

## BEWARE THE SONG OF THE SIRENS: REFLECTIONS ON THE SEDUCTIVE FACE OF NARCISSISM

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*This paper is about narcissism and particularly about the paradoxical way in which some narcissists use objects. In the classical perception of narcissism total disregard is shown for others with the narcissist taking himself or his own reflection as his only object, yet we also encounter the obverse position where the narcissist seems to be seeking relatedness by making seductive efforts to attract others into collusion with their needs. This has not been widely discussed but we believe it represents a major division of narcissism with the classical disregard of others being replaced by a seductive drive for their subversion. This strategy is represented by the myth of the sirens who by the beauty of their song lured sailors to forget their own lives and ultimately fall to their destruction. We consider the sirens' song and how the nature of its seductive lure is shaped by the therapist's own enactment in the countertransference. Previously narcissistic presentations have been thought of as movement along an axis of more or less grandiosity but we now propose that this concept is best broadened into a two-dimensional space where the second axis defines the degree of seduction employed.*

**KEY WORDS:** NARCISSISM, SEDUCTIVE, SIRENS, COUNTERTRANSFERENCE, ENACTMENT, DESTRUCTIVENESS

### INTRODUCTION

Every psychotherapist is familiar with the narcissistic personality and the chaos that surrounds them both inside and outside the consulting room. Perhaps the most commonly recognized features of such encounters would be the grandiosity, the apparent self-assurance combined with dismissive disregard for others. Yet it is also true that many patients who seem to be well described by this disorder are surrounded by envy and admiration and it seems paradoxical that those who show such disregard for others so often collect around them a court of admirers. It is not at all surprising that the narcissistic person would crave that admiration but it is not obvious what makes many of those who come into contact with them fall into compliance with that need.

The myth of Narcissus and Echo has been used since the beginnings of psychoanalysis to understand this type of personality but it gives no convincing account of the

self-destructive pull towards the narcissistic person that is so often found. In this paper we look at patients and organizations where narcissistic characteristics are clearly evident and seek to show how there is a distinct type that we have called the siren, taking the myth of the sirens as the most compelling image of the archetypal pull towards self-destruction in the service of a seductive other. A general account of the myths is given by Hope Monchrieff (Hope Monchrieff, 1907).

The myth speaks of the irresistible lure of the distant singing drawing weary sailors to their doom on the rocky shores of the sirens' island. Yet the essential point is that the sirens are not at all lovely, the sailors are deceived by the song which masks their vile nature and the stench of corruption. Instead of offering solace or knowledge, they bring enslavement, estrangement and death.

To start to understand these patients it is necessary to look closely at the sorts of relationships we develop with them, how it feels to be with them, what they want from us, and more importantly, what we might want from them. As therapists we need to question in what varied and subtle ways we are drawn into compliance with the roles we are handed.

We were drawn to this study by reflecting on bruising experiences of narcissism in the consulting room leading to a consideration of the fate of Echo, the poor disregarded worshipper of Narcissus, who gave him everything she had. Her own qualities, represented by beauty in the myth, were spurned until she wasted away, and devoid of any independent existence, she could only repeat his words; this was the only form in which her existence could be tolerated and often the fate of well intended psychotherapy with such patients.

The mirroring fate of those ensnared by the sirens and its implications for psychotherapists trying to work with them leads us to consider what could be learned from the strategies of the heroes as well as from the more conventional wisdoms of psychoanalysis.

Our thinking about the paradoxes of this condition has led us to propose that the grandiose presentation of the more conventional narcissist and the ensnaring charm of the siren may be seen as two different dimensions of what we term narcissistic space. The concept of a two-dimensional space allows additional freedom to conceptualize what may initially seem quite disparate means of defending the self; we propose they should be seen as simply variations in strategy serving the same objective.

#### EARLIER THOUGHTS ON NARCISSISM

Before moving into our main discussion of the siren, it may be helpful to review pertinent aspects of literature which may bear upon our understanding. As is well known, the concept of narcissism to describe the defensive use of the self as a primary love object was first introduced to psychoanalysis by Freud (Freud, 1905). Since then, possibly more has been written about narcissism than on any other subject in psychoanalysis. Britton provides a valuable review of this from a clinical perspective (Britton, 2004).

For this current paper we think Rosenfeld's ideas of thick- or thin-skinned narcissism provide helpful context (Rosenfeld, 1987). According to his formulation, the thick-skinned narcissist relies heavily on grandiosity as a defensive strategy and appears untouched by interpretation which is denigrated and dismissed; whilst the thin-skinned, having no access to the grandiose defence, is easily hurt and self-abasing. We shall see that both strategies serve the purpose of evading the object. Bateman (1998) and Britton (2004) noted that both polarities are usually found within the same person, albeit with a predominance of presentation in one form or the other, which is also our observation. Shaw, expanding on the destructive aspects of the thick-skinned narcissist, introduces the concept of the traumatizing narcissist who seeks to bully and control the object to carry the disavowed aspects of himself (Shaw, 2014). This disavowed aspect is most often the unendurable sense of inadequacy, humiliation and hopelessness which lies at the core of narcissism and which is projected into the therapist, leaving them in despair. This serves the purpose of evacuating the feelings from the patient's mind but also informs the therapist just how awful it feels in the inner world of the patient. Although these feelings can be very difficult to manage, they are vital in helping the therapist find an empathic response. Psychoanalytic psychotherapists today may be particularly vulnerable to this dynamic working in a society where their skills and wisdom are frequently undervalued and adversely compared with so-called evidence-based modalities. Professional doubt of the value of their work if augmented by the therapist's own personal narcissistic vulnerability lays them especially susceptible to identification with these projections. In this condition it is so easy for the therapist to be drawn in by the siren's song when it sings of one's uniqueness and indispensability.

#### THE NARCISSISTIC PERSONALITY'S USE OF OBJECTS

It is generally accepted that the damage that leads to narcissism is suffered very early, being essentially a betrayal when the idea of 'other' is just taking shape so that inevitably the concept is beset with fury, terror and a fundamental distrust (Mollon, 1993). Whilst the schizoid disorder leads an individual to react to object failure by rejecting all objects other than himself, the only trustworthy entity, the narcissist dares not abandon the idea of external goodness and so takes the blame and hatred onto himself. Most theorizing on the precise origins of narcissism is somewhat non-specific, speaking as we did above of 'object failure', so it is interesting to reflect on precisely what form of object failure might be involved. Our observations suggest that those who later present with narcissistic disorders have not simply suffered the passive loss of the object but rather demonstrate an internalized perception of, or actual hatred from, the supposed care-giver. This is a speculative observation but one that might repay more systematic study.

Hence the essence of narcissism seems to be the inner certainty of the narcissist's conviction that he is the most loathsome object and this corrosive and utterly unlovable self must be hidden beneath tiers of reaction formations such as grandiosity and omnipotence, projections and denials.

It is rare for those exhibiting even extreme narcissistic personalities to be entirely unaware of their inner self-loathing. There will be moments when they fall into identification with the other whom they perceived as loathing them at some early moments of their lives, and the hatred and despair will be total and unbearable; it must be projected to save any good aspect of the self. A separate object poses an enormous threat as a separate uncontrolled object will have the autonomy to penetrate the narcissistic defences to see the inner awfulness which is never acknowledged but always known. The classical narcissist, who can present in both thin- and thick-skinned form, manages this danger by never truthfully perceiving another object as separate; the best that will be achieved will be a set of self-object formations whereby the uniqueness of the other is destroyed and they only exist as extensions of the narcissist's own self. There is nothing new and no danger as the self-object presents no threat of otherness (Kohut, 1972).

The siren adopts a different strategy; she (he) draws in those who will offer her continual admiration and is fed by this flow of worship. In addition to the flow of praise, her success in drawing in the worshippers gives the immense satisfaction of having substituted herself for all of their former attachments. The captured object is rewarded by her reflected glory; the more she is praised the more glory reflects. A kind of satellite object is created whose sole purpose is to orbit the pole of attraction offering a flow of reassuring praise in return for being in the accepted group, the in-crowd. This is heady food for one who at core feels only self-loathing; but it needs continual replenishment.

The life cycle of the object in these circumstances is often predictable and short. Initially the spell of the siren ensures that she (he) is seen as charming and attractive, however once captured and the deal done, the self-boundary of the siren extends to include these satellite objects who then fall within the walls bounded by the projected false self. The consequence of not being a separate object is that they become part of the siren's inner world. They discover that the charm has gone and they now perceive the full fury of the tides of murderous rage and envy that surround her core and they become aware, as Shaw points out, that the attention of the narcissist was always self-serving (Shaw, 2014). The object has a difficult choice. The most common first option is to collude with the siren, losing autonomy in return for a share in the siren's glory; this is frequently seen in the formation of power groups in organizations with associated bullying. The other choice is belatedly to try to pull away but then suffer the full brunt of the destructive rage of the siren. It is then that the full force of rejection is felt, leading inevitably to the expulsion of a scapegoat to carry away the projection of all of the imperfection and failures. Apostates are rarely allowed to live.

#### MIRRORING AND THE SIREN

We have tried to understand the pathology of the siren, yet we do not think it satisfactory to see the sailor as entirely the hapless victim, so we would like to consider the part that relatedness plays in what is essentially a disorder of relational failure. It is paradoxical that a failure of mirroring leading to withdrawal into self-loathing should

so often present as the duo of Narcissus and Echo; this is perhaps the major differentiation from the schizoid presentation where distrust of all objects leads to isolation and remoteness. The schizoid condition most often shows in a cold, aloof and unattractive presentation whereas the narcissist sparks the full range of passions often wielding seductive power, yet leaving a trail of destruction and crashed hopes, characterized by Echo.

A key factor in the myth is that human mirrors failed Narcissus, perhaps because no mirror is perfect and carries within the reflection an imprint of the reflector herself. This evidence of another independent psyche is intolerable so Narcissus can only find satisfaction in the dead reflection from a pool; a mirror devoid of life and free from the threat of fatal impingement. The narcissist will always seek to exclude life from his mirrors.

When the thick-skinned narcissist seeks psychotherapy the demand is often that the psychotherapist should reinforce or echo their view of themselves but never offer any interpretation that is at variance with the patient's view. This is frequently understood as an inability to tolerate the threat of a separate psyche and the experience of the psychotherapist can be that the patient seeks to kill them off; sometimes this itself becomes enacted by the therapist in the form of illness or accident. The experience with thin-skinned patients is only superficially different; self-abasement replaces grandiosity but it is equally hard to be allowed to be present in the room as other than an Echo.

The myth finds it sufficient that Narcissus was pursued for his beauty; that the action was initiated by would-be lovers whilst he was dismissively passive. This is frequently how we encounter the more classical Narcissist both in the world in general and in the consulting room. Narcissistic patients often present fantasies that the therapist is cravenly dependent upon their favour economically and emotionally; and in organizations we often hear of envious and destructive colleagues plotting and frustrating their endeavours. However, what strikes us most strongly with the more actively seductive narcissist is just how attractive they can seem, the way they can make such an effective appeal to attract attention and admiration, despite any dispassionate evaluation of their charm or talents.

It seems that the disregard described by the Narcissus myth masks a very powerful call to enactment, something like a projective identification, but we think much more powerfully described as a compulsion to take part in the drama that surrounds the narcissist; what Betty Joseph called the total situation (Joseph, 1985).

To understand this we must look in more detail at the myths of the sirens who sang such beguiling songs that sailors lost their lives both symbolically and sometimes literally to listen to them. Whilst they basked in the sweetness of their songs, what they did not see was that they lost all free will and were made captive, that all of their former attachments were forgotten and the siren had substituted herself as the only thought in their minds. The image of Ulysses beguiled by the song whilst his unhearing crew steadfastly rowed the ship away is very compelling and is often echoed when those around the one caught by the song cannot understand the energy of the attraction to what seems to them such an ordinary unremarkable object. Culture

abounds in similar images for tuning in to a particular attraction which others do not see. Just one example from Leonard Cohen's poem/song 'Suzanne' describes how the lover initially sure that he has no love to give suddenly finds an unconscious compulsion to travel with her and to travel blind. What is it that makes some susceptible to the song, so willing to travel blind, whereas others hear nothing and others can see only too clearly? Is the answer in the river a reflection by the siren of the participants' need? (Cohen, 1966).

In addition to those who seem to have no vulnerabilities to the sirens, and those who lose their way if not their lives, mythology offers two significant ways in which the sirens may be survived. Jason passed their island by the strategy of having Orpheus drown them out by the music of his lyre. He learned nothing from the sirens but avoided the normal fate. Ulysses took a more perilous path and left his ears open to experience the full power of the song but was able to survive by the precautions of having himself lashed to the mast of his ship and ensuring that the sailors had their ears blocked and were under the strictest instructions that they must not release him under any eventuality, including his own countermanding order.

The call of the siren is usually seen as sexual, although in the earlier versions of the myth the offer was not primarily of human solace but of knowledge. In the consulting room the siren's song will often be seen in erotic terms, drawing energy from the raw power of sexuality it can disorientate a therapist who is not secure in his own sense of himself. But the song can also be sung in a different key, chosen to resonate with the therapist's personal vulnerability, as will be shown later in patient B.

The task of psychotherapy is to emulate Ulysses, yet it is so easy to feel frustrated and diminished by these very troubled patients and to counterattack in our thinking and often in our actions. Therefore, it is difficult at times to maintain an empathic and understanding stance. Yet if we can dare to be immersed in the song, trusting the restraints of our own self-awareness and clinical supervision to carry us safely through without succumbing to its temptation, we can retain our critical capacity to explore our own role in the drama. How have we been complicit in forming the mirror and what is our need that is expressed in this relationship? If we remain grounded in our therapeutic position, we may do some good.

#### THE NATURE OF THE SONG AND ITS EFFECT ON EACH OF US

It is a curious reality that not everyone hears the song and not all of those who do hear the same song. Those untouched are often bemused to see how a colleague may be bewitched by someone they see as ordinary and perhaps rather lacklustre; they cannot comprehend what is happening. This all points to a deeply unconscious enactment being in play. The siren projects into the target the yearning and need for adoration which the receptive psyche picks up and enacts in response. The greater the attunement between the siren's need and the receptor's own needs, the greater will be the enactment. Just as a dream is essentially an idea clad with the iconography of the dreamer's memories and unconscious complexes, so the song is heard according to the unconscious landscape of the receptor. It becomes a drama of the two.

Kafka fascinatingly retells Ulysses's encounter by writing that he did in fact block his ears because he knew that more deadly than the song was the silence of the sirens. In the silence the song could still be heard but the song of one's own expectations and projections. Apart from comments on Ulysses's cunning, he was emphasizing that the fatal attraction lay in the unconscious and projective nature of the attraction. Perhaps the wax was not about listening to the world, but to focus entirely upon the psyche's response to the drama enacted between the siren and himself? (Kafka, 1917).

A rather unconventional reference exemplifies this perfectly in a scene from the television science fiction drama 'Red Dwarf'. The spacecraft arrives at a planet reputed to be inhabited by the Psirens who have the property of discerning and presenting as an embodiment of one's innermost desires. The scene shows the hero encountering an alien he perceives as a beautiful woman, whilst those observing from the safety of the spaceship see that he is in the arms of a slathering monster about to suck out his brains (Red Dwarf, 1993). This is perhaps a more modern day retelling of Dante's encounter with the siren in hell (Dante, 2005).

In these images one might detect a more sophisticated concept of the siren; from being a schemer seeking enslavement of the object to meet her needs for worship, to using the more subtle device of mirroring the receptor's desires to achieve her ends. The concept has moved to a position of the ensnared being trapped by their own unresolved conflicts. We believe the real point is not the pursuit of the guilty but rather to recognize that the enactment involves both parties; both the need of the siren and that of the receptor; it is indeed a folie à deux.

The receptor's vulnerability can perhaps be best summarized by elements of both psychoanalytic and Jungian ideas. We have already alluded to a mutual enactment where the siren's call deeply resonates with the receptor's unresolved conflicts; most often their own unexplored narcissistic needs. Typically the thick-skinned aspect of the patient may be evoked by both compensatory pressures and by projective identification of the thin-skinned aspect of the therapist. On the axis of control, the seduction of the narcissist will find the needy part of the therapist. The folie à deux develops as mutual inflation grows and together they act out a drama of increasing tyranny and grandiosity until the bubble bursts, with unpredictable consequences. From an archetypal perspective the power of the siren draws the self into inflation, and as with Icarus, the moment of glory is followed by a catastrophic collapse of the mature sense of self into the annihilation of collective forces.

In the consulting room, the therapist will be most vulnerable when the patient seems to meet his need, when the unconscious need tunes energy from the broad spectrum call of the siren; the siren offers to be whatever you want her to be.

In the countertransference, the therapist can feel marginalized, inadequate or idealized in turn, never sure what role they are being cast into; feeling drawn in, flattered and inflated, and for a while thinking they are doing a rather fine piece of work before coming to feel the loathing and the contempt for their pathetically inadequate capabilities. The therapist has to be able to hold their ground, firmly tied to the mast; it is so easy to collude, to be pulled into the drama. They will be helped by good supervisors who will hold them more firmly.

CLINICAL SCENARIOS

These scenarios have been drawn from many encounters in individual practice, supervision of case work and organizational consultancy. There is no actual case A, B or C, but everything described has happened in our work, and as such, these composite studies are realistic. Despite the regrettable loss of immediacy in the nuances of 'live' interactions, we have felt it important to use such an approach to respect confidentiality.

*Patient A: A Case of More Classical Narcissism*

Patient A was a young unmarried fashion designer who presented in order to improve her relationships at work and with friends. She was attractive and beautifully dressed and the therapist initially found herself liking the patient and envying her sense of style. She appeared to have a reasonable degree of self-awareness and an enthusiastic willingness to engage in the therapeutic process. However, despite this, it soon became clear that any seemingly useful and accurate transference interpretation caused a great deal of disruption. In the countertransference, the female therapist often felt reduced to a bystander and found it extremely difficult to find any useful way in. She began to feel less and less effective and realized that she did not exist for the patient as a separate object. If she responded to the patient's material, her input would initially be ignored; if she interpreted this disregard, the patient would become seethingly angry and abusive as if the therapist had become too apparent in the room. The fear felt like a threat to her existence and she found herself dreading the patient's sessions; it all seemed a far cry from her initial liking of the patient. The therapy continued for two years with seemingly little change taking place and the therapist struggling to hold hope for a helpful change. Together with trying to manage her fears of the patient's attacks, the therapist was always left wondering why this patient came regularly to her sessions! As so often happens when psychotherapy feels stuck, it took an external impingement on the boundaries to force change into the situation.

The patient by chance saw the therapist having an animated lunch with a young female friend in an out of town restaurant. Following this, the therapist expected some repercussions but the fallout from this chance encounter was catastrophic with the patient unable to contain her rage and despair as she was forced to confront the reality of the therapist having a life and of her very real need for her. The patient launched murderous attacks against the therapist's autonomy and professionalism. The intensity of the attack was so damaging that the therapist became ill, only recovering when it became clear to her that her illness might be related to her patient and recognition of her own unconscious collusion with the attacks upon her right to her life outside the consulting room. After many months in which it seemed the therapy might not survive, both patient and therapist struggling with powerful feelings of hatred and love, the patient slowly started to understand that she was not excluded from the therapist's love which had survived her extreme attacks. Not only did the patient come to understand that the therapy could survive but the therapist also understood that she could herself survive the attacks against her.

*Patient B: The Siren*

Patient B was a man of late middle age well known in public life. He had sought psychotherapy over feelings of dispossession and futility as he contemplated retirement and being supplanted by others. He chose to enter psychotherapy with a significantly younger man, who was pleased and flattered to be referred such a distinguished patient.

The patient had considerable charm, was fiercely intelligent and was well read in psychoanalytic literature. His charm was highly seductive, and the flattery spoke directly to the therapist's wish for a distinguished career; he developed the feeling that he was the only one who could help this patient and found himself easily and happily lulled into the patient's world. During the early phases of the work the patient called upon his wide reading to chide the therapist and later more openly criticize him for theoretical 'errors'. The patient's thought patterns were convoluted and perhaps incoherent but the transference was so powerful that the therapist presumed that it was his own intellectual shortcomings that prevented him understanding or following what was going on, despite this being obviously not the case. The process seemed to be to confuse and bedazzle the therapist, to undermine his clinical confidence and at the point where he felt he was completely lost the patient would offer comfort and encouragement. The patient also created an overwhelming sense of intrusion and penetration, and the therapist began to feel that he was at the mercy of the patient.

The patient was both seductive and threatening, the therapist found himself oscillating between warm feelings of being looked after and the excitement of homoerotic feelings, together with fears that he might be physically raped by the patient or become the subject of a complaint. The therapist found it extremely hard to stay on course and his neutral therapeutic position felt insecure and under continual threat. Despite close supervision the pull was almost overwhelming. The patient would frequently gaze in rapture seductively drawing out a resonant response from the therapist's thin-skinned vulnerability; it felt like the pull of the bird toward the mesmerizing snake. The patient had successfully replaced the true roots of the therapist's authority with a dependency upon himself for all affirmation; a pattern duplicated throughout the patient's life.

With growing understanding of how he had been ensnared, the therapist was able to create more thinking space in the therapy, although the patient's defences continued to stall any real progress.

*Patient C: The Siren Within an Organization*

The client was a representative of the board of a large company who had experienced the failure of a new business venture and wished to understand what had gone wrong to avoid a similar mistake in future. Alongside its established product lines, the company had set up a high-technology division led by a technical manager working in a very promising but challenging new market. Things initially went well and the product was well received, but the lack of commercial talent proved to be a problem

resulting in the early promise being lost and with falling revenues and profits. The board decided that a change of leadership was needed, but as the particular combination of technical expertise and commercial talent that was felt to be essential was not available within the company, they decided to obtain professional help from an executive selection consultant with a strong record of successful placements. After an extensive interviewing process which saw many candidates with appropriate commercial skills considered and rejected, the board made the surprising decision to appoint the consultant himself to the position, despite his skills having no relevance to the role. What had happened was a subtle but highly effective narcissistic enactment. The consultant had been successful in gaining the trust of the board with his impressive intellect and charismatic presentation. Once established, he cast doubt on the credibility of all applicants identified, including some from within the business. He was then able to allow himself to be proposed for the position, supporting his sense of grandiosity whilst distancing himself from any suggestion of self-interest.

The siren song was skilfully sung and spoke of risk and safety, that a secure future could be had with no more searching, that the consultant could save their investment if appointed to the job. The essence of the siren's song is that it tells you what you most want to hear. The board were deaf to the warnings of the experienced staff who feared the consequences of being led by such an inappropriate choice. Ears were stopped and reason suspended as naysayers were silenced.

Inevitably the situation got worse; the appointee made no tangible impact on the decline of the business, yet wreaked havoc by imposing his own thinking without reference to those more experienced than he in this field. The board seemed unable to see what was unfolding and remained in thrall to the new leader and unconvinced staff were harassed until they resigned. The division had become a vehicle for the promotion of the pretensions of the leader; in effect, a church dedicated to his worship. Eventually the board came to see the new division as an unacceptable liability and to avoid further losses it was closed down. Promising technical work and the labours and aspirations of many staff were brought to nothing and people lost their employment.

#### DISCUSSION

Patients with narcissistic disorders represent some of the hardest cases we work with and classical thinking provides no unambiguous pointers to best practice. Kohut, following on from Winnicott, recommended non-impinging containment like the good mother, whilst Kernberg believed failure to challenge the narcissistic grandiosity was fatal to the analysis.

To examine these differing views in more detail, Winnicott maintained that there is a need with these patients to move away from a more classical interpretive style towards what he would see as a facilitating environment (Winnicott, 1960). He suggests that for a healthy development, the mother/therapist needs to be present but not as the other or at least not in more than a rudimentary sense. Her rhythms need to reflect the baby's needs and as such in no way impinge with any sense of otherness;

what Kohut described as a self-object. Winnicott's good enough mother must be resilient and maintain a balance between her steady and firm holding in the face of love and hatred, whilst retaining the non-impingement which is so essential for the baby's development. Kohut and Winnicott suggested that empathic resonance of the mother with the child was vital; that she could be felt to take joy in his very existence (Winnicott, 1960; Kohut, 1972). This creates a secure foundation of good experience and basic trust is then established; this is then followed by a process of separating out and differentiating from the primary state of oneness.

This was the theoretical underpinning of case A. The therapist endeavoured to provide that gentle containment, and whilst she did so, all was well. If she moved even a little from that position the full narcissistic fury was released upon her and she had to rebuild the sense of oceanic oneness until again all was well. At these times she felt her existence was under threat as the patient sought to annihilate any sense of an 'other' in the room. The patient's attempt to annihilate the therapist resonated with a feeling of uselessness in her identification with the patient's projected sense of self-contempt. Wright feels that the detection of an 'other' must feel like abandonment by the maternal object. He suggests that for some patients an untimely interpretation can feel like being torn out of a 'merged in' state, a painful repetition of earlier trauma (Wright, 1991). This could be managed as long as the impingement was not too great. Shaw suggests that interpretation is unlikely to be effective when narcissistic patients are strongly engaged with either the thick- or thin-skinned position, but is more effective when they are in that middle more transitional state (Shaw, 2014). With patient A, the external impingement arose, forcing her to confront the reality of the therapist's independence and her intense rivalrous envy of the 'young friend'; at this point the fury became hatred.

As Winnicott has described so compellingly, it was the survival of the hated object and its consequent recognition that allowed a loving and mutative relationship to develop (Winnicott, 1969). His use of the word survival means that the mother stays more or less the same and does not retaliate by rejection or punishment; however, the relentless attacks from such patients sorely test the therapist. If this aggression cannot be tolerated, at least most of the time, it will become dissociated and split off. The hatred turned inward was probably the cause of the therapist's illness which persisted until she was able to tolerate and use her hatred, and beyond it her compassion, in the renewed care of the patient. It is this dissociation that Winnicott explores in his paper 'Hate in the countertransference' (Winnicott, 1949).

Once the sense of oneness had been achieved with patient A, the intensity of her grandiose delusion held the work immobile until the therapist was able to create that moment of disillusion. Ideally that would have been contained in the consulting room, but the situation was such that an enactment became inevitable as the only way the therapy could progress. The work did survive and moved to a place where the delusion was challenged and the challenge became the work of the therapy; the case was moving forward once more.

For patient A the need was to feed from mother but to make no recognition of her separateness; however, with patient B, an example of the siren, the separate existence

is recognized but as an immense threat; independence makes abandonment possible. The solution is to lure the other into a place where they can be controlled and forced into a very active but fully prescribed role in the patient's personal drama; this counterpoint of seduction and tyrannical control is the strategy of the siren. With patient B the need seemed to be to create a helpless object where the patient could be the only possible subject for their attention and love. There was a sense of resonance with Fowles' psychological novel *The Collector*, in which the victim is closely observed, kidnapped from her life, collected and imprisoned, totally at the mercy of the stalker who seeks to win her love. The only way he could conceive being loved was when he had total control of the object (Fowles, 1963).

The therapist's vulnerability derived from his belief that his patient would offer him a path to success and fame; his own desire but also very much the patient's own myth about himself, stirred to fresh intensity by the reality that his power was fading.

The therapist initially followed Winnicott's approach and offered quiet containment, making no challenge to the grandiosity of the patient's position. This gave full scope to the patient to patronize and become increasingly inflated with the success of his domination of the therapist, who seemed to have nothing to say.

Kernberg, in marked contrast to Winnicott and Kohut, views narcissistic illusions as having a pernicious effect upon the psychoanalytic treatment. Based upon delusions of the self-sufficiency and perfection of the grandiose self, they undercut the very basis on which the analytic process rests; the presumption that the patient may gain something meaningful from someone else. Therefore, he urges a persistent interpretation of the defensive function of grandiosity and idealization as they emerge in the transference. He considers everything else a waste of time since the narcissistic illusions systematically destroy the ground upon which treatment proceeds. "The analyst must continuously focus on the particular quality of the transference in these cases and consistently counteract the patient's efforts towards omnipotent control and devaluation" (Kernberg, 1975).

Once the therapist had come to realize how totally he had been undermined and that his fantasies of being professionally destroyed were a direct consequence of his enslavement by the patient, he came to feel that the Winnicottian approach was not containing the patient and he was moving to dangerous levels of inflation. With this in mind he found sufficient courage to challenge the assumptions following Kernberg and the nature of therapy changed; initially for the worse as the patient expressed his murderous rage, but as this was interpreted, he became calmer and slowly came to reflect more thoughtfully upon the work.

Patient C is again an example of a siren at work, but this time from an organizational perspective. There is a curious and often fatal affinity between organizations and seductive narcissists. It is perhaps because the organization is seen as being bigger than the self, carrying the numinous quality of the imperious parent, the law, nameless authority and higher purpose. The narcissist both projects their omnipotence into the organization and identifies with it, so at a stroke acquiring its numinous qualities and pushing the inevitability of a catastrophic realization of their own nature further away.

For the organization there are obvious attractions in a charismatic leader. When such a person comes to their attention, the directors become ensnared in the myth of grandiosity and convince themselves that such a leader will solve all of their problems; the song of the siren is overwhelming and the narcissist easily moves into positions of leadership and power.

Once appointed, the grandiose wielding of power reinforces the 'wisdom' of the decision. The narcissistic leader seeks to expel his inner sense of worthlessness by projecting it into the organization and expelling waves of identified targets, reinforcing the new sense of omniscience that has entered the organization. Bullying becomes part of the culture and only later does the destructiveness of the splitting start to show. After several cycles of the expulsion of scapegoats, it starts to become apparent that nothing creative is being added.

The organization's fate will often hinge upon how effectively it can provide containment structures, the task being to retain the useful attributes of such a leader whilst providing an effective barrier to the seepage of the impulse for destructiveness from the leader into the core of the organization. If this cannot be done effectively, internecine conflict and cultures of blame will threaten the survival of the organization.

With the narcissist leading an organization, it becomes no more than his personal support structure. Its primary task is not, as the organization may have thought, to create shareholder value, but rather to provide continual affirmation to the leader; to provide worship. Successes gained are not successes of the business but are viewed only as personal success of the leader. Business growth for the narcissist is simply a measure of their splendour. Dissenting voices are never seen as enriching debate but as threats and their inevitable expulsion is to protect the leader rather than to meet any business need.

#### THE CONCEPT OF TWO-DIMENSIONAL NARCISSISTIC SPACE

We set out to draw attention to and to describe an important aspect of narcissism that we did not think had received sufficient attention in the literature despite its widespread presence in clinical and consultative work. For a while we wondered whether this condition really belonged to narcissism at all, or whether it was best seen as a distinct pathology. However, despite the considerable difference in the way that objects are used, we felt that at the core the fundamental distrust and refusal to recognize separateness justified the inclusion of the siren defence as a form of narcissistic behaviour. We have attempted to draw out some differences between the ways in which those who cannot contemplate the threat of another object defend themselves against what they can only see as a fatal impingement. The classical narcissist tends towards the schizoid end of the spectrum, and rages and bullies any potential threat into quiescence; relating is hard and always conflicted, leading to isolation and despair as grandiosity fails and the inner worthlessness emerges. As described with patient A, only the survival of the therapist can lead to the gradual realization that they can be regarded with something other than hatred and they can start to feel some

of the humanity in interaction that they have been denied throughout their lives. It is humbling to see how this can happen, even after a lifetime of hatred and fear.

We believe that the narcissist who adopts the siren defence is in many ways quite different. Rather than to destroy the object they seek to control it and replace its autonomy with an agenda that suits their need both in personal life as well as enacted through an organization. They will often flatter and praise the object to distract attention from their underlying tendency to bully and tyrannize. Paradoxically what may be regarded as a more sophisticated level of functioning renders the patient even harder to help. The transference field is intensely personal; the classical narcissist simply wants to destroy the impingement, but with the siren there is intense interaction, intended to enslave the therapist by offering a mirror to his projections.

It might have been tempting to equate our thinking about the siren with the thick- or thin-skinned faces of narcissism, but we do not think this is the case as it seems to us that the axis from thick- to thin-skinned presentation is mainly to do with the extent of the grandiose defence in service of evasion of the object. We consider that the siren incorporates both polarities and is actually an additional dimension where the active parameter is the manner in which the object is controlled. We propose that Shaw's concept of the traumatizing narcissist, where the object is bullied and abused into compliance, is best seen as the negative polarity on this same dimension. The siren represents the positive polarity where the goal is the control of the object by seduction to fulfil an aspect of the narcissist's purpose. The purpose of the thick- and thin-skinned presentation is to evade any interaction with the object either by destructiveness or denial, whereas the siren knowing that the object exists seeks to control it by seduction or bullying to negate its threat. In essence, this paper extends the visualization of narcissism from simple oscillation along an axis from thin to thick skinned by adding a second dimension to define a two-dimensional narcissistic space. Now we can see that the narcissistic presentation can be described by a point in this narcissistic space defined both by the extent of the grandiosity and the extent of the seduction; we believe this allows therapists greater creativity in their thinking.

Working with the siren is so much harder because the whole defence is based on intense watchfulness and immediate correction of the smallest departure of the satellite object from its orbit to avoid its escape or catastrophic impact. The siren must be constantly active to maintain the desired situation. The actions of the therapist, even once he has understood the dynamics of his own entrapment, directly feed into what is normal for the siren who will counter every move.

The very early nature of the damage and the fundamental distrust of any sense of other make narcissism one of the most difficult disorders to work with psychoanalytically. These patients have such an extreme effect upon the therapist that at times it feels almost impossible to retain an empathic stance; however, it is vital to remember that these people are in desperate need of our help. We have seen that for the more classical narcissist, progress can be made, although more often the work stalls in Echo-like silence. With patience and courage from patient and therapist, the presence of the other can be brought into life and some easing of the condition can be achieved, but the cost to the therapist should not be disregarded. How much more true this is in

cases where the narcissism takes the form of the siren. The intensity of the interpersonal field is immense and with the propensity for somatic enactment the struggle can *in extremis* feel like a matter of life or death for both patient and therapist.

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