be provoked by the analyst's narcissistic investment in his or her therapeutic approach, which is the presumption and conviction that his or her therapeutic approach is inherently helpful (i.e., the analyst's narcissistic impenetrability). Inevitably, analysts do respond in unconsciously defensive ways when their adequacy as therapists is seriously challenged. It is painful for analysts to tolerate the accusation of a traumatized patient, when that patient feels the treatment is more hurtful than helpful, without responding with at least implicitly defensive self-justification, emotional withdrawal, or subtle counterattack. The analyst might feel that the patient is being sadistic in

falsely accusing him or her of malevolence or incompetence when the analyst is doing his or her best to be helpful with an exceedingly difficult patient.

Shaw's clinical examples illustrate how these moments of truth, which could result in serious therapeutic impasse, can be worked through with a combination of therapeutic humility, honest self-disclosure, and verbalization of thoughtful reflections about the analyst–patient relational dynamics. In reading the clinical illustrations, the reader gets the feeling of "watching" everyday relational work at its best. There is a sense of being in the therapeutic trenches with Shaw in doing extremely demanding clinical work (i.e., work that continually assaults the analyst's narcissistic equilibrium) and seeing how Shaw rediscovers his therapeutic equipoise after losing it.

The book does possess one self-acknowledged limitation. Shaw admits that "I would like to be able to present clinical work with someone I could identify as a traumatizing narcissist—but in my experience, the most rigidly traumatizing narcissists rarely last long in therapy." (p. 22) Shaw goes on to note that they typically utilize therapy to simply validate that they are innocent victims of their parents, spouses, employers, children, teachers, and previous therapists. They utilize therapy to justify those of their actions that others perceive as abusive. Shaw acknowledges that others might see this type of patient more than he does, or that they might even have full practices of them. He has observed that such cases are rarely presented in analytic settings.

There may be a tendency in the field to identify with the victims of trauma more so than the perpetrators of trauma, though there is wide recognition that the perpetrators were also once trauma victims who unconsciously identified with the aggressor and rationalized it. The irony is that at least one subtype of traumatic narcissist can last long in treatment; that is, the traumatic narcissist who goes on to become a guru-like training analyst. Such individuals somehow make it through lengthy training analyses, considerable supervision, and analytic certification to eventually achieve "guru-like" status within their local analytic communities. Clinicians have yet to come forward to systematically describe the challenges of treating and supervising a clinician on the road to becoming a traumatic narcissist (i.e., especially the treatment failures of such individuals), though clinical work on analysts who have sex with their patients does cover some of this ground (Gabbard & Lester, 1995).

In more everyday clinical practice it is becoming more common for perpetrators (i.e., failed rather than successful traumatic narcissists) to come for long-term treatment when their grandiose schemes begin to unravel. In my own practice, it is not uncommon to see abusive narcissistic men with anger-management problems whose romantic partners demanded that they seek treatment as the price of continuing the relationship, nor is it uncommon to see mutually abusive couples who indignantly demand that the other be fixed to their liking, or parents of difficult children who fail to see their own contribution to their children's problems (sometimes the children are adults with severe psychiatric disabilities that a late, middle-aged parent is trying to rescue in overcontrolling, infantilizing ways). All of these cases portray the severe resistance to treatment that Shaw noted, such as coercive pressure to validate patients' defensive justification that they are indeed good, romantic partners and parents, in contradistinction with their bad partners and children; an acute sensitivity to feeling that the therapist is unfairly blaming the victim if he or she tries to facilitate reflection on the patient's own role in his or her predicaments; and a tendency to drop out of treatment if the therapist fails to collude with the patient's externalization of blame.

Shaw does devote an entire chapter to the issue of "but what do I do?" For the victim of traumatic narcissism, the inner conflict is typically between trying to find a way to make

the relationship with the traumatic narcissist work and ending the relationship (i.e., leaving the cult, divorcing an abusive spouse, finding a new therapist). Shaw notes that there is usually no way of remaining in a long-term relationship with a traumatic narcissist outside of self-abnegating accommodation. Emancipation from relational subjugation may be finding the courage to finally leave an abusive relationship facilitated by the kind of therapeutic assistance that Shaw so expertly provides. Nevertheless, the victims of traumatic narcissism increasingly succeed in pressuring the perpetrators to go for individual and couples therapy in the hopes of "fixing" them, despite the poor prognosis, or at least making them more manageable, rather than having to give up on them.

In treating failed traumatic narcissists (i.e., subjugators) who seek treatment, be it under duress or on their own because their lives are falling apart, there may be an answer to the question "but what do I do?" The traumatic narcissist complains incessantly about all of the impossibly difficult people who give him or her such a hard time, and who won't happily accommodate his or her obviously superior way of doing things. The simple answer to the traumatic narcissist's usually rhetorical question about how to deal with impossibly difficult people is "stop treating others so abusively." In couples therapy, Shaw recommends clarifying what is or is not abusive behavior and clearly stating that abusive behavior is never morally justified. A traumatic narcissist will often be offended and become indignant by what may seem like an overly blunt and implicitly accusatory confrontation that doesn't comprehend the severity of the provocation. Nevertheless, there may be a way of working through this potential treatment impasse, despite Shaw's apparent therapeutic pessimism about the treatability of rigidly traumatic narcissists who lack remorse because they don't see anything wrong with their own behavior.

Shaw shares the traditional analytic antipathy toward telling patients what to do; he wants to help patients discover their own answers. After all, part of traumatic narcissism is that the traumatic narcissist presents as an omnipotent know-it-all with all the answers. Shaw hopes to avoid that pitfall, which is one reason psychoanalysts often eschew cognitive–behavioral approaches that appear to tell patients the "right" way to think and act. Nevertheless, more cognitive–behavioral approaches such as anger management, marital communication skills, thinking dialectically rather than dichotomously, mindful acceptance of self and others without judgment (i.e., dialectical behavior therapy, DBT), and parent-effectiveness training can provide constructive alternatives to the controlling/domineering ways traumatic narcissists typically deal with other people. From a more cognitive–behavioral sensibility, the traumatic narcissist is not only a "toxic" romantic partner or parent, but also an unskilled or ineffective romantic partner or parent, despite pretensions to the contrary, who has never figured out how to manage difficult and challenging individuals more effectively (i.e., often due to low reflective functioning).

Traumatic narcissists may be less likely to drop out of treatment with therapists who tell them what to do than therapists who rigidly refuse to as a matter of principle, but then implicitly make them feel bad about themselves for the toxic impact that they have on significant others. Of course, some traumatic narcissists might also remain in analysis interminably with therapists who unconsciously collude with their externalization of blame. Such clinicians might presume that they are providing a therapeutic holding environment by being a consistently sympathetic audience to the patient's endless complaints without ever interpreting the defensive function of being a help-rejecting complainer or suggesting different ways of coping with difficult people. Perhaps behavioral coaching about how to be a less toxic individual who has a more beneficial psychological effect on others is an approach to which some traumatic narcissists might be receptive. Traumatic narcissists might be enabled to assume responsibility for their negative impact

on others with a better understanding of what they can do differently to have a more positive impact. (See Josephs and McCleod (2014) for how to help patients reflect on the negative impact of their anger on others' mental states.)

In the Kleinian view, patients can enter the depressive position by assuming responsibility for their own destructiveness when they feel they can make reparations for the damages done. Shaw exemplifies in his clinical work how he assumes such responsibility and makes reparations for any potentially destructive impact on his patients of his own attempts to be therapeutic. Shaw is an excellent role model for his patients, who may identify with his approach to assuming responsibility for his negative impact on others. Yet many traumatic narcissists feel entitled to reparations as the innocent victim and may not see any need to learn how to reciprocate in kind since in their own minds they haven't done anything wrong for which to make amends.

Such patients might be too defensively egocentric in dread of their own self- loathing to ever let themselves appreciate their toxic impact on others on their own, even with a supportive holding environment. The intolerance of differences that patients find offensive may have to be confronted despite their indignant protests against the therapist making them feel bad about themselves when the therapeutic job is to be more empathetic (i.e., to always take their side in a conflict). Traumatic narcissists mistakenly assume that the only way to effectively assert oneself with offensive others is to authoritatively put them in their place (i.e., to subjugate them as Shaw puts it). The therapist needs to help the traumatic narcissist see that shaming people to control them at best produces fearful and begrudging accommodation, but at worst, backfires in provoking passive aggressive or open rebellion. The therapist has to puncture the patient's grandiosity to see that their Machiavellian game-playing ways of manipulating others aren't as savvy as they presume but are in fact self-defeating and counterproductive.

The short-term narcissistic inflation of idealization and submission (i.e., the guru's initial success) is often followed by a fall from grace as "the emperor's new clothes are exposed" and everything begins to unravel, sometimes after years if not decades of impressive success. Analysis of the traumatic narcissist's defensive grandiosity and egocentrism is likely to provoke an indignant countercomplaint that it is indeed the therapist who is the arrogant "know-it-all," presuming to know better than the patient. In Shaw's relational approach, the therapist would have to acknowledge that there may be a significant kernel of truth in a patient's complaint whenever the therapist assumes an authoritative, perhaps implicitly moralistic, stand on what is or is not abusive behavior. Thus, all of the relational principles that Shaw applies so successfully to treating the victims of traumatic narcissism could also be fruitfully applied to treating the perpetrators, supplemented by behavioral coaching that enables patients to see, despite their skepticism, that there is a constructive alternative.

In sum, Daniel Shaw's *Traumatic Narcissism* is a must read as a cutting edge relational approach to helping patients free themselves from the destructive impact of the relationships they have with traumatic narcissists. Stylistically, Shaw prefers to lead by example rather than in more didactic ways that could make him seem like too much of an arrogant know-it-all. One could read *Traumatic Narcissism* as the work of a clinician who has successfully struggled to find and cultivate his own personal idiom and implicitly encourages the reader to do likewise.

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