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Counselling psychologists' use of self in the therapeutic relationship: the role of narcissism

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ABSTRACT

This study explores the potential implications of narcissism in the way that Counselling Psychologists relate to themselves and their clients. Narcissism is understood as a situation that affects negatively one's self-knowledge and ability to engage with others. This research examines therapists' narcissism as it may manifest in their therapeutic practice and in relation to their ability to be aware of and use effectively the interpersonal dynamics of the therapeutic relationship. The researcher also explores how her own narcissism might appear in her relationships with others and her clients.

The investigator chose a heuristic qualitative method as she thought that its focus on intrapersonal and interpersonal processes would help bring to light hidden dimensions of therapists' narcissism in their practice as they were being reflected in the relationship between the therapists and the researcher. An interest in phenomenology and especially in aspects of dialogue and intersubjectivity, as well as the researcher's commitment to constructionist epistemology shaped the way the methodology and method were implemented.

The sample consisted of nine Counselling Psychologists, who participated in open-ended semi-structured interviews. The selection was based on their interest in the subject. The data collection arose from continuous interactions between participant and researcher as a result of the on-going relationship. The research design followed Moustakas' (1990) phases of heuristic inquiry: initial engagement, immersion, incubation, illumination, explication and

creative synthesis. The data were analysed through self-dialogue as well as the interaction between the researcher and the co-researchers. Drawing on hermeneutics helped the researcher unpack complex meanings about the participants' experience of the phenomenon.

The findings of this research suggest that narcissism manifests as a false, superior persona that serves to cover feelings of insignificance stemming from the early frustration of the individual's needs for love and attention. Practitioners' narcissistic needs often appear in their clinical work. Male therapists tend to ask for validation and mirroring from their clients and female therapists tend to deny their needs for admiration and approval behind a selfless facade. Nevertheless, both functions can be found in the same person. Narcissistic needs and vulnerabilities are frequently dissociated, denied and projected onto others, as their acknowledgement possibly causes a great amount of shame. By being open to their narcissism and their hidden needs for love and approval practitioners seem to become more able to reflect and relate openly to themselves and their clients. This increased ability can be associated with what Symington (1993) calls a "reversal" of narcissism.

This research suggests that through acknowledging their narcissism and reflecting on their deep and hidden emotions practitioners can more easily engage in an honest and mutual exploration with their clients, which can help them to reach a greater knowledge about themselves. The researcher also found that her own narcissistic vulnerabilities, if unacknowledged can stop her from engaging openly and freely in the relationship with clients. The importance of looking at the therapists' emotional baggage and commitment to achieve greater interpersonal growth, which is important to the field of Counselling Psychology, is emphasised in this study. Future researchers are encouraged to look at the

clients' perceptions of therapists' ability to acknowledge their narcissistic vulnerabilities in order to attain a wider knowledge about the phenomenon.

INTRODUCTION

Background of research questions/ personal history

For the researcher, narcissism is a situation in which one can only see oneself and is not really open to other people's points of view and to the world around. By being closed to one's self, one probably manages to maintain the fantasy of being superior and in control so that one never has to face one's ugly or vulnerable parts. The exposure and openness to other people's views is feared as it can shake the belief that one is better than others. Therefore, narcissism involves being at a lonely, sad and vulnerable place where on the surface one feels strong and competent but deep down one knows that this is not true. As a result, one lives in a state of constant anxiety while always trying to prove that one is calm and together. Thinking that one is better than everybody else and that one can cope with one's problems on one's own helps one deal with anxiety and maintain this false but simultaneously helpful image.

Believing that one is special keeps up the pattern of being strong and intact which helps a person to keep it together. However, it adds to the feelings of loneliness and desperation. It can lead to a deep existential sense of isolation in which one feels that one is the only person in the world. It also means that one always wears a "mask" which does not allow one to be oneself and express one's true feelings. In my understanding, the word "mask" refers to the false image of superiority that one may adopt in the narcissistic situation. This concept can also be related to Winnicott's (1965) notion of "false self". It reflects the

lack of relatedness, intimacy and true love which is emphasized in the following passage from Kierkegaard's "Either/or":

> Do you not know that there comes a midnight hour when everyone has to throw off his mask?...I have seen men in real life who so long deceived others that at last their true nature could not reveal itself... Or can you think of anything more frightful than that it might end with your nature being resolved into a multiplicity, that you really might become many, become, like those unhappy demoniacs, a legion and you thus would have lost the inmost and holiest thing of all in a man, the unifying power of personality?.. [such a one] may be so inexplicably woven into relationships of life which extend far beyond himself, that he almost cannot reveal himself. But he who cannot reveal himself cannot love, and he who cannot love is the most unhappy man of all.
>
> (Kierkegaard (1843), as cited in Flynn, 2006: 32)

The above words seem to refer to the existential angst and alienation caused by the individual's inability to lead an authentic life. Kierkegaard's words also have a profound significance for me. They relate to my life from early adolescence up to some years ago. Choosing to be quite isolated and to not get too involved with others helped me to cope with my problems. During childhood, I received many conflicting messages from my caregivers and extended family. According to them, sometimes I was excellent and perfect and some other times I was a person with low abilities and poor potential. The theme that underlined all these communications was that I could not be average. I was either a potential failure or a

person of exceptional beauty and intelligence. However, even being considered charismatic came with a certain cost as I was told that my peers would reject me out of envy. Handling all these tensions and at the same time trying to find my own ground in life has always been a challenging task.

In order to cope, I decided to somehow turn away from other people. This situation can be linked to Symington's (1993) concept of "turning away from the lifegiver", which will be explored below. This notion has been very useful for me; it helped me to realise that I put an invisible barrier between other people and myself in order to remain protected and unaffected. I formed relationships with others but I always held myself back. I rarely expressed my real feelings and I was not really present in order to avoid getting closer and getting influenced by others. Through my personal therapy of six years now, I came to realise that by dissociating myself from others I succeeded in protecting myself from further traumas. The distance that I took also helped to minimise the confusion from external stimuli, which gave me space to cope with my internal tensions and anxiety. The more I turned into myself though, the more I started believing that others' opinions do not really matter and that I know better than them. In other words, emotional distance was accompanied by a sense of superiority and feelings of grandiosity.

Believing that I am special helped me to cope with my deep feelings of inferiority and motivated me to develop and show my abilities. Kohut's (1966) idea that narcissism reflects a lack of structure that maintains self-esteem as well as Jacoby's (1990, p.83) assertion that it is a defence that serves to protect from unpleasurable and self-depreciating feelings, helped me to understand my own narcissism. I have always been a high achiever and someone who

managed to cope and remain calm and together. Nevertheless, as I realise now, I was in a lonely and depressing place. I believed that no-one is good enough to understand me and therefore to be allowed to be important in my life. I never really allowed anyone in my life, even though I have had several close relationships. People were never good enough and never passed the tests that I put to them. I now understand that I was the one who was really under examination, as I was constantly trying to prove to myself that I am a worthwhile person. I was seeing the others as an extension of me who tried their best but nevertheless failed.

My problems could be explained in various ways. It could be that through receiving inadequate and inconsistent love and support from my caregivers, I developed an anxious pattern of attachment and an interpersonal schema that defines others as not good enough. However, reading about and reflecting on the phenomenon of narcissism helped me to enrich my view. I saw my interpersonal isolation as a manifestation of my own narcissism, resulting from the traumas I have experienced in my relationship with others; relationships through which I developed an unstable sense of self and a tendency to hide myself behind a "mask". The "facade" of the strong and capable one meant that I was very good at listening and attending to other people's difficulties, which was one of the reasons why I chose to be a therapist. I knew that giving other people plenty of space and being there for them was something that I was very good at.

Through the challenges that I faced at a personal and professional level - in my training and therapeutic practice - during the past four years, I realised that I needed to offer myself what I offered my clients. It was crucial for me to attend to myself and get in touch with my real needs in order to feel more complete and be more present in my relationship

with the clients. I also needed to love myself for who I am and remove the "mask". Acknowledging my personal choice and responsibility in the way that I related to myself and others helped tremendously in working on my own unspoken narcissistic needs and becoming more self-aware. These realisations increased my ability to relate to my clients more openly and freely. Thus, I am interested in seeing the role that these dynamics might play for other practitioners. Exploring narcissism within myself through investigating other people's experiences of the phenomenon will hopefully shed some light on the hidden dynamics that take place in the therapeutic room. After all, as Carp (1973) suggests "in the encounter with the other, we encounter our own self, and in the encounter with our own self we encounter the other" (Carp, 1973, p.35, as cited in Schnellbacher & Leijssen, 2009).

By reading about narcissism and reflecting on my personal and professional experiences, I realised that narcissism can impede open communication with others and potentially with our clients. In the literature, there are various indications that narcissism is a situation that can affect negatively the individuals' self-knowledge and ability to relate openly and authentically with themselves and others (Symington, 1993; Kernberg, 1975; Johnson, 1987). In addition, practitioners' self-awareness and ability to communicate with and relate to their clients in an open and human way is associated with a better therapeutic outcome across different therapeutic traditions (Jacobs, 2004; Mearns & Cooper, 2005; Gilbert & Leahy, 2007). In the field of Counselling Psychology, the interpersonal factors of the therapeutic relationship have a particularly profound significance. "Counselling psychologists of all theoretical orientations are expected to demonstrate a high level of self-awareness and competence in relating the skills and knowledge of personal and interpersonal dynamics to the therapeutic context" (BPS Division of Counselling Psychology Competency Statement, 2004). However, despite the substantial degree of interest in narcissism as

pathology, the existing literature and research has not extended to scrutiny of the therapist's own investment in the work. The implications that narcissism may have in the practitioners' ability to use themselves efficiently in the therapeutic encounter has never been directly explored (Luchner et al., 2008; Rouslin-Welt & Herron, 1990).

Considering the above, I decided to undertake this project, which aims at exploring the following questions: What are the implications - if any - of narcissism in Counselling Psychologists' use of self? In other words, how do Counselling Psychologists understand and experience narcissism in the way that they respond and relate to their clients? What is the therapeutic value of investigating narcissism in practitioners? This piece of research will hopefully facilitate the understanding of practitioners' possible narcissistic tendencies and the way they may influence their relationship with clients. It is therefore hoped that it will contribute to the field of interpersonal dynamics within Counselling Psychology practice.

Moreover, this research has a personal significance for me. I am a white, Greek woman in my late twenties and I am in a process of exploring the manifestations of narcissism in my personal life through reflecting on my ability to handle the levels of intimacy, openness and falsehood in my relationships. I am also interested in looking at whether and how these concepts apply in the dynamics of the therapeutic relationship. Investigating my narcissism through looking at other practitioners' narcissism in their therapeutic practice possibly entails the danger of using the participants' accounts and experiences as a base through which I can safely explore my own narcissism without directly facing it. Looking at my narcissism, while managing to be open to other people's experiences, was a challenge. The danger of projecting my material onto the participants or

losing myself into their stories could not be completely avoided. However, drawing on my emotional reactions and on the interpersonal processes that took place between me and the participants through the use of heuristic method helped me to achieve a greater understanding about their experience of the phenomenon through recognising my own involvement in the process (Reason & Rowan, 1981).

The structure of the research project

In the first chapter, the researcher will explore the myth of Narcissus and show its relevance to the investigation of the research questions. There will also be an overview of different theories around narcissism and the aspects that they emphasise in relation to the manifestation of the phenomenon in the therapists' use of self. After that, Symington's theory of narcissism will be explored and located within the context of these theories and the research questions. This discussion will show how particular aspects of Symington's theory of narcissism - the elements of choice and intentionality - inspired the initiation of this project, as they opened the way for investigating narcissism in therapists. Moreover, the way that narcissistic characteristics such as a lack of self-knowledge, an inability to relate and a tendency to control might manifest in the therapeutic relationship according to the existing literature and research will be explored. Finally, the significance of the present study for the development of the field of Counselling Psychology will be discussed.

In the second chapter, the investigator will explore the way her choice of qualitative heuristic inquiry served to facilitate the investigation of the research question. The concepts inherent in heuristic inquiry and phenomenology, such as openness, intuition and self-dialogue, will be explained and connected with the purpose of this study. The significance of the phenomenological values of intersubjectivity and dialogue will also be looked at. Furthermore, the researcher will talk about drawing on hermeneutic philosophy and the way it helped her to uncover deep and hidden meanings of the phenomenon of narcissism in therapists' practice.

In the third chapter, the researcher will present the research design of the study, the procedure for indentifying and recruiting the participants and explain her choice to use open-ended semi-structured interviews in order to gather the data. She will also discuss the ethical dimensions of this project and describe the steps that were taken in the analysis of the data.

In the fourth chapter, the investigator will illustrate the essences of the participants' experience of narcissism in their therapeutic practice as they occurred to her. This will happen in the form of i) "individual depictions", which aim to show each participant's experience of the phenomenon by using their personal accounts; ii) a "composite depiction", which illustrates the central qualities of the phenomenon that may embrace the experiences of the co-researchers both individually and as a group; iii) "exemplary portraits" that exemplify the group's experience as a whole through allowing both the phenomenon and the individual persons to emerge in a vital and cohesive way; iv) "creative synthesis", which shows in a creative way the researcher's understanding of the essences of the phenomenon as conceived through intuition and tacit awareness.

Finally, in the fifth chapter, the findings will be explained and located within the existing literature and research. The investigator will also reflect on what they might mean for herself and the participants and how they contribute to the current research in the field of Counselling Psychology. The researcher will finally discuss the implications of this research to the practice of Counselling Psychology and consider the personal and professional development that she achieved.

CHAPTER 1: LITERATURE REVIEW

The myth of Narcissus

The Narcissus myth by Roman poet Ovid is the story of a handsome young man, son of the beautiful nymph Liriope whom the river-god Cephisus had once embraced in his winding stream and taken by force. Narcissus's fortune - to die young if he gets to know himself - had been early foretold by seer Tiresias. Due to the "firm pride that coupled with his soft beauty" (Morford and Lenardon, 2006 p. 320), Narcissus could not be touched by his many admirers. Among these, was the nymph Echo, who "could no longer use her voice, except in foolish repetition of another's shout" (Graves, 1960, p. 286).

One day when Narcissus went out to net stags, Echo silently followed him yearning to address him, but incapable of talking first. When Narcissus found that he had strayed from his companions, cried: "Is anyone here?"

"Here"! Echo answered.

"Come!"

"Come!"

"Why do you avoid me?"

"Why do you avoid me?"

"Let us come together here!"

"Let us come together here!" repeated Echo. (Graves, 1960, p. 286-287)

After that, Echo emerged from the woods and rushed to hug him. Narcissus ran away exclaiming: "Take your hands off me; I would die before I let you possess me". "Possess me", Echo replied (Morford & Lenardon, 2006 p.321). From that time on, Echo remained hidden in the woods, longing for love and suffering the pain of rejection until only her voice remained.

One day, one of the heartbroken lovers prayed to Nemesis that Narcissus falls in love but never becomes able to possess his beloved. Nemesis heard the prayer and Narcissus fell in love with his own reflection in a pool. At first, he tried to hold and kiss the beautiful boy he saw in the water until he recognised himself and he stayed there gazing into the pool, hour after hour. Narcissus became passionately enamoured of his image and refused to leave the spot. The grief, however, of not being able to have his loved one was destroying him. He expressed his wish to die in order to keep his beloved one close to him, and suddenly he started changing by losing all his former charisma (Morford & Lenardon, 2006).

When Echo saw what he had become, she felt sorry for him and she sympathetically echoed "Alas! Alas" as he forced a knife into his breast and exclaimed "Ah, youth beloved in

vain, farewell!" as he was dying. "His blood soaked the earth, and there sprang up white narcissus flower with its red corolla" (Graves, 1960, p. 287-288).

This myth illustrates some of the key narcissistic aspects. Mollon (1993, p.35) suggests that the themes of the myth include:

- Illusion and the captivation of a deceptive image

- A lack of self-knowledge

- Reflection and mirroring

- Sado-masochism: Echo's masochistic fidelity to sadistic Narcissus

- The fear of being possessed and taken over

- Vanity and pride

- Turning away from object-relatedness

- Envy

Narcissus fell in love with a beautiful boy that he saw in the water without realising that it was actually him, which shows that he could not really see himself. When he saw himself, he lost his specialness and died (Symington, 1993). The lack of self-understanding and the attempt to avoid awareness at all costs has a central meaning in narcissism (Symington, 1993). The researcher is interested to know whether narcissism in therapists may manifest as a lack of self-awareness and what are the possible implications of this for the therapeutic relationship.

Another important characteristic of narcissism is the inability to love one's self and others (Lowen, 1985). Narcissus fell in love with his image after he rejected the love of Echo. According to Lowen (1985), falling in love with one's image is seen in the myth as a form of punishment for being incapable of loving. Also, Narcissus, by excluding everyone else, gradually became unable to love himself, since he even rejected his own voice that was Echo. Lowen (1985), states that if Narcissus could say "I love you", Echo would repeat those words and he would feel loved. These aspects raised the following questions for the researcher: Are practitioners capable of loving themselves for who they are? Can they communicate that to their clients or do they relate to them through a false image of who they want to be?" The "abandonment of the lifegiver" as explored in Symington's (1993) theory and Winnicott's (1965) notion of "false self" are strongly related to these aspects of narcissism, as will be explored later.

Moreover, Jacoby (1990) suggests that narcissistic people have a tendency to see the environment as a reflection of themselves, which is also symbolised in Narcissus's myth. In narcissism, people can't really distinguish between themselves and others and they often experience others at an unconscious level as a part of their own world (Jacoby, 1990). Narcissus' expression of self-love shows a defensive withdrawal within which the suffering of separateness can be denied (Robinson & Graham-Fuller, 2003). The researcher became interested to explore participants' ability to feel separate and grasp the clients' deep communications. The extent to which the researcher's own narcissism may stop her from engaging genuinely with the participants will also be examined through the processes that are inherent in phenomenology and heuristic methodology: focusing, tacit understanding and interpersonal dialogue.

Furthermore, Hauke (2007) suggests that Narcissus's grandiose and omnipotent image reflects the narcissistic individuals' attempt to compensate for their inner sense of helplessness, the experienced lack of control over their lives and their inability to engage. These aspects raised the following questions. Do therapists present with a powerful image possibly in an attempt to cover their vulnerability? If, so how does it influence the relationship? Narcissus's myth also illustrates Narcissus's inability to escape from his omnipotent image and connect with Echo and Echo's failing attempt to mirror him probably as a response to his rejection (Hauke, 2007). The researcher became interested to know whether something of the interaction between Narcissus and Echo in the myth can be played out in the therapeutic relationship. Could therapists' narcissistic issues communicated as an image of self-sufficiency and avoidance of relatedness (like Narcissus) create a need in the client to try to please them by mirroring them instead of getting in touch with their own true existence or could the therapists be mirroring the needs of the clients (like Echo) in an attempt to merge with them and gain their approval? Does the gender of the therapist influence that dynamic?

Psychotherapeutic literature suggests that men in narcissism try to achieve a sense of autonomy and acquire self-validation and self-worth through having their grandiosity mirrored by others (Philipson, 1985, Morrison, 1989). These characteristics seem to resemble the cruel rejection and the attitude of pseudo-independence from the part of Narcissus (Robinson & Graham - Fuller, 2003). Narcissistic issues in women on the other hand, are associated with a search for self-validation, self-esteem and self-worth, through identifying with others (Philipson, 1985), which is similar to the complete identification and longing for merger in Echo's character (Robinson & Graham - Fuller, 2003). However, the interaction

between Echo and Narcissus is thought to symbolize a deep split within an individual that has

not been resolved and a disturbance in the capacity to relate (Robinson & Graham - Fuller,

2003). These questions and the relevant existing literature will be discussed later in this

chapter. Before that different theories around narcissism will be explored and the relevance of

Symington's theory for the research project will be explained. The researcher will also look

at the existential principles of freedom and choice and their significance for investigating

narcissism in therapists' practice.

Different theories around narcissism and the chosen scope

In this section, the researcher will present the aspects of the theories that contributed

to her understanding of narcissism and stimulated her interest about investigating its potential

manifestations in the way therapists use themselves. Symington's theory and the particular

characteristics that inspired and gave rise to the research question will also be explored.

Freud (1914, p. 73-74) saw narcissism as "the libidinal complement to the egoism of

the instinct of self-preservation, a measure of which may justifiably be attributed to every

living creature". He referred to primary narcissism, as an early developmental stage where

the infant cannot separate itself from the environment and the "childish ego enjoys self-

sufficiency" (Freud, 1921 p. 110). Here, there is a primal investment of the ego with libido,

as the beginning of all psychic development (Jacoby, 1990). When the libido is withdrawn

from the objects due to an experienced danger or disappointment and is reinvested back to the ego, then this is the case of secondary narcissism (Freud, 1914). For Freud (1914, p.66), "a strong egoism is a protection against disease", however if the "cathexis of the ego with libido exceeds a certain limit" people must begin to develop relations with others. When "the ego energy sources are (or become) depleted and the ego has no other option but to retreat to a narcissistic state of self-enclosure and to avoid forming intimate relationships with others" (Gaitanidis 2007, p.16), then pathological narcissism occurs. The researcher was interested to see whether therapists' possible narcissistic tendencies may manifest as a difficulty in relating to their clients and what the impact of this might be on the therapeutic relationship.

Furthermore, Freud (1911, 1914, 1923) emphasised the following narcissistic aspects: illusions of self-sufficiency and perfection related to fantasies of grandiosity and omnipotence, loss of a sense of unity of the self and lack of separateness with the object (Mollon, 1993). By reflecting on the above elements, the researcher developed a basis for understanding narcissism and became interested to investigate its possible manifestations in Counselling Psychologists' use of self. In his concept of "narcissistic- object choice", Freud (1917) described a situation in which individuals develop relationships with objects that own the qualities that they feel they lack in themselves and so they identify with them by incorporating their features. This choice signifies a cancellation of subject-object differentiation through which individuals can attain an illusory confirmation about themselves (Gaitanidis, 2007). The investigator became interested to see whether practitioners tend to merge with certain qualities of their clients in an attempt to gain an affirmation of their omnipotence. Jung's theory also offered useful insights towards investigating the manifestation of narcissism in intrapersonal and interpersonal relationships.

Jung (1916, 1935) found Freud's conceptualisation of narcissism as a libidinal withdrawal incomplete as, for him, problems arose from the existence of different "selves" and versions of reality within the same person (Robinson & Graham - Fuller, 2003). Based on the theory of dissociated sub-personalities, Jung (1935) developed the concept of "psychological complexes", which are the product of a core conflict with both personal and archetypal roots. When the archetypes which reflect universal human experiences are not sufficiently mediated through the interaction with the caregivers, then the young person's psyche becomes prone to experience intense primitive emotions which threaten the integrity of the ego (Jung, 1935). Furthermore, due to not having the opportunity to acquire satisfactory self-esteem from the roles they have been given, individuals may adopt a "persona" by identifying with certain roles defined by society, which does not allow them to experience their individuality (Jung, 1916). In this situation, a grandiose self is developed through a partial fusion or inflation of the ego with an archetypal image or with qualities such as heroism, beauty and religiosity often connected to the person's family background (Jacoby, 1990). Also, shadow contents (characteristics and tendencies that are considered to be inferior aspects of the psyche and are not compatible with the person's self-image) are dissociated or projected onto others (Jacoby, 1990). Individuals then may experience feelings of alienation and depersonalisation, and they might need admiration from others in order to prove their value (Jung, 1928). The researcher became interested to investigate whether practitioners may unconsciously seek approval and admiration from their clients in order to compensate for feelings of internal fragmentation and alienation resulting from the lack of acknowledgement of their internal states and the adoption of a persona. Klein (1946) also talks about ways through which individuals may try to cut off unwanted feelings and maintain a sense of power by focusing on the function of particular defence mechanisms.

Klein (1946) introduced the notion of defensive mechanisms of splitting and projection through which the infant in the earliest state of mind, which is described as the paranoid-schizoid position, tries to protect itself from the anxiety caused by the "death instinct" (Mollon, 1993). Through projection, introjection and projective identification, the primitive organism attempts to "block the acceptance of the separateness of the other - to create an illusion of controlling the other, or living inside the other" (Mollon, 1993 p.99). This situation is characterised by the infantile attitude of omnipotence and draws on Freud's (1914) theory of "ego ideal". By reaching the depressive position the person gets in touch with the loss and guilt generating from the acceptance of the lack of omnipotence and the acknowledgement of the ambivalence towards the other and adapts to the outer reality more realistically (Mollon, 1993). The investigator became interested to see whether practitioners try to discharge or project their unwanted parts onto their clients in order to maintain a fantasy of powerfulness. Could this also happen in the relationship between the researcher and the co-researchers?

Klein (1946) differentiated herself from Freud in that she believed that the infant from the first months of his/her life has the ability to form a variety of object relations, partly libidinal and partly aggressive (Muran, 2001). However, for her, the ego is bound to react defensively to the destructive instinct within, even though it is present and active in forming relationships from birth (Symington, 1993). Therefore, parents can only have a corrective or mitigating influence upon the anxieties arising from the child's constitutional tendencies (Fonagy & Target, 2003). Fairbairn and Winnicott on the contrary, attached a central meaning to the role of early relationships with caregivers on the development of the self and the understanding of narcissism (Muran, 2001).

Fairbairn (1952) saw the self (or ego) as primary and functional, with its own libidinal energy seeking relations to external objects (Muran, 2001). For him, "the libido is primarily object-seeking" (Fairbairn, 1952, p.82) rather than pleasure-seeking as in classical theory. Pleasure is gained and anxiety is lessened by the quality of ego-object relation rather than through the discharge of energy (Fonagy & Target, 2003). If the need for intimacy with the primary object is not satisfactorily met, then the ego splits and creates compensatory internal objects (Fairbairn, 1952). The process of turning in to inner objects in order to satisfy unmet emotional needs can be related to narcissism (Symington, 1993). The researcher was interested in investigating whether practitioners may unconsciously use their clients as "objects" in order to meet their frustrated needs for attention and intimacy.

Winnicott (1965, 1971) also conceived personality as structured around the need for maintaining relatedness to caregivers. His concept of "true" and "false" self resembles Fairbairn's schizoid splitting of the ego (Grotstein as cited in Symington, 1993). Winnicott (1965, 1971) had a developmental view of self and in his theory, it was only through dependence on the mother that the infant could "become able to have a self" (Philips, 1988 p.124). He described a delicate dialectic of contact and differentiation between mother and child, where the "good enough mother" through graduated failure permits the incipient self of the infant to emerge (Greenberg, & Mitchell, 1983). He believed that by being emotionally responsive and adapting to her child's needs the mother could enable the child to reach a state where he/she lives through his or her true self (Winnicott, 1965). If the mother frustrates the developing child's needs, he/she will then have to comply with the needs of the mother and come up with a false self in order to manage those demands and protect his/her true self (Winnicott, 1965). For Winnicott, narcissism refers to "a mode of psychic closure and self-sufficiency that cannot account for dependence" (Cohen, 2007, p.43). The investigator

became interested to explore whether a "false self" structure, developed as a protection against further frustration, may appear in the way therapists relate to their clients.

Another psychoanalyst who emphasised the primary contact between mother and child in his conceptualisation of narcissism is Kohut (1966, 1971). He maintained Winnicott's notion of dependence and he argued that we never fully outgrow the dependence on the functions provided by others (Mollon, 1993). However, Kohut (1971) saw narcissism as having its own line of development, independent of object-relations. He viewed the self as the centre of one's psychological universe and he assumed that the person's experience of him/herself is an entity that is above the conflict of the drives (Curk, 2007 p.74). Moreover, Kohut (1966, 1971) distinguished between healthy and unhealthy narcissism and suggested that we are all born with an element of narcissism in our psyche, that can't be taken away completely; it can only mature into a healthy adult version. The investigator became interested in finding out whether the concept of healthy versus unhealthy narcissism resonates with the practitioners' experience of the phenomenon in their therapeutic practice.

For Kohut (1971), unhealthy narcissism is an absence of the psychological structure that maintains self-esteem, which originates from the parents' failure to attend to infant's needs for mirroring and idealizable companionship. The "developmental phase in which the child attempts to save the originally all-embracing narcissism by concentrating perfection and power upon the self" is called "grandiose self" (Kohut, 1971 p. 106). The "grandiose self" is an unconscious repressed structure which serves to overcompensate for feelings of absolute worthlessness and inability to regulate self-esteem in a realistic way (Jacoby, 1990). The narcissistic person often presents with an attitude of superiority or arrogance, reflecting

anxiety over encountering further self-object failures (Kohut, 1966). Moreover, since mechanisms to regulate themselves are not in place, the narcissistic individuals will constantly be looking to others for strengthening their self-esteem (Kohut 1966). These aspects raised the following questions: Could the participants be trying to compensate for their lack of self-esteem and their frustrated needs for love and approval through their clients? How would this tendency influence the therapeutic relationship? Relevant literature will be explored later. Before that, Kernberg's theory and the questions it stimulated will be looked at.

Like Kohut (1966), Kernberg (1975) viewed narcissism as a disturbance of the self. He proposed an ego system that includes various internalised, bipolar representations fused into an integrated sense of self. For him, narcissistic disorders result from uncontrollable amounts of aggression originating from early drive frustration that damaged the individual's internal self and object representations (Kernberg, 1974, 1975, 1980). In an attempt to protect threatened self and object representations, hostile aggression is projected out onto the external world (Heiserman & Cook, 1998). This lack of integration causes a pathological fusion of "ideal self," "ideal object," and "actual self" images, which leads to the development of a grandiose self (Kernberg, 1974). In this situation, which reflects a failure to integrate early ego-ideal structures into a superego, self and object images that provoke negative self-feeling are pushed out from the individual's inner world (Heiserman & Cook, 1998). Thus, the activation of the images that accompany experiences of shame and depression are denied or projected onto others (Kernberg, 1974, 1975, 1992). The researcher became interested in investigating whether the discharge and projection of experiences that may be associated with feelings of shame and rejection resonate with the practitioners' experience of narcissism and how that dynamic is reflected in the therapeutic relationship.

The aforementioned theories contributed to the investigator's understanding of narcissism as a defensive way to compensate for deep feelings of worthlessness and despair that reflect the individual's difficulties in regulating their self-esteem, maintaining a unified sense of self and relating to others. This situation could originate from substantial failures in the interaction between the individual and his/her caregivers. These thoughts gave rise to a series of questions regarding the way therapist's narcissism may manifest in the therapeutic relationship, as explored above. However, it was only through reflecting on the elements that Symington (1993) emphasises that the researcher gained a better idea about the potential implications of practitioners' narcissism in their therapeutic practice and perceived it as a relevant subject. For the investigator, Symington (1993) offers a wider understanding of narcissism by combining several aspects of the theories described above. Like Kernberg and Klein, he suggests that narcissism is manifested in relationships through the mechanisms of projection, introjection and projective identification. However, he focuses mainly on the narcissistic individual's attempt to avoid knowledge and relatedness and he argues that the existence of these characteristics in therapists may affect negatively the therapeutic work, an assertion that was significant in developing the research question in this project.

For Symington (1993), therapists' lack of emotional openness and impeded self-awareness may stop them from grasping the interpersonal dynamics of the therapeutic relationship and even lead them to control or manipulate the client. These issues have been touched on by other authors, too (Little, 1951, Sussman, 1992, Dickinson & Pincus, 2003). However, Symington connects directly the problems of lack of self-awareness and genuineness in therapists with the phenomenon of narcissism. In this way, his theory inspired the initiation of this research project as it responded to the investigator's research interest

about the role of narcissism in practitioners' ability to use themselves effectively in the therapeutic relationship.

Moreover, in Symington's view, narcissism is neither a developmentally normal condition that can also take an unhealthy form (Kohut, 1966; Freud, 1914) nor a pathological structure originating from early unintegrated rage (Klein, 1946; Kernberg, 1976). It is an unhealthy situation that can affect everyone to a greater or lesser extent and needs to be worked through. This conceptualisation of narcissism makes it important to look for narcissistic characteristics not only in clients but also in therapists themselves and creates a basis for investigating the therapists' narcissism and its possible implications for therapeutic practice.

For Symington (1993), narcissism originates from the failure of the individual to form and internalise satisfactory relationships with his/her caregivers. However, unlike the above theorists, he does not see narcissism as originating directly from unconscious processes and early traumas; he emphasises the element of the individual's choice or response to the traumas he/she was faced with. Symington believes that narcissism occurs when the infant unconsciously chooses to manage his/her traumas by turning upon him/her and rejects his/her inner source of spontaneity and authenticity. Therefore, for him, narcissism is a dynamic situation that can be reversed, if the person becomes aware of it and chooses to draw on his/ her internal source of action. Reflecting on my personal choice of being closed to myself and trying to get in touch with my unconscious wishes (to feel important and to protect myself) helped me to come to terms with my own narcissism and relate to my clients more genuinely.

Through this project I intend to see whether these dynamics take place in the way other practitioners use themselves in therapy.

Looking at narcissism as a situation that can be reversed through gaining greater self-awareness rather than a disorder located merely in unconscious processes inspired the researcher to investigate the potential manifestation of narcissistic elements in both herself and other practitioners. She became interested in looking at the choices practitioners make in the way they relate to themselves and their clients and how these choices are connected to their potential narcissistic tendencies and the way they use themselves in therapy. Her aim was to examine: i) whether and how narcissism influences therapists' ability to reflect openly on their feelings and emotional participation in the therapeutic relationship; ii) whether practitioners have experienced a reversal of narcissism through reflecting on their personal choice of being closed to themselves and how this experience influenced their clinical work. At the same time, the researcher was open to exploring different manifestations of narcissism that could arise in the participants' experiences, in an attempt to acquire a greater understanding of the phenomenon. In order to achieve this, she followed the phenomenological values of intuition and intersubjectivity that are inherent in heuristic methodology.

Therapists' narcissism and its implications for the therapeutic relationship: Symington's view and relevant literature

In this section, Symington's theory of narcissism and its significance for the investigation of the research question will be explored. Relevant literature will also be examined.

For Symington (1993), narcissism occurs when the infant, due to a traumatic event or a series of traumatic events unconsciously chooses to turn away from the "lifegiver" and turns upon him or herself. The "lifegiver" is the source of emotional action and spontaneity that can come into being only through being chosen (Symington, 1993). However, since it is connected not only with emotional action but also with biological survival, the self cannot completely deny it, due to the instinct of survival. As a result, a split occurs and only a part of the self turns against the "lifegiver", a situation that reflects an anti-relational position (Symington, 1993). This argument may have significant implications for the way practitioners use themselves, as will be explored below.

Symington (1993) views self as a relational concept; the being of the self for him is structured in relation to others. He suggests that it is made up of different parts, which may be very different to each other and function as independent entities. In order to explain the function of the sub-selves, Symington draws on object-relations theory. He refers to "object" as the part of the self that is in relation to another - to an internalised figure - but he clearly emphasizes that this object can also be a subject of action and act within the personality. He

associates this concept with Jung's theory of complexes, which "are autonomous groups of associations that have a tendency to move by themselves and to live their own life apart from our intentions" (Jung, 1977 as cited in Symington, 1993, p. 20). Symington (1993) states that, the basic psychological problem for all human beings is to establish connectedness and coherence between the parts. This process can be facilitated through an open relationship between these components.

More recent authors also conceptualise human beings as a meeting of different parts or sub-selves (Rowan & Cooper, 1999; Barrett-Lenard, 2005). In person-centred therapy, psychological well-being is associated with open and dialogic relationships among the different ways of being, whereas psychological difficulties are related to abusive and unempathic intrapersonal relationships (Cooper, 2003). The therapist's attendance to the client's overt and covert communications can promote therapeutic change by helping them get in touch with different and unconnected parts of themselves (Thorne, 2003). Thus, it is important for the therapist to bring him/herself fully into the encounter and to interact with the client in a mutual and transparent way (Mearns & Cooper, 2005), a situation that can be impeded by narcissism (Symington, 1993).

In the narcissistic situation, some aspects of the self are denied through the refusal of the lifegiver and they become unknown, by being pushed into the unconscious (Symington, 1993). This conflict between the sub-selves that defy integration is what underlies narcissism. In this context, looking at the possible existence of these elements in practitioners and their implications for the therapeutic relationship seems to be a highly relevant task, and has not been directly explored before (Luchner et al., 2008). The researcher therefore became

interested in investigating whether narcissism in therapists may manifest as a difficulty in acknowledging, experiencing and integrating different parts of themselves and whether these characteristics influence their ability to communicate with different parts of themselves and their clients.

Symington (1993) adopts an interpersonal view of narcissism and suggests that it "is hidden in the web of an individual's relationships both within and without" (Symington, 1993 p.62). Since, as research shows, one of the most influential factors in the therapeutic outcome is the relationship between the therapist and the client (Hubble, Duncan and Miller 1999; Clarkson, 2003) it seems that investigating how narcissism manifests in their interaction is very significant. Symington states that "we make contact with other human beings either by projecting ourselves into their world or by introjecting them into our world" (Symington, 1993 p.13). According to him, many mental states or personality aspects that are unbearable or difficult to manage, such as envy or possessiveness can be attributed to the therapist by the client. The opposite might happen, too. For Symington (1993), narcissism is a situation characterised by lack of self-knowledge and thus it may underlie and manifest itself through these mechanisms. Hence, exploring the way narcissism may appear in the dynamics of the therapeutic relationship seems to be important. Investigating therapists' narcissistic tendencies also seems to have significant implications for their training, taking into consideration that the acquisition of self-awareness is an invaluable aspect of it (Rizq, 2005)

Furthermore, Symington (1993) states that if a narcissistic person becomes aware of the lack of integration between the parts of him/herself, he/she experiences shame. Therefore,

in narcissism, knowledge has to be avoided at all costs and some parts of the self have to remain hidden and unconscious. This resembles Kernberg's (1975, 1992) statement that the activation of negative self-images that come with experiences of depression and shame are dissociated, projected onto others, or denied. The literature suggests that there is a gender difference in the experience of shame and its relation to narcissism (Heiserman & Cook, 1998; Benjamin, 1988). Socialisation processes seem to train women much more than men to judge their performance failures and their interpersonal sensitivities in ways that encourage emotions of guilt and shame (Ferguson and Eyre, 2000). In addition, narcissism in women is thought to be accompanied by strong feelings of shame (Benjamin, 1988, Brody, 1997). Men on the other hand, seem to be less prone than women to experience shame and they exhibit an inverse relationship between narcissism and shame (Heiserman & Cook, 1998). These issues are not explored by Symington. This project aims at addressing this gap by examining the potential role of the gender of the therapist in the way they experience narcissism in their clinical work. In this way, this study will hopefully offer a broader understanding of the way practitioners experience and use themselves in therapy. It will also draw attention to the significance of exploring narcissism as a tendency in the training environment.

Symington (1993) talks about defences, such as splitting, projection and projective identification through which certain feelings or thoughts are disowned and the self is protected from unwanted emotional states. Finell (1985) states that, in narcissism the individual is heavily invested in not dealing with his/her pathology and deeply defends and splits off upsetting feelings through the mechanisms of splitting, denial, and projection, that can make insight very difficult. The researcher became interested in investigating the potential existence of these dynamics in the communication between the practitioners and

their clients as well as between the researcher and the co-researchers and their potential implications for the therapeutic relationship.

Klein (1945-1946) also talks about the manic defences, through which the infant wants to protect itself from painful emotions in order to maintain a sense of grandiosity. However, for her the infant is trying to protect itself from the fear of persecution originating from the death instinct, whereas for Symington (1993) the infant splits its objects due to the refusal of the "lifegiver". Thus, he incorporates the element of personal choice in the individual's denial of intrapersonal states and refusal of interpersonal relationships. The researcher sought to unravel these dimensions through examining the intrapersonal and interpersonal dynamics that take place in the relationship between the researcher and the co-researchers by following the principles of heuristic methodology.

In addition, Symington's (1993) understanding of narcissism seems to draw on object-relations theorists, who emphasise the vicissitudes of early development and the central role of early parenting in the development of a sense of self and the other (Strawbridge & Woolfe, 2003). He suggests that unfulfilling early relationships with caregivers can lead to the development of a false persona and detachment from the inner source of emotional spontaneity, the "lifegiver". For Symington (1993), the "lifegiver" is an emotional object that is initially associated with the mother and in later life with the "other person" that brings comfort and support as the mother supposedly did. It is an "internal, transitional-like object" that is composed of "aspects of the self and of the external life-supporting object" (Grotstein as cited in Symington, 1993). The "lifegiver" reflects the option of the "other"- an object that

a person may seek as an alternative to seeking himself. Hence, it can be thought of as incorporating a source of action and reflects the person's ability to relate with themselves and the outside world. By denying the "lifegiver", the person turns upon him/herself. The researcher became interested in investigating whether narcissism in therapists can manifest as a loss of contact with their inner emotional source of action and whether this affects their ability to love themselves and communicate genuinely with their clients. Also, she sought to look at the practitioners' levels of personal choice and responsibility in these processes.

By abandoning the "lifegiver", people do not live through their "true self", which is the source of authenticity that exists within individuals, the experience of spontaneity, of feeling real and alive (Symington, 1993). This is also a central aspect in Winnicott's (1965) theory, where false self is described as an artificial persona and a way of relating to others, which hides the internal lack arising from the unmet dependency needs. The development of the false self has been associated with narcissism by several theorists (Johnson, 1987, Miller, 1988). Johnson (1987) states that much of the pathology in narcissism is caused by the individual's rejection of the parts of him/herself that were not supported and mirrored. He also suggests that people with narcissistic traits tend to deny their true self-expression due to an early rejection of it by the caregivers and present a highly developed "false self". According to Miller (1988), individuals who were not encouraged or even "allowed" to express their true emotions did not get the opportunity to know their true self and therefore they lost touch with their true experiences and started adopting an "idealizing, conforming, false self". The existence of these characteristics in therapists is thought to play a crucial role in their choice of profession (Miller 1988; Halewood & Tribe, 2003), which signifies the importance of looking at the possible implications of therapists' narcissism in the dynamics of the therapeutic relationship.

Miller (1988) suggests that psychotherapists are likely to have been raised by parents who used them to gratify their unfulfilled needs which led them to be "narcissistically injured". Therefore, they learned to become acutely aware of the needs of others through sacrificing their own needs, an experience which does not allow them to experience their true feelings. For Miller (1988), these individuals are well prepared for a profession that involves listening and attending to clients' needs and communications. Halewood and Tribe (2003) found that Counselling Psychology trainees had a higher degree of "narcissistic injury" than controls. Storr (1979) argues that those attracted to the therapeutic profession have often felt that as children they were not valued and appreciated for their true self, which led them to try to hide their feelings and to comply with their parents' needs in order to avoid disappointing or distressing them. Thus, they possibly developed increased sensitivity to the feelings of others and capacity for compassion. Those experiences, which seem to bring some people to the profession and make them talented as therapists are also responsible for their unresolved narcissistic issues (Storr, 1979). All this work suggests the relevance and pertinence of looking at the potential implications of practitioners' narcissistic issues in the therapeutic relationship, which has not been explored before (Luchner et al., 2008).

Moreover, it is suggested that for therapists, the false self, depressive qualities and detachment from their inner feelings are associated with covert narcissism, which may have several implications for the way they interact with their clients (Luchner et al., 2008; Dickinson & Pincus, 2003). Therapists may try to achieve gratification and admiration by attending selflessly to their clients (Luchner et al, 2008). Hammer (1972) states that those who have a persistent need to nurture and give to others may use an "unselfish giver" as a means of raising chronically low self-esteem. Through the illusion of continuous benevolence, tolerance and achievement (Susman, 1992), therapists with covert narcissistic

characteristics may attempt to secure the admiration they receive from clients by reducing the possibility of negative reactions aimed at them (Dickinson & Pincus, 2003). Glickhauf-Hughes & Mehlman (1995) argue that therapists with narcissistic problems are often presented with a "false self" and they try to satisfy their own needs for personal gratification. Hence, since no research has been done on how therapists' narcissism may influence the interpersonal dynamics of the therapeutic relationship (Luchner, et al., 2008), the researcher thought that it would be useful to look at the possible manifestation of these dynamics in the therapeutic room. Do practitioners try to meet their needs for love and approval indirectly by attending selflessly to the clients' wishes? If so, what are the implications of this for the therapeutic relationship?

Furthermore, through the refusal of the "lifegiver" the narcissistic individual does not have the capacity to initiate his/her own actions and negotiate relationships and therefore he/she tries to manage social interactions by eroticising the self (Symington, 1993). The person who adopts the narcissistic position invests all his energy in himself/herself. Rubin (1981) suggests that "the narcissist becomes his own world and believes the whole world is him" (Rubin, 1981, as cited in Lowen, 1985, p.6). The narcissistic individual tries to compensate for the inability to act from within through creating and maintaining a grandiose, false image about him/her. The grandiose self, is extremely vulnerable and one of its main characteristics is that it gets easily frustrated and insulted if things don't go in his/her way (Symington, 1993). The principle that is constantly present is that the pleasure centre, the self, has to be stimulated at all times, which draws on Freud's (1920) theory that the self in narcissism is struggling to maintain a "purified pleasure ego". The self cannot integrate, process, or feel painful feelings such as hostility, envy, and dislike, which are discharged and projected onto others whose role is to stroke and stimulate the person's surface (Symington,

1993). This concept resonates with Jung's (1928) argument about the shadow contents that are dissociated and projected onto others. The potential existence of these characteristics in therapists may have significant implications for the dynamics of the therapeutic relationship.

Symington (1993) suggests that there is a big difference between making an intervention based on a denial of self-knowledge and making one that arises from recognition of what is in oneself. He argues that it is of no therapeutic value if therapists point out to patients that they are being cruel, or seem to be behaving in a possessive or jealous way, when they themselves are not in touch with those characteristics (Symington, 1993). The investigator therefore became interested to explore whether therapists may unconsciously cut off or project onto their clients their unwanted parts in order to maintain a pleasurable image about themselves.

As Symington (1993) suggests, narcissistic individuals often need to have people telling them how good they are in order to tolerate the terrible feelings inside. By becoming the admired figure, narcissistic people merge and therefore cancel the relationship with an image that generates envy to them (Symington, 1993). In this way, the hostility towards the envied figure is not experienced as it is displaced on figures from the outside, who are enticed to carry feelings that the narcissistic individual cannot access or tolerate. In that situation, people are chosen as objects into which painful feelings are projected, so that the narcissistic person does not have to face the pain or the shame caused by his/her internal disintegration and inability to generate action (Symington, 1993). In the literature, there are indications that the possible existence of these elements in therapists might affect the quality of the therapeutic relationship. Hardy (1979) suggests that therapists sometimes choose the client as

object, and partly by identifying with him, they set out to rescue him. Therapists may also project their own needs onto clients, thus misperceiving clients' actual dynamics, which is called "narcissistic collusion" with the client (Hardy, 1979). These arguments stimulated the researcher's interest and highlighted the importance for investigating practitioners' understanding and acceptance of their own possible narcissistic vulnerabilities, and the way they may influence their ability to relate openly to and comprehend the clients' deeper communications.

Different therapeutic schools support the idea that when therapists are authentic and use their self as the vehicle for change the best therapeutic work occurs (Mearns & Cooper, 2005; Leahy, 2008; Rizq, 2005). Heimann (1950, pp. 81-82) emphasizes that the purpose of the therapist's own therapy is to enable him or her to "sustain" the feelings which are evoked in him/her as opposed to "discharging" them (like the patient). Feelings, thoughts, reactions, fantasies and bodily sensations that are aroused in the therapist during the session can provide very helpful data (Jacobs, 1993). If they are acknowledged and used in a therapeutic way, they can be a guide into the patient's unconscious conflicts and defences and can help establish a more "human" relationship (Heimann, 1950). Little (1951) argues that in order for the client to make progress, the therapist needs to be able to recognise and show the subjectivity of his/her feelings. Uninterpreted feelings can be responsible for either the prolonging of analysis or its premature ending. Saretsky (1980) posits that narcissistic tendencies in the therapist diminish objectivity and relatedness. Such tendencies may also be responsible for the existence of "blind spots" that hinder successful therapeutic practice (Clark, 1991). Thus, examining the way practitioners' narcissism may influence their interpersonal awareness and their ability to use themselves efficiently seems to be crucial and has not been explored before (Finell 1985; Luchner, et al., 2008).

In addition, Bettelheim (1983) states that many people in the psychoanalytic and therapeutic professions are blinded by knowledge of themselves. Through his experience as a teacher of psychoanalysis, he observed students, who tried to understand the theories only at an intellectual level, without ever looking inside, to see the meaning of those theories for themselves. For those students, Bettelheim states, the psychoanalytic concepts became a way of looking only at others from a safe distance (Bettelheim, 1983). In contrast, Bettelheim points out that in creating the concepts of psychoanalysis and the unconscious, Freud had had to analyse his own dreams, to understand his own "slips of the tongue" and the reasons he forgot things or made various mistakes (pp, 6-7). According to Jacobs (1993, p.14), "among the tools of the analysts' trade none is more valuable than the effective use of himself". Rizq (2005) states that, it is only through understanding and taking responsibility for their emotional contribution to the therapeutic relationship that therapists can gain insight into what is happening between them and the clients. Therefore, the researcher became interested in looking at the possible manifestations of narcissism in therapists' ability to get in touch with their inner states and grasp the interpersonal dynamics of the therapeutic relationship.

Contemporary CBT also values the quality of the therapeutic relationship reflected through the patterns of communication between the therapist and the client (Gilbert & Leahy, 2007). Safran and Segal (1990) draw on the concept of relatedness and integrate interpersonal issues into the context of the therapeutic relationship. As therapists become aware of their own feelings and actions, they are more able to engage with the patient in a collaborative investigation into what is going on in the therapeutic relationship (Leahy, 2008). By exploring the patients' analysis of events rather than continuing to react in a way that is consistent with the patient's beliefs and past experience, the therapist is able to begin to disconfirm those beliefs and offer the patient a new relational experience (Leahy, 2008).

Therapists' ability to get in touch with their emotional states and experiences can be hindered by narcissism (Kernberg, 1975; Symington, 1993). Hence, the researcher became interested in exploring the possible manifestations of narcissism in practitioners' capacity to use effectively their interpersonal experiences.

Practitioners' ability to understand and draw on the interpersonal dynamics of the therapeutic relationship can also be hindered by an unconscious striving for power and control which is inherent in narcissism (Symington, 1993). Symington (1993) suggests that depending on the degree of detachment from the inner emotional source, the "lifegiver", the actions of a person can be either creative or manipulative. Creative activities start from a relational position, where the self is the active agent, whereas in manipulative actions an external agent is called upon to achieve something (Symington, 1993). The narcissistic individuals often try to be in control of themselves, others and the reality around them in order to compensate for their lack of self-awareness and manage their inner emptiness (Symington, 1993). These behaviours on the part of the therapist seem to have a negative effect on the therapeutic relationship. Jacoby (1990) states that a therapist who is not aware of his/her own need for power may unconsciously appreciate or even encourage the dependence of certain clients. Therefore, the investigator became interested to explore whether therapists' potential narcissistic tendencies may manifest as an attempt to be in control of themselves, their clients and/or the therapeutic outcome.

Symington (1993) states that the tendency to manipulate and the grandiose state of being have a defensive function and serve to protect from intolerable pain. For him, narcissism is nearly always the product of trauma. Nonetheless, he believes that narcissism

comes about as a response to certain circumstances and not because of them; the infant unconsciously chooses to manage trauma by turning upon him/herself (Symington, 1993). By stating it in this way the author expresses his belief that it is the person's response to trauma that determines whether a narcissistic default and a loss of true self will occur or not. The characteristics of the personal choice or else the intentionality of the self, differentiate his theory from the theories of Winnicott, Kohut and Fairbairn which he calls "trauma theories" and inspired the researcher to start looking for narcissistic features in herself and other practitioners.

In addition, the notions of the "lifegiver" and personal choice highlighted Symington's disagreement with Fairbairn, Freud and Klein who believed in the dominant role of the libido in the development of narcissism. Symington (1993) suggests that when Freud talked about the infant taking his ego as a love object he did not mention what is the alternative to that situation, which is the "lifegiver". In other words, the individual's capability to make a different and healthier option other than turning upon themselves was not looked at. For Symington (1993), the self is an active agent in process, which can be transformed and is not subordinate to the conflict of drives. This argument also highlighted his disagreement with Klein, who despite her belief in the existence of object-relatedness from birth remained faithful to Freud's drive conflict theory (Muran, 2001). Through reflecting on this scope of narcissism the researcher became interested in investigating the personal choices and the level of openness of the participants in terms of their experience of the phenomenon.

Despite its usefulness and importance for the research project, Symington's theory seems to be quite contradictory at certain points. In his statement that narcissistic individuals unconsciously choose to turn away from relationality, Symington (1993) seems to draw heavily on the function of the unconscious and yet he supports zealously the significance of the person's choice in the process. The concepts of choice and intentionality though, cannot be easily integrated with the notion of the unconscious. According to the psychodynamic explanation of human behaviour, certain feelings, thoughts and fantasies that cause anxiety or psychic pain may be blocked and become unconscious through the use of defence mechanisms (Bateman, Brown & Pedder, 2000). Therefore, people are not always aware of their inner psychic states and this lack of knowledge may hinder their ability to choose freely. Furthermore, individuals tend to repeat patterns, which reflect their relationships with internal objects; a situation which they are not conscious of (Jacobs, 2006).

After considering the above, it appears that any choice would be a choice only up to an extent, for if one was to draw on the existentialist tradition of freedom (Sartre, 1943) which views the person as entirely responsible for and in control of his/her actions, the notion of the unconscious would lose its validity. Consequently, arguing that an individual can choose to deny relating to himself/herself and others or can alternatively choose to invest in relationships seems to challenge the role of the unconscious forces. In addition, for Phillips (2000), Symington's statement that the narcissist knows what his/her relational being consists of and chooses to go against it seems to present the narcissistic person as an all-knowing being. The analyst, in Symington's theory, also appears to know what is best for the clients, since his/her goal is to encourage their life-enhancing side or else their investment in the "lifegiver". According to Phillips (2000), the assertion that one can have such an extensive knowledge of oneself and others is in contrast with the aim of psychoanalysis, which is to

challenge existing ideas that have been developed through the confusing messages that individuals inherit from their primary interactions with significant others.

For Phillips (2000) the source of the narcissistic disturbance is located in the child's relationship with his/her caregivers. He describes narcissism as a "dispiriting self-cure" (Phillips, 2000, p.216) through which the person tries to escape from his/her need for others, whether it is a need for recognition, approval or relationship. This psychic retreat or internal refuge provides the individual with a temporary and illusionary peace and protection from thoughts, wishes and feelings that are experienced as persecutory due to the mother's enigmatic and traumatising messages (Phillips, 2000). Phillips (2000) argues that the infant is open and receptive to the mother's communications and therefore it is unavoidably the recipient of her unconscious messages. Hence, only the continuous retranslation and deconstruction of these messages and their possible meanings can counterbalance the terror that leads to the narcissistic solution. The explicit and implicit communications, which take place in the mother-infant dyad and the role that they may play in the development of the narcissistic closure, are not touched upon by Symington (1993) who focuses on the narcissistic individual's unconscious choice to deal with emotional pain by avoiding relating to himself/herself and others.

As explored earlier, the idea that narcissism originates from the mother-infant relationship is also supported by object-relation theorists such as Winnicott (1965) who believed that the mother has a key role in enabling her child to establish a sense of self through being emotionally responsive and adapting to his/her needs and communications. According to Winnicott (1965), when the young person's true self is not recognised and

mirrored through the mother, a false self appears which is a defensive structure and a way to manage social demands. Benjamin (1988) argues that the acknowledgement of one's existence by one's mother is a basic human need which stems from the need of mutual recognition. She believes that the realisation of mutual recognition in the mother-infant relationship is very crucial in helping the infant to form a sense of self through gratifying his/her narcissistic need of self-importance, sharing feelings with the other and testing the limits of the "surviving other" with potential forcefulness and destructiveness. For Benjamin (1988), the sociability of the infant and his/her need to recognise and share emotional states of mind have a central meaning. In addition, she stresses the importance of the acknowledgement of the mother as a separate person in order for the baby's narcissism to be overcome. Consequently, Benjamin (1988) views the element of intersubjectivity in the mother-child dyad as a significant factor in the development of the child's sense of self. This notion is not looked at by Symington (1993) who believes that the primary interaction with the caregivers does not play an influential role in the development of the narcissistic situation which originates from the individual's choice to manage his/her emotional traumas by turning upon him/herself.

Kohut (1966) also talked about the role of the mother-infant relationship in the development of the narcissistic disturbance but mainly focused on the importance of the mother's empathic attunement to the baby's narcissistic needs. He stated that it is only through the mother's empathic mirroring and support that the infant's grandiose self can be transformed into a self that has realistic aspirations and a sense of worth. Symington (1993) disagrees with Kohut's (1966) argument that people need external mirroring in order to maintain their self-esteem. He claims that this is the case only when the internal possession of good objects is not deep enough or the individual struggles with inner negativity, a situation

that can result from the abandonment of the "lifegiver". Symington (1993) does not focus on the unfulfilled needs for empathy, love and mirroring from significant others, which in Kohut's (1966) theory seem to lead individuals to continuously looking to others for strengthening their self-esteem. For Symington (1993), the origins of narcissism are located in the individual's self and not in the interaction with the parental environment. However, the relational aspects of narcissism that were described above seem to play an important role for the participants of this study as will be explored later.

The present study

Therapists' self-understanding and ability to relate openly to different aspects of themselves are considered very important across different therapeutic modalities (Gilbert & Leahy, 2007, Mearns & Cooper, 2005, Jacobs, 1993). Personal therapy and supervision play a significant role in helping therapists achieve greater levels of self-awareness and facilitating their ability to use themselves efficiently in the therapeutic encounter and therefore they should be a life-long commitment (Caroll, 1996). Within Counselling Psychology in particular great emphasis is placed on the practitioners' consideration of the interpersonal processes that take place between them and the clients and there is a mandatory number or hours of personal therapy and supervision that trainees need to adhere to (BPS Division of Counselling Psychology Competency Statement, 2004). However, sometimes and despite the undertaking of personal therapy and supervision, therapists are thought to experience difficulties in generating and experiencing their own feelings as well as in relating to their

clients in an authentic way (Luchner et al., 2008). As Rizq (2005, p.461) suggests, "the invitation to emotional development may be an unwelcome one for many of us". Frosh (2002) points out that sometimes practitioners use their intellectual and verbal skills to avoid forming a close and emotionally deep relationship with clients.

The lack of self-knowledge, the inability to relate and the tendency to control can be the result of the narcissistic option as Symington (1993) suggests. These characteristics are thought to have significant implications for the therapeutic relationship (Clark, 1991; Dickinson & Pincus, 2003).This project adopts the view that narcissism can affect everyone to an extent and it can be located to the individuals' choice to be closed to themselves (Symington, 1993). Considering the above alongside the indications that therapists are likely to struggle with unresolved narcissistic issues (Storr, 1979, Halewood & Tribe, 2003), the researcher became interested in investigating the role that narcissism may play in Counselling Psychologists' awareness of the processes that take place between them and the clients. The exploration of these dynamics within the area of practitioners' use of self holds particular importance for the field of Counselling Psychology.

Counselling psychology is a branch of professional psychological practice characterised by its emphasis on the importance of the helping relationship, which is based on a humanistic value base and focuses on facilitating well-being (Woolfe, 1990). The quality of the therapeutic relationship, which is perceived as a shared exploration, is particularly significant within the field (Strawbridge & Woolfe, 2010). Rizq (2005) emphasizes that Counselling Psychologists' willingness and capacity to develop and sustain a level of self-awareness that enables them to take responsibility for their unconscious contribution to the

relationship, is a basic aspect of their helping role. Woolfe (1996) argues that this is a requirement that illustrates the central role of interpersonal skills of the Counselling Psychologist.

The concept of intersubjectivity plays a central role in the understanding of Counselling Psychology practice. According to this idea, "therapist and client form two separate, mutually influencing and interacting psychological systems" (Rizq, 2005 p.455). Duffy (1990) points out that the effectiveness of Counselling Psychologists' work is not simply a product of the theories they adhere to, but depends a lot on their level of awareness around the processes that occur within themselves in response to their clients. Narcissism is a situation that can make insight difficult due to its self-protective function (Symington, 1993); therefore investigating the implications of narcissism in practitioners' ability to draw on their interpersonal skills seems to be highly relevant.

Despite the importance of interpersonal processes in the therapeutic relationship, within the field of Counselling Psychology, the area of the therapists' narcissism and the way it may affect their practice has not been explored. Finell (1985) argues that the narcissism of therapists is an area that has been largely neglected in the area of therapists' feelings and he questions whether it is something of a blind spot or too sensitive to be dealt with. According to Rouslin-Welt and Herron (1990) "many therapists have related to their narcissism as though its resolution were unimportant in regard to actual practice" (p. 301). For him, ignoring such narcissism in the therapist-patient relationship shows an "unrealistic lack of concern" and is an "unacceptable state of affairs". In addition, it is suggested that there is a lack of empirical investigation into the connection between therapists' narcissism and the

specific intrapsychic, interpersonal and environmental factors that may reduce therapist's awareness and influence the therapeutic relationship (Luchner et al., 2008).

It is hoped that the current study will contribute to the area of Counselling Psychologists' use of self, which according to the BPS Division of Counselling Psychology Competency (2004), is considered a vehicle of therapeutic change as well as a genuine focus of psychological inquiry and research that characterizes the discipline of Counselling Psychology.

Narcissism is a complicated phenomenon that can be difficult to investigate due to its defensive function. The lack of previous research and theoretical attention on the implications of narcissism in the therapists' use of self can raise interesting questions for any methodological study of it. The researcher spent a considerable amount of time (six months) wondering what would be the appropriate methodological approach and plan of research action that would unravel the deep and hidden meanings of narcissism as manifested in the field of intrapersonal and interpersonal relationships. The following chapters will explore how the use of heuristic methodology and semi-structured open-ended interviews served to fulfil this purpose.

<u>CHAPTER 2:</u> METHODOLOGY

In this chapter, the investigator will explain how the use of qualitative inquiry and heuristic methodology served to facilitate the exploration of practitioners' narcissism in their therapeutic practice. She will also look at the relevance of the values of phenomenology, hermeneutics and social constructionism for the research subject.

Qualitative inquiry

Schwandt (2001) suggests that qualitative research is a form of social research that is quite distinct from quantitative inquiry. In qualitative research, the investigator analyses the data in their textual form rather than transforming them into numbers and seeks to comprehend the meaning of human action. The aim is to address open questions about phenomena as they arise in context instead of setting out to check preset hypotheses. Qualitative inquiry aims to describe and elucidate experience as it is lived and created in awareness (Polkinghorne, 2005). Through using language as a tool, the qualitative researcher attempts to uncover the depths of individuals' experience by picking up meanings that would not be observed or drawn together by using surveys or other data-gathering strategies (Carter &Morrow, 2007). Hence, it is considered to be most appropriate for understanding the psychotherapy process in detail (Hill, 2005). This argument signifies the importance of using qualitative inquiry in order to examine the way therapists' narcissism may manifest in the interaction between them and the clients by uncovering different intrapersonal and

interpersonal dynamics that are also inherent in the nature of the phenomenon (Symington, 1993).

The phenomenon of narcissism has received a lot of attention in clinical literature and research (Halewood & Tribe, 2003; Heiserman & Cook, 1998). However, the possible implications of narcissism in the way practitioners experience their feelings and relate to their clients has never been explored before (Finell, 1985; Luchner et al., 2008). McLeod (2011, p.1) suggests that "qualitative enquiry holds the promise of discovery, of generating new insights into old problems, and producing nuanced accounts that do justice to the experience of all those participating in the research". Thus, the researcher thought that qualitative methodology would be appropriate for her subject, which characterises a new area of research. Carter and Morrow (2007) also argue that qualitative research can be very useful for investigating topics for which there is no previous research, as it may bring surprising and new knowledge.

Furthermore, the emphasis of qualitative research on exploring different forms of individual and collective action such as language, stories, rituals, memories and systems of meaning (McLeod, 2011), can help to uncover the different ways in which the participants construct and experience narcissism in their therapeutic practice based on their meaning-making systems, their personal stories and the various communications that occur between them and their clients as well as between them and the researcher. By opening up these different levels of inquiry the present study reflects a willingness to examine and question existing therapeutic assumptions and could lead to new understandings about the effectiveness of therapeutic work (McLeod, 2011).

McLeod (2011) suggests that the present era of counselling is starting to move beyond legitimation and proof and into a stage of discovery, adaptation and originality. Ponterotto (2005) also argues that as Counselling Psychology expands its scope to include qualitative processes, it will progress quickly as a scientific field. Counselling psychology is a branch of professional psychological practice that continues to develop models of practice and research that seek to: i) engage with subjectivity and intersubjectivity, values and beliefs; ii) know empathically and respect first person's accounts as valid in their own terms; iii) elucidate, interpret and negotiate between perceptions and world views but not assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing (British Psychological Society, Division of Counselling Psychology, 2005, p. 1-2). By being open to and respecting each participant's experience of the phenomenon and by focusing on the investigator's self and her interaction with the participants, this study portrays and promotes the values of Counselling Psychology that are congruent with those of qualitative methodology (Carter &Morrow, 2007).

There are many qualitative methodological approaches and it is worth exploring the various options available. Discourse analysis, focuses on the text and attempts to explore the functions and meanings of speech within multifaceted social communications (Edwards & Potter, 1992). Narrative analysis supports the idea that people understand and communicate their experiences to others in the form of stories; therefore it aims at eliciting stories, which are treated as a primary source of data (McLeod, 2011). Grounded theory seeks to create a model or theory of the phenomenon under study that is clearly based on the actual lived experience of the participants (McLeod, 2003). IPA is a phenomenological research method that aims to understand the lived experiences of the participants by exploring the meanings that these experiences hold for them through a process of interpretative activity (McLeod, 2011). The case study approach aims to analyse the complicated interaction of factors that

exist within a single case or entity of the social world (Yin, 2003). Action research is based on a participatory worldview and aims at developing practical knowledge about pressing human matters through bringing together theory and practice in participation with others (Reason & Bradbury, 2001). Ethnography is the study of a "way of life" of a group or a culture and aims to explore all aspects of the human behaviour - beliefs, systems, food, customs, language and history - and the environment they live in (McLeod, 2011, p.105).

After exploring the different qualitative approaches, the researcher will now look at the methods best suited to her research question and explain the reason for her methodological choice. The researcher was interested in her own experience of narcissism as it may manifest in clinical work and also in that of her participants, and she wanted to reveal the essences of the phenomenon as they appeared in her understanding. It was not her intention to develop a theory based on the actual experiences of the participants, which is the aim of grounded theory (McLeod, 2003). Furthermore, the investigator was not interested in describing and explaining how a particular culture or group of people lives, thinks and behaves (McLeod, 2011), as happens in ethnography. The case study approach did not seem relevant either as the investigator did not intend to analyse the elements that co-exist within a single entity of the social domain (Yin, 2003). Developing practical knowing about serious human concerns through a democratic participatory process, which is the aim of action research (Reason & Bradbury, 2001), was not the purpose of this study, either. Moreover, in this study, the researcher is using language to unravel and illuminate the deep meanings and essences of the phenomenon but she does not focus on how language constructs personal and collective realities, as happens in both narrative and discourse analysis (McLeod, 2011). Therefore, neither narrative analysis with the focus on stories as a main source of data (McLeod, 2011), nor discourse analysis which seeks to explain the way people construct their

way of speaking and why (Taylor & Loewenthal, 2007) were relevant to the purpose of this project.

IPA was more closely related to the aims of this study, which investigates the participants' lived experience of narcissism. However, IPA seeks to develop a conceptualisation of the phenomenon through uncovering patterns of meaning in the form of themes (McLeod, 2011). The investigator's focus was more on elucidating the essences of the phenomenon (Moustakas, 1994). Furthermore, she has a direct involvement with the phenomenon and she intended to use her own experiences in order to see how other people relate to it in their therapeutic practice. Thus, she chose the heuristic method, which is a phenomenological research method that emphasizes the researcher's inner processes and self-reflection (McLeod, 2011).

Heuristic research is characterised and separated from other qualitative methodologies by the use of personal, subjective experiences of the researcher as a source of data (McLeod, 2011). It requires the active involvement of the self of the researcher in order for new revealing meanings to be discovered (McLeod, 2011). The researcher thought that drawing on her own feelings and experiences as well as on the processes that took place between her and the participants would help to uncover hidden dimensions of narcissism, which tends to manifest itself through conscious and unconscious communications (Symington, 1993). These ideas will be examined further in the following section, where the researcher will also explore the relevance of the values of phenomenology and social constructionism for the research project.

Heuristic methodology, phenomenology and social constructionism

Heuristic methodology is associated with the work of Clark Moustakas (1990, 1994) who was interested in phenomenology and in the key principle of humanistic psychology that all individuals have the potential for growth, inventiveness and self-expression. The method that he developed reflects these ideas and aims to facilitate a disciplined self-exploration of questions that have an existential meaning for the researcher (McLeod, 2011). The assumption that underlines heuristic research is that the zealous involvement of the researcher will enable an in-depth exploration of the phenomenon (Douglass & Moustakas, 1985).

Since this study is looking at the way narcissism may influence the therapists' use of self, the researcher found that the vigorous participation of her own self in the research process would be particularly pertinent. Narcissism manifests in the realm of relationships and can impede the open communication with oneself and others (Symington, 1993; Kernberg, 1975). Therefore, the investigator thought that the exploration of her own emotional reactions and inner processes in relation to the participants would possibly provide helpful data in terms of the way they relate to themselves and their clients. Self-awareness and the acknowledgment that one's experience can reveal what is happening "out there" in relation to others are inherent processes within heuristic inquiry (Stephens, 2006). Exploring the intrapersonal and interpersonal communications between the researcher and the participants could help unravel concealed dimensions of narcissism.

The word heuristic comes from the Greek word *"heuriskein"*, meaning to discover or to find. Hence, the researcher is guided by an internal need to investigate his/her topic of interest (Moustakas, 1990). Moustakas (1990) suggests that heuristic process is a way of being informed about a question or a problem that flows out of inner awareness, inspiration and meaning. The phenomenon of narcissism and the way it becomes apparent - if it does - in the therapists' communications to the clients have a profound meaning for the researcher. Therefore, heuristic inquiry, with its emphasis on the researcher's personal search and engagement with the phenomenon (Moustakas, 1990) has a central role for facilitating the exploration of the research question.

I became familiar with narcissism through reflecting on my own experiences and problems in the interactions with others. After spending a long time feeling closed to myself and thinking that nothing in life is good enough, I realised that I needed to look more closely to what was really missing in me. I discovered that what I had chosen as a defence - to stay detached and in control - had started to turn against me. The need to test everyone around me reflected my difficulty in accepting myself and others and in relating to them, as happens in narcissism. My narcissistic tendencies and especially the denial of relationality (Symington, 1993) have made my life quite difficult. Up to a certain point, I thought that all my problems were related to others and to the "mistakes" that they made. Therefore, I chose to not relate at a deep level and turned in myself.

Being able to see my own choices and responsibilities in the way that I connect to others, which is in a way the reversal of narcissism (Symington, 1993) has helped me considerably as a person and a professional. The work with clients has been significantly

difficult and challenging at times as I struggled to be there with them and open myself fully. Through studying existentialism and narcissism, as well as reflecting in personal therapy and supervision, I managed to look at the choices that I made in my moment to moment interactions and become more genuine with clients. Thus, I decided to investigate the potential role of these dynamics for other practitioners, which could promote the knowledge about the intrapersonal and interpersonal communications of the therapeutic relationship that hold great significance in the field of Counselling Psychology (Strawbridge & Woolfe, 2010). Narcissism is a big issue with existential significance for me. Hence, I considered that heuristic enquiry would facilitate its exploration by allowing me to look at my personal choices and responsibilities in the way that I relate to the participants. My passionate engagement with narcissism and my interest to explore it within myself would also help me to grasp the different overt and covert aspects of it (Moustakas, 1990).

Moustakas (1990, p.13) talks about "the heuristic journey", that starts with something that calls from within, from the life experience but which is mostly unknown and waits to be discovered. In that process, there is a strong connection between what appears to be out there in reality and what exists inside, in reflective feeling, thought and awareness. Whatever appears in the consciousness of the researcher in the form of sense, perception, knowledge or intuition signifies an invitation for further illumination (Moustakas, 1990). Therefore, the starting point of heuristic inquiry is the self-dialogue, where the researcher through being receptive, open and attuned to all aspects of his/her experience, allows the phenomenon to speak directly to him or her and reveal its essences (Moustakas, 1990). The researcher considered that being open to and using her experiences, emotions and reflections would facilitate the exploration of narcissism in both herself and others, as narcissism is a phenomenon that appears in the realm of intrapersonal and interpersonal relationships

(Symington, 1993). Heuristic methodology also supports the idea that trusting one's internal frame of reference and developing greater self-awareness can help develop the capacity to extend the knowledge of the phenomenon through empathically attuning to the perceptions of others (Rogers, 1969; Moustakas, 1990). This process is echoed in the reversal of narcissism, which happens through gaining greater self-knowledge and connecting deeply to others. Thus, heuristic methodology plays a central role in unravelling different processes that are inherent in the experience of narcissism.

Heuristic research is a way of conducting self-inquiry and dialogue with others, which aims at explicating the fundamental qualities of the phenomenon under study through drawing on the elements of tacit knowledge and intuition and the processes of focusing and indwelling (Moustakas, 1990). For Moustakas (1990), tacit knowing underlies all the processes that take place in heuristic research. Polanyi (1983, p.4) describes tacit knowledge as a situation in which "we can know more than we can tell" and he suggests that all knowledge is derived from acts of comprehension that are achieved through implicit understanding. Tacit knowledge is attained through the internal capacity to conceive the whole by looking at its parts and constitutes a fundamental capacity of the self of the researcher that may bring to light hunches and shapeless ideas (Douglass & Moustakas, 1985). Narcissism is a complicated phenomenon with defensive function that may manifest itself through implicit communications and unconscious messages (Symington, 1993; Kernberg, 1975). Therefore, the researcher considered that drawing on tacit dimension would help her to unravel and clarify hidden facets of the phenomenon that would possibly appear to her as sensations and formless ideas.

Moreover, for Douglass and Moustakas (1985), the tacit dimension leads and underlies intuition and guides the investigator into untouched directions and sources of meaning. In heuristic inquiry, intuition is the bridge that connects implicit and explicit knowledge. It facilitates the arrival at personal meanings through drawing on observable clues and sensing underlying patterns that allow the researcher to imagine and characterise the perceived reality (Moustakas, 1990). According to Moustakas (1990), without the intuitive capacity to make inferences about patterns and relationships, vital information for scientific findings can be lost. Intuition facilitates the investigator's process of asking questions and points towards the discovery of meanings that will lead to extended knowledge (Moustakas, 1990). The researcher thought that intuition would help her to connect with the participants' experience of narcissism, through drawing on her own experience and imagining how participants relate to the phenomenon. This understanding would guide her to ask the appropriate questions and to unravel the essences of the participants' communications. Husserl (1931, 1977) also views the self as an intuitive-thinking being, who has the capacity to doubt, perceive, affirm sense and imagine. For him, it is only through an intuitive-reflective process that one can describe and transform what is seen in the common appearance in order to present it in its fullness and clarity.

Indwelling constitutes another significant dimension of heuristic inquiry. It is the process of turning inwards to look for a deeper and more complete understanding of the nature of the experience (Moustakas, 1990). Moustakas (1990) suggests that it is the willingness to gaze with concentration and undivided attention into the different facets of the phenomenon in order to comprehend more fully its meanings and qualities. Indwelling requires the researcher to follow the signs wherever they emerge, to dwell inside them and develop their meanings and associations until a deep insight is reached (Moustakas, 1990).

The investigator thought that engaging deeply and patiently with the different aspects of narcissism as they manifested in her feelings and thoughts would facilitate the exploration of its complex nature.

Another process, which would help the researcher engage with and recognise the most vital aspects of the phenomenon, is focusing. Focusing is an inner attention and a receptive stance that allows the researcher to make better contact with the more central meanings of the experience and identify qualities that have remained out of conscious awareness (Douglass & Moustakas, 1985). This process brings to the fore what matters and sets aside nonessential facets of the experience (Moustakas, 1990). Thus, it allows for perceptions and sensations to reach a more detailed clarification. This process facilitated the explication of the core aspects of narcissism in therapeutic practice, as will be explored in the next chapter.

The above processes take place within the self of the researcher. This highlights their vital role for investigating narcissism that manifests in the way one experiences oneself in relation to others (Symington, 1993; Jacoby, 1990). Returning to oneself to "discover the nature and meaning of things as they appear and in their essence" (Moustakas, 1994 p.26) is also of great importance in the theory of Husserl (1970) who founded phenomenology and influenced the work of Moustakas (1990, 1994). Phenomenology is a science that investigates human phenomena. Originating from *"phaino"* or *"φαίνω"*, phenomenon means to "bring to light ... to show itself in itself" (Heidegger, 1977, pp.74-75). Therefore the axiom of phenomenology is to return "to the things themselves" (Moustakas, 1994, p.26). Moran (2000, p.6) suggests that phenomenology is the description of things as they appear to consciousness. For Husserl (1931, 1970), investigating what exists in our consciousness is

not an empty illusion. Subjective and objective knowledge are intertwined and the perception of the reality of an object is dependent on a subject.

Through the processes of epoche, phenomenological reduction and imaginative variation the human science investigator attempts to describe things in themselves and to allow what is before him/her to enter consciousness (Moustakas, 1994). Epoche reflects a process where the ordinary judgments, presuppositions and understandings - the "natural attitude" - are set aside so that the phenomena are revisited with an open mind (Moustakas, 1994). The process of transcendental-phenomenological reduction facilitates going back to the things themselves or to "the source of the meaning and existence of the experienced world" (Schmitt, 1967, p.61). It requires moving beyond the everyday to the pure ego so that the world is transformed to mere phenomena that are perceived and understood in their totality, freshly and openly (Moustakas, 1994). The final step that the investigator needs to take in order to grasp the essential meanings of the experience is the imaginative variation. Husserl (1931, 1977) states that, in the realm of fantasy and intuition one can identify and differentiate among the endless multiplicities that relate to the object under investigation and somehow achieve the unity of an identifying creation. The researcher considered the above processes to be very important in helping her to achieve a state of openness and creative freedom where the phenomenon could speak directly to her and reveal its qualities (Moustakas, 1994).

Being open to the heuristic journey includes following the signs and letting one's self move from the feeling to the world and back (Craig, 1978). It requires the researcher to be willing to listen, see and understand. This process "involves respect and a certain humility toward the phenomenon" and "having the capacity to be surprised and sensitive to the

unpredicted and unexpected" (Dahlberg, Drew & Nystrom, 2001, p.97-98). The element of openness is an invaluable aspect of the chosen method as it reflects the aim of this study, which is to investigate practitioners' ability to relate openly with themselves and their clients. This project also mirrors the researcher's journey to explore her own ability to connect with different parts of herself and to relate openly to others.

The aspect of intentionality, which is inherent in transcendental phenomenology, also has a central meaning for this study. Through a process that Husserl (1931) calls "ideation" the object that appears in consciousness merges with the object in nature in order for a meaning to be created and knowledge to be widened. For him, what exists in consciousness is an absolute reality whereas that which appears in the world is a result of learning. The act of perceiving an object of the world has intentional character. For Husserl (1977), intentionality, which is the primary feature of psychic phenomena, is a process in which the mind is directed towards some entity. Being aware of the existence of intentionality and the inner experience of consciousness that it refers to, means to be present to one's self and to the outside world and acknowledge the connection that exists between them (Moustakas, 1994). Kockelmans (1967, p.36) states that, "consciousness itself cannot be anything other than openness, directedness to the other ... a going-out-of-itself".

As explored earlier, in this project narcissism is seen as a self-protective choice that reflects the lack of willingness to relate deeply to one's self and others (Symington, 1993). Thus, the concept of intentionality has a central meaning in both the conceptualisation and the way of investigating the phenomenon. For the researcher, this idea signifies a life attitude. Being able to reach my own conclusions and discover my own truths through connecting

deeply to others echoes a very important process in my life, which is mirrored in the choice of methodology and method that are used. Transcendental phenomenology can lead to a knowledge that emerges from "a person that is open to see what is, just as it is, and to explicate what is in its own terms" (Moustakas, 1994, p.41). Through acquiring that level of openness and creative freedom one might become able to "be a self" (Flynn, 2006, p. 31) by making his/her own choices and discoveries. Reflecting on my own choices and responsibilities in the way that I relate to myself and my clients helped me to become more self-aware and present in the relationship with them. Therefore, I intend to examine these processes in other practitioners through using a methodology that is based upon them.

Moustakas (1994) states that, what underlies his philosophy is the need to be immersed in situations so that one has the opportunity to see and understand from his/her own images, visions and internal voices. The researcher considered that drawing on her own direct experiences, observations and perceptions while avoiding facts that are given as instructions, as happens in transcendental phenomenology, would help her to explore the complex dimensions of the participants' experience of narcissism in their therapeutic work. This study however, following a heuristic methodology, aims at retaining the essence of the person in experience and thus differentiates itself from transcendental phenomenological enquiry, which seeks to produce a "depiction of the essences of the experience" (Moustakas, 1994, p.35). Heuristic enquiry supports the idea that knowledge derives from direct human experience and emphasises the researcher's engagement with the phenomenon (McLeod, 2011). Phenomenology on the other hand, encourages the researcher's detachment from the phenomenon being investigated (Douglass & Moustakas, 1985). The central role of the researcher's personal experiences, reflections and insights is what gives heuristic research its

unique character (Patton, 2002) and the reason why it is suitable for unravelling the complicated nature of narcissism.

For the investigator, the vital role of reflexivity that is inherent in heuristic methodology resonates with the philosophy of hermeneutics. Within hermeneutics, emphasis is given not only on the description of a phenomenon but also on the comprehension of it through a process that is called interpretation (McLeod, 2011). Dilthey (1976) suggests that the interrelationship between the conscious representation of experience and the basic dynamics that underlie it provide a fundamental meaning and harmony that allows the researcher to understand the core of the experience (Dilthey, 1976). Heidegger (1927, 1962) suggests that phenomenology and hermeneutics should be considered essential and complementary features of the process of knowing about being. He believed that the "natural attitude" of the researcher, which in the theory of Husserl should be suspended, constituted the basis of philosophical inquiry. In hermeneutical terms, the researcher's "natural attitude" could provide the interpretive framework through which the phenomena can be understood. For Heidegger (1927, 1962), understanding the human existence was connected with unravelling the dynamics that are inherent in the way the being of the researcher relates to the world. This way of approaching human phenomena is relevant to the aim of this study, which is to investigate narcissism through exploring the existence of the researcher and the way she relates to the participants and the phenomenon under study.

The researcher found that drawing on hermeneutics and trying to read the text in a way that "intention and meaning behind appearances" (Moustakas, 1994, p. 9) are revealed could provide her with a better structure for investigating narcissism which may manifest

through a set of defences, such as projection and projective identification (Symington, 1993). The process of interpreting a text that is in some way confused or seemingly contradictory in order to bring to light a basic sense or coherence (Taylor, 1971) seemed to be very useful in unravelling hidden and complicated meanings about therapists' narcissism in their therapeutic practice. The act of interpretation is connected to the idea of the hermeneutic circle, which refers to moving back and forth between the part and the whole of the text in order to develop a personal understanding of the emotional, interpersonal worlds of the participants as well as their cultural and historical situations (McLeod, 2011).

The above processes emphasise the central role of the self of the researcher, which is intrinsic to the heuristic method. Patton (2002, p.109) states: "heuristic research epitomizes the phenomenological emphasis on meanings and knowing through personal experience; it exemplifies and places at the fore the way in which the researcher is the primary instrument ..." The core feature of Moustakas' (1990, 1994) philosophy is that knowledge derives from the regions and powers of the self. These ideas are also supported by phenomenologists with a hermeneutic sensibility, who argue that the researchers' subjectivity should be put in the foreground, so that they can start to separate out what belongs to them rather than to the researched (Finlay, 2009). This project abides by these values as the investigator adopted an attitude of maintaining a reductive openness to the world, while both putting away and using her pre-understandings (Finlay, 2008). During the research process, the researcher shifted back and forth; she focused on personal attitudes and then returned to examine the participants' experience in a fresh way through embracing the intersubjective relationship between her and the co-researchers (Finlay, 2009). In this way, she used her personal experiences in order to unravel the intrapersonal dimensions of the phenomenon, but she tried not to let them stop her from grasping the essences of the participants' experience.

Despite the disagreement about the role of the researcher's subjectivity in the research process (with phenomenologists influenced by Husserl suggesting that researchers have to "bracket" their presuppositions and past knowledge about the phenomenon and those who have more of a hermeneutical awareness stating that researchers need to be aware of and critically reflect on their own subjectivity and pre-existing beliefs), it is generally believed within phenomenology that there is a "subjective interconnection between the researcher and the researched" (Finlay, 2009). Giorgi (1994, p. 205) states that "nothing can be accomplished without subjectivity". Phenomenological theory supports the view that there is a strong and active relationship between the "conscious subject and the object of the subject's consciousness" (Crotty, 2003 p.44). The world cannot be described apart from us and we cannot be described apart from the world. Lyotard (1991) suggests that the concept of meaning is interrelated to being. In existential philosophy, human beings are beings-in-the-world and thus there is a major interdependence of subject and world through intentionality (Crotty, 2003).

Within this context of theoretical understanding, it can be said that human experiences do not represent an area of subjective reality clearly distinguished from the external objective world - which is in contrast to Descartes' well-known split between mind and body (Crotty, 2003). In that sense, phenomenology rejects both objectivism and subjectivism and finds itself in the realm of constructionist epistemology. Constructionism advocates that "all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context" (Crotty, 2003, p.42). In the constructionist view, therefore, meanings are not discovered or created but constructed by humans as they engage with the world. Existential philosophers like Heidegger (1959) and

Merleau-Ponty (1962) state that the world is already there. The objects of the world though can only be shaped through the meaning they are given by our consciousness. The dialogue that exists between the world and its meanings in constructionist epistemology is reflected in the researcher's attempt to explore the practitioners' experience of narcissism through investigating narcissism within herself. These processes are also inherent in the nature of narcissism, which manifests itself in human interactions (Symington, 1993). Therefore, the epistemological choice of social constructionism seems to be particularly pertinent in this project.

In terms of its ontological values, constructionism is considered to be compatible with both realism and relativism (Crotty, 2003). On the one hand, constructionism supports the statement that the existence of a world without a mind is conceivable and real, which is a realist position. At the same time though, since the meanings that are given to the world are dependent upon the sense people make of them, they can only be viewed as historically and culturally effected interpretations and not eternal objective truths, which is a relativist account. For Crotty (2003), constructionism can only be distinguished from idealism, which suggests that what is real consists only of ideas that are confined in the mind. In constructionist philosophy, different people may live in different worlds and therefore separate realities and various ways of knowing may exist. Moran and Mooney (2002) suggest that what emerges from phenomenological research process is not necessarily a universal 'truth' as it used to be believed but a more modest and relativistic form of knowledge. It is at that point that this research study, following constructionist epistemology, differentiates itself from the attempt to capture the "universal essences of the phenomenon" described in Moustakas (1990). Lyotard (1991) suggests that the concept of phenomenology replies to the philosophical dilemma of object (realism) or ego (idealism) by stating that consciousness is

always a consciousness of something and there is no object without an object for. Therefore meaning is not exterior to being; it is a part of it.

The above concepts place great importance on "inter-subjectivity" and the co-construction of meanings, notions which are related to postmodern philosophy (Taylor & Loewenthal, 2007). Husserl (1977, p.91) states, "I experience the world and, according to its experiential sense, not as my private synthetic formation but as other than mine alone, as an intersubjective world, actually there for everyone, accessible in respect of its Objects for everyone". For Moustakas (1994), one's own perception contains the perception of the other through a parallel process. Merleau-Ponty (1968, p.138) suggests that there is "a reciprocal insertion and intertwining of one in the other". Narcissism is a phenomenon that can be understood through the way that one relates to oneself and others; thus the researcher thought that drawing on the process of "inter-subjectivity", which entails the empathic attunement to the experiences of others (Lauer, 1967), would help her to reach a deep understanding of the phenomenon. Reflecting on the intersubjective environment between the researcher and the researched would also help the investigator to stay focused on the phenomenon and avoid being preoccupied with her own material (Finlay, 2009).

The journey to the unknown (Moustakas, 1990) that may lead to greater self-awareness happens through the researcher's openness, attunement and empathic understanding of others. These aspects refer to a more dialogical or "relational" perspective (Rose and Loewenthal, 2006), which is not adequately shown in the heuristic process (Stephens, 2006). Heuristic processes are mainly based on the internal frame of reference; on the meanings and knowledge that is derived from the internal search and the activities of

focusing, indwelling and self-dialogue (Moustakas, 1990). However, by integrating phenomenological and constructionist routes that are congruent with the dialogical attitude of openness, this study will equally emphasise the process of intersubjectivity in the acquisition of knowledge and the construction of meanings (Loewenthal, 2007). These processes can facilitate the exploration of narcissism in therapists' practice by examining the way it manifests in the relationship between the researcher and the co-researchers. Moreover, drawing on both inter-subjectivity and on the processes that take place within the self of the researcher, promotes the values of Counselling Psychology practice (Rizq, 2010).

CHAPTER 3: METHOD

In this chapter, the investigator will describe the research design, the procedure for indentifying and recruiting the participants and talk about the method that she used in order to gather and analyse the data. The ethical dimensions of the study will also be examined.

This project investigates the way narcissism manifests itself - if it does - in the way Counselling Psychologists respond and relate to themselves and their clients. In order to explore this question the researcher recruited 9 Counselling Psychologists from a range of theoretical backgrounds who participated in open-ended semi-structured interviews where they were asked to talk about their experience of narcissism in their therapeutic practice. After the completion of the interviews, the investigator transcribed them and analysed them so that the phenomenon is depicted, understood and its essential qualities are shown in the findings.

Throughout the whole process, the researcher followed the principles of transcendental phenomenology - epoche, phenomenological reduction and imaginative variation - in order to reach a state of openness and creative freedom where the phenomenon could speak directly to her and appear as it is (Moustakas, 1994). She also drew on hermeneutic philosophy, which emphasises understanding a phenomenon by uncovering its hidden meanings through the process of dialogue and self-reflection (Mc Leod, 2011). In order to achieve this, the researcher attended closely to the processes of tacit dimension, focusing and indwelling that are inherent in the heuristic method (Moustakas, 1990). This study is an exploratory open-ended inquiry. The data were generated and analysed through

self-dialogue as well as the interaction between the researcher and the co-researchers. The specific techniques and procedures that were followed will be explored in the next sections.

Research design

Moustakas (1990) suggests six phases of heuristic research that include: initial engagement, immersion into the topic and question, incubation, illumination, explication and conclusion of the study into a creative synthesis. These phases will be described below and related to the process of this project, which emphasises the construction of meanings through engaging relationally with others (Rose, & Loewenthal, 1998).

Initial engagement is the first phase of the research, where the researcher turns inwards to find a zealous concern for a subject with significant personal and social implications. Through the processes of tacit awareness, intuition and self-dialogue, as well as through being in dialogue with others, I discovered my passionate concern about the implications of narcissism in therapeutic practice. The research question emerged from my interest in the quality of human relationships. Reflecting on my experience of being closed to myself and reading about narcissism helped me to realise that in order to be able to help myself and others I need to be more open, courageous and true to myself. I learned that it is through relating to others that one can develop as person. These ideas stimulated my interest to investigate the importance of these dynamics in the therapeutic relationship.

Immersion is the process in which the question fills every aspect of life and the researcher becomes absorbed by it, in an attempt to gain a better understanding of it. During this phase, intuition, tacit dimension, focusing and dialogue with others play an important role. For me, this stage was characterised by intense enthusiasm and thirst for discovering the qualities of narcissism as they manifested in the accounts of the participants. Reading books, watching movies and talking about narcissism with my therapist, friends and colleagues were also a part of this process. Openness, authenticity and falseness were the themes that infused my discussions and my reflections on my clinical work and research material.

Incubation is the process during which the researcher retreats from immersion and allows his/her intuition and tacit knowledge to lead him/her into new perspectives. Here, knowledge is obtained on another level, outside immediate awareness. My research process was characterised by phases of immersion and incubation, which succeeded one another. After being intensively absorbed by the phenomenon, I took long breaks during which I engaged with different activities such as fulfilling other demands of my training course and clinical work. I found this process very helpful as, after each break, I was able to conceptualise my ideas more clearly and draw connections between different facets of the phenomenon.

Illumination is the breakthrough into conscious awareness of qualities or themes through the process of tacit knowing. In this phase, new meanings are discovered and distortions are corrected. This process has taken place many times since the initiation of this project. I experienced it as a feeling of excitement connected with discovering new ideas that flowed out of inspiration, intuition and dialogue with others. An example of this is when I connected the roles that practitioners assume in therapy with some aspects of the characters of Narcissus

and Echo in the myth of Narcissus. This idea helped me to see some patterns of my own as well as those of my participants more clearly and guided me to view the phenomenon in a new light.

Explication requires the researcher to attend to his/her meanings, emotions, thoughts and judgements as developed through focusing, indwelling, self-searching and interpersonal dialogue in order to clarify the major components of the phenomenon. As will be shown in the composite depiction section of the findings chapter, the stage of explication leads to the development of a detailed picture of the main themes that represent the essences of the lived experience of the phenomenon as conceived by the researcher.

Creative synthesis is the final phase of the research process where the major themes and qualities are illustrated into a connected whole. This may be in the form of a narrative, poem or work of art. After becoming familiar with all the qualities of the data and its explication of meanings, the researcher can finally allow his inspiration to guide him into putting together the different aspects of the phenomenon into a whole new experience. This step takes place in a form of poem and is presented in the creative synthesis section of the findings chapter.

Participants and procedure

i)   Identifying participants:

The participants are Counselling Psychologists from a range of theoretical backgrounds (humanistic, psychodynamic, cognitive-behavioural). The sample consists of 9 participants: 3 men and 6 women. One man was English with Greek-Cypriot origin; one was Australian and one Greek. The women were all Greek. The age range was 30-40 years. All the participants had a minimum of 5 years of clinical experience. The selection of the sample was not based on demographic characteristics and working experience but on the practitioners' interest, willingness to make the commitment and enthusiasm about the subject (Moustakas, 1990). Before contacting prospective participants the investigator obtained approval from the School of Human and Life Sciences Ethics Committee, as well as from the University of Roehampton Ethics Board and made sure that she abided by the ethical guidelines of the BPS Code of Conduct and Ethics (2006) and Health Profession Council (HPC).

ii)   Recruiting participants:

The researcher found the participants through the BPS (British Psychological Society) website databases and by placing an advertisement in the BPS journal, which is reproduced in the Appendix. Participants were also recruited by word of mouth. Once contact was made, the researcher provided participants with a

consent form and an information sheet, in which they found the information they needed in order to make an informed choice about being involved in the study (McLeod, 2003). Information included i) the purpose of the study; ii) what they were required to do; iii) confidentiality and limits of confidentiality; iv) potential benefits of participating; v) how they might be affected by participating, e.g. support required if unresolved issues were raised through the questions of the interviews. Those who agreed to participate signed the consent form and after that a contract was established regarding time commitments, place and confidentiality (Moustakas, 1990). At the end of each interview, details of support groups were given on the Debriefing Form in case participants wanted to use them. The Information Sheet, Consent Form and Debriefing Form are included in the Appendix.

Ethics

According to the principles of BPS Code of Conduct and Ethics (2006), the researcher obtained an informed consent from the participants and kept adequate records of when, how and from whom consent was obtained. The ethical principles of anonymity and right to privacy and autonomy were respected in every case. In order to preserve anonymity, an ID number was used for each participant to identify the tape-recordings as well as the transcripts. Interview tapes and transcriptions are stored in a lockable drawer in the researcher's house and only she has access to them. Transcriptions were carried out by researcher only. All hard copies were shredded right after the analysis. Electronic copies and recordings will be kept for verification purposes for ten years and then deleted. Documents with personal information

of the participants will be kept on a password protected CD-rom. In the Information Sheet that they were given, participants were informed about the ways in which anonymity and confidentiality would be maintained. They were also informed about the cases in which confidentiality might be mitigated which were: i) disclosing a danger or harm coming to themselves or others and ii) revealing details of practice which might be ethically questionable according to BPS Code of Conduct & Ethics (2006).

The nature of the questions asked may have brought to the surface unresolved issues which could have potentially been a source of stress or distress. For that reason, the researcher made sure that the participants were informed about their right to withdraw from the project. Participants were able to withdraw before, during or after the interview, by using their ID number, without giving an explanation or incurring a penalty. They could also withdraw consent for their interview data to be used. However, in that case data may still be used or published in an aggregate form. Participants were also advised to disclose only information they felt comfortable with disclosing.

All research was considered from the standpoint of research participants for the purpose of eliminating risks to psychological well-being, physical health, personal values, or dignity. The researcher monitored closely participants' responses during the interviews for signs of psychological distress to make sure that it is appropriate for them to proceed with the process. Furthermore, she debriefed participants at the conclusion of their participation, in order to inform them about the consequences and nature of the research and she offered them some time post interview to discuss any issues that might have arisen. According to Haverkamp (2005), using psychological knowledge to predict and minimise possible harm

within the research relationship is part of the Counselling Psychologist's professional role and responsibility. The interviewer's safety was also taken into consideration and for that reason she made sure some of her colleagues were informed about the days and times of the interviews.

Counselling psychologists, more than other qualitative researchers, need to have a greater awareness of ethical challenges due to their double role as scientists-practitioners (Haverkamp, 2005). It is possible that research participants will not differentiate between these two roles and as a consequence have high expectations about the practitioners' ability to offer help, to anticipate risk, and more importantly, to guard them from potential harmful situations (Haverkamp, 2005). Thus, Counselling Psychologists cannot rely solely on the existing ethical code but they need to take into account the asymmetrical power relationship that exists between researcher and participants and commit to creating a trustworthy human relationship within their research enterprise, which will inform their decisions and actions (Haverkamp, 2005). The investigator adopted an acceptant stance towards the participants and stayed alert to identify moments that might contain the possibility of harm. During these moments, which can be characterised "ethically important" (Guillemin and Gillam, 2004, p. 262), and reflect tensions or anxieties around the disclosure of information, the researcher tried to use her empathy and listening skills in order to ease the tension and protect the participants. Being aware of factors that might have influenced the situation such as cultural background, relationship, context as well as the researcher's self-interest, biases and personality (Fisher, 2000), also helped in maintaining an ethical research practice.

The interpersonal skills that practitioners are equipped with can, on the one hand, facilitate engagement and connection within the researcher-participant relationship but, on

the other hand, increase the risk for crossing the boundaries between conducting research and providing therapy (Haverkamp, 2005). Hence, the investigator was mindful of getting confused between her two roles. By sharing her anxieties and fears with her colleagues and supervisors, she was helped to see her patterns of being "good" and helpful which lie behind her need to put other peoples' needs first and treat them as clients. These realisations helped her to become more relaxed and to concentrate on her role as a researcher.

Data gathering and analysis

Data gathering and analysis happened according to the following eight steps (Moustakas, 1990, pp.51-52):

Step 1: **Gathering the data**

The data was collected through interviews, which is a typical way of gathering data for heuristic research (Moustakas, 1990). The researcher felt that extended interviews in the form of dialogue with one's self and research participants would offer the opportunity for personal ideas, images and meanings to be expressed naturally. Each participant was interviewed once. The interviews, which were audio-recorded and later transcribed, followed a semi-structured approach. Two main questions were asked: i) what is the participants' understanding of narcissism and ii) what is their experience of the phenomenon - if any - in their therapeutic practice. These questions were used as a general interview guide that drew a

set of issues - related to the research question - to be explored with the co-researchers as the interview unfolded. The researcher was interested in seeing what emerges in the participants' experience whilst trying to set aside her own understanding and experience of the phenomenon. However, attending to her own judgements also helped her to formulate the appropriate questions based on the perceived meanings of the participants' words. This type of interview protocol served as a foundation on which the interview was based but at the same time offered a flexible environment where the participants' stories could be fully uncovered (Flick, 2002).

It was the researcher's intention to let the participants talk freely and openly about their lived experiences of the phenomenon so that rich depictions could be acquired in a single interview. Other questions were asked mainly for clarification and they usually had the form of comments or reflections in a context of genuine and open-ended dialogue (Moustakas, 1990). On several occasions, the researcher restated the interviewees' accounts and used them to formulate further questions. In this way, she could show her participants that she was listening, check that she understood correctly and make sure that the interviews were coherent (Willig, 2008). To have more fixed questions from the beginning could have entailed the danger of taking away from the participants their "lived experience" of the phenomenon or guiding them through what the researcher wished to hear (Rose & Loewenthal, 2006). The data collection arose from continuous interactions between participant and researcher as a result of the ongoing relationship (Knox & Burkard, 2009).

The investigator tried to develop a warm and empathic relationship with the co-researchers, which is an important aspect of qualitative research (Adler & Adler, 2002). In

this way, the participants would feel safe enough to share and disclose personal information. Before each interview started, the researcher made sure that she created a relaxing atmosphere through engaging in a social conversation and giving time to each participant to focus on the experience in order to be able to enter in the phenomenon and describe it as fully as possible.

The interview was viewed as a journey which would hopefully reveal new meanings for both parties, and the researcher's self was of course be present throughout the whole process (Moustakas, 1990). Nevertheless, the investigator tried not to let her own judgements direct the interview. Her aim was to respect and accept each participant's construction of the phenomenon as valid and important (Crotty, 2003). In order to achieve this, the researcher wrote down in her personal journal her assumptions and presuppositions regarding her experience of narcissism. She also tried to draw on the intersubjective environment between her and the participants by being constantly aware of her judgments and their role on the process (Finlay, 2009).

In heuristic interviewing, both parties engage in a dialogue that "is like mutual unveiling, where each seeks to be experienced and confirmed by the other ..." (Jourard, 1968 p.21). Hence, the investigator found that it was important to have some intervals between the phases of immersion into the experience in order to ask the participants their perception of the research process and explain to them how they are contributing to it (Kelly, 1969). Such dialogue was the approach used as the researcher thought it would encourage ideas, thoughts and emotions to be expressed naturally and enable the disclosure of the experience to be investigated. Overall, the researcher experienced the interviews as a mutual discovery and

related to each participant as a human being that could not help but be affected by what was said (Weber, 1986).

The interviews were scheduled to last for approximately an hour but the investigator had the intention of offering participants the opportunity to tell their stories to a point where they would naturally end (Moustakas, 1990). In reality, the co-researchers' stories came to a close after approximately 30-40 minutes. At the end of each interview, the researcher asked participants to give her feedback and made notes in her personal journal of her own thoughts and feelings as well as of the key points of the conversation. This supplementary material along with observations and everyday conversations would help her depict the experiences described by the participants in a more vivid, comprehensive and accurate way (Moustakas, 1990). Moreover, since the topic under investigation is the level of openness and awareness of one's own responses towards clients, as a manifestation of narcissism, the investigator found that attending to her own emotions and reactions would facilitate the exploration of the research question.

Step 2: **Immersion**

Immersion is the process where the researcher is living the question, by himself/herself and in dialogue with others, being alert to all the possibilities for meaning. This is a lengthy process that requires the researcher go back to the data many times and try to gain greater insight into the phenomenon by following intuitive signs and tacit knowing. The investigator discussed with people around her about narcissism, trying to see how people

outside the therapeutic profession view it. She took extended notes of the discussions and reflected on the effects that other people's views had on her. She also watched documentaries and studied online material regarding narcissism in order to engage in a self-dialogue and discover what aspects of the phenomenon were revealed to her. Some memories from the past, regarding mainly traumatic experiences were brought back or even revealed. By reflecting on how the experience of rejection and the lack of authentic communication during childhood are connected to me being closed to myself and trying to feel superior, I was helped to observe and explore these dynamics in my participants' presentations. Therefore, I was drawn to see narcissism more as a cover up and a way to compensate for negative feelings which seemed to also be conveyed through the participants' accounts.

Step 3: **Incubation**

This phase is an interval of rest where the data is set aside and the researcher focuses his/her attention to other activities. This process allows tacit knowledge and intuition to emerge and facilitates the awakening of fresh energy and new perspectives. Retreating from a question or a problem that she is very passionate or concerned about comes naturally to the researcher and helps her to work out complicated issues in her life. In this study, taking a mental break or a distance from a subject she has been so immersed into helped her to attend to her inner self and reach greater awareness. By doing that she identified the qualities and themes manifested in the data and formed the individual depictions.

Step 4: **Individual depiction**

After the phase of incubation, the researcher returns to the data to make sure that the representation of the first co-researcher contains the qualities essential to his/her experience. Through further reviewing the data and taking notes the investigator constructs an individual depiction that reflects the experience of the first co-researcher. The individual depiction upholds the language used into the participant's account of the phenomenon.

Step 5: **Completion of individual depictions**

If, after returning again to the original data, the researcher finds that the key themes, emotions and experiences have been suitably captured through the individual depiction of the first co-researcher, he/ she then goes onto the next co-researcher and repeats steps 1-4. In this way, individual depictions for all co-researchers are constructed.

Step 6: **Composite depiction**

Here, the individual depictions are gathered together and the investigator enters again into successive periods of immersion and incubation until the essences of the experience are sufficiently comprehended. A composite depiction that represents the common themes experienced by the group is then developed. The composite depiction can include descriptive accounts, narratives and conversations - anything that portrays the essence and feeling of the

group in experiencing the phenomena (Roland-Price & Loewenthal, 2007). Following the constructionist route, the explication phase of this study reflects the researcher's construction of the core themes of the phenomenon as conceived through the interaction between her and participants. It does not aim to represent some objective or universal truth. The idea of the hermeneutic circle was also implemented. This concept refers to developing an interpretation through i) understanding the meaning of the whole text, and using it as a base for comprehending parts of it and ii) doing micro-analysis of the potential meanings of small segments of the text, and using them to test or reinterpret the general sense of the whole text (McLeod, 2011).

Step 7: **Exemplary portraits**

Here, the researcher goes back to the original data and the individual depictions to choose those co-researchers (two or three) who most precisely represent the group as a whole, according to his/her perception. He/she then, constructs individual portraits of these persons by using the raw material, individual depictions and autobiographical data collected during initial contacts or shared throughout the interview. The exemplary portraits should be presented in such a way that both the phenomenon under study and the individual persons emerge as a unit.

Step 8: **Creative synthesis**

The final step in the handling of the data is the construction of a creative synthesis that brings together all the major themes and qualities into a connected whole. The creative synthesis is an "aesthetic rendition of the themes and essential meanings of the phenomenon" (Moustakas, 1990 p.52). After engaging in the processes of immersion, illumination and explication for a long period of time, the investigator can now become a "scientist-artist" that allows his/her knowledge, passion and presence to fill his or her work with his personal and professional values. This can be expressed in the form of a narrative, story, poem, work of art, metaphor, analogy or tale (Moustakas, 1990, p.52).

CHAPTER 4: FINDINGS

After an extended period (5 months) of analysing and handing the data, the researcher constructed individual depictions of all the participants, a composite depiction, two exemplary portraits and a creative synthesis that according to her portray the essences of narcissism in therapists' practice. The investigator went through successive phases of immersion, incubation and illumination (Moustakas, 1990). Attending to her own judgements and understandings (Heidegger, 1927), as well as focusing on her emotions and reactions in relation to the participants, helped her to unravel the interpersonal communications that existed in their relationship and are inherent in narcissism (Symington, 1993).

The individual depictions are sequential narratives that portray each participant's experience of the phenomenon and retain the language used into the participants' accounts (Moustakas, 1990). They were produced through consecutive periods of immersion and incubation, where the researcher attended to her intuition and tacit knowledge (Moustakas, 1990). For organisational purposes and for economy of space the researcher will present only one individual depiction as an example. The rest will be found in the Appendix. The investigator aimed to keep close to the co-researchers' individual accounts, maintain their visibility and portray them as whole persons (Moustakas, 1994). All the names that are used are pseudonyms in order to maintain the anonymity of the participants. The gender anonymity is not maintained as it was an important source of data.

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Tim individual depiction

I suppose part of the reason why I'm a therapist is that I became very well attuned to my parents' needs, especially my mother's so there was this false self reinforced by her in that I was the one who could help her manage her own feelings ... parentified child. She would exert ... erm ... express her anxiety and overwhelm the space so there wasn't much room for me to emerge as a person in my own right. I was more an extension of her, a reaction to her, a spectator for her and her drama ... so ... I was applauded for that and those aspects of my character were developed at the expense of others ... narcissism or the narcissistic injury is something that I can identify with.

You can only have one primadonna, or one drama queen or one weak person in a dual relationship ... In later life I've noticed it manifests itself in relationships with others which might be care-taking roles, I might be a very good problem-solver, very helpful, very empathic listener, not as much of a talker as a listener ... continuing that pattern of the narcissistically injured false self ... I quite liked the applause from others for those qualities they thought I had. It's not true. It's what I showed based on my earlier relationships ... I felt a sense of pride, it was quite nice so I continued to perpetuate that myth. They liked the fact that I always seemed very together, never upset or insecure. You know smart and capable, not a person who wobbles ... someone very solid. It's actually really nice to be looked at as up on a pedestal. The very narcissistic thing about it is the fact that you are worshipped ... and looked at as if you are more than you are. So without knowing about this, this can play out. It's more likely than not that you're actually in this field for your own needs and your own patterns.

With the client, I'm the helper so I might naturally find it quite easy to appear strong or without vulnerability. It might get hard for the client to relate to me. But another way it plays out is that I don't like it when a client is not getting better or is getting very lost and upset ... there I feel anxiety because I really want to make this better ... It's a bit like mum. I find it hard to tolerate within myself. I had a client recently ... He started to become very distressed all of a sudden. I really felt very, very powerful urge to just stabilise him. It was like I was drawn in ... It was really a very, very strong emotion, you know a sense of worrying. Part of it was for my own need, my own narcissistic needs and my own difficulty being in the relationship at that moment.

Earlier on, I was more distant from my clients and more powerful. I was more wooden actually ... I wasn't so human in an attempt to keep a boundary but actually I was less boundaried as I was much more worried if they weren't getting better. I saw my role as more important maybe than it was, that their wellness was all about me so, again a narcissistic thing. What's happened over time as I become more aware of this and worked with this was that strangely I've become warmer with them and more human, more authentic. I am much more grounded in myself as a separate person so I know that if they are not getting better it's not necessarily my fault ... Since I've been having therapy I've been stronger in myself in that I know more who I am. The thing that happened naturally is the loosening of the boundary with the client because I'm not afraid so much now that I am going to get swallowed up. It's investing in myself now ... my own needs how to look after myself and to not take on feelings and worries of the client.

What shifted I suppose is keeping in mind what the client is wanting ... why might it be that he is saying what he is saying based on his life. Not reacting to it. Not feeling like it's a personal attack, so not putting myself at the centre but putting him at the centre. And of course the relationship. For example the client thought that I wasn't listening and he got quite irritated, quite upset actually. In the past it would be more difficult to have the client in the room with me and having negative feelings towards me. That would be more difficult than it is now that I have more confidence and separateness. I said to the client like ok, yes I did wander for a minute you know ... I thought that that was important because he needed genuine communication and for me to exist as well in the room I mean so we both existed now not just me as a mirror. I suppose in the past that's about my relationships: just there to service the other, not really existing in my own right.

I soon realised that actually in the therapy room I wasn't really present. I was trying to follow a textbook idea of what therapy should be so to say certain things ... In about two years into practice, I think I emerged, it's like I woke up and the difference has been massive in terms of my satisfaction and how rewarding and fulfilling I find it. I wasn't really hearing whereas now it has been more of a genuine kind of authentic meeting. I find this work much more exciting and meaningful for me but I think it's much better for the client, too because it's a real meeting so I see them they see me. I think as a therapist work is much easier to manage I mean it's lighter it's less, you know, it doesn't weigh down on your shoulders as much.

In a way I did burn out. After one year and a half of doing practice, I was tired, very tired, I was very tired ... and not really enjoying it ... And that's what burn out is. There is not

enough coming back for you ... It's more of a relationship now. Before it was a messy heavy

kind of encounter ... It was about symptom management before whereas now it's about real

meaningful experiences or real connection with people.

Composite depiction

After the individual depictions were gathered together, the investigator engaged again in successive periods of immersion and incubation until she was able to explicate the essences of the phenomenon of narcissism in therapists' practice. She then developed a composite depiction, which is an illustration of the central qualities of the phenomenon that according to her embrace the experiences of the co-researchers both individually and as a group (Moustakas, 1990). During the process of constructing the composite depiction, the researcher drew on the phenomenological principles of openness and intuition (Husserl, 1931) and attended to her own feelings and reactions. She also viewed the data with a hermeneutical sensitivity being keen to uncover hidden meanings or bring a basic sense or coherence to a seemingly contradictory text (Taylor, 1971).

The composite depiction, which includes exemplary narratives and descriptive accounts that bring out the life and flow inherent in the experience (Moustakas, 1990), will be presented below:

- Narcissism is experienced as an over-involvement with one's self and a false sense of superiority which might mask feelings of insecurity and worthlessness and unspoken needs for love and approval.

Tim said: *I might be a very good problem-solver, very helpful, very empathic listener, not as much of a talker as a listener ... continuing that pattern of the narcissistically injured false self. It's not true ... it's what I showed based on my earlier relationships. I quite liked the applause from others for those qualities they thought I had. It's actually really nice to be looked up as up on a pedestal. The very narcissistic thing about it is ... the fact that you are worshipped and looked at as if you are more than you are.*

Nathan said: *I think narcissism is being motivated for one's own reasons. I guess it's being in the world in a way that's self-focused. Ideas of the false self I could relate to ... I see narcissism and the wounded healer and the false self have been part of the narcissistic need to feel loved but if that's not being met, then doing things to feel like it's being met.*

Mary said: *Narcissism is a sensitive spot for me. Sometimes I would believe in myself in a more irrational way ... I guess I wanted to be part of this research because I felt I still struggle with it. I'm very interested in the feelings of inability, insecurity and how they are manifesting in such an opposite way like how sometimes it's presented by being overly confident.*

Kim said: *It's also a very sensitive term for me because it relates to parts of my*

personality, my character and I'm interested in it. Like many people I have sensitivities and narcissistic vulnerabilities the need to be accepted and loved in terms of a false self. The false self is about needing to please others in order to be loved and get your narcissistic supply.

Vicky said: *When I hear the word narcissism I'm thinking of Narcissus, who was so in love with looking himself into the water and got drowned. To me, it is a form of self-love: adoring ourselves, our picture and the reflection to how others behave and respond to us, because the others are our mirrors.*

Iren said: *There are two polarities in that one might think very highly of themselves and rubbish other people but also there's the very low confidence part. We develop the narcissistic part of ourselves to cover the low confidence.*

Amy said: *My experience with narcissism must be more about people that come across as very strong willed and confident about certain skills and a bit intimidating but actually deep inside them there is a really big sense of fear and a feeling as if they are lacking of abilities and they are trying to cover that up in the way they portray outside.*

It seems that there are different levels of denial in the participants' experience of narcissism. As will be illustrated in the following extracts, participants often made contradictory statements regarding their experience of the phenomenon, talked about it as a past condition and explored it through the stories of their clients. Co-researchers seem to be

finding it hard to recognise or accept their narcissistic parts, relate them directly to themselves and acknowledge the way they may manifest in the therapeutic relationship.

- Narcissism can be seen as an unhealthy situation which does not affect people who are providing therapy because they are self-less by definition; however sometimes therapy can work *both ways* :

Elizabeth argued quite strongly about not being narcissistic. At times, I felt like I was accusing her of being something that she is not. This feeling provoked anxiety in me. She said: *I guess narcissism is when someone is in love with themselves, so I can't really see it happening in therapy because someone that works as a therapist it means that they want to help the other person, so the focus will always be the other person. I think, I am very focused and I feel the transference a lot of times. So, I find it difficult to think I am/ how narcissism comes into the therapeutic process ... The most difficult thing I had to learn; to stay in control to not empathise to such a degree that I will lose myself. So, that's why for me it's a bit difficult to understand narcissism because I think I'm exactly the opposite.* However, for her: *It can work both ways. As a therapist you give the energy to them, most of the times, because you have to support them and push them to feel better, but at the same time it can work the other way round. It's almost like I take courage from them.*

- Narcissism can be acknowledged at an intellectual level but not related to one's therapeutic practice:

Vicky expressed her need to be valued by others and related it to the fact that she was

narcissistically injured as a child. She also stated that she is a *good enough mother* for her clients but that she does not need their *confirmation* as long as they know that she is *there* for them, which seems to be quite contradictory*: We all have the need to be worthy and important, especially people who deal with health care, social care or psychology. They want to be seen, heard, helpful and important to others. The narcissistic injury is when as children we were not looked after; we were looking after the others. And we were taking value because we were acknowledged through the caring role ... Friends, family, and people I love, strangely enough I'm more insecure with and maybe I'm seeking for confirmation. But in the therapeutic relationship I take credit from me and my self-worth. I am for them the good enough mother that Winnicott says. I have the skills, the ability and the characteristics of the good enough mother ... It is nice if they say good things; sometimes they will say something else but that's ok as long as they see that I'm working for their interest, as long as they see that I'm there for them.* When I asked her about her feelings towards the clients or the way she relates to them, she referred to the techniques that she was using and to the notion of the *good enough mother,* which I perceived as a way to avoid exploring her actual responses. Also, when I asked her how she deals with negative feedback she replied: *... even if the client doesn't give me positive feedback, that's ok because I know, within myself and say to myself "well done, you did well".*

- One's narcissism can be projected onto the *narcissistic* traits of one's clients. This can possibly illustrate one's attempt to remain free of narcissism:

Kim avoids talking about herself possibly in an attempt to deny her vulnerabilities: *I'd like to focus more on my clinical work; I don't think it's that relevant to talk about myself here in the interview.* She focuses on her *narcissistic client* with whom she states that she identifies with, even though she believes that identifying with one's clients stops therapists

from empathising with them: *I'm working with someone who has some narcissistic traits and a false self, she is very grandiose and she has difficulty forming relationships. She needs a lot of validation, empathy and admiration and when she doesn't get that she becomes really enraged ... Inside her she was really vulnerable and sensitive and having a very strong sense of worthlessness. I like her, she is my favourite client but the most difficult to work with. Sometimes, I identify with her in a way, like with the sense of her anger and rage ... you shouldn't identify with someone ... cause then it becomes blurry. You're not staying with your clients' experience ... so, you don't help them. The client becomes a therapeutic object for you.* I experienced Kim as trying to defend herself and her professional role either by not talking openly about her narcissistic issues or by saying she has worked on them. I felt anxious which might have been an indication of how she felt while she was attempting to prove her professional value to me.

- Some participants might acknowledge their own narcissistic side but only if it is activated through the work with narcissistic clients. This again, might show their difficulty in acknowledging and accepting their own narcissistic parts:

Amy talked about the possibility of having some narcissistic traits in her but she was not willing to explore them. She mostly referred to them as a reaction to clients' narcissism. I perceived her as being quite closed to herself and reluctant to talk about personal issues. Amy said: *I think everybody has a bit of narcissism, to a bigger or lesser extent but the people that I saw had more intense features. Everybody was just a waste of case because they were the best in what they were doing and people couldn't understand that. I felt intimidated and I think that comes with my own insecurities and fears of being rejected by clients or being on a trial and having to prove whether I ' m therapist/ or a good therapist or not ... The other patient I had, she was constantly changing being very arrogant and then being very sensitive,*

tearful, scared and needy. Every time she would give me a gift in therapy and she would be telling me how wonderful therapy was and I guess my narcissistic features would come in, as all these things were feeding my narcissistic side: *feeling very great about my abilities and then feeling very shit.*

- Sometimes, there is a difficulty in recognising the source of narcissism; whether it stems from a personal need to be *approved* or is located within a *family pattern* and the demands of others.

Tim talked extensively about himself and his narcissistic features. The interview had a good flow and there was good communication between us. However, at times I perceived a lack of clarity regarding the way he saw the origins of his narcissism. Sometimes, he referred to it as a result of him being *narcissistically injured* and in some other cases he presented it as stemming from his own need to be valued by others. He said: *I quite liked the applause from others for those qualities they thought I had ... They liked the fact that I always seemed very together, never upset or insecure. There wasn't much room for me to emerge as a person. So, I was applauded for that and those aspects of my character were developed at the expense of others ... I felt a sense of pride. It was quite nice so I continued to perpetuate that myth.*

Nathan also seemed very genuine and expressive. He talked extensively about his narcissism and the way it relates to his personal life and clinical work. He saw his narcissistic traits as being connected to a false self that had developed through certain family patterns. However, he seemed to be unsure whether narcissism can be located in personal choices and needs, too. He said: *In therapy, I was able to realise that my ability to listen to other people is*

because in my own family I am the listener. I am the peacemaker and I think that's the role I've taken on because it's a role mainly loved and accepted. It enables me to not face my fear of judgement because while I'm the listener I don't have to speak. It's a dilemma. I've often been the listener, it's part of my identity and it's sort of a defence and I'm trying to work out is it a false self? I don't have to always be the good listener or maybe I should just not do this, not be a therapist but then I thought it is part of my life story. My narcissism is part of me still. I guess I have a choice rather than trying to get their approval ...

- Sometimes narcissism can be experienced directly in one's self and therapeutic practice but is mostly referred to as an unhealthy situation that belongs to the past or is related to the experience of being in training:

Tim talked lengthily about his narcissistic patterns and needs and the way they manifest in the therapy room: *With the client I'm the helper so I might naturally find it quite easy to appear strong or without vulnerability. It might get hard for the client to relate to me. I don't like it when a client is not getting better or is getting very lost and upset ... there I feel anxiety because it's a bit like mum. I find it hard to tolerate within myself.* However, he mostly talked about narcissism as a past unhealthy state that he had recovered from: *What shifted is keeping in mind what the client is wanting ... so not putting myself at the centre but putting him at the centre ... It's investing in myself now ... my own needs how to look after myself and to not take on feelings and worries of the client. Earlier on, I was more distant from my clients and more powerful ...*

Sam seemed very touched by the topic but he was keener to talk about his clients' narcissistic issues. He was not willing to disclose as much about himself and he mainly referred to narcissism as being related to his experience of training: *I've been seeing clients for more than ten years now and as I feel more secure with my role and feel that I "know" what I'm doing it's easier for me to receive all that and be able to do something. When I was doing my training I saw someone who used to come to the sessions and tell me how crap I was. This was someone with intense narcissistic features. Each time I felt rejected, depleted, empty after the session and I was feeling very angry with him for putting me in this position ... I am someone who still is - used to be far more - quite a perfectionist, who wants to perform well, to do my best, so having someone saying to me every time that they see me as the opposite of what I want to be was very difficult. That also had to do with my narcissistic issues that I couldn't accept some of my vulnerabilities because then I felt I couldn't cope with that ...*

On the other hand, narcissism is not only experienced as a pathological condition that needs to be worked through. For some participants, narcissism can potentially have positive aspects and be used productively in the therapeutic sessions.

- Nathan believes that accepting his narcissistic needs of love, approval and attention can help him to achieve a greater awareness regarding his therapeutic role and to become more present and flexible in the relationship with the clients. He said: *Not getting rid of my needs but just be aware of them; be flexible with them. Admit that I can get things from clients. Negotiating in yourself ... I guess I can never eradicate my need for love and approval. I can be in touch with my child ...*

- Mary argues that narcissism can help to increase one's confidence and self-belief but only if used in moderation and not in an *irrational* way: *The healthy part of narcissism can be empowering but I can also understand the unhealthy part when there is lack of empathy, showing off ... So I'm just trying to moderate those two, to integrate the two extremes. It's more of an acceptance.*

In terms of the therapeutic use of self, it seems that participants need to be *good therapists* and *helpful* to their clients. This need was manifested through the following roles: *good enough mother, good listener, helper, catalyst, good boy.* During the interviews, I also felt that most of the participants tried hard to be useful and to not disappoint me. I sometimes had the feeling that I was burdening them or putting too much pressure on them. In retrospect, I think that it could have been their feelings projected onto me as they were not really in touch with their own frustration and tiredness stemming from their preoccupation with giving a good performance. My feelings might also have been related to my own need to be a "good interviewer". Kim said: *Many narcissistic people do that not because they need to be admired, loved and accepted. So often they would neglect their real needs and focus on other people's needs.*

Participants also seem to feel *angry*, *blocked* and *intimidated* when dealing with *narcissistic* or *difficult* clients, who doubt their abilities or do not engage in therapy. Mary said: *He was classified as a narcissistic personality. I found it difficult to be with him, he was very argumentative, physically intimidating ... I felt I was giving up, giving him the power.* Iren said: *When the narcissistic bits come up, I feel blocked and I get quite pissed off but I try just to understand that this person is in a quite difficult situation.* It is however notable that

when I was in the room with both of these women, I experienced similar feelings to the feelings that they experienced in their interaction with their clients: scared, intimidated and blocked. I was also very anxious.

The therapists' wish to be *helpful* and the fact that they feel *angry* and *intimidated* by *overpowering* clients seem to relate to their deep and unacknowledged narcissistic needs. Practitioners' longing to be *good therapists* could show their hidden need to be admired and loved by their clients. Vicky said: *The narcissistic injury is when as children we were not looked after but we were looking after the others. And we were taking value because we were acknowledged through the caring role*. Also, the fact that practitioners get *intimidated* when they are with *narcissistic* clients might show that they are not in touch with their need to be strong and important, which they project onto their clients by giving them the role of the *dominant* person. Alternatively, the participants' wish to be good therapists and the frustration that they experience when clients do not seem to be responding well to therapy may show an aspiration to be effective in their work and to gain a sense of achievement through the clients' progress. The striving for a positive therapeutic outcome might be connected to a healthy narcissistic need for authority and power, which can be a motivating force for reaching better results. I too could have projected my own narcissistic need to feel omnipotent onto the participants, whom at times I experienced as being more strong and powerful than me.

In addition, it appears that the more able the participants are to acknowledge their personal needs behind the roles they take, their need to be seen, accepted and approved from the clients the more flexible they become in the way they express their feelings and relate to their clients. In other words, the less they deny their narcissistic vulnerabilities the more able they become to acknowledge their emotional participation in their therapeutic relationship. Being more self-aware and separate enables the practitioners to recognise their role in the

therapeutic relationship and stops them from projecting their own problems to *difficult clients*. The existence of the above dynamics as perceived by the researcher will be illustrated in the following material.

For Elizabeth, being narcissistic *is the opposite of being a therapist*. In therapy, she is a *tool;* she is *neutral* and she *switches off* as a person so that the client does not get *distracted*. However, she states that she frequently *takes courage* from the clients: *A lot of times I would say to myself: "Oh, come on if George let's say can do it, then you can do it as well". It's almost like I take courage from them. It's almost like your kids. When you see them developing and progressing and flourish, it makes you feel really nice.* Elizabeth also said that if the clients do not benefit from therapy it is because they have not *engaged* and it is not her *responsibility*. She stated that *80% of the clients are difficult* and that when a client asked not to see her again it was because he/she was *passive-aggressive* and not *genuine*. Elizabeth recognises her tendency to *lose herself* in the world of the client but she thinks this is because of her ability to *pick up client's feelings,* which is the opposite of narcissism. It is also notable that she had recently got burnt out and stopped working as a therapist. During the interview, she was reserved, cautious and distant.

Nathan on the other hand, seems to be more acceptant of his narcissistic needs and therefore he acknowledges and reflects more openly on the part that he plays in the therapeutic relationship: *I don't have to always be the good listener or maybe I should just not do this, not be a therapist but then I thought it is part of my life story my narcissism is part of me still ... I can't be a good person to everyone all the time ... to feel insecure, to feel sad, to feel incompetent that's ok ... There's an implicit assumption that we can help people*

but I'm realising that I can't help everyone but this is part of my own omnipotence in a way which I think is part of the narcissism in me...that I'm the ultimate listener and I can help everyone. There's one client ... I can feel frustrated with her sometimes. In my last session, I felt quite lots of the defences she has were as strong as the start of our time together and I kind of felt like "Have I made any difference at all?" but part of me thinks that I just need to let go of that. I think with reflecting to that, to think how much of my frustration is because she is not going along with my agenda of what I want for her and so being aware of that I can try to step back a little bit. But that's hard to be in the unknown of what is going to happen or not happen with the client ...

Tim may feel that most of his narcissistic problems belong to the past but he believes that his need to *service* others and his *false self* brought him to the profession. He said that his main issues were his lack of *separateness* and his inability to *exist as a person in his own right*. Reflecting on these problems seems to help him to keep an open mind about his contribution in the therapeutic relationship and to become more genuine: *Earlier on, I was more distant from my clients and I think more powerful. I was more wooden actually. I saw my role as more important maybe than it was that their wellness was all about me so, again a narcissistic thing. What's happened over time as I become more aware of this was that strangely I've become warmer with them and more human, more authentic ... For example, the client thought that I wasn't listening and he got quite irritated. In the past it would be more difficult to have the client in the room with me and having negative feelings towards me. I said to the client ok, yes I did wander for a minute you know ... I thought that that was important because he needed genuine communication and for me to exist as well in the room, so we both existed now not just me as a mirror.*

Sam, who acknowledges his narcissistic parts, relates them to his difficulty to accept his vulnerable parts and has tried to work on them, seems to be able to reflect on his participation in the therapeutic relationship: *I am someone who still is-used to be far more-quite a perfectionist, who wants to always do good, to perform well, to do my best ... I had to go to a position where I could say ok you can have shortcomings, you can have disadvantages but you can still be a worthwhile person you can still be ok and you can still be a good therapist ... If, as a therapist, you haven't worked on your own narcissistic issues then you treat your clients as the people that have problems and you are being the expert that has the knowledge and can treat them. ...you are doing exactly what a narcissist does; you project your vulnerabilities, your anxieties, your fears ... you can act on them all your envy, so in effect you are using your clients for your own needs instead of helping them.*

A difference was also found between male and female participants in the way they experience and relate to narcissism:

- Men reported needing to feel *strong, omnipotent* and *important*. They also stated that these narcissistic needs underlie their choice of profession and influence their therapeutic role. I thought that they possibly wished to be mirrored and have their strength recognised by their clients. This dynamic could have also played out in the interviews, where at times I felt that the need to confirm their statements and adopt more of a listening role. This could also relate to my need to please others and accommodate their wishes.

Tim said: *With the client I'm the helper so I might naturally find it quite easy to appear strong or without vulnerability ... I saw my role as more important maybe than it was that their wellness was all about me so, again a narcissistic thing. It's more likely than not that you're actually in this field for your own needs and your own patterns.*

Nathan said: *I'm realising that I can't help everyone but this is part of my own omnipotence in a way which I think is part of the narcissism in me ... that I'm the ultimate listener and I can help everyone ... I know I can have an element of narcissism in myself. I can function but I've had to look at my own narcissism in terms of coming to this profession ... And that's about how to be one's self ... Admit that I can get things from clients, negotiating in yourself.*

Sam said: *If, as a therapist, you haven't worked on your own narcissistic issues you are using your clients for your own needs instead of helping them ... if I can project it all to my client then I immediately take the strong position and feel quite secure. So, if I have this need I would like to see my patients because they fulfil that need for me. They help me feel omnipotent.*

- Female participants on the other hand, were less explicit about the manifestation of their own narcissistic needs in their therapeutic role. They focused more on the needs of the clients. The self-sacrifice element seems to be more dominant in the presentation of female participants' use of self, in a sense that they deny or try to *contain* their own feelings in order to be *there* for the client. I perceived them as trying to be approved and valued through identifying with the clients' needs and merging

with them. These tendencies might make it difficult for them to realise how their own patterns and needs manifest in therapy. As a researcher, I found it hard to relate to them, be in the room with them and comprehend their material. I felt that there was a lack of clarity regarding their deeper emotions and ambivalence in the way they communicated to me or to their clients. These difficulties might also indicate something about my difficulty in accepting my deep feelings and integrating them in my personality and the way I interact with others.

Vicky said: *I was instructed and gradually grew up preparing myself to be caring for the others. And this is how I was valued and I was important ... I certainly care about the clients. I am for them the good enough mother that Winnicott says. The good enough mother is a mother who shows always or most of the times, because it is good enough, acceptance, empathy, understanding, genuineness, patience, containment ... I feel the anger but I never lose control or anything. If the client is sad and cries I feel sad as well, but I have the skills to contain the feelings and this is valuable for them because they feel safe ... In the therapeutic relationship I know, if I'm good therapist or not ... So, even if the client doesn't give me positive feedback, that's ok. Friends, family, and people I love, strangely enough I'm more insecure with and maybe I'm seeking for confirmation ... But in the therapeutic relationship I take credit from me, my self-worth and value.*

Elizabeth said: *In a way, I switch off as a person; the point is to listen to the client. I'm very neutral. I give them direction and a safe structure. I want to give them as much as possible and the whole point is to empower the client to have the techniques and to become his or her own therapist. My personality is not obvious. You can't really be 100% free in*

therapy because then you're meeting your own needs. If I have feelings like frustration or anything else I would never express it; you don't really have the space to do that ... when I was younger I would feel frustrated with myself as if I'm not doing something right. Now I bring every problem to supervision, I do my side of things so I take responsibility of what I need to do and if it doesn't work it means then from my side I'm ok. It means that the other side hasn't engaged.

However, at times both male and female participants seemed to present different characteristics to the ones described above. During the interviews, I perceived some male participants, like Nathan, as taking a passive stance by listening and responding to what I said. I also sensed an effort on their part to give me rich and useful material by being reflective and open about their narcissism. This might have shown their tendency to please me and fulfil my needs, which resembles more to the attitude of the female co-researchers. These characteristics can be also found in their interaction with their clients. Nathan said: *In my work I often try to be the good boy ... ok I'll be the good therapist in terms of what the books say or the supervisors say or as an extension of me trying to be a good boy for my parents and wife.* Sam said: *For me, one of our main roles is to be able to tolerate all this, so we can show them with our being, our behaviour that if we can survive this then they can as well. It's like a parent.*

In addition, some female participants' tendency to avoid talking openly about themselves could be seen as an effort to maintain an untouched and omnipotent image, which resembles more to the men's presentation. Amy said: *I think everybody has a bit of narcissism in them to a bigger or lesser extent but the people that I have seen had more intense features.*

Everybody was just a waste of case because they were the best in what they were doing and people couldn't understand that. Kim said: *I'd like to focus more on my clinical work, I don't think it's that relevant to talk about myself here, but yes like many people I have sensitivities and narcissistic vulnerabilities.*

Moreover, during the interviews, I too played different roles. I either adopted an attitude of superiority thinking that the participants' material is not good enough or I thought that I am not good enough and therefore I became submissive to their needs. When dealing with participants such as Vicky, Elizabeth and Nathan, who had more of a self-sacrifice persona, - they seemed to worry about giving me the right material - I found myself thinking that what I am hearing from them is not good enough. While being with Mary and Tim though, who were quite strong-minded, I felt the need to please them and I was worried that I might do something that upsets or insults them.

Exemplary individual portraits

Through attending to my thoughts, observations and experiences, I constructed two exemplary individual portraits which I believe exemplify the group as a whole. The aim of the exemplary portraits is to allow both the phenomenon and the individual persons to emerge in a vital and cohesive way (Moustakas, 1990). In order to achieve this, the researcher drew on the stories and personal accounts of the participants, as well as her own feelings and judgments.

The exemplary portraits were based on the stories of Mary and Iren, which seem to illustrate the core qualities of the phenomenon of narcissism in therapeutic practice, as will be explored below. Their stories seem to show a struggle to see and admit hidden truths about themselves and their possible implications in therapeutic practice while at the same time trying to avoid them. This struggle is inherent in all participants' - including the researcher's - experience of narcissism. Furthermore, these participants did not seem to draw as much as other women on the function of self-sacrifice and selflessness, as they both reported feeling angry and frustrated towards their clients, when they doubted their abilities. Hence, the researcher thought that their stories could capture the struggles of the average participant regardless of gender.

Mary

Mary is a Counselling Psychologist in her early thirties, who seemed to be a highly-driven and ambitious person. During the interview, she appeared to be quite strong-willed and opinionated. She also seemed to be proud of herself and eager to reply to all my questions. To a certain extent, it was as if she was trying to prove that she is a "good participant" through being reflective and open. However, at times she was reluctant to answer and she looked at me as if I had said something offensive or inappropriate. I found myself feeling nervous and careful as to what I would ask her. A part of me felt intimidated and struggled to be articulate as I was afraid that I would say something wrong. This behaviour might also reveal something of me and my tendency to please others out of fear of being rejected.

In the interaction that she described between herself and her client, Mary seemed to have been experiencing similar feelings to those that I experienced in my interaction with her: *He gave me the impression that he knew a lot about himself. I found it difficult to be with him, he was very argumentative, physically intimidating. I felt like I was giving up, giving him the power ... Then, one day before our actual appointment, he called and he made a complaint about me that I was a really challenging therapist and that I didn't understand where he was coming from. He was the only person that I actually had no voice in the room, I perceived myself as very weak in comparison to his presentation ... He was classified as a narcissistic personality.*

Mary recognised her narcissistic parts: *... sometimes I would believe in myself in a more irrational way, so this is why I guess I wanted to be part of this research because I felt like I still struggle with it ... I'm very interested in the feelings of inability, insecurity and how they are manifesting in such an opposite way like how sometimes it's presented by being overly confident.* However, she seemed to have been projecting her narcissistic need to be important and to feel accepted onto her client by giving him the role of the overpowering and dominant one. A mechanism of projective identification might have also been in place, through which Mary indirectly invited her client to play the role that she longed to play, as she was not really in touch with her needs for admiration and approval.

However, it seems that through reflecting on her narcissism, Mary becomes more acceptant of herself and her clients and she reflects more on her responses and reactions towards them: *I had to stay with a lot of anger after that. In the end, I think I lost my empathy towards him. I was really caught up in the struggle. I was too emotionally overwhelmed. I*

think he touched a sensitive nerve in me anyway; he found a foundation to work on, that power struggle. I do have a narcissistic part in myself, so I came in with an agenda, I wanted to do certain stuff and who the hell is he to do his stuff his way ... Before I would respond to any emotion, think that I'm not a good therapist and then I would have to prove myself. I don't feel that need any more. It's more of an acceptance. Sometimes I'm not aware of it and I can be a bit overpowering myself but when I do then I realise most of the times now.

I chose Mary as an exemplary portrait because her interaction with the client is a good example of how narcissism may manifest through the processes of projection and projective identification. It illustrates vividly that projecting onto others what one cannot stand or deal with (in the case of Mary her need to be strong and accepted) can impede self-knowledge. The communication between Mary and her client as well as between Mary and me shows vibrantly the function of narcissism as experienced by all the participants: an over-involvement with one's self which can mask feelings of inferiority and manifests through defences such as denial and projection. Moreover, as found with all participants Mary's attempt to get in touch with her inner self despite her inclination to be protected from unbearable feelings leads to a greater self-awareness regarding her role in therapy. Through reflecting on Mary's story and my interaction with her, I was also able to recognise my narcissistic need to be good and helpful that possibly led me to give Mary the role of the overpowering person.

Iren

Iren is a Counselling Psychologist in her late thirties who seemed to be quite anxious during the interview. At times, it was as if she was finding it hard to reply to my questions or to even be there. I felt quite tense myself but I tried to offer her space and to be acceptant towards her so that she felt safer. Iren's reluctance to talk about her narcissism might be related to the ambivalent feelings that she experiences regarding that phenomenon: *I do believe therapy is an interaction and it's all based in the relationship. It kind of highlights how important it is to look at our part which is narcissistic even though we might not like the idea that we have narcissism. I certainly don't like the idea.*

Furthermore, Iren seems to distinguish between the two *polarities* of narcissism: the *low confidence* and the *grandiose* part: *There are two polarities in that one might think very highly of themselves and rubbish other people but also there's the very low confidence part. We develop the narcissistic part of ourselves to cover the low confidence. I used to have very low confidence. I am still not very confident. It's the kind of other polarity which I often forget about in narcissism because is the bit that doesn't seem as disruptive interpersonally.* She feels that she belongs to the *low confidence* part and she states that low confident people might be *selfish* in that they victimise themselves but they are not as *harmful* and *dangerous* as people who have a *high sense of self* and a *critical* attitude like some of her colleagues and her client. It seems that Iren is separating herself from these people probably in an attempt to disown her narcissistic parts. *The other bit, which is let's say critical might do something against somebody else. Basically you don't exist, you are there to get them where they want*

to go and then they drop you. For me is a very strange way of being because I'm not like that at all. I see myself as empathic who thinks about the other person.

Iren finds it hard to acknowledge that the difficulties she faces in the interaction with her client might relate to her, too: *I've got a client he's got a very high sense of self, which you can see as part of narcissism. He has quite a sort of look he gives you, it's like a look of disgust when you say something he doesn't like and he kind of belittles the other people. When the narcissistic bits come up, I feel blocked and I get quite pissed off... it is very difficult to be around; I personally find it very difficult to be around people that have these traits. They manage to make you feel small and scared and to think "I'm not actually good to anyone".*

However, Iren acknowledges the contribution of the therapist's insecurities and narcissistic vulnerabilities in the dynamics of the therapeutic relationship but in doing so she mainly refers to therapists in general and not to herself: *It can be difficult as a therapist, to have someone who keeps closing the door on them and being very critical; it can belittle the therapist, it'll affect their narcissism or the bit that says I'm a good enough therapist. I think as a therapist you need to be able to recognise what is actually happening and the bits of you that are being affected because if you are somebody with very low confidence it will affect you very quickly. You might start being very defensive and you close your ears, you start being critical to your client and not working very professionally. I mean if you don't catch it, if you're not aware of it.*

As explored above, Iren describes narcissism as a superior persona that serves to *cover the low confidence* which exemplifies the experience of all the participants. However, she believes that some people develop a *high sense of self,* become arrogant and may be *harmful* to others, whereas some others just *victimise* themselves. By seeing herself as low confident and harmless and by projecting the *disruptive* features onto the client Iren possibly attempts to disown her narcissism. During the interview, I could see her anxiety and her struggle to protect herself from unwanted feelings. At times, I felt like I was harming her like her client. However, I managed to contain that by reflecting on what was going on for her at the moment. These dynamics, in my understanding, illustrate vividly the essences of narcissism as described by all the participants and for that reason I chose Iren as one of my exemplary portraits.

Through the stories of Mary and Iren and the dynamics of our interaction, I managed to reflect on my own narcissism, too. Since taking up this project, I had been taking long breaks in an attempt to avoid facing myself, my ugly or scared parts, and my hidden needs for approval and admiration that sometimes manifest as self-sacrifice and caring for others and some other times through an attitude of superiority. I often perceived myself as being scared of the participants' reactions towards me and I found myself trying to not upset them and accommodate their needs out of fear of being rejected. On the other hand, at times I must have come across as being quite demanding, since I expected the participants to give me rich and useful material. Moreover, choosing to present here two female participants with similar patterns to mine might also show my need to be mirrored by others and to maintain a superior image of myself. It appears though that - like the participants - the more I try to be in touch with these narcissistic issues, the more able I become to acknowledge hidden dynamics and unspoken feelings.

Creative synthesis

This section will present the essences of the phenomenon as they appeared to the investigator after going through the phases of immersion, incubation, illumination and explication for a long period of time (8 months) (Moustakas, 1990). The researcher will illustrate in the form of a poem how her tacit-intuitive powers guided her into imaginative sources of knowledge and insight about the core qualities of her as well the co-researchers' experience of narcissism in themselves and their therapeutic practice (Moustakas, 1990).

Trying to hide from others by making them believe that you are another

A stronger, prettier, more important one

Who are you hiding from?

Nobody can escape from themselves

Behind that facade it is you a little child starving for attention

Attention that you didn't have when you needed it the most

Now you are left with this gap and you don't know what to do with it

You thought you might as well use it to cure the others

You thought you might try to fill it by loving others

It seems to work

But be careful

Don't forget that behind the others is you and behind you are the others

In the midst of this mad journey remember to love yourself first

Otherwise all that you will ever do is make the gap bigger and deeper

Then your uncertainty will get worse

Everybody will understand that you wear a mask

Then even you will finally find out

And there is no coming back if it is too late...

CHAPTER 5: DISCUSSION

Explaining and locating the data in the literature/contribution and limitations of the present study

The findings of this project, which investigates Counselling Psychologists' experience of narcissism in the way they use themselves in therapy, suggest that narcissism is linked to a superior persona and an intense preoccupation with one's self. These findings seem to be in accordance with Symington's theory. He suggests that "in the narcissistic illusion there is no other; there is only me" (Symington 1993, p.86), which illustrates the narcissistic characteristic of self-centredness. The myth of Narcissus also highlights the aspects of vanity and pride (Mollon, 1993). Tim said: *It's actually really nice to be looked up as up on a pedestal. The very narcissistic about it is the fact that you are worshipped and looked at as if you are more than you are ...* Many psychoanalytic authors also talk about the illusion of self-sufficiency which may go along with a grandiose state (Kohut, 1971, Kernberg, 1974, Rosenfield, 1964). Amy, Mary, Kim, Iren, Tim and Sam talked about narcissism as being related to feelings of grandiosity and to a false sense of autonomy and superiority.

Furthermore, the findings suggest that the narcissistic sense of superiority serves to mask feelings of inferiority and worthlessness. Symington (1993) states that, the inability to relate with different parts of themselves and others, leads the narcissistic individuals to create and maintain a grandiose, false image. The false sense of superiority, which reflects a lack of relatedness and openness to experience, also resonates with the researcher's experience of

narcissism. The participants however, emphasized more the unfulfilled needs to feel important, loved and admired that lie behind the narcissistic facade. Nathan said: *I see narcissism and the wounded healer and the false self have been part of the narcissistic need to feel loved but if that's not being met then doing things to feel like it's being met.*

The ungratified needs for love and admiration that underlie narcissism are emphasized in Kohut's theory. In his theory, it is only through the parents' empathic attendance to the infant's needs for mirroring and idealizable companionship, that the narcissistic components of the personality can be gradually transformed into mature ambitions and ideals (Kohut 1966, 1971). Pathological narcissism occurs when this process is disrupted and it can be identified as an absence of, or deficiency in, the psychological structure that maintains self-esteem (Kohut, 1966). Kim said: *We are all born with narcissistic traits, it's a fundamental part of our development where the baby needs to be the centre of attention, the centre of the world, it needs to be loved and admired. Usually once you internalise these feelings, you are able to proceed in life without having the need to be admired and loved so much.* Kohut's theory seems to be very useful in explaining the deep roots of narcissism for the co-researchers: the lack of love, admiration and acceptance from the caregivers.

Nathan and Tim also connected their narcissism with the existence of a false self developed through unempathic and traumatic early relationships. False self is a concept developed by Winnicott (1965), and refers to a false persona that reflects a form of "psychic closure and self-sufficiency that cannot account for dependence" (Cohen, 2007, p. 43). Fairbairn (1952) also placed the origins of falsehood in unmet dependency needs and inadequate object relations. Johnson (1987) claimed that the lack of authenticity originates

from the individuals' rejection of the parts of themselves that were not supported and mirrored. The early rejection of a person's needs to be understood, admired and respected that leads to a loss of a sense of self is conceptualised as "narcissistic injury" (Miller, 1988). The participants stated that this notion relates to their experience of narcissism and underlies their choice of profession. Tim said: *I suppose part of the reason why I'm a therapist is that I became very well attuned to my parents' needs, especially my mother's so there was this false self reinforced by her… the narcissistic injury is something that I can identify with.* Vicky said: *The narcissistic injury is when as children we were not looked after but we were looking after others. And we were taking value because we were acknowledged through this role.*

For these participants the development of a *false self* through the suffering of *narcissistic injury* seems to lead them to try and compensate for this early rejection through their clients. This idea, which reflects Kohut's (1966) theory that, in narcissism, individuals are continuously looking to others to strengthen their self-esteem, seems to be very useful in unravelling deep meanings regarding practitioners' experience of narcissism in their therapeutic practice. It is also in accordance with Glickauf - Hughes & Mehlman (1995), who argue that therapists with narcissistic problems often appear to have a "false self" and they try to satisfy their own needs for personal gratification through their clients.

Symington (1993) however, does not focus on unfulfilled needs for empathy, love and mirroring from significant others. He does not distinguish between healthy and unhealthy narcissism; he sees narcissism as a result of trauma and a failure to internalise deep and satisfying connections with objects. For him, narcissism is the attempt by the individual to avoid facing internal disintegration and a lack of emotional spontaneity through a false, superior persona. This concept resonates with Freud's (1920) argument that the self in

narcissism is struggling to maintain a "purified pleasure ego". Finell (1985) also states that, the narcissistic individual is greatly invested in not dealing with his or her pathology and deeply defends and splits off hurtful feelings. Moreover, Kernberg (1975) argues that narcissistic individuals may project difficult or unwanted emotional states onto others in an attempt to push them out of their internal world.

In this project narcissism is characterised by the function of avoidance or release of unbearable feelings to others that aims to satisfy the need for a pleasant and superior image (Symington, 1993, Kernberg, 1975). These dynamics are prevalent in the findings in terms of the way the participants experience and express their narcissism. Elizabeth said: *I guess narcissism is when someone is in love with themselves, so I can't really see it happening in therapy because someone that works as a therapist it means that they want to help the other person, so the focus will always be the other person. I think, I am very focused.* The researcher experienced the participants on the whole as having a difficulty in accepting their narcissistic vulnerabilities and acknowledging the way they may manifest in their therapeutic practice.

However, the investigator found that participants' tendency to disown their narcissism could originate from their deep need to feel worthy and important through their clients. Kohut's (1966, 1971) theory, which advocates that narcissistic people may invest in others' approval in order to get a well-defined sense of self and to compensate for the early rejection from their caregivers, contributed a lot to the understanding of the possible manifestations of narcissism in the therapists' use of self. These concepts are explored further in the literature. Miller (1992) suggests that narcissistic vulnerability may lead individuals to react in ways

that will increase the possibility of getting from others what they cannot access within them: a feeling of power, purpose, importance and acceptance.

By using different strategies or defences such as denial, projection and projective identification, the co-researchers possibly attempted to disown their hidden needs to feel acknowledged and important. This tendency manifested in many different ways and to different extents, in the researcher's understanding. It must be noted here that the researcher does not refer to these mechanisms as facts or objective truths. She sees them as theoretical concepts that helped her to understand the way the participants relate to narcissism and enabled her to unpick their deep communications.

For Elizabeth, talking about narcissism in therapists was a taboo matter, as she felt that someone involved in the therapeutic profession must be *selfless.* She experienced herself in therapy merely as a *tool*. However, despite her wish to be there only for the clients' benefit, Elizabeth said that sometimes she feels *energised* after seeing her clients and for that reason *therapy can work both ways.* Elizabeth seems to be afraid to acknowledge herself in therapy as a person who has needs. This might reveal a deeper, hidden need to feel valued and acknowledged by her clients. Elizabeth might have been afraid and ashamed of that need and for that reason she tried to avoid it by going to the other extreme and adopting a *neutral* and *selfless* role. Symington (1993) suggests that acknowledging one's narcissism brings shame. In the literature, attending selflessly to the clients' wishes is also thought to be a way for therapists to raise chronically low self-esteem by feeling admired and gaining a sense of omnipotence and achievement (Susman, 1992; Dickinson & Pincus, 2003).

Vicky expressed a need to feel a sense of worth and importance through others, but she stated that this need did not manifest in her clinical work. She described herself as being a *good enough mother* for her clients, which seems to be a very powerful statement that shows that she assumed a big and important role in their life. On the other hand, she said that she did not need their *validation*; she only needed them to know that she cared for them. These contradictory statements again might show that Vicky is reluctant to acknowledge the manifestation of her narcissistic needs in therapy, as she is probably not in touch with them. Kernberg (1975, 1992) suggests that the activation of negative self-images that come with experiences of depression and shame are dissociated, projected onto others, or denied.

Kim acknowledged *the need to be accepted and loved in terms of a false self;* however, she chose not to talk about her own narcissistic problems. She decided to talk about her *narcissistic* client, whom she saw as *difficult* but also her *favourite*. It seemed that Kim was partly aware of her narcissistic problems but she was afraid or even ashamed to accept them. For that reason, she possibly chose to experience them through her client, through projective identification (Symington, 1993). Kim talked about her client very passionately and enthusiastically as if she was talking about herself. She said: *Sometimes I identify with her, like with the sense of her anger and rage.*

Amy talked about her narcissistic tendencies but she saw her narcissism as coming to the surface only through the interaction with narcissistic clients: *Every time she would give me a gift in therapy and she would be telling me how wonderful therapy was and I guess my narcissistic features would come in, as all these things were feeding my narcissistic side: feeling very great about my abilities and then feeling very shit.* I felt that Amy was only

willing to talk about her narcissistic side in order to fulfil the requirements of the interview. She was not really ready to acknowledge and explore her narcissistic parts. Thus, she chose to talk about her clients instead. Through the use of the defences explored above Amy, Vicky and Kim might be trying to protect themselves from unwanted feelings. Symington (1993) suggests that becoming aware of one's own narcissism brings shame and disintegration; therefore certain parts of the self, need to remain hidden and unconscious. This idea can also be related to Jung's (1928) theory about the shadow contents that are denied or projected onto others.

It is noteworthy that the interview questions, in accordance with the phenomenological principles of this project were open and flexible. The co-researchers were first asked about their understanding of the phenomenon of narcissism and then about their experience of it in their therapeutic practice. The researcher did not ask the participants directly about their narcissism. She concentrated on how they relate to the phenomenon in their clinical work as it was her aim not to impose a requirement on them to talk about their narcissism - keeping in mind that it is a sensitive matter - and to give them freedom to explore their experiences. The investigator thought that this way of asking would give practitioners enough space to reflect, foster a relaxing atmosphere and encourage safety and trust. However, some participants like Kim and Amy decided to focus on their clients' narcissism and did not talk much about themselves. A possible explanation for this reluctance could be that the co-researchers found the interview questions confusing or unclear. Alternatively, by not exploring their narcissism practitioners might have attempted to deny their narcissistic parts and avoid the accompanying experience of shame. By avoiding their challenging parts the participants might have been trying to maintain a stable sense of self-esteem (Kohut, 1966, 1971). In retrospect, by not asking openly about the participants' narcissism, the researcher might have tried to avoid her own narcissism and maintain a

"good" image of herself.

Participants like Nathan and Tim possibly attempted to deny their narcissism by sometimes referring to it as being imposed by others. However, they also said that narcissism can be located in the individuals' choices. Tim said: *I felt a sense of pride; it was quite nice so I continued to perpetuate that myth.* Nathan stated: *I don't have to always be the good listener but then I thought it is part of my life story ... I guess I have a choice rather than trying to get their approval.* The narcissistic issues of these participants could mainly originate from a damaging and unempathic upbringing. As explored earlier, these ideas refer to the concepts of "narcissistic injury" (Miller, 1988) and "false self" (Winnicott, 1965). However, the participants' struggle to recognise their own choices and their uncertainty regarding the source of their narcissism might be related to the fact that when people unconsciously choose narcissism they deny their inner source of intentionality and creativity - or else the "lifegiver"- by "enticing others" to inspire their actions (Symington, 1993 p.52). These narcissistic aspects also resonate with Sartre's (1943) idea of being in "bad faith".

Another indication, in my understanding, of the participants' difficulty in acknowledging their narcissism, is their tendency to refer to it as an unhealthy situation that they recovered from, as happened in the case of Tim and Sam. Sam said: *I've been seeing clients for more than ten years now and as I feel that I "know" what I'm doing it's easier for me to receive all that and be able to do something.* However, these co-researchers also talk about their current struggles in the relationship resulting from their deep needs to feel strong, important or perfect. Tim said: *With the client, I'm the helper so I might naturally find it quite easy to appear strong or without vulnerability. It might get hard for the client to relate to me.* Again, the ambivalence experienced by the participants and their reluctance to

recognise their narcissism might reveal their attempt to protect themselves from unwanted states and shame and maintain a "purified pleasure ego" (Freud, 1920, Finell, 1985, Symington, 1993).

As mentioned earlier, participants seem to have a deep and often unacknowledged need to feel important and approved by their clients. These needs might be related to their tendency to deny their narcissism and assume the role of the *good* and *helpful* therapist. Co-researchers reported taking the following roles in therapy: *good enough mother, good listener, the helper* and the *catalyst.* The literature and research suggest that caring selflessly for one's clients can be an indirect way to cover one's unfulfilled needs for importance, and self-worth. Luchner et al. (2008) argue that this behaviour is associated with covert narcissism. According to their findings, practitioners with covert narcissistic vulnerability may try to achieve gratification and admiration by attending selflessly to the clients. Furthermore, through the illusion of altruism, tolerance and achievement (Susman, 1992), therapists may attempt to secure the admiration they receive from clients by reducing the possibility of negative reactions aimed at them (Dickinson & Pincus, 2003). Hammer (1972) suggests that those who have a persistent need to nurture and give to others may use an "unselfish giver" as a means of raising chronically low self-esteem.

It appears, however, that the more able the therapists are to acknowledge their hidden needs for love and admiration, the more flexible they become in terms of the expression of their feelings and the way they relate to their clients. Tim, who was explicit about his *false self,* his lack of separateness and his need to appear strong, managed to take ownership of his emotional responses and acknowledge his role in therapy. Becoming aware of these

dynamics, helped him to be more real and present in the therapeutic relationship, which he found more fulfilling. *In about two years into practice ... I think I emerged, it's like I woke up and the difference has been massive in terms of my satisfaction and how rewarding and fulfilling I find it. I think it's much better for the client, too because it's a real meeting.* These findings seem to be in accordance with Symington's (1993) theory, who talks about the reversal of narcissism, which can be achieved through looking at one's deep needs and vulnerabilities and choosing to relate more openly to oneself and others. The elements of freedom, choice and responsibility, distinguish his theory from other theories. Consequently they highlight the focus and uniqueness of this study as they also resonate with the researcher's understanding and experience of narcissism.

On the other hand, participants who were not ready or willing to recognise their narcissistic needs and vulnerabilities tended to find the work with clients challenging and unfruitful. Elizabeth, who reported getting burnt out, said that if clients do not benefit from therapy it is not her *responsibility,* it is because they have not *engaged.* Elizabeth might be projecting her struggles onto *difficult* clients as it might be unbearable for her to acknowledge them (Symington, 1993; Kernberg, 1975). This behaviour might suggest that, narcissism opposes relatedness (Symington, 1993). Symington (1993) also argues that therapists can unconsciously project their own unwanted parts - jealousy, envy or sadism - onto their clients, if they are not in touch with them. For Jacoby (1990), a therapist who is not aware of his/her own need for power may unconsciously appreciate or even encourage the dependence of certain clients. Furthermore, Glickauf - Hughes & Mehlman, (1995) state that therapists with narcissistic problems are often presented with a "false self" and they try to satisfy their own needs for personal gratification. According to Hardy (1979), therapists sometimes choose the client as object, and partly by identifying with him, they set out to save him. Therapists may

also project their own needs onto clients, thus misperceiving clients' actual dynamics, which is called "narcissistic collusion" with the client.

On the contrary, as appears in the stories of Tim, Sam, Nathan and Mary the open communication with one's self and clients seem to make therapy more useful for the client and rewarding for the therapist. Among different therapeutic schools, it is argued that when therapists are authentic and use their self as the vehicle for change therapeutic work becomes more effective (Leahy, 2008; Rizq, 2005). Nathan said: *I need to just be myself cause I don't know if I take that many risks or be that courageous with the clients sometimes because I'm trying to be the good therapist...*

Little (1951) argues that, in order for the client to make progress, the analyst needs to be able to recognise and show the subjectivity of his/her feelings. For her, uninterpreted feelings can be responsible for either the prolonging of analysis or its premature ending. Mary recognised that by not acknowledging the *power struggle* between her and her client as well as her need to *have an agenda* she *lost empathy* for him, which led to an early ending of therapy. Jacoby (1990) sees the analyst's lack of awareness of his/her human limitations as originating in the grandiose self's wishes of omnipotence and states that a greater sensitivity of counter-transference responses can facilitate deeper empathy towards the client's internal processes. Mary said: *I think narcissistic traits block counter-transference because you are very preoccupied in what you're saying and what you're doing. It's more about being preoccupied with being a good therapist whatever that is.*

As shown in the stories of Mary, Nathan, Sam, Iren and Tim, by working on their narcissism, practitioners can become more aware of their emotional participation and unconscious contribution to the therapeutic relationship. Feelings, thoughts, reactions, fantasies and bodily sensations that are aroused in the therapist during the session can provide very helpful data (Jacobs, 1993). If they are acknowledged and used in a therapeutic way, they can be a guide into the patient's unconscious conflicts and defences and can help establish a more "human" relationship (Heimann, 1950). According to Sandler (1993), the usefulness of therapists' work depends to a large extent on their awareness of the processes that happen inside them as a response to clients.

Humanistic therapy also emphasises the authenticity of the therapists and their ability to communicate a genuine, warm and acceptant attitude to the client (Rogers, 1961). For Mearns and Cooper (2005), most psychological problems arise from the person's difficulties in engaging with others. Therefore, it is important for the therapist to bring him/herself fully into the encounter and to interact with the client in a mutual and transparent way. This idea is supported by the findings. Iren said: *I do believe therapy is an interaction and it's all based in the relationship … It kind of highlights how important it is to look at our part which is narcissistic even though we might not like the idea that we have narcissism.*

Contemporary CBT values the quality of the interaction between the therapist and the client, as well (Gilbert & Leahy, 2007). Safran and Segal (1990) draw on the concept of relatedness and integrate interpersonal issues into the context of the therapeutic relationship. They suggest that, as therapists become aware of their own feelings and actions, they are more able to engage with the patient in a collaborative investigation into what is going on in the therapeutic relationship. Therapists' self-awareness and ability to draw on their emotional

reactions can be facilitated by working on their narcissism, as shown in this project.

The discipline of Counselling psychology is characterised by the importance of the interpersonal dynamics between the therapist and the client and the focus on the use of self as a vehicle of therapeutic change (BPS Division of Counselling Psychology Competency, 2004). Strawbridge and Woolfe (2010) state that the emphasis on the person of the therapist, which is seen as an active ingredient in the helping process is what characterises the Counselling Psychology domain. They also argue that the understanding of the therapist's difficulties, attitudes and emotional defences and the way they impact upon the relationship with the clients is of paramount importance. In this study, it is found that, by acknowledging their deep narcissistic needs and vulnerabilities, therapists manage to relate more openly with their clients and facilitate their awareness of their relational patterns and inner conflicts. Thus, by showing the connection between therapists' openness to their narcissistic issues and their ability to recognise their influence in the therapeutic relationship, this study can be thought to contribute to the field of Counselling Psychology.

Another finding of this research is that men and women seem to experience differently the phenomenon of narcissism in their therapeutic practice. Male participants talked about their narcissistic need to feel strong, omnipotent and important through their therapeutic role. The literature suggests that male narcissistic issues rest on a false sense of autonomy and that men try to acquire self-validation and self-worth through having their grandiosity mirrored by others (Philipson, 1985, Morrison, 1989). It could be that male therapists indirectly use their clients in order to mirror their narcissistic needs to feel omnipotent and important. This idea can be connected to the myth of Narcissus who could not engage and escape from his

omnipotent image (Hauke, 2007). Echo functioned as a mirror for him that served to compensate for feelings of fragmentation and insignificance (Hamilton, 1982). Tim said: *I saw my role as more important maybe than it was that their wellness was all about me so, again a narcissistic thing.*

Furthermore, during the interviews, I experienced male participants as being quite direct and clear to the meanings they were expressing as well as more open to their narcissistic needs. The greater openness and clarity that men presented, in my experience, might be related to the fact that, as research suggests, they are less prone than women to experience shame and they exhibit an inverse relationship between narcissism and shame (Benjamin, 1988; Heiserman & Cook, 1998). These characteristics seem to help male participants to be more reflective and in touch with their needs and emotional contribution in the therapeutic relationship. Nathan said*: I'm realising that I can't help everyone but this is part of my own omnipotence in a way ... that I'm the ultimate listener and I can help everyone ... I've had to look at my own narcissism in terms of coming to this profession.*

On the other hand, I found that female participants, tended to talk more about their clients. This tendency might be related to the fact that narcissism in women is thought to be accompanied by intense feelings of shame (Benjamin, 1988, Brody, 1997). During the interviews, I perceived some ambivalence in the way they expressed their feelings and in the dynamics that they described with their clients. I thought they might have been hiding or denying their need to feel important behind a self-sacrifice function. They frequently talked about their wish to *contain* their own feelings in order to *be there* for the client. The literature shows that women are more likely to form fluid ego boundaries and to establish their sense of

self and identity in relation to others (Haaken, 1983; Lachmann, 1982). Therefore narcissistic issues in women seem to reflect a search for self-validation, self-esteem and self-worth, through identifying with others (Philipson, 1985). These observations seem to suggest that women are closer to the Echo's role in the myth of Narcissus, who tried to gain a sense of self-worth and approval through identification and longing for merger (Robinson and Graham - Fuller, 2003). The tendency of some female participants to be less explicit about their narcissistic needs seemed to have made it harder for them to recognise their role in the therapeutic relationship. Elizabeth said: *I actually had a client; she asked not to see me specifically ... It felt from the beginning that she wasn't genuine and I cannot stand it ... I bring every problem to supervision, I do my side of things so I take responsibility of what I need to do and if it doesn't work it means then from my side I'm ok.*

The perceived inclination of the women to protect themselves from shame through covering their narcissistic needs behind a weak and selfless facade seems to originate from a compliance with socially approved roles of caring for others, devaluation of feelings and emotional restriction (Jack, 1991, Brody, 2000). Ferguson and Eyre (2000) suggest that socialisation processes train women much more than men to judge their performance failures and their interpersonal sensitivities in terms of creating attachments and being caring in ways that encourage emotions of guilt and shame. Vicky said: *I was instructed and gradually grew up preparing myself to be caring for others ... I certainly care about the clients. I am for them the good enough mother that Winnicott says...*

According to Stevenson-Moessner (1996), the behaviour of self-denial and self-sacrifice is ingrained in women's experience of identity developed in a culture that raises them to consider the needs of others. Through being encouraged to seek attachment in self-

sacrificing, women are likely to develop gender-specific schemas that involve the denial of feelings and needs, repression of anger, restriction of experience and emotional withdrawal, in an attempt to attain a sense of intimacy and meet their relational needs (Carr, Gilroy, & Sherman, 1996). Elizabeth said: *You can't really be 100% free in therapy. If I have feelings like frustration or anything else I would never express it; you don't really have the space to do that.*

However, Narcissus's longing for mirroring and Echo's striving for merger in the myth, which are thought to reflect male and female participants' narcissistic functions respectively, can be considered to represent an intrapsychic dynamic that exists within the same person and is not innately attached to one gender or the other (Robinson & Graham - Fuller, 2003). Jung (1934) believed that, underneath the conscious gendered persona, exists another one of a slightly different nature - an unconscious male in a woman and the vice versa. These contra-sexual archetypes were named *animus* in a woman and *anima* in a man. For Jung (1934), the existence of these archetypes comes to the surface through being projected onto another often from the opposite gender. However, the socialisation processes that in most cultures train women to value the creation of relationships and men to be approved through self-sufficiency and ambition often lead them both to avoid or deny the opposites that exist within them (Chodorow, 1985). Robinson and Graham-Fuller (2003) claim that this lack of integration between the contra-sexual components within the individual is reflected in Narcissus's and Echo's inability to engage with each other.

The above statements seem to be very significant and can be supported through mine as well as the participants' experiences. During the interviews, I played the roles of Narcissus and Echo interchangeably. When dealing with participants whose presentation resembled

more to Echo's role, like Vicky, Elizabeth or Nathan, I found myself thinking that the material they presented was not good enough, so I was playing the role of Narcissus who rejected Echo. While with Mary and Tim on the other hand, who each tried very hard to prove their abilities during the interview (like Narcissus), I found myself echoing them and their needs while avoiding saying anything that might upset or insult them.

In addition, despite their tendency to validate themselves which manifested through their interactions with their clients, the male participants frequently tried to please me by being reflective and presenting the material that they thought I wanted to acquire. In retrospect, I think that the openness that I perceived on their part regarding their narcissistic issues might reflect their attempt to fulfil my demands and echo my needs. Some women, like Kim and Amy though were resistant to provide me with information about themselves. Perhaps through their tendency to talk about their clients, they rejected my need to hear about their experience, behaviour that resembles more Narcissus's part in the myth. Based on these observations, I came to conclude that all participants - including me - at different times played the role of Echo and Narcissus interchangeably, which might reflect an attempt to integrate the two opposites against the acculturated gender roles (Robinson & Graham-Fuller, 2003).

Following this line of thought and even though I believe that each person's experience is unique, I chose two female participants' stories as exemplary portraits: Iren's and Mary's. These two participants were more able to talk about feeling angry or frustrated with their clients, compared to other women such as Vicky or Elizabeth, who presented most notably the functions of unselfishness and warmth. Mary said: *I was furious at him, I was like who*

the hell does he think he is? They were also more open to their narcissistic vulnerabilities compared to other women. Therefore for me, they represent the struggles of the average participant regardless of gender.

These participants' portraits seem to capture the core qualities of the phenomenon as experienced by the group (Moustakas, 1990). They illustrate the function of narcissism as a false superior persona that serves to compensate for feelings of worthlessness originating from frustrated needs for love and approval. Iren said: *We develop the narcissistic part of ourselves to cover the low confidence.* Furthermore, they show the participants' struggle to acknowledge their challenging parts while at the same time trying to avoid facing them directly. Both of these women at times seemed to have been projecting their difficult or unwanted parts onto their clients in an attempt to push them out of their internal world (Kernberg, 1975). Mary reported having difficulties with *overpowering and opinionated* clients. However*,* during the interview, I experienced these characteristics in her. Iren stated that she may have narcissistic parts in her but not the *grandiose* and *interpersonally disruptive* type of narcissism, which she saw in some of her colleagues and her client. In the interview, I felt that I played the role of a potentially *harmful* person, as I continually experienced myself as being afraid of saying something that might hurt her, which caused anxiety in me.

It seems that, for both Iren and Mary acknowledging their own narcissistic needs to feel omnipotent and important could bring shame; therefore they deny or project those needs onto other people in order to maintain an intact image of themselves, as with all the participants (Kernberg 1975, 1992). This argument may also relate to me and the way in which I might have been projecting my own anxiety about being a good interviewer onto

these participants. However, it is shown that by acknowledging and working on their narcissistic vulnerabilities, these participants become more able to reflect on their role in the therapeutic relationship, which is in line with Symington's (1993) theory. Iren said: *We always need to be open and listen to everything that's happening with our clients because clients give us messages and you know we might be narcissistic and show our bits and we need to really try to listen to their feedback or to colleagues' feedback ...*

In this research, it is found that in accordance with Symington's (1993) theory, therapists' narcissistic vulnerabilities - if unacknowledged - can inhibit the open and authentic communication between them and their clients and risk the effectiveness of therapy. Symington (1993, p.62) also talks about the elements of self-sacrifice and devotion through which individuals attempt to hide their narcissism. The potential significance of gender differences, however, in the experience and manifestation of narcissism, is not explored by him. In this study, there are some indications that men and women might experience and communicate their narcissistic issues differently due to having complied from an early age to certain socially approved roles (Chodorow, 1985). However, it is also found that not all men and women fall into this category since we all have both feminine and masculine parts in ourselves, as Jung (1934) suggests.

The questions that this study raises regarding the gendered experience of narcissism in therapists can contribute to future research and practice. Future investigators are encouraged to look more closely at the area of gender differences in order to find out whether the therapist's gender plays a role in the possible manifestations of narcissism in therapeutic practice. A limitation of the present study, however, could be that most of the participants,

and in particular, all of the women are Greek. The Greek origin of the participants possibly refers to certain historical facts, family structures and social patterns that may play a significant role in the way they experience themselves and therefore their narcissistic vulnerabilities. According to Loizos and Papataxiarchis (1991), Greek society is primarily based on kinship the achievement of which defines whether people's actions are considered honourable or shameful. Hence, talking about being self-oriented and self-focused, which are aspects of the narcissistic experience, could have brought a great amount of shame among the Greek participants who were mostly perceived as being reluctant to address their narcissism. On the other hand, Nathan, who comes from Australia, which represents a more individualistic society, seemed to have been more acceptant of his narcissistic need for *love and approval.* Future research in the area could benefit from a more multicultural sample of participants. Given the tight time schedule of this project, the researcher prioritised the factors of easier availability and therefore approached more Greek people, which was easier for her due to her Greek nationality.

Furthermore, in this study the female participants are much more predominant than the male ones, which could be another limitation. Women are thought to value themselves through self-denial and self-sacrifice (Stevenson-Moessner, 1996), which might explain the perceived tendency of the participants as a whole to disown their narcissism. Future researchers are encouraged to look more closely on the relationship between gender, identity and the experience of narcissism. On the other hand, the lack of variation between the participants creates a more homogeneous and cohesive sample which can enable a more in depth exploration of the phenomenon and be seen as a potential strength of this study (Crabtree & Miller, 1999).

By investigating the sensitive area of therapists' narcissism, which has not been directly explored before, the present study can shed some light on the way therapists' emotional baggage may influence the interpersonal dynamics of the therapeutic relationship and encourage further research on the area of the therapists' use of self, which plays a central role within the field of Counselling Psychology (Strawbridge & Woolfe, 2010). However, in this study, the investigator did not have access to the accounts and experiences of the co-researchers' clients. Therefore, the clients did not have the opportunity to verify or dispute their therapists' accounts. This might be a potential limitation of the project as, by taking into consideration only the therapists' experiences, the actual benefits of therapy cannot be evaluated effectively. Future researchers could possibly examine the clients' perceptions of the therapists' openness and authenticity and therefore provide supplementary data by drawing on the clients' perspective.

Moreover, it would possibly be beneficial to look at these dynamics through using a method that is not based on the researcher's subjective understanding, as happens in the current project. A method like discourse analysis could have shed light on the underlying social structures which might have been played out or assumed within the conversation or text (Fulcher, 2012). The deconstruction of the text and its meanings would have challenged the privileged voice (Derrida, 1996) and placed the self, not at the centre, but subject to the meaning-making process (Rose & Loewenthal, 2006). Therefore, by putting the researcher's inner processes, conflicts and defences under examination too, this approach would have possibly led to a better understanding of the phenomenon of narcissism, which manifests itself through protective strategies, such as denial, projection and projective identification (Symington, 1993). In that case, the researcher could have seen more clearly the role that her own defences might have played in the understanding and the construction of meanings that

shaped her findings. Discourse analysis would have also been more in accordance with a more post-modern perspective, that challenges the existence of an objective world and supports the notion of de-centred self (Sarup, 1993).

The choice of heuristic method however, was of particular importance, as it reflected the investigator's aim to explore a subject that has a deep meaning for her. The direct involvement of the researcher with the phenomenon and the fact that her interest was named and made transparent is said to enhance the legitimacy of the findings (Sword, 1999). In the case of heuristic method, the investigator's interest in the subject is the drive of the study and therefore it is not lost under the name of validity and scientific precision (Rose & Loewenthal, 2006). Through using heuristics, the researcher allowed her passion to guide her to a greater knowledge of the phenomenon. Her passionate engagement and personal commitment proved to be important in trying to understand the complicated aspects of it. By using her empathy, tacit understanding and intuition the researcher was able to feel and understand its essences. In addition, drawing on the process of intersubjectivity, which is emphasised in phenomenology and social constructionism (Crotty, 2003, Moustakas, 1994), helped the researcher to unravel the interpersonal dimensions of narcissism as manifested in the interaction between her and the participants. Being open and empathic to her responses and those of her participants while refraining from her pre-existing knowledge (Moustakas, 1994), was an invaluable aspect of this process.

The feelings of anxiety that I experienced during some interviews was a very valuable guide towards getting an idea of what might have been going on for the participants. This was particularly the case with Kim, Elizabeth, Iren and Vicky. In these instances, I thought that

my anxiety might have been a counter-transference reaction to what the participants were experiencing while talking about their narcissism. After staying with that anxiety and considering its possible meanings, I engaged in the processes of immersion and incubation where I connected it with my own experience. Thinking that narcissism for me is related to intense experiences of rejection, guilt and shame helped me to understand the possible origins of the participants' anxiety. I thought that they were possibly anxious to prove that they are not narcissistic and therefore protect themselves from the unwanted feelings of shame and guilt. They might have also been trying to avoid being rejected by me. These reflections helped me to understand what seemed as an important function of narcissism: the fact that it has to be hidden from awareness and therefore certain feelings or experiences that are connected to it have to remain unconscious, as Symington (1993) states.

The above example illustrates how I used the processes that are inherent in heuristic methodology and phenomenology in order to grasp the vital qualities of the phenomenon. During this process, I also drew on hermeneutic philosophy, which allowed me to look for "intention and meaning behind appearances" (Moustakas, 1994, p. 9). Trying to understand a text that seems confused in order to unravel its contradictory meanings (Taylor, 1971) helped me to get a clearer idea of the way narcissism may manifest through the defences of denial, projection and projective identification. As shown earlier, the researcher used the participants' perceived contradictions as a guide to understand the defensive function of narcissism and interpreted them as an attempt to deny their narcissistic need to be valued and admired by their clients. Rennie (2000) suggests that hermeneutic sensitivity offers a vital anchor-point for all qualitative inquiry in psychotherapy and counselling. The researcher found that by drawing on her judgements and exploring the hidden meanings of the text, as well as using her feelings and intuition, she was able to reach a fuller understanding of the

phenomenon. Therefore, she believes that the combination of heuristic methodology and hermeneutic philosophy may produce richer results. This idea can be thought to contribute to the field of current research practice. Future researchers are encouraged to explore more its potential usefulness.

However, the use of the investigator's subjective experiences as a source of data might be a potential limitation, as the generation of data might have been influenced by her biases, preconceptions or unconscious counter-transference reactions (Rose & Loewenthal, 2006). For example, my own anxiety and narcissistic need to be a good interviewer and acquire rich and useful data could have been projected onto my participants. This could have stopped them from engaging in a genuine dialogue with me and from communicating their deep experiences. In addition, it could have blurred my judgement and my ability to understand the meanings of their experiences as I struggled to listen to what they said while, at the same time, trying to fulfil my own requirements. Had I been less worried about acquiring useful material, I would perhaps have been more integrated in the moment and therefore the data could have been richer. The time constraints of this dissertation, however, and the fact that it is an academic requirement for obtaining professional chartership were factors that intensified my anxiety to be a "good student" and to do things "right".

Moreover, the findings might have been influenced by the way that I experience myself. So, the denial of one's narcissistic needs to be valued and approved by the clients might relate to my own narcissism and my tendency to appear strong and be helpful so that I avoid rejection. In order to reduce the possibility of my own unresolved issues getting in the way of capturing the meanings of the participants' experiences, I tried to be reflective, open

and respect the participants' frame of reference at all times (Moustakas, 1990). I also tried to be genuine by sharing some of my emotional responses with them and taking into consideration their own views, which allows an "intersubjective understanding" to emerge (Martin, 2005, p. 212). Each participant had a different story to share. For Nathan, one's narcissistic needs for love and attention can never be eradicated; they need to be acknowledged, accepted and used productively. He stated that individuals do not need to be ashamed when their *inner child* longs to be the centre of attention; they just need to be acceptant of it and of its needs. Even though I came from a different background (believing that narcissism needs to be worked through), I found myself being immersed in Nathan's account and, during the end of the interview, I discovered some truth in what he said. At those moments, I felt that there was a deeper meeting between us, which enabled us to share genuinely our responses and shape each other's views. This can be an example of an intersubjective co-construction of meanings that occurred through letting myself be influenced by the participants' stories. This idea was also reflected in my choice of semi-structured open-ended interviews as a method of generating data that draws on the continuous interactions between participant and researcher as a result of the ongoing relationship (Knox & Burkard, 2009).

The investigator is also mindful of the fact that the generation of the research question, which is about the influence of narcissism upon the therapists' levels of openness and awareness of emotional reactions, came from her subjective understanding of narcissism as a situation that affects negatively our self-awareness and stops us from relating openly to others (Symington, 1993). Following this theory and choosing heuristic methodology that mainly focuses on the researcher's understanding and personal experience (Moustakas, 1994), led to the conceptualisation of narcissism as a false way of being that serves to cover

deeply rooted feelings of insignificance. If the researcher had a different take on narcissism or used a methodology that facilitated more the exploration of different perspectives through considering the shared environment between the researcher and the co-researchers, the whole course of research would have been shaped differently. For example, she did not take into account a possible healthy aspect of narcissism, an idea which is supported by Kohut (1966). Had she done that, she would probably have formulated a different research question such as "what are the potential positive and negative manifestations of therapists' narcissism in their work with clients?" This is an area that can be investigated by future researchers.

The possibility that narcissism - if acknowledged and moderated - may have a positive function (Kohut, 1966) was supported through the stories of Mary and Nathan who talked about accepting their narcissistic parts and using them productively in the therapeutic encounter. In addition, participants reported a wish to be effective and to give a good performance, which were interpreted as unacknowledged narcissistic needs for love and approval that have to be worked through. Alternatively, these needs could have been seen as potential positive elements in the therapeutic relationship. They could have been viewed as a sign of passionate engagement and commitment, stemming from a healthy narcissistic need for authority and power.

As emerged from the participants' stories, the early frustrated needs for empathy and mirroring, which are causal factors in the development of narcissism (Kohut, 1966; Benjamin, 1988), may become positive components of the therapeutic relationship. These unfulfilled needs could shape the individuals' interest in the therapeutic profession and provide them with the determination, the sensitivity and the skills required in order for them

to become effective therapists. Thus, taking into account the therapists' relationship with their caregivers and bringing the two-person dimension into the exploration of their narcissism could have led to richer results. This relational component of narcissism though and the way it may influence - both negatively and positively - the therapeutic work is not explored by Symington (1993), who mostly focuses on the individuals' choice to turn into themselves. Heuristic research is also quite limited in the sense that it begins by focusing on the subjective understanding of the researcher, and then moves on to the intersubjective environment between the researcher and the co-researchers instead of considering intersubjectivity as being an essential part of the initial research exploration (Stevens, 2006). Therefore, by drawing on Symington's theory and heuristic research the intersubjective processes and the role they play in the development of both the positive and negative aspects of narcissism were not sufficiently explored.

Reflexivity can add rigour to qualitative research as its main purpose is to allow researchers to recognise and comprehend factors that influenced the choices made during the course of the research (Roland-Price & Loewenthal, 2007). However, as West (2009) suggests researchers' counter- transference reactions are an integral part of qualitative methodologies such as heuristics that make most out of the researchers' engagement with the research process and one can only hope to achieve some form of ''critical subjectivity'' (Reason & Rowan, 1981) where he/she reflects on their involvement with the research instead of denying it.

Moreover, reflecting on the choice of the exemplary portraits helped me to think about my own narcissism. I find that my narcissistic presentation resembles Mary's and Iren's as I,

too, at times tend to hide my feelings behind a selfless facade but there are also times when I need to express my anger and prove my abilities. Choosing to present two female participants with similar patterns to mine might show my need to be mirrored or echoed by them as is illustrated in the myth of Narcissus (Hauke, 2007). However, perhaps it shows something about the participants' attempt to maintain a good image of themselves through unconsciously choosing to echo me and my problems. I think, in the end, that the two different dynamics of narcissism as illustrated in the myth of Narcissus and Echo both appear in the findings: Narcissus's attitude of pseudo-independence (which resembles more the male participants' presentation) and Echo's complete identification and longing for merger (which is closer to female participants' presentation) both illustrate a failure to achieve a critical turning point in human development and a disturbance of the capacity to relate (Robinson & Graham - Fuller, 2003). The interaction between Echo and Narcissus symbolizes a deep split that has not been resolved (Robinson & Graham - Fuller, 2003). As explored earlier, each person might choose to play the roles of Narcissus and Echo interchangeably. Therefore, I think that the ultimate goal is to achieve a sense of wholeness and importance which is so terribly missed in the narcissistic experience (Symington, 1993; Hauke, 2007). However, as Hauke (2007) states, the point is to learn that true self-love arises out of relationship to others and not through the narcissistic functions of mirroring and identification.

Personal reflection/conclusions

The findings of this research show that narcissism is a false superior persona that serves to compensate for feelings of worthlessness originating from the early frustration of the individual's needs for empathy and acceptance. This concept is in accordance with Kohut's (1966) theory. It is also found that practitioners might attempt to compensate for their frustrated needs through their clients, as Symington (1993) suggests. The acknowledgement of these needs, as well as of the internal disintegration that therapists might experience, cause a lot of shame and therefore have to be dissociated, denied and projected onto others (Symington, 1993, Kernberg 1975).

Male and female therapists seem to experience and reflect differently on their narcissistic issues. Men, who are more open about their narcissism, seem to be more prone to ask for validation and mirroring from their clients in an attempt to prove that they are strong and omnipotent, whereas women identify more with their clients' needs and tend to deny their needs for admiration and approval behind a self-sacrificing facade. However, not every single person seems to fall into the above categories as everybody seems to have both feminine and masculine sides in them as Jung suggests. In addition, by acknowledging their deep narcissistic needs, both genders experience what Symington (1993) calls a reversal of narcissism, which seems to help them to identify how their narcissistic patterns play out in therapy.

In my view, the aspect of intentionality is the most important finding of this project. This relates to the fact that narcissism can be reversed if the individual chooses to relate openly to themselves and others, as the findings of this project indicate and as Symington's (1993) theory suggests. It shows that, in order for the practitioners to help their clients to identify their dysfunctional patterns and their hidden conflicts through building a strong relationship with them, therapists need to be open to themselves and work on their own narcissistic issues as narcissism impairs relatedness (Symington, 1993; Hauke, 2007). This idea can contribute significantly to the development of Counselling Psychology training and practice by promoting the understanding of therapists' emotional concerns and the way they may shape the interpersonal dynamics of the therapeutic relationship.

Through this journey, I gained a greater insight into my own vulnerabilities and I achieved greater self-awareness through being open to other people's perspectives. Conducting this study has been a challenging but fulfilling process for me. Trying to remain open and empathic to both myself and my participants has been rather demanding. I often found myself feeling uncomfortable, puzzled and even panicked because I identified with them and I struggled to distinguish between my own material and theirs. By reflecting on the mechanisms of projection and projective identification that characterised the dynamics that emerged between me and the participants, as well as their own experiences and accounts, I managed to see the communications that take place in therapy in a new light. I found that there was a parallel between what took place during the interviews and the dynamics that the participants described happening between them and their clients. I realised that narcissism can stop me from relating openly to clients and impede knowledge about myself. Therefore, I learned that trying to recognise my own narcissistic characteristics can help me identify my emotional contribution in my relationship with them.

As a woman, I could especially relate to the concept of hiding one's own needs for love and attention behind the facade of self-sacrifice. The aim is to meet your needs indirectly - as happens in narcissism -, without ever admitting them, in order to remain strong and untouched. This function frequently takes place in the interaction between me and my clients and does not allow me to engage openly and freely in our relationship and comprehend their material. As illustrated in the creative synthesis, through this project, I realised that in order to be able to effectively help my clients and find the work rewarding, I need to see myself behind the facade of the strong and helpful person which initially got me into the therapeutic profession and try to love myself as I really am. Literature suggests that, taking steps to gradually become more honest and real to oneself can foster a sense of open communication with the clients, which is very beneficial to them, (Mearns & Cooper, 2005; Gilbert & Leahy, 2007). The heuristic method was a vehicle for personal and professional development for me (Etherington, 2004) as it helped me to reach this understanding through its emphasis on attending on one's self-dialogues and inner states as well as engaging in dialogue with others.

The findings of this study emphasise the importance of the therapist's personal reflection and the processes of mutual understanding and "intersubjectivity", which hold great significance for the Counselling Psychology domain (Strawbridge & Woolfe, 2010). Unravelling one's own deep and hidden emotions and patterns is a painstaking process. However, in order for the clients to be helped through being-in-relation-with the therapist, therapists need to attend to their feared and hidden parts, no matter how painful it might be. The emphasis on the exploration of the therapist's emotional baggage and the stress in training and practice on personal therapy characterises the field of Counselling Psychology (Strawbridge & Woolfe, 2010). Research shows that it is not the techniques but rather the quality of the therapeutic relationship that makes therapy effective (Cooper, 2008). However,

exploring practitioners' commitment to achieving greater emotional growth and congruence (Rogers, 1961) seems to be somehow undervalued given the lack of research on therapists' narcissistic vulnerabilities (Finell, 1985; Rouslin-Welt and Herron, 1990; Luchner et.al, 2008). This research project will hopefully highlight the significance of looking at ourselves, our own needs and patterns before attempting to help the clients.

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List of appendices:

Appendix 1:

Advertisement for recruitment of participants

I am seeking participants for my research project titled:

"**Counselling Psychologists' use of self in the therapeutic relationship: The role of narcissism**"

The study intends to explore the phenomenon of narcissism as it manifests itself - if it does- in the therapeutic relationship, and I am looking for qualified counselling psychologists working in a counselling setting who are willing to discuss their understanding and experience of narcissism in their therapeutic practice.

I am a doctoral student on the PsychD programme at Roehampton University and the research project is ethically approved. It is also supervised by Erik Abrams and Caroline Bainbridge who can be contacted at e.abrams@roehampton.ac.uk and c.bainbridge@roehampton.ac.uk.

Your participation will require an audio-taped interview, where you will be given the opportunity to reflect on your experiences and perceptions of the dynamics of the therapeutic relationship. The interview should take around 60 minutes. All participation is confidential and voluntary.

If you are interested in participating, or in learning more about the research, please contact me at zeta_gr@hotmail.com.

Thank you for your consideration.

 Georgia Stavroulaki.

Appendix 2:

SCHOOL OF HUMAN & LIFE SCIENCES

ROEHAMPTON UNIVERSITY

Whitelands College

Holybourne Avenue,

London

SW15 4JD

PARTICIPANT INFORMATION SHEET

Research Title:

"Counselling psychologists' use of self in the therapeutic relationship: The role of narcissism"

You are being invited to take part in a research study conducted by a Trainee Counselling Psychologist as part of a PsychD in Counselling Psychology, which will explore the phenomenon of narcissism as it manifests itself – if it does- in the therapeutic relationship. In this study you will be asked about your understanding and experience of the phenomenon of narcissism in your therapeutic practice. In other words you will be asked about your views on narcissism and the ways it exhibits itself- if it does- in your work with clients.

What can you gain from your participation?

It is intended that the results of this research will help so as a better understanding of what makes counselling more or less effective will be achieved. By agreeing to participate, you will be potentially contributing to this endeavour. From a personal point of view, you will be

given the opportunity to further reflect on the way you use yourself and communicate with the clients in the therapeutic session and gain a better insight into your role and emotional contribution in the therapeutic relationship.

What will my participation actually involve?

You will be invited to attend a one-to-one interview with the researcher. This will take approximately one hour. During this time you will be asked some questions about your experience of emotional relatedness or lack of it during the session. The interview will be audiotape-recorded. Following the interview the recordings will be transcribed into writing by the researcher and those transcripts will form the basic material for the research.

How will confidentiality be maintained?

Both on the actual audiotape-recordings and subsequent transcribed notes, your actual name or any other detail that may identify you will not be used. Instead each participant will be given an identity number (ID) and only that number will be used in any material from the interviews. In other words, everything will be done to protect your personal identity. Following the research, the recordings, notes and any documents will be kept by the University securely locked for ten years before it will be destroyed. In the final dissertation or any other publication of the research, only the ID number will be used so as to protect your anonymity.

What are the limits of the confidentiality agreement?

It is important to be aware that although all attempts will be made to maintain confidentiality, it might need to be mitigated if you disclose a danger of harm coming to yourself or others, or if you reveal details of practice, which might be considered ethically questionable, according to the BPS Code of Conduct & Ethics (2006).

Essential information to consider before participating

Your participation is voluntary and you have the right to withdraw at any time by using your ID number and without giving an explanation or incurring a penalty. You can withdraw before, during or after either interview. You may also withdraw consent for your interview data to be used. However, in that case data might still be used or published in an aggregate form. You will not be obliged to complete the one-hour interview if you feel uncomfortable for any reason. Participating in this research could lead you to reflect on how you experience your own feelings and emotional reactions in the therapeutic session. If you are concerned that you may be affected in any way it is advised that you do not take part in this study.

How will you be debriefed?

A debriefing sheet will be handed to you after the completion of the interview.

Who is carrying out this research study?

Trainee counselling psychologist Georgia-Maria Stavroulaki is carrying out this study. It has been reviewed by, and has received clearance from, the sub-committee of school ethics committee at Roehampton University.

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School or you can also contact the Director of Studies.

Director of Studies Contact Details:

Dr Caroline Bainbridge

School of Arts

Roehampton University

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Email: C.Bainbridge@roehampton.ac.uk

Telephone: + 44(0)20 8392 3506

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Michael Barham

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Telephone +44 (0)20 8392 3626

The supervisor of this study is Erik Abrams, who can be contacted at e.abrams@roehampton.ac.uk. Please feel free to contact him if you have any concerns regarding the content of this research study, or the way it has been conducted.

Thank you for taking the time to read this information form. If you are happy to participate in the above study then please email the researcher, Georgia-Maria Stavroulaki at zeta_gr@hotmail.com

Appendix 3:

ETHICS BOARD

Roehampton University London

PARTICIPANT CONSENT FORM

Title of Research Project: Counselling psychologists' use of self in the therapeutic relationship: The role of narcissism

Brief Description of Research Project:

As a part of the PsychD in Counselling Psychology programme, this study intends to explore the way narcissism manifests itself -if it does- in the therapeutic relationship. The researcher will ask Counselling Psychologists about their understanding of the phenomenon of narcissism and the way they experience it –if they do- in their therapeutic practice. One-to-one confidential interviews will be conducted which will last up to one hour and will be audio-recorded. The sample will be 6-10 participants and all the interviews will take place at Whitelands College in rooms that will be pre-booked.

Investigator Contact Details:

Georgia-Maria Stavroulaki

School of Human and Life Sciences

Roehampton University,

Whitelands College,

Holybourne Avenue,

London, SW15 4JD

Email: zeta_gr@hotmail.com

Tel: 07501393324

Consent Statement:

I agree to take part in this research, and am aware that I am free to withdraw at any point without giving an explanation or incurring a penalty. However, if I decide to withdraw after the interview, data may still be used or published in an aggregate form. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name …………………………………

Signature ………………………………

Date ……………………………………

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or if the researcher is a student you can also contact the Director of Studies.)

Director of Studies Contact Details:

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Appendix 4:

SCHOOL OF HUMAN & LIFE SCIENCES

ROEHAMPTON UNIVERSITY

Whitelands College

Holybourne Avenue

London

SW15 4JD

Participant ID:

DEBRIEFING FORM

Title of Research Project: Counselling psychologists' use of self in the therapeutic relationship: The role of narcissism in the counter-transference

Brief Description of Research Project:

As a part of the PsychD in Counselling Psychology programme, this study intends to explore the way narcissism manifests itself -if it does- in the therapeutic relationship. The researcher will ask Counselling Psychologists about their understanding of the phenomenon of narcissism and they way they experience it –if they do- in their therapeutic practice. One-to-one confidential interviews will be conducted which will last up to one hour and will be audio-recorded. The sample will be 6-10 participants and all the interviews will take place at Whitelands College in rooms that will be pre-booked.

Thank you for agreeing to participate in this research project. The details you have provided

are very important to us and hopefully will help in a better understanding of how counselling can be effective and helpful to others.

The researcher will offer you some time after the interview to discuss any issues that might have arisen

In case the interview stirs some feelings/thoughts that concern or trouble you, here are some possible sources of support that you may take them to.

- **Samaritans:**

  Chris, PO Box 9090, Stirling FK8 2SA

  Helpline: 08457 909090

  Email: jo@samaritans.org website: www.samaritans.org

- **Supportline:**

  SupportLine, PO Box 2860, Romford, Essex RM7 1JA

  Helpline: 01708 765200

  Email: info@supportline.org.uk website: www.supportline.org.uk

You are also advised to take any issues that might arise in your personal therapy. However in case you are not in therapy advice is available through the following details of Professional Bodies:

- The British Psychological Society (BPS)

St Andrews House, 48 Princess Road, East Leicester LE1 7DR

Tel: 0116254 9568

Email: enquiries@ bps.org.uk   website: www.bps.org.uk

- UK Council for psychotherapy (UKCP

  2nd Floor, Edward House, 2 Wakley Street, London EC1V 7LT

  Tel: 020 7014 9955

  Email: info@ukcp.org.uk website: www.psychotherapy.org.uk

Your participation in this study is entirely voluntary at all stages. You may withdraw your consent to participate at any time without giving an explanation or incurring a penalty, just by using your ID number. You may also withdraw consent for your interview data to be used. However, in that case, data may still be used or published in an aggregate form.

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or if the researcher is a student you can also contact the Director of Studies.)

Director of Studies Contact Details:

Dr Caroline Bainbridge

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Telephone +44 (0)20 8392 3626

If you have any questions regarding this study, its purpose or procedures, please feel free to contact the investigator:

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Appendix 5:

Participants' individual depictions

All the names that are used are pseudonyms in order to maintain the anonymity of the participants.

Nathan individual depiction:

I think narcissism is the love of one's self; is being motivated for one's own reasons. I guess it's being in the world in a way that's self-focused. I think that everybody has an element of narcissism in them. I know I can have an element of narcissism in myself ... I can function but I've had to look at my own narcissism in terms of coming to this profession ... Ideas of the false self I could relate to ... or the wounded healer ... I think before I start the course and start my therapy I thought that I'm a good listener sort of naturally able to listen to people and able to make people feel understood or make people feel able to talk about themselves ... I notice myself now as I speak and I can sometimes hesitate ... out of the fear of judgement, fear of not being accepted and I think that's very sort of self-directed. In a way it's all about how do people see me ... not just accepting who I am and not needing the other people.

In my therapy I was able to realise that my ability to listen to other people is because in my own family I am the listener. I am the peacemaker and I think that's the role I've taken on because it's a role mainly loved and accepted in my family. It enables me to not face my fear of judgement because while I'm the listener I don't have to speak. The focus is not me. I've sort of gone through a process of realising I can't control how people see me and that I'm not

perfect ... I'm not just a good listener, there are actually bad parts to me but that's ok, it doesn't matter that's what I'm trying to sort of work on ... I don't have to get along with my dad or attend to my mum's needs ... I've been allowing myself to feel and express when I'm sad or angry with my wife or my family and experimenting with not being the funny person or the person who can listen.

It's a dilemma for me. I've often been the listener, it's part of my identity and it's sort of a defence and I'm trying to work out is it a false self? Or if I'm trying to bring out the true self, do I stop being the listener, do I stop using humour? In the last couple of years I'm sort of left with trying to work at one of the other aspects of me ... it's a huge opportunity but it's also very scary because it's been such a large part of how I've defined myself and how others have defined me ... Part of that is trying to just accept myself without doing those things ...

In my work I often try to be the good boy. Seeing myself in my life as the good listener so ... ok I'll be the good therapist in terms of what the books say or the supervisors say or as an extension of me trying to be a good boy for my parents and wife ... In supervision it's been pointed out that that can be dangerous in terms of setting an agenda for the client or in terms of how they feel towards me, can I cope with that if they're angry at me or if they're complimenting me in a an overly exaggerating way? ...I need to just be myself cause I don't know if I take that many risks or be that courageous with the clients sometimes because I'm trying to be the good therapist ...

There's an implicit assumption in doing this work that we can help people ... but I'm realising that I can't help everyone but this is part of my own omnipotence in a way which I think is part of the narcissism in me ... that I'm the ultimate listener and I can help everyone. There's one client ... I can feel frustrated with her sometimes...in my last session I felt quite lots of the

defences she has were as strong as the start of our time together and I kind of feel like "Have I made any difference at all?"... but part of me thinks that I just need to let go of that. I think with reflecting to that to think how much of my frustration is because she is not going along with my agenda of what I want for her and so being aware of that I think I can try to step back a little bit. But that's hard just to be in the unknown of what is going to happen or not happen with the client ...

One of my supervisions I find difficult ... I have difficulties in expressing my opinion and knowing what I say ... when I present I will sort of look at him and feel like he's getting bored ... I think the reason for that is my struggles with authority and how I fear of being judged or unaccepted by them. I have tried to become confrontational and raise it with them ... I still find myself fumbling, not feeling like I was really describing my work with clients ... I felt like a sort of cycle or repetition I couldn't break out of. A bit bored of it myself; sort of that dynamic that we're having of me sort of doubting, fearing ...

My wife's had a child, the first child so maybe that's changed things a little bit ... I feel like a child sometimes how I crave for other people's attention or approval ... refusing to see myself as intelligent and capable ... It's like a child and when I'm now a parent to someone else I don't want to be a child ... I think everyone has a child within them. I guess I say an adult as being a true self, as taking responsibility for yourself; taking ownership of the child within you. I think I'm becoming more of an adult by accepting my vulnerability more. I can't be a good person to everyone all the time ... to feel insecure, to feel sad, to feel incompetent that's ok...

When I see clients with similar struggles of trying to be authentic and not care about others ... other people's approval I can relate to these struggles. I see authentic as being your true self

often in terms of narcissism ... I can be good and bad ... I'm starting to realise more now that I can be other things and I don't have to be the good listener all the time ... I guess with clients not being afraid of their anger towards me, not moving away from it ... you know ... not challenging clients or not going to certain areas because of not wanting them to be angry at me. My ability to do it depends on my personal development whether I'm strong enough to be able to do it; to face the consequences.

Whether they hate me and say therapy doesn't work for me and for me to just be ok with that ... I'm ok regardless ...That's where if I can work on my narcissistic parts, not need other people's approval feel ok within myself or love myself whether or not different people do then I can withstand the consequences. I guess I can never eradicate my need for love and approval. I can be in touch with my child by sort of saying in different moments, in therapy, with the client, in my life "I feel vulnerable now or yeah I'm feeling scared or whatever else ..." It's about listening to it but not just acting in an unconscious way ... you know my clients paying effectively what my parents sort of ... me behaving in ways in order to get their approval and love. So be mindful of when I react to something or if I don't do something with the client is it because of trying to control the situation to feel ok about myself ...

I don't have to always be the good listener or maybe I should just not do this, not be a therapist but then I thought it is part of my life story is my narcissism part of me still ... I guess I have a choice rather than trying to get their approval and I'm conscious that they could represent my parents. They are in a way sort of repeating the pattern, that false self ... this is the story of the reasons why I am a listener but there is reasons perhaps dangerous of I'm not aware of them ... I see narcissism and the wounded healer and the false self have been part of the narcissistic need to feel loved but if that's not being met, then doing things to feel like it's being met. And that's about how to be one's self, just be myself. Not getting rid of

my needs but just be aware of them; be flexible with them. Admit that I can get things from clients. Negotiating in yourself.

Mary individual depiction:

As a therapist I've come to realise that I can be/could be a little bit narcissistic especially in the beginning of my training because I was quite ignorant and sometimes you need that ignorance to get you in the room with the client otherwise you feel completely terrified. Trainees go through that process of a little bit of narcissism but then slightly you become much more aware of the fact that you are not there to prove yourself as a therapist, you are there to help someone and how bad the opposite can manifest in the therapeutic room.

With the narcissistic client there is a lot of transference because of their own insecurity that they may have and there is a lot of transference on the therapist and then if they do have the narcissistic traits they take everything so personally and that's when the rupture happens. It takes a lot of awareness from the therapist's perspective as to how much is personal and how much is professional but it can get blurry. On behalf of the therapist I think you overestimate your abilities or you put too much emphasis on proving yourself. There is a lack of reality checking at some point like what's happening here especially for beginners...

 I remember when I was a trainee I had this impression that I will help people and I would help people by making good interventions or saying the clever thing but now I realise that actually that was my insecurity, it was my need to prove myself, there is no right and wrong in the relationship; it's about going along with what the client gives you and just hearing and observing basically. If I can do that then I can at least regulate how much I contribute and

whose need it is. Is it my need to prove myself? Then the therapist has an understanding about themselves and at least you've identified certain patterns when you're able to regulate your emotions, to listen to your counter transference. I think narcissistic traits block counter transference a lot because you are very preoccupied in what you're saying and what you're doing.

It's more about being preoccupied with being a good therapist whatever that is. I have the impression that a therapist with narcissistic traits may make an intervention and the patient backfires and they won't take the time to listen to what it is. I think they take it way too personally so then they spend too much time in the session thinking about whether they should have done it differently. You can easily get involved in arguments so a therapist who is really preoccupied with themselves might perceive the patient as argumentative, stubborn, as someone who doesn't take on board what the therapist is offering so they might start thinking about themselves as really unhelpful or crap therapists. It blocks the relationship, your emotional ability to hear and understand what is happening. It stops your curiosity so you stop becoming a researcher in the relationship you are caught up in an argument and you end up dealing with the details rather than the relationship. It's like the past history or the profile of the patient is completely set aside so your interest is that the patient doesn't go away; that would be a huge blow to their ego ...

I had someone in my current workplace he gave me the impression that he knew a lot about himself and I challenged that and I said so if you know what's happening what are you expecting to get from therapy and he became really frustrated with me, he perceived me as very cruel as someone that wouldn't understand what he is going through and actually he was the one who wouldn't even let me talk at all. I found it difficult to be with him, he was very argumentative, physically intimidating, his posture like really confident. He was really

showing off to me about how much he's read about anxiety and how much therapy he's had in the past and it was interesting because I found myself shrinking in my seat. He was like standing up like he was rising in his chair and I found myself really slouching and shrinking. Then I realised that there was a power struggle as to who is in charge basically so I felt really much taken over. It was a quite uncomfortable experience and it took a while before I realise that this is not me. I felt like I was giving up, giving him the power ... Then finally at the end of the session, at the last two minutes I became the therapist and I had to be more of what he was expecting me but he had done all the work for me. But it was interesting because he stood up, he shook my hand and then we arranged an appointment. Then, one day before our actual appointment, he called and he made a complaint about me that I was a really challenging therapist and that I didn't understand where he was coming from.

He was the only person that I actually had no voice in the room, I didn't perceive myself as challenging, and on the contrary I perceived myself as very weak in comparison to his presentation. He was classified as a narcissistic personality, he was really argumentative, he was coming for help but he wasn't allowing any help. Nothing could match his expectation of therapy. I wasn't heard and according to him he wasn't heard so that was a very strange dynamic. When I'm in the room with someone I have certain expectations as to what I want to gain from the session, he was coming with his own expectations and I think we lost the plot there, because I got it quite late, I was already frustrated by him.

 I had to stay with a lot of anger for a few days after that. That's the thing it's like it stops you, it blocks your mind because then you start feeling angry with someone and you feel like the person is getting taller ... I think if there is a sensitive point in the therapist that "he is better than I am" and you know if there is a bit of a narcissistic trait within the therapist no matter how small that is then that becomes even bigger. In the end I think I lost my empathy

towards him ... I was really caught up in the struggle. I wasn't mentally or emotionally in that state where I could think straight; I was too emotionally overwhelmed.

I was furious at him, I was like who the hell does he think he is? I felt rejected as a therapist. I worked with another person; in both situations I remember leaving the room feeling incapable, unable, crap therapist. Talking about it in therapy and supervision and listening to my counter transference, just trying to make sense of what was happening because it was so not me. At the end of the day I think he touched a sensitive nerve in me anyway, I think he found a foundation to work on, that power struggle, I do have a narcissistic part in myself, I think we all have so I came in with an agenda, I wanted to do certain stuff and who the hell is he to do his stuff his way ...You miss the empathy basically and how it must have been for him to be in a room with someone who has got papers and is taking notes. It must have been really frustrating for him. It's like he is taking a test so he had to prove himself.

It would feel like a failure on my part to have the patient not coming back and I'm still working on it anyway. It's about coming to terms with that, being able to let go and being able to learn. It's co-created, it's the relationship and it can just end. Narcissism is a very sensitive spot for me. I'm an only child so I had lots of attention from my parents. I felt that I had more confidence and sometimes I would believe in myself in a more irrational way, so this is why I guess I wanted to be part of this research because I felt like I still struggle with it, I still struggle to regulate, I need to moderate my responses, my behaviour. I'm very interested in the feelings of inability, insecurity and how they are manifesting in such an opposite way like how sometimes it's presented by being overly confident.

The healthy part of narcissism can be empowering but I can also understand the unhealthy part when there is lack of empathy, showing off, talking where you should be quiet. So I'm just trying to moderate those two, to integrate the two extremes. The fear of showing off so

then I keep very quiet but I'm missing out and then being too present, at the centre of attention. I have become more conscious of it when I do it so then I can take the decision to step back and it doesn't hurt. Before I would respond to any emotion, think that I'm not a good therapist and then I would have to prove myself. I don't feel that need any more. It's more of an acceptance. Sometimes I'm not aware of it and I can be a bit overpowering myself and I do get caught up in that trap but when I do then I realise most of the times now.

Sam individual depiction:

The characteristics for me are an extreme difficulty of developing a relationship with people, mainly because they see people as an extension of themselves. They have great difficulty using empathy; it's also very difficult to work with them because narcissism by definition means that it's difficult for these people to work on themselves, on self-awareness...because if they do they have to face their own guilt and shame so they are defending against these two painful feelings.

When I start realising that I'm working with a narcissist is usually when I offer an interpretation, which they see as criticism. They are very difficult to hear the other person's view if it's not consistent with what they think. They have defences like projection, splitting, and projective identification that they often use so that they can disown feelings that are difficult for them and project them to other people so that they feel safer. The problem is that they usually attack the other person and they become very difficult for the therapist. I also feel very much put on the spot as with my back on the wall, as if they are testing me.

There have been one or two occasions where I felt that the person was testing me

again and again in order to fail so that they can attack me. That's a communication from them because they are trying to make me understand that they feel vulnerable, that they can't cope with it. They have a very fragile sense of self or false self. They have kept in their mind a view of themselves which is not consistent with how they are in everyday life and in order to feel good about themselves they make every effort to maintain that picture so when they fail then that goes against it, so they feel it as an attack on their being, their core. By disowning it they never understand what is going on and they remain stuck and they end up feeling that the whole world is against them or they go to the other pole, the grandiose part, where they feel that they are above everybody and people are envious of them which is usually a projection of their own envy.

First of all you need to have worked a lot on yourself because for me narcissism is not just a disorder. Narcissistic features are features that everybody can have. The question is how much you have worked on these issues so if you can't take criticism, if you can't be in a position that you feel vulnerable and you can't cope with that that is going to be very difficult to work with these people because you are going to project it back and then it's going to be a battle instead of you receiving things, containing them, trying to metabolise them and giving them back to the client. It's personal therapy, supervision and understanding of the underline communication. Always seeing things not for what they seem to be but trying to understand what is going on, what is the process. For me, one of our main roles is to be able to tolerate all this, so we can show them with our being, our behaviour that if we can survive this then they can as well. It's like a parent.

I think it's very difficult for therapists and personally speaking it's difficult for me. I've been seeing clients for more than ten years now and gradually as I feel more secure with my role and my knowledge and feel that I "know" what I'm doing it's easier for me to

receive all that and be able to do something. When I was doing my training I saw someone who used to come to the sessions and tell me how crap I was, that I wasn't doing anything right and that he couldn't understand why he was still coming to see me. This was someone with intense narcissistic features. Each time I felt rejected, depleted, empty after the session and I was feeling very angry with him for putting me in this position.

I tried to understand what was going on with him and I started with me. I started talking about how difficult it is for me to be in a vulnerable position ...I am someone who still is - used to be far more - quite a perfectionist, who wants to always do good, to perform well, to do my best, so having someone saying to me every time that they see me as the opposite of what I want to be was very difficult. That also had to do with my narcissistic issues that I couldn't accept some of my vulnerabilities because then I felt I couldn't cope with that. I had to go to a position where I could say ok you can have shortcomings, you can have disadvantages but you can still be a worthwhile person you can still be ok and you can still be a good therapist.

When I started seeing it this way it initially made it easier for me to be in the room with him and I was able to say "Well, every time you come and you say this and you do this and I think in some way you are trying to communicate to me how it may feel for you when you are in a position where you feel that you have totally failed and how difficult it is to you". It was the first session that he stopped talking. There was no major moment of insight but at least he stopped accusing me. He was more open to communication and to talk about things. For me, therapy is a relationship; our being instead of doing with the clients that's the most important part. It means being there fifty minutes of the session, being totally there, body, mind, I want to call it spirit, heart ... trying to understand what the person in front of you is talking about, what are their needs and use this understanding so that you can feed it

back to them and provide them the relationship they needed so that they can move on and grow ...re-parenting...

If, as a therapist, you haven't worked on your own narcissistic issues then you treat your clients as patients, as the people that have problems and you are being the expert that has the knowledge and can treat them. You see them from a distance because you are doing exactly what a narcissist does; you project your vulnerabilities, your anxieties, your fears. And of course they are the most appropriate people to be put in that position and then you can act on them all your envy, all your fears, so in effect you can't work properly. You are not doing therapy. You are using your clients for your own needs instead of helping them ... if I can project it all to my client then I immediately take the strong position and feel quite secure. So, if I have this need I would like to see my patients because they fulfil that need for me. They help me feel omnipotent.

Amy individual depiction:

From a psychological point of view my experience with narcissism must be more about people that come across as very strong willed and confident about certain skills and a bit intimidating but actually deep inside them there is a really big sense of fear and a feeling as if they are lacking of abilities and they are trying to cover that up in the way they portray outside. Somebody might not be in touch with their other parts that they are not as strong as they pretend. I remember one of the things of working with the patient, she gave me a sense that everybody else wasn't good enough and I wasn't good enough either as a therapist and the feeling that came up for me was that I was feeling scared and intimidated because I would be rejected by her.

She had to be perfect but her not reaching that perfection was quite difficult because on the one hand you think you are the best but on the other hand you can never do the best because it doesn't exist. I think I did tell her in the beginning: "I wonder if I will be good enough for you or would I be another person in your life that is not putting as much" and she was like "No, no I think you will be all right". But again also with the fear of "will you leave me if I tell you what I think" and already putting you in this stance that you will not disappoint me so ... I mean that pressure that you're already somewhere with that person. I guess it's for you to bear in mind that you are in this position and you're feeling this way and try and bring it up again when things happen. The only way you can work with them is to build a good therapeutic relationship. It needs a bit of time, being able to feel secure and explore those things. I tried not to put my own ... because I felt a bit of a reaction hearing that everyone's crap except for them and then you are thinking "what are they trying to tell me through that?"

I think everybody has a bit of narcissism in them, in ourselves to a bigger or lesser extent but the people that I have seen had more intense features. Everybody was just a waste of case because they were the best in what they were doing and people couldn't understand that. I felt intimidated and I think that comes with my own insecurities and fears of being rejected by clients or being on a trial and having to prove whether I am therapist/ or a good therapist or not. I did know that that person would reject me and when that happened that would have been a good open door to actually start working on what was happening between us and how she felt about being rejected by other people. Six sessions was very little though and I didn't want to open up the vulnerable side, to break the defence. The anger, the rejection I would have found quite challenging to work with and also to contain the fear and the silence.

The other patient I had, she was constantly changing: being very arrogant and then being very

sensitive, tearful, scared and needy. Every time she would give me a gift in therapy and she would be telling me how wonderful therapy was and how much she was benefiting from it and I guess my narcissistic features would come in, as all these things were feeding my narcissistic side. So, me feeling useful but then on the other hand there were times she would come feeling devastated and I guess I would experience the same: feeling very great about my abilities and then feeling very shit. I was thinking that it doesn't feel right because through this dynamic she wanted to keep me close, take me with her. I would also be an intimidating figure in therapy or not in an equal relationship with her. Any dynamic that emerges from the therapeutic relationship is good to notice; is a way of seeing how things are happening. You can't avoid it; it's about recognising it and working with it.

Iren individual depiction:

There are two polarities in that one might think very highly of themselves and rubbish other people, so he/she is the best. But also there's the very low confidence part. I think we all have narcissistic traits. We develop the narcissistic part of ourselves to cover the low confidence. And for people with narcissistic personality disorder there's much more of it. They lack empathy and they don't see other people's perspective. I guess that happens to us who don't have the disorder sometimes if we get on our high horse. As therapists once we work with people with narcissism or with narcissistic personality disorders, it affects the work and sometimes we might think we are not at all narcissistic but we actually have very low confidence and think we are nothing and that's a polarity of narcissism.

It can hinder therapy; it can hinder the relationship if they come into the therapy room. Well, probably they won't come but if they do, they kind of think they're better than you or kind of competing. But it's a way of protecting themselves so they kind of criticise you as a therapist and just don't listen. So, it takes longer to, to sort of assist them in a kind of better way, the

closest there is. It can be difficult as a therapist, to have someone who keeps closing the door on them and being very critical; it can belittle the therapist, it'll affect their narcissism or the bit that kind of says I'm a good enough therapist. So they start wonder and then they feel low confidence. So, the other person feels very small and is in a position of having to defend themselves. I think as a therapist you need to just be able to recognise what is actually happening and the bits of you that are being affected because if you are somebody with very low confidence it will affect you very quickly.

I think anyway therapists tend to be very highly driven, especially people in higher education, so doctorates are very highly driven and some may have done the doctorate and all this work in order to feel better, to have more confidence but actually there isn't a lot of confidence there so they will be affected very quickly by the clients. If they are trainees for example they have a lot of pressure, lots of things to do at the same time and try and manage to do them as well as they can or very well. I know of therapists who've thought of quitting because they couldn't cope with it so it has really unbalanced them. I think it's more the straw that breaks the camel's back, having somebody who is probably telling you things you might believe yourself like "you are not very good or what you're saying or this is crap or whatever."

You might start being very defensive and you close your ears, you start being critical to your client and not working very professionally. I mean if you don't catch it, if you're not aware of it. If you are aware of it you can talk about it with the client depending on how confident you are in sharing those things. You might just bring up feelings of discomfort or difficulties in the relationship or ask the person what they feel like when other people criticise them to sort of move on to the work. If someone's very sensitive, they've been criticised from a very early age very badly and hit and lots of other things they have to carry on somehow so they protect themselves and might develop protective mechanisms like if you believe in personality

disorders or in a particular way of behaving. So you can kind of take it a bit further use your counter transference to find out a bit more.

I used to have very low confidence I am still not very confident. I suppose it's the kind of other, polarity which I personally often forget about in narcissism because is the bit that doesn't seem as disruptive interpersonally. Often when we are low confident we might be quite selfish and you know you might become depressed and really think "poor me" or whatever victim. The other bit, which is let's say critical might do something against somebody else. To actually experience somebody belittling you in a very kind of sideways way is scary. Personally I got angry. Basically you don't exist, you are kind of there to get them where they want to go and then they drop you. For me is a very strange way of being because I'm not like that at all. I see myself as empathic and think about the other person.

I've got a client now he's got a very high sense of self, which you can see as part of narcissism. He has quite a sort of the look he gives you, it's like a look of disgust when you say something he doesn't like and he kind of belittles other people. But I think I get more irritated, I get angry with that. When the narcissistic bits come up, I feel blocked and I get quite pissed off but I try just to understand that this person is in a quite difficult situation. Just being careful I think that's kind of the way it's affected me because I'm aware that he might blow as he's somebody who gets very pissed off. He is somebody who switches quite a bit, so I'm very careful to be very boundaried. I'm just aware of trying to do the best to help him but also not to change our boundaries too much because he was testing and he is still testing as we all do.

I know it's a part of his difficulty but I have difficulty trusting him. Although I tend to the part which I think is more honest and trustworthy and the one that I feel comes to therapy. He

is protecting himself; I believe very strongly it's a protective mechanism, it protects very well but it pisses off other people. And it is very difficult to be around; I personally find it very difficult to be around people that have these traits. I believe part of the narcissism is manipulation. He manipulates a lot that's why we are very careful with boundaries. Everyone has manipulated people to a certain degree but people who are narcissistic tend to manipulate other people in order for them to be well. There's no thought of the other person.

I feel angry but I'm also quite scared. I personally find it scary and that's what they want. They manage to make you feel small and scared and to think "I'm not actually good to anyone" I think in the past I'd have a lot of difficulty understanding kind of narcissism or getting to it. I just saw people as very good or if they weren't, they had a bit that was good and I still believe they do but for some people it's very hidden and the other parts of themselves have taken over. I do think that in therapy they show the behaviour they have with other people outside and if you are able to kind of process them and feed them back in some way then the person will learn more about themselves and how people react to them.

I do believe therapy is an interaction and it's all based in the relationship you've got with the other person but especially in the beginning of training or when the person isn't very experienced you might not want to kind of focus on yourself or to avoid that bit that the person kind of throws at you. It can really put a lot of pressure on you and kind of guide you towards not feeling very well. It kind of highlights how important it is to look at our part which is narcissistic even though we might not like the idea that we have narcissism. I certainly don't like the idea. It's important in order to be able to help the other person as best as we can cause that's why we are there and you know if we can't work with somebody then for us to then refer them on but in the meantime it's important for us to get the help we need. It's something for me which I will carry on looking at. I think more being reflective of it,

seeing what is actually going on and talking about it in therapy, with colleagues or in supervision.

It's very easy to sort of protect yourself to get an inflated sense of ... you're wonderful and I think it happens a lot when it's either a part of your personality or you're in a place where you don't have supervision, you haven't had very good training and you're kind of thrown in and you sort of have to manage. I think people develop a pattern. For therapists, we always need to be open and listen to everything that's happening with our clients because clients give us messages and you know we might be narcissistic and show our bits and we need to really try to listen to their feedback or to colleagues' feedback. There's a continuing work when you are therapist to think about what is going on, continuing self-development and self-reflection.

Vicky individual depiction:

When I hear the word narcissism I'm thinking of Narcissus, who was so in love with looking himself into the water and got drowned. To me, it is a form of self - love: adoring ourselves, our picture and the reflection to how others behave and respond to us, because the others are our mirrors. Sometimes the reflection is not accurate. It is filtered through our own experiences, our own views and values. We all want to be admired, be accepted and be important to others depending on the kind of emotional investment we have. If you care, love and admire somebody then obviously you want them to feel similarly for you. I think it feeds our ego, our need for worth.

We all have the need to be worthy and important to others especially people who deal with health care, social care or psychology. They want to be seen, heard, helpful and important to

others. The narcissistic injury is when as children we were not looked after but we were looking after the others. And we were taking value because we were acknowledged through this role, through the caring role. I don't mean only in practical way but mainly emotional and psychological. It is like getting more responsibility or looking after the emotional state of your parents. Parents, who are immature to be parents who were children themselves.

It's the parentified child. The child that becomes the parent of the parent; so I became the mother of my mother and I became mother for my brother because obviously my mother couldn't deal with her role and her responsibilities so somebody had to do it. I was the first born child so I had to be the good girl, who causes no problems, looks after her brother and you know if my mother says something this is what needs to be done. So I was instructed and gradually grew up preparing myself to be caring for others. And this is how I was valued and I was important. So, that was the way to be seen, to be heard, to be acknowledged.

I certainly care about the clients and I work with them for whatever therapeutic goals they have set. I am for them the good enough mother that Winnicott says. I have the skills, the ability and the characteristics of the good enough mother but at the same time I know that I'm not their mother. The good enough mother is a mother who shows always or most of the times, because it is good enough, acceptance, empathy, understanding, genuineness, patience, containment. A mother can have those qualities - not so frequently - but also they can patronise, they can instruct, they can demand, they can punish ...

When they progress I'm very glad and when they don't progress that's ok I'm patient and you know I see how I can help them. It is not like I'm getting upset or anything because every client has their own pace and they can only take some steps. It is a two way relationship and certainly as a therapist I have quite a lot of influence in the therapeutic relationship and the

work but I work equally and in collaboration with the clients. I ask for feedback but I don't anticipate that they will always say good things. It is nice if they say good things; sometimes they will say something else but that's ok as long as they see that I'm working for their interest, as long as they see that I'm there for them. If it is not so positive, I need to know to improve myself and the work for their interest. We use this to see where they're standing in the relationship.

If it is psychodynamic work I would say how I experience what is happening in the room. Sometimes the clients do not acknowledge their feelings or they do not accept or express them. I will say what I experience and then they start talking more. For example the client was talking about her mother, a behaviour that generated a lot of hurt and anger in me but the client wouldn't acknowledge the anger. When we were exploring how she feels she wouldn't say anything but I could see her being angry. So, I said how I was feeling and then she said yes, I feel that and we took it from there. It happens frequently that I have to normalise feelings because anger and resentment relate to guilt. So, if the therapist, who has some power and knowledge in their eyes, says that it is normal to feel like this then it is easier for them to handle the guilt.

I feel the anger but I never lose control or anything. If the client is sad and cries I feel sad as well, but I have the skills to contain the feelings and they don't; this is our difference. And this is valuable for them because they feel safe. There was one occasion that the client was very sad, was sobbing and I managed to contain it even though it was very difficult for me but what happened was that I kept the session in my mind after the client left. It had an impact on me for a few hours. Usually, it doesn't have any impact on me. When the client leaves the room it ends there. Only once happened that I was sad about a client.

In the therapeutic relationship I know, if I'm good therapist or not. So, even if the client doesn't give me positive feedback, that's ok because I know, within myself and say to myself "well done, you did well". I am honest with myself. Friends, family, and people I love, strangely enough I'm more insecure with and maybe I'm seeking for confirmation. At the beginning, in important friendships I would need the confirmation and I would ask for it. But when our friendship is tested, then I don't need it anymore, because I know that the acceptance, the respect and the admiration are there. But in the therapeutic relationship I take credit from me, my self-worth and value. It is a professional relationship and I care but they are my clients not my friends. I can separate these two.

Kim individual depiction:

Narcissism is a developmental process that is also been conceptualised as a disorder of personality or clinical presentation with specific characteristics which include inflated sense of self, grandiosity, poor boundaries and the individual usually needs a lot of mirroring and empathy. It's also characterised by a sense of false self where the person is not really connected with his true feelings, with his true experiences and instead they present with a particular persona that is been ascribed to them since a very young age. We are all born with narcissistic traits, it's a fundamental part of our development where the baby needs to be the centre of attention from his parents, the centre of the world, it needs to be loved and admired. Usually once you internalise these feelings, you are able to proceed in life without having the need to be admired and loved so much.

It's also a very sensitive term for me because it relates to parts of my personality, my presentation, my character and I'm interested in it. I'd like to focus more on my clinical work,

I don't think it's that relevant to talk about myself here in the interview, but yes ... like many people I have sensitivities and narcissistic vulnerabilities, not grandiose self so much but the need you know to be accepted and loved and in terms of a false self I need to not so much please other people but direct my attention and focus to me and my needs and this is something I learnt over the years of my training. Usually for narcissistic people everything is about them, self-centredness but it's not really, it's about the reflection of themselves and it's an aspect of the false self not the real self. But when it comes to me I'm trying to be more self-directed in terms of recognising my real needs and not the need of others. The false self is about needing to please others in order to be loved and get your narcissistic supply. Many narcissistic people do that not because they're all kind and altruistic but the underlying dynamic is that they need to be admired, loved and accepted. So often they would neglect their real needs and focus on other people's needs.

I'm working with someone who has some narcissistic traits and a false self, she is very grandiose and has difficulty in forming relationships. She needs a lot of validation, empathy and admiration and when she doesn't get that she becomes really enraged. She finds it hard to accept that other people are different and of course in the therapeutic relationship, it's difficult to work with her because she doesn't often engage, she doesn't allow herself to experience some of her feelings and to connect to me. She is very rational and intellectual. Inside her she was really vulnerable and sensitive and having a very strong sense of worthlessness which was that she was defending against by being grandiose and very successful in her life.

I like her, I have to say she is my favourite client, for my own reasons but I think she is the most difficult client to work with. She is very challenging she makes it hard for me to relate to her and she would do anything to block me from understanding her which is interesting if you think how much she craves empathy. She will often try to push me away to make it hard

for me to reach out for her or she would often refuse and deny my role in there. Then I become the mother who wasn't empathic to her which maybe communicates something. She would flirt with me and put me down so she would do her best to relate to me as anyone but her therapist.

I'll talk about her again. It's helpful when I provide empathy and validation, but in our job not everything is about pleasing the person particularly in narcissistic people, one very important intervention is to challenge bit by bit and try to reveal their inner deeper layers. When I try to do that by reflecting back to her what I hear or by making symbolic connections she finds it hard to relate and then she will dismiss it and dismiss me ... it becomes too heated in the room she keeps blocking; she keeps stopping the exploration if I don't validate her especially when you mention difficult feelings like humiliation. She doesn't have an insight of her internal processes. I suppose at early attempts of emotional expression she was either dismissed or completely ignored to the extent that she learnt to not experience her feelings.

Often I'm frustrated and angry. I can feel the rage. Sometimes I identify with her in a way, like with the sense of her anger and rage. When I find it difficult to connect to her it gives me an idea of what is like for her to live in this world not being able to connect interpersonally on a deeper level rather than an artificial, superficial, cognitive give and take. It can be projective identification, but it can also be my counter transference that is entirely relevant to my issues, the way I feel about her, she might represent something for me, too. We all have similar traits and experiences, we are all born and made of the same material so it's natural that some people might be more similar to others and it happens in therapy. You might listen to things that you have experienced as well and this might be challenging but as with everything it's very important to be aware of this.

If you are aware of your conscious and unconscious processes, you don't merge with the client, the roles are not mixed up and you don't project into your clients, you allow them to project it to you. Well, first of all, you shouldn't identify with someone. You may recognise similarities but you should not allow yourself to get into the state of identification cause then it becomes blurry. You're not staying with your clients' experience; you're just staying with your experience whatever the client represents for you. So, you don't help them. If this is the other way round then the client becomes a therapeutic object for you.

Elizabeth individual depiction:

I guess narcissism is when someone is in love with themselves, so I can't really see it happening in therapy because someone that works as a therapist it means that they want to help the other person, so the focus will always be the other person. I would imagine that is when during therapy sometimes the focus might be on your own thoughts so you might lose focus. It can happen subconsciously but if you are quite experienced you just gather yourself again. I think, I am very focused and I feel the transference a lot of times. Somehow I would get the vibes and feel the same feelings. So, I find it difficult because I have experienced feelings that I pick up from the client, to think I am/ how narcissism comes into the therapeutic process.

If I can't keep the boundaries I very much get emotionally close to the client so I think I just absorb all the feelings from the clients. So I'm setting the boundaries in a sense of the structure of the session but also the emotional boundaries which I think is the most difficult thing I had to learn; to stay in control to not empathise to such a degree that I will lose

myself. I have noticed through the years that I get better. When I was in training a lot of times, I would leave the service and constantly think about the clients. It's almost like you carry them in your head constantly. So, that's why for me it's a bit difficult to understand narcissism because I think I am exactly the opposite.

In a way I switch of as a person; the point is to listen to the client. I'm very neutral. I remember I was always dressed very plain, not to attract any attention. I was trying to block anything that would alter the focus from the client; it's like keeping the boundaries to offer the space to the client to not be distracted. I was told that I'm very good in terms of boundaries in therapy. I give them direction in a sense and a safe structure. This is mainly how I do therapy. I'm very genuine but I'm very much as a tool. I want to give them as much as possible and the whole point is to empower the client to have the techniques and to become his or her own therapist in a sense. My personality is not obvious. I'm behaving as a professional, as a therapist and not as, as myself. You can't really be 100% free in therapy in that sense because then you're meeting your own needs. If I have feelings like frustration or anything else I would never express it; you don't really have the space to do that.

Some days you see some clients and they have moved on and they have such energy and they give you such good news. It's really interesting because I might have a bad day or a bad week and feeling really low, but the moment I go to therapy I forget about myself and I come out much more energised because it's almost like they've given me all the energy. So, it can work both ways. As a therapist you give the energy to them, most of the times, because you have to support them and drag them feeling better, but at the same time it can work the other way round. What happened was that a lot of times I would say to myself, by the end of the day "Oh, come on if George let's say can do it, then you can do it as well". It's almost like I take courage from them. It's almost like your kids. When you actually see them developing

and progressing and flourish, it makes you feel really nice.

There are clients that actually wouldn't want to continue. If I have more than two or three DNA's then I would actually turn around and say "it seems that you are not ready to commit and it's not obligatory whenever you feel ready you can always be referred back". So, again I'm keeping the boundaries. I actually had a client, she asked not to see me specifically and I was so relieved because I just didn't want to see her. It felt from the beginning that she wasn't genuine and I cannot stand it. She had like a plan in her head, so she was asking for therapy but she didn't really need that; she just wanted to retain the benefits. She was very much passive-aggressive as a person. Usually passive aggressive grew up in environments with a lot of aggression and they weren't allowed to express their own feelings, so it's all pushed, all unconscious, not on the surface. It's almost like with one hand they ask for help and with the other they push you away so you can't really do much.

Not everyone is 100% the perfect client. You do get some people like that but 80% of the cases are quite difficult in a sense. When you have clients that don't engage I actually have to think harder for them and think why this is happening, what I need to focus on maybe to work as a catalyst for them to move on. Sometimes, especially when I was younger I would feel frustrated with myself as if I'm not doing something right. Now I bring every problem to supervision, I do my side of things so I take responsibility of what I need to do and if it doesn't work it means then from my side I'm ok. It means that the other side hasn't engaged. So, again I have worked in terms of not feeling guilty or as if I'm not doing enough.

Appendix 6:

Example of interview transcript

Participant ID: T2

Location: Roehampton University, School of Human and Life Sciences, Whitelands College, Holybourne Avenue, London, SW15 4JD

Date of Interview: 15/12/2010

Interviewer name: Georgia- Maria Stavroulaki

Transcriber: Georgia- Maria Stavroulaki

 ("Tim" is the pseudonym given to the participant for the purposes of confidentiality and anonymity. The interviewer will be referred to as "Researcher".)

Researcher: So, what is your understanding of narcissism?

Tim: What's my understanding of narcissism?

Researcher: Yes.

Tim: Oh...

Researcher: As a phenomenon...

Tim: Err ..., Err ... Narcissism is ...related to the sense of self, development of the sense of self, in young children and then continues into adulthood, it's like ah ... (clears voice) it's like a lack of sense of self so ...which can show itself as the blurring of the boundaries between people cause if a person is not sure of their own self then they have a very difficult time distinguishing between themselves and others, the boundaries between themselves and others and they can blur into others and take on personalities or problems of others ... Err ... Other

type/ other aspects of narcissism are the false self where a person ... (hesitates) has had aspects of their character reinforced and kind of applauded in a way and they develop an idea of themselves as that false self and that's what they think they are and so basically they have very fragile self-esteem as well so ...

Researcher: So the things ... both things are kind of related to the sense of self ...

Tim: Yes.

Researcher: fragile and false self...

Tim: Yes. (talks very decisively).

Researcher: And... I am wondering if you have any personal experiences of those phenomena in your everyday life or ... ah ... in your practice ...

Tim: Yes ... (laughs). In my everyday life, in my early life especially ... Shall I talk about that? About my early life?

Researcher: If you want to...

Tim: Yeah? So ...well, you know... (hesitates). I suppose part of the reason why I'm a therapist is that I became very well attuned to my, my, my parents' needs well especially my mother's so as a child you could say that there was this ... false self was reinforced by her in that I was the one who could help her manage her own feelings so I could take a lot ... parentified child...

Researcher: So, you would help her manage her feelings...

Tim: Yeah, not outwardly not kind of... I mean I was young so ... it wasn't that I was saying "oh yes mum...what's the problem?" and she was coming to me for advice ... it was more...less voluntary by me ... which is that she would exert (stops suddenly) err...express her anxiety and ... overwhelm the space you know... at home so there wasn't much room for me in a sense to emerge as my own ... as a person in my own right, I was more an extension of her, a reaction to her consolation for her and her problems (talks loudly), a spectator for her and her drama ..., so ... I was err ... applauded for that in a sense and those aspects of my

character were developed at the expense of others ... aspects which ...which now later in life I can see more clearly so yes ... the narcissism or the narcissistic injury which is the injury obviously that one suffers by (talks slowly) having these experiences is yeah, something that I can identify with ...yeah...

Researcher: So how err ... do you experience that injury now or then ...?

Tim: (long pause) Well ... Now ... then it was in those relationships and also a lack of sense of self you know... a lack of a strong sense of who I was and what I wanted cause it also shows itself in that ...I wasn't sure of what my needs and wants were ...

Researcher: Because you were a spectator of your mother most of the time and you couldn't really define who you are...

Tim: Yes, there wasn't really a space; you know it didn't even occur to me...

Researcher: That you are a different person, separate from her...

Tim: Yeah or ... that I might have err... that I might have a personality or wants or needs that conflicted with hers...that wasn't really ... yeah we were fused more when you th - I think about it or at least I didn't know what the other was, the alternative... and then I grew up a bit more and I had more of other relationships, friendships and became much more independent and I found myself separate quite a bit actually from mum, I think as a reaction err ... In later life I've noticed it manifests itself in relationships with others which might be care-taking roles, I might care-take, be a very good problem-solver, very helpful very empathic listener, not as much of a talker as a listener ... Err ...Yeah ...Although yes in much later life, now, err...I am much more of a talker but that's probably because I've done a lot of work and I've come to realise all this ... but until then I was much more continuing that pattern the kind of narcissistically injured false self ... I had a false self as well because I quite liked the applause, the praise from others for those qualities that they thought I had a bit like mum thought I had and the sense of pride when I was told "you are like this ... isn't it amazing?" "You are this type of person ...Oh you're strong, you are this, you are that ..." And I liked

that. The truth is it's not true and I had to let go of that.

Researcher: It was not true?

Tim: It wasn't true. It was a false self.

Researcher: Because it's what they thought you were...

Tim: Exactly ... It's what I showed, it's the way I presented ...I suppose based on my earlier relationships and it was very much liked by others and reinforced ...you know? And so I felt a sense of pride and I got quite used to being seen that way, it was quite nice so I continued to perpetuate that myth, that false self.

Researcher: So what was it that the others admired? What was your false self based on?

Tim: They liked the fact that I always seemed very together that I knew what I was doing, I was never upset or insecure, err ... confident, very stable, they thought I was very stable. You know smart (underemphasizes) and capable , just capable not a person who wobbles, not a person who finds things difficult, gets upset or insecure or paranoid, you know ... someone very solid err ... yeah that was my false self...

Researcher: So, not really showing your...weaker parts ... (speaks in a low voice and slowly).

Tim: Exactly ... (Decisive tone). Yeah...

Researcher: That was not part of the false self...

Tim: The weak parts?

Researcher: Yeah...

Tim: No, exactly. There wasn't really room for the weak parts ... Err, which again links back to mum ... She was the weak one so there wasn't really room for anyone else ... You can only have one primadonna (laughs) or one drama queen or one weak person I always find you know ...You know in a dual, a dual relationship, a dyadic relationship, I think if the one person is weak the other might naturally become the strong one even if they aren't that strong, they are relatively strong compared to the other ...you know...

Researcher: I see. So what about the dual relationship between you and the client?

Tim: Yes.

Researcher: Is it similar dynamic there? I mean if the one has to be the weak one and the other the strong one?

Tim: Err ..., with the client (pause) it's not as simple as that that one has to be strong and weak but I think initially that is how this power dynamic is anyway err ...When the first client first comes they are the one with the problem, you're the helper so ... I'm the helper so I will appear strong and yes I if I hadn't done some work on this, I've done quite a lot of work in my personal therapy on this, I would appear strong and more capable continue this ...yeah the false self would play out I think and the client might find me quite err (pause) a lot more powerful or you know ... less human in a sense you know cause in vulnerability I think we show that we are human. So I find that I try very hard sometimes to equalise the relationship as much as I can. It will never be equal but I am aware of what is going on. That I want to ... I might naturally find it quite easy to appear strong or without vulnerability. It might get hard for the client to relate to me but ...Another way it plays out I think ...There are a lot of ways it can play out in the therapeutic relationship but one is that I don't like it when a client is not getting better or if the client is getting very lost and very upset. I don't mind ... It's strange actually ... I think there are certain things that trigger me more than others maybe cause it's things that they remind me of my own relationships but if a client for example wants to express a loss or upset about something that's happened in their life I see it as very therapeutic that they can express that, they can cry they can you know ... But if it's that we've been working together and it feels like we're getting somewhere and then they start to unravel and get all confused, very anxious and they don't know where they're going, they're lost, there I feel anxiety because it's like, it's a bit like I want to make this better, I really want to bring them back. It's a bit like mum. You know I really want to just help them stabilise again. It's not that I want to fix all their problems in one session but I find it hard to tolerate within myself. My own feelings are, you know, difficult feelings if they are

unravelling you know I'm like oh my God I need to do something...

Researcher: So what do you find yourself doing?

Tim: Well, I try to contain them which again is something that I am very experienced at doing ... Err ... I had a client recently in an assessment who did this actually. He started to become very, very distressed all of a sudden. I've never met him before. It was just an assessment. And I really, really felt very, very str - powerful err ...to just stabilise him. It wasn't ... t wasn't really professional anymore. I really wanted to do this. It wasn't like oh I think I know what's best for this client ... It was like I was drawn in...

Researcher: So you did that more of your personal need kind of...

Tim: Yes, yes. To bring him back. And ... and I was very containing and I offered him a few words which were a bit more person to person, a bit more authentic, a bit less therapist to client to try and help normalise and stabilise him a bit, and it seemed to work ... Err ... But it was really a very, very strong emotion you know a sense of worrying a kind of anxiety within me ... yeah...

Researcher: So it kind of seems that you helped the client but nevertheless it is something that you struggle with. Should I ... It sounds like you're catching yourself to have/having this anxiety that I want to stabilise the client and then you think I shouldn't be anxious in that moment. You are aware of that and you kind of struggle with that...

Tim: Yeah ... I mean I reflected on it slightly later because I was really caught up in the moment ... But yeah ... I think it was very helpful for the client but as you say err ... part of it was for my own need yeah ... My own narcissistic needs, you know my own need basically to make it better. Err ... and I suppose my own difficulty being in a relationship with him at that moment. It was suddenly much more difficult to be there. More uncomfortable ...You know ... yeah...

Researcher: So, you also find those moments uncomfortable...

Tim: Yeah. I suppose they're less boundaried in a way because I'm drawn in, I'm drawn in to

something and this certainly happens in my private life that I get into relationships where I get drawn in and it's something that I've ... err ... something that I've worked on a lot in therapy and I try very hard now not to but I've done it with friendships, relationships you know, the you know like I can become a caretaker or get drawn in to problems and things like that, so...

Researcher: So, how do you become drawn in? What do you do?

Tim: (Sighs) Ah..., again I suppose is being very containing and offering a lot, like with friends I have a friend that I have got into quite an unhealthy dynamic with and now in the last year I've kind of slowly drawing away backwards. I keep some contact but nowhere near as much as before because what was happening was that I was too involved in his problems like he would have a lot of anxiety generally quite an anxious person so the pairing between us is quite telling in itself. So, I was very stable, especially back then when we first met I really had my false self in full effect so I was the unshakable one, the one who could listen to every problem and offer some advice and always knew an answer and he was the one always with the anxiety, always with a problem, always looking to me, always with a... (hesitates) a need and me quite good at providing. Of course I had a need, too. And it worked for me as well. But now I can see that it worked for me partly because of unhealthy reasons which were that it was quite rewarding and safe to be in a relationship where I was the stronger and I was the helper you know...

Researcher: It was rewarding and safe?

Tim: It was rewarding yeah. It felt good. I suppose I wasn't aware of it though that it's actually a really nice feeling to be needed and loved and asked for your help you know and looked at as up on a pedestal you see. So, the very narcissistic about it you see is that, is the un/the less boundaried nature of it but the parentified kind of caretaker type nature and also the fact like I say you ... you're worshipped in a sense, no I mean it's quite strong word but you're put up on a pedestal, you're looked at as if you are more than you are. Err ... and so

without knowing about this, this can play out. Again, in the work, in therapy it can certainly play out if you're not aware of the fact that you're ... (laughs). It's more likely than not that you're actually in this field for your own needs and your own patterns. Err...Then, you're going to be doing that more and more which is I suppose you know...

Researcher: So, how has it been played out in your relationship with the clients?

Tim: Well, it did I mean earlier on ...(pause) Earlier on I was more (clears voice) more distant from my clients and I think more powerful, more enigmatic, more I think they wondered more about me ... More boundaried but also ... More boundaried in a way. Keeping a professional distance in a way but what I found was err...I was still anxious about them getting better and things like that, so it was playing out in that sense that I was trying ...Well, that I wasn't feeling good. I was feeling upset or anxious if they were doing very badly. Err, because I suppose that's the blurring of the boundary that I ...I know I contradict myself when I am saying I was more boundaried. I mean I was more wooden actually, that's what I mean. I was more, I wasn't so human in attempt to keep a boundary but actually I was less boundaried as I was much more worried if they weren't getting better and staff like what happened with this client recently but that's quite an unusual case with him now. It used to happen more I think that I was more...

Researcher: So, you find that when you worry too much about a client in a way this shows less boundaries between you and the client.

Tim: Yes. Yes. It's a sign of less boundaries. I am not sure how/ if it shows or not.

Researcher: For you.

Tim: Yes, it's a reflection of the fact that there are less boundaries and that you know their wellness is a reflection on me which shows that I saw my role as more important maybe than it was, that their wellness was all about me. So, again a narcissistic thing. Err..., and ... what's happened over time as I become more aware of this and worked with this was that strangely I've become warmer with them and more human, more authentic. So it might look less

boundaried in that I'm closer to them but actually in many ways I am much more grounded in myself as a separate person so it is more boundaried. It's warmer but it's actually more boundaried. It's a bit of a paradox but yes, it is...Yeah. In that I know that if they are not getting better it's not necessarily my fault or that there are lots of factors and if they are unwell I feel less distressed than I did before. You know ...n ot totally, but you know... less ...

Researcher: So, you became aware of this and ... of your own anxieties and things that you carried from your personal life and that helps you err ...become more human in a way rather than trying to change this...

Tim: Well I did try and change it (sighs). If you mean did I just become aware of it or did I try and change it?

Researcher: Err ...Without trying to be more boundaried ... I mean you tried less to put more and more boundaries with the client so that you avoid worrying too much for them ... You just used your worry in different way if I understood correctly?

Tim: I think I worried less, I became stronger in myself. More ... In the last few years since I've been having therapy which is almost the same period as practising I've become stronger in myself in that I know more who I am. So, a stronger sense of self. And the thing what naturally happened is the loosening of the boundary with client because I'm not afraid so much now that I am going to get swallowed up. I suppose that's what the boundaries were before. The woodenness I mean was to stop to not get swallowed up in the client's world I suppose. Whereas now I am strong enough in myself to let myself get closer to them because I see there is a boundary between us. There is less danger now of getting swallowed up.

Researcher: You are not afraid of that so much now.

Tim: Yeah, I mean like I said, like the client I just mentioned it occasionally does happen. I do get of course but yeah not as much as before ... Some progress ...Yeah... (pause).

Researcher: So, through therapy you think closeness and boundaries is something related to narcissism and it can be negotiated the more you look at your sense of self and narcissistic

vulnerabilities.

Tim: Yes, yes, yes! Yeah. The more work you do on yourself, the more aware you are of yourself, aware of what's happening in the room, aware of your own narcissistic needs you know and vulnerabilities, aware of your false self. If you are aware of all this I think it starts to change and of course if you explore your true self a bit more which I've been doing in therapy you know...

Researcher: You mean in your personal therapy.

Tim: Personal therapy, personal therapy! You can start to say no in a sense. One main change that I noticed in my personal life was being able to say no or not seeing someone. You know, not seeing these friends even though it upsets them because I don't want to. I'm very acutely aware of what his needs are let's say or other people's needs are. In the past that would drive my actions. This is what they need and they will be upset if I don't do this and I don't do that. And now it's an awareness of what do I want and I will look if these two don't match. What I want and what they want don't match. So, what do I do? And it's investing in myself you know. I suppose in therapy, that's also a similar thing has been going on in therapy as well which is not just about my anxiety for the client or what I imagine they want me to do, you know ... Or maybe I should do a more of a sense what seems right to me or what ... err... seems yeah ...what seems the right thing to do basically ...That's the distance. That's the separateness you know...

Researcher: Hmm, So looking at your own needs more also play a role/played a role in your work with clients?

Tim: Yeah... (long).

Researcher: In what way how did you ... err...understand and work with that dynamic in your client work?

Tim: Hmm...(pause). Yes...I try to think of an example ... but ...Well my own needs how to look after myself and not take on the feelings and worries of the client, err.., so I attend to

that need by...by being careful of how I am with the client to reflect as well on what's going on. That's really important. Yeah, supervision and stuff to really see what's going on there cause if I don't reflect on it and bring it up to supervision then it kind of festers the worry, the feelings that I might have taken on after a session the kind of counter transference. By talking about them that's the way I start to look after my own needs. In the past I didn't use to do that because the false self narcissistic kind of injury stuff is all about looking after yourself without needing to ask for help. So, now I ask for help. That's been crucial; discussing clients you know ... this kind of stuff...

Researcher: And with the clients in the room?

Tim: Hmm... it's more difficult to, more difficult to define (speaks very slowly) what shifted exactly but I suppose keeping in mind what is the client wanting like recently who's quite confrontational, quite difficult really I keep in mind what he is trying to express what his need is why might it be that he is saying what he is saying to me based on his life. Not reacting to it. Not feeling that it's a personal attack, so not putting myself at the centre but putting him at the centre. And of course the relationship. So, it's not all about him, it's about the relationship but what the significance of our relationship is for him ... so again ... rather than you know ... (pause) For example the client thought that I wasn't listening and he got quite irritated, quite upset actually I thought with me and I thought what this might mean about him and his life you know oh my god, you know this is terrible and I need to make sure that he feels like I'm listening you know like to see that I'm he centre of this problem, of this dynamic that emerged. I mean I don't know if I ever did that but it might be more difficult to cope with the feelings. I suppose the difference is that in the past it would be more difficult to have the client in the room with me and having negative feelings towards me. That would be more difficult than it is now that I have more confidence and more separateness. Before, yeah it would be difficult. I wanted to be liked I suppose as all, most therapists do. It's not very nice to think of the client/to imagine the clients having negative

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feelings towards you, you know...whereas now I can see the fact that that it might be precisely what the client needs for him you know for his development you know ... So, it's less about me. More about him...

Researcher: So do you negotiate it in a different way now?

Tim: Yeah, yeah!

Researcher: And do you say different things to clients or...

Tim: Yes. (long and decisive).

Researcher: have a different attitude now?

Tim: Yes, I do. I mean there are lots of differences. Some of it is because of different things I've learnt, you know more experienced therapist, err ... but I/one big difference that I think about actually now is that for example the way I deal with that was to bring myself more into the room and to talk of my experience to rather than just trying to be a mirror or a container you know...

Researcher: Yeah...

Tim: I said to the client like "ok, err..." I was reflecting on what was happening between us, you know bring our relationship into the room but talking about each of us and cared about what my experience was which was that yes I did wonder for a minute you know my mind did wonder for a minute ... Err...I thought that was important because he needed genuine communication and for me to show that I exist as well in the room I mean so we both existed now not just me as a con/ you know ref - mirror. That's different. In the past I wouldn't have done that because I would have been afraid of doing some damage or that I didn't want to contaminate the space you know ... It should all be about what he is bringing and my role simply as mirror whereas now I can see that no there are two people and the relationship between us is what is going to get/be good for the client/the work, but not that I don't exist and that I am just there to service the other (he emphasizes his words strongly). And I suppose in the past yeah that's about my relationships "Just there to service the other. Just

there to help the other." Not really existing in my own right. You know...

Researcher: So, you find it easier to acknowledge that you are there too.

Tim: Hmm.

Researcher: As a person.

Tim: Yeah ... And that I will be in a relationship with this client and I might upset them, I might let them down you know ... I might say something that really changes everything for them like turning points where I say something and the client is like " I'll never forget when you said that" You know ... (pause) that I .. .many things might happen but some ... is something about this interaction you know...

Researcher: You mean by this intervention, by sharing some of the feelings with the client and reflecting on the relationship many things might happen, so you don't really know what might happen...

Tim: Yeah...yeah...I suppose but in general I suppose I do bring a little bit more of myself to the room err... yeah ... (pause).

Researcher: To see what happens. In a way now you risk it more. It still feels a kind of risk but you do.

Tim: I suppose it is. Yeah ...A little bit riskier err ... (pause). Yeah ... because err ... in this work and I suppose in my outside life it seems more valuable now to have some genuine encounters for me to really be present and that's something that came up in my therapy a lot which was that my therapist was saying that I/ in my personal therapy that err ... in many of the relationships I wasn't really present and I soon realised that actually in the therapy room I wasn't really present not really ... I was there trying to follow err ... a kind of textbook idea of what therapy should be, so to say certain things to reflect certain things. That's not really being present though for me ... About two years into the practice ... into ... I kind ... I think I emerged, it's like I woke up and I was present and that's really the difference has been massive in terms of my satisfaction and how rewarding and fulfilling I find it ... err ... a bit

like outside relationships. When I wasn't present really and more reacting to the other and containing the other relationships were far less satisfying. They didn't have the same value. And in the therapy room the same I think. I wasn't really hearing. You know I wasn't really hearing or really responding whereas now I have been more of a genuine kind of authentic meeting between me and the client. Something emerges and I will comment about it. I will bring it up and I find this work much more exciting and meaningful for me but I think ... I think it's much better for the client, too. It's like a real meeting. I see them they see me. You know...

Researcher: Hmm...

Tim: Hmm. Yeah.

Researcher: So by bringing more/ by being more aware of your needs and of these dynamics that you tend to be more of a container for the others you feel you meet the client in a more genuine way?

Tim: Yeah. I think ... I mean in a nutshell, by being ... I think you have to as a therapist or I had to work on myself and naturally that affected my relationships and therapy work. Like ... really that's it. Developing my sense of self or understanding myself you know has huge implications. And not doing it has huge implications. Not being aware of it has huge implications.

Researcher: What are the implications when you know it?

Tim: When you know it?

Researcher: When you...?

Tim: When you know it, it means that you approach your work differently and you, you, you... I think as a therapist the work is much easier to manage I mean it's lighter it's less you know it doesn't weigh down on you as it does when it's unbound meet that the client who is depressed actually makes you depressed to a degree or anxious or when the client is suicidal must be saved you know, you know when you're not strong in yourself I find for myself

having a suicidal client was just mortifying it was just I was like oh what i am going to are they going to do it? It's like I said less of a b ... /less separateness.

Researcher: Yeah...

Tim: It has a quite a lot of impact on burn out. There are papers about this. The person is much more likely to burn out. I would have burnt out ... n fact I did burn out. Believe it or not ... After just about a year and a half of doing this stuff/this practice, I was very tired, I was very tired, very tired. Err ... and not really enjoying it but it was more of it was more of a, a service to others ... and that's what burn out is; I suppose when it's not equal. The reward doesn't justify the (pause) the act. There is not enough coming back for you...

Researcher: Yeah...

Tim: Err ... And yeah ... Like I said when I woke up and became alive and stuff, then suddenly the rewards way outweighed the service and the acts. You know it didn't happen overnight but it happened over the next year or two until now.

Researcher: Yeah.

Tim: The ... you know ... It's, it's ... I just see it as a very different thing. It's a very different endeavour what I am doing here. I see much more of a gain. I suppose I am much more aware of the gains for me. When it was less boundaried when it was/ when I was less aware of my sense of self and stuff it was for them. I wasn't really enjoying anything for myself whereas now it seems more about me/ about doing what I can for the client in many ways in order to get satisfaction and meaning. So, it's very enriching you know as a process...or to see changes you know ... So, yeah...

Researcher: It was about the depressed being less depressed and the suicidal wanting to ...

Tim: Exactly, it was about symptom management (talks loudly) before whereas now it's about real meaningful experiences or about real connection with people. Not necessarily whether they stopped drinking or you know ... That would be nice but that's not all in my/ that's not just in my control so ... what I can do is really engage in a relationship for fifty

minutes you know ... err ... and have something meaningful come out of it. That I can do. Whereas before it wasn't about the relationship, it was "what I can do to make this person do this or ..." "What can I do to stop this person do that ..." you know ...That's not real relationship ...You know ...

Researcher: So, it's more of a relationship now. More meaningful and more ...Because you feel more genuine...

Tim: Yeah. And separate. It is a relationship between two separate people now whereas before it was a messy kind of heavy encounter, you know ...wore me out ... you know...

Researcher: And the clients respond to that fine, differently?

Tim: I think so. I think err ... I think they like/ a lot of them they quite like interacting with me ... I think I have err ... you know ... like a vibe they quite like, kind of energy, but it's my own that I bring into the room...and then we can really kind of interact whereas before like I said I didn't really exist so...

Researcher: You were more wooden...

Tim: I was just a mirror. So, there was no other (emphasizes). I mean, ok I am exaggerating a bit but more that way. There was less of me in the counter there the client went there and talked ... Now the client...

Researcher: So, in a way there are more things there. There is not only the containment but also the energy, the atmosphere; the interaction is valued now by you as much as the containment.

Tim: Yeah. Yeah, yes, yes, yeah.

Researcher: I see ... yeah ... So, thank you.

Tim: My pleasure.