The Reign and the Exile: Narcissism and Transference in Psychotherapy

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Abstract
The article describes the characteristics of the narcissistic personality disorder from its first psychoanalytic conceptualizations to the latest discussions raised by the making of the DSM-5. It examines the related literature and illustrates the etiology, diagnosis and treatment of this disorder by using the theoretical model of Classic Transactional Analysis (TA) and, more specifically, of Psychodynamic TA. In particular the text refers to the concepts of dramatic triangle, transference transaction and countertransference analysis in order to help psychotherapists to therapeutically interpret and manage what happens in the difficult relationship with the narcissistic patient.

Narcissism, Type C transference, countertransference, idealization, discounting, projective identification, grandiosity, therapeutic relationship, dramatic triangle, Persecutor, Rescuer.

But man is a true Narcissus;
he delights to see his own image everywhere;
and he spreads himself underneath the universe…
That is the way in which he treats everything external to himself.
His wisdom and his folly, his will and his caprice,
he attributes alike to the animal, the plant, the elements, and the gods.
Goethe, *The Elective Affinities*

Introduction[1]

My intellectual curiosity has been recently drawn - with strong and

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almost disturbing intensity - to the subject of the narcissistic disorder, along with related theories on transference produced by Carlo Moiso after observing narcissistic patients. As I began to explore the literature on these topics, one point immediately stoked my attention: searching the TAJ archive, I did not find a single title on "Narcissistic Personality Disorder". Subsequent, more thorough researches allowed me to find some "material" on the subject, though it remains objectively true that little has been written about narcissism by transactional analysts. Furthermore, reports on the making of the DSM 5 and on the process by which it was revised reveal that narcissism, a pathology formerly classified as severe by scholars, was at risk of disappearing from the list of personality disorders: this last point further increased -where possible- both my doubts and my curiosity about the disorder.
Since its birth (Freud, 1914) until the present-day, narcissism has experienced "glory and oblivion". Moments of intense research and vivid curiosity alternating with prolonged periods of forgetfulness and indifference. Thus, an "elitist narcissism", as the exclusive privilege of psychoanalysts, was replaced by a "narcissism for all", typical of the 70's, when the "age of narcissism" was inaugurated. This period of interest reached its peak in 1980, when narcissism was recognized as a psychiatric disorder and included in Axe II of the DSM-III. Then… a "void" occurred, which might ironically be deemed a parallel process, given that the term "void" describes a typical affection of this pathology.
On this subject, Paolo Migone wrote as follows:

> When a word has been used for a long time it can become less effective, whereas certain new words increase their clout for the mere fact that they become news, as if they were sharper, not blunt weapons. Once these new words are widely popularized, they too will probably need to be recycled in their turn to make way for newer words which, with better luck, will replace them" (Migone, 1993, p. 37, my translation).

The main expression of this void is represented by the hypothesis to eliminate narcissism from the latest edition of the DSM, which was initial-

ly proposed by the task force (Allen Frances, in Migone, 2010) then later withdrawn, perhaps owing to the volumes of criticism raised by the proposal. The hypothesis of its elimination (along with paranoid, histrionic, dependent and schizoid disorders) signals a meaningful change, rich in cultural, social and (sad to say) economic implications, in addition to its psychological relevance. It points to a direction is opposite to that which is suggested by Kernberg (2004) – one of the more vocal experts, along with Kohunt, on narcissism – who exhorts scholars to theoretically "take care" of this pathology for, as he explains

> Given the high prevalence of narcissistic pathology, the advances in clinical and psychopathological knowledge of these conditions represent an important contribution to the evolving understanding of the entire field of personality disorders (p. 59).

As such, it is precisely the elevated diffusion of this disorder that makes it more normal. In consequence, we can observe an underestimation of its impact on the psychological well-being on the one hand – both individually and socially - while, on the other hand, we notice a tendency towards an uncontrolled attribution of this diagnosis both in therapy rooms and beauty salons. Again, the words of Migone on this subject merit some quoting (1993):

> Sometimes we notice that we easily ascribe the term "narcissism" to patients who simply show a vague symptomatology which does not fit with sufficient clarity into a diagnostic framework or who are difficult to deal with psychotherapeutically. Sometimes we do this simply because we wish to work off our own frustration or aggression, much like what occasionally happened once with the term "hysteric" (Migone, 1993, p. 37, my translation).

Concerning the theoretical corpus of transactional analysis, contrary to what I expected I found no systematic study treating of pathological narcissism following well-known articles written by Haykin in 1980 and

by Moiso in 1985. Moiso and Novellino (1990) conclude their article on the three principles of the psychodynamic approach to TA by stating:

> The results we have obtained with this approach lead us to believe that it provides a way to achieve script control, as suggested by Berne, and we hope that our research will stimulate our colleagues to pursue similar lines of inquiry (p. 192).

It is mainly owing to this Permission, further to any additional reasons listed above, that I have ventured upon this journey among the intricacies of TA theory and that I can now report my considerations in this paper.

A bit of history of "Memyselfandi", the prince who annihilated himself

The narcissistic structure of personality has been defined by Kernberg (1975) as a severe character pathology which is characterized by typical borderline personality organization. Given that the main characteristics of a severe personality disorder include identity diffusion and a predominance of primitive defence mechanisms built upon splitting and anger (Kernberg, 2004), the diagnosis of narcissism is all but evident or glaring in patients whose social life appears to be highly functioning and effective.

Using a Bernian metaphor, we might conclude that narcissistic patients are Princes with a golden cloak, fascinating and full of resources, who, under their sparkling veneer, nonetheless reveal the soul of a poor Toad: a nostalgic Toad who was once a Prince and who, as such, is constantly in search of some lost Eden. The fall annihilated such personalities, leading them to develop a profound sense of negative identity.

In order to heal the wound they suffered and to finally satisfy their frustrated need for recognition, they invented a character who might perform their social identity whereas free growth would have allowed them to develop into real persons. Their character is apparently grand and

mighty yet unconsciously they fear being stripped and so exposed in full view of their toad-like weaknesses and imperfections. When they sense that this is going to happen or, in their opinion, it has already happened, they move away from relationships and withdraw into a solitude made of either shame and humiliation or else anger and envy.
Their self-esteem constantly oscillates owing to the fact that they are torn between powerful feelings of grandiosity – the reign – and equally strong feelings of insecurity and inferiority – the exile. Their profound internal frailty explains their endless need for recognition and praise, much as one who crosses a desert and thus constantly craves water. The alternative is that their punishment would remain a void, which to them would be tantamount to a death sentence. Such annihilated Princes (or Princesses) long therefore for a kind of intimacy which they also fear and even avoid for they experience it as disrupting and dangerous. In consequence, there is no room for anyone in their world, at least not until the Other comes in handy as some gratifying personal tool, a scarecrow against the angst of their overwhelming sense of void. From this perspective, however, the Other has no existence per se and so, as in a tragedy foreseen, the dreaded solitude unavoidably arrives.

Development, Normality, and Pathology: The Origins of Narcissistic Personality Disorder.
When (around the second year) the separation-individuation process begins (Mahler, 1975), it allows children to move more freely and to explore the world with curiosity. In this phase they experience an all-powerful confidence in themselves and an increase in their enterprising spirit as well as a willingness to experiment with their newly-acquired skills. This new behaviour expresses the complete development of the Little Professor (A_1) and of the narcissistic Self, as defined by Kohut (1971).
Object relation theory explains that during this developmental phase the internal "part objects" separate into all good and all bad objects which means, in AT terms, that the primitive Parent ego state splits into two

polarities, namely positive P_{1+} and negative P_{1-}.
The rest of the ego states, as Novellino (1991) explains, consist in images of the self, related to experiences of pleasure and displeasure (C_{1+}, C_{1-}) and in a hyper-energized A_1, who elaborates newly-internalized material.
At the end of this process, the internal structure of C_2 may be represented as in Figure 1.
Mahler defines the subsequent phase as the rapprochement crisis. Children, at the end of their exploration, return to their mother as they

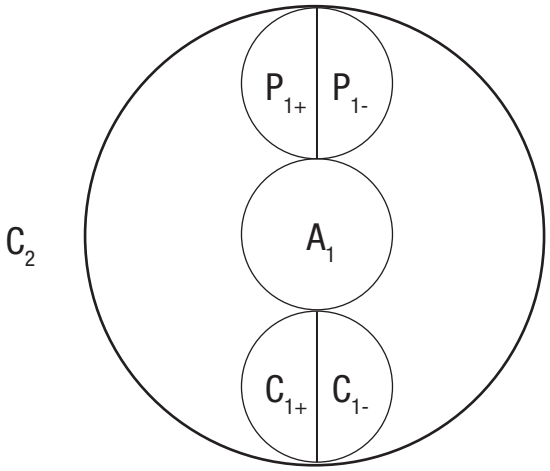

Fig. 1 - C_2 Second Order Structural Model at the end of the Separation-Individuation Process (Adapted from Haykin, 1980)

still require a secure base. A good-enough mother will first encourage the process of separation and exploration and then, after they come back to her, tired and satisfied she will offer them protection and reassurance. Such parental willingness allows for the merging of the good and the bad object and, in TA terms, it facilitates integration of the split structures of the P_1 (P_{1+} and P_{1-}) and C_1 (C_{1+} and C_{1-}).
This integration marks the overcoming of the rapprochement crisis and the consequent ability to achieve object constancy. The latter allows children to experience a condition of safety, because they can now contact a benevolent and protective maternal image who is capable with her

love of neutralizing any internal demon.
Haykin (1980) affirms that subjects affected by personality disorders present problems related to arrested psychological development in the first two-three years. More specifically, the author assumes that patients with a narcissistic personality structure demonstrate a fixation during their rapprochement crisis. According to this theory, Kernberg points out that the narcissistic patient lacks a stable and consistent representation of the self and others. This, in his opinion, is due to a lack of integration between the negative and positive polarities of the self (A_1 in TA) and the object (the introject, P_1 in TA).
Kernberg adds that narcissists, instead of merging the good and the bad objects, deny the latter, so integrating only positive and idealized images. This results in the formation of a grand and all-powerful self, though the structure is in fact extremely fragile and, being constantly subject to self-esteem downfalls and frequent experiences of frustration, in order to survive it needs to be continuously supported by positive external reinforcements. Nevertheless, here Kernberg denies the presence of fixation at an archaic developmental stage (Kohut, 1971; Haykin, 1980; Moiso, 1985). He suggests instead the presence of a trauma, a profound wound somewhere in the history of these patients which diverts the flow of their life events from the path it was supposed to follow, thereby determining the development of a pathological narcissistic self to replace a healthy, integrated one.

The Narcissistic Personality Disorder from a TA Perspective
Moiso and Novellino (1990) point out the presence, in narcissistic patients, of a Type 2 Impasse (P_1-C_1) whose content is strictly connected to themes usually related to the separation-individuation phase: injunctions are focused on this area and they relate to themes such as being oneself, being one's appropriate age, thinking, asking, being emotionally close. Senders of such messages are usually described as subjects who are scarcely capable of empathy and social tuning and, simultaneously, show unjustified admiration and have excessive expectations towards their

sons and daughters. In consequence, their children feel they are actually seen and loved only once they show outstanding results respecting any interests to which they decide to commit themselves in an effort to meet their parents' expectations under the pressure of the Be Strong and Be

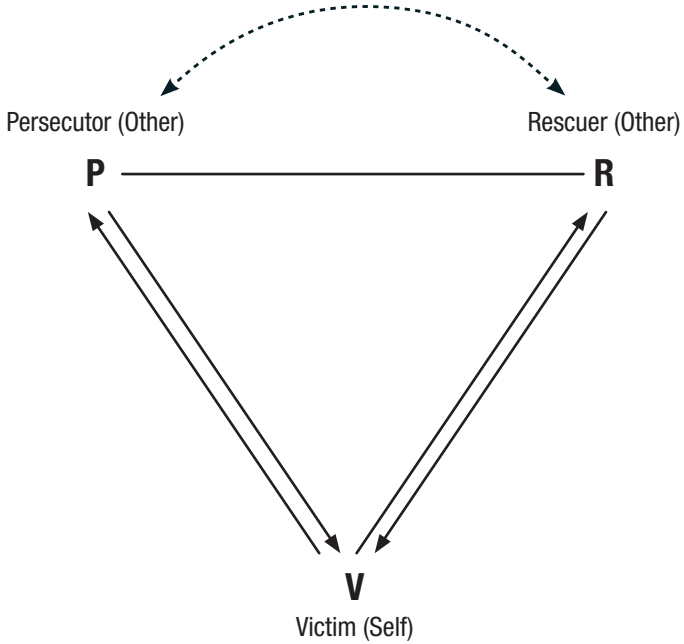

Fig. 2 - The switch in roles of the Other, based on the oscillation of the narcissistic Self's projections, represented using the Karpman drama triangle

Perfect drivers. Along with the incomplete building of the second order structure the unachieved object constancy favours the energizing of the electrode (P_1), a grand and idealized introject which is far more powerful than the real parental figures successively introjected in P_2, which grant love and dependence to children provided that they meet the required standards.

Typical games played by narcissistic patients in following their scripts are "Cavalier" and "What would you do without me?" (in the role of the Rescuer) and "Blemish" and "Now I got you, you son of a bitch" (in the role of the Persecutor) (Berne, 1964; Moiso&Novellino, 1982).

As for the intrapsychic and the interpersonal aspects, i. e. the Self ego states and the relational ego states (following the distinction proposed by Scilligo, 2009), if we grant ourselves permission to use strong categories we can envisage two different and almost opposite situations related to the interaction between the narcissistic patient and both the external

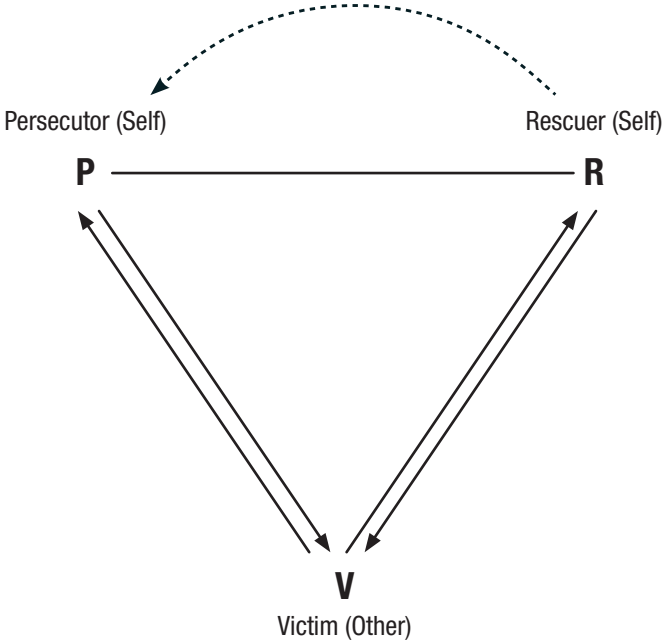

Fig. 3 - The switch in roles of the narcissistic patient in the interaction with the Other, represented using the Karpman drama triangle

and the internal world. In the first case, the Fairy Godmother (P_{1+}) and the Witch Parent (P_{1-}) are alternatively projected onto the Other. P_1 and P_2 are thus characterized by a grandiosity lacking any modulation - a typical feature of the narcissistic self. In consequence, the Parent can represent a rescuing and redeeming figure which can grant the safety and protection of a paradise regained, or a persecutory, powerful and destructive figure, harshly judgmental, mocking and punitive, which instead provokes shame, humiliation and rage in narcissistic subjects who, in return, protect themselves by withdrawing. However, in my opinion, even this reaction may be deemed a defence mechanism of idealization,

given that even the figure of the Other–Persecutor is perceived here to be grand and all-powerful.
In the second case, the figure of the Other is psychologically imprisoned within the role of the Victim: first, it represents a victim of the world who will be rescued by the narcissistic patient (Rescuer); and second, it represents a victim of the narcissistic patient, who becomes a Persecutor because the Other only exists as an instrument for the satisfaction of the grandiosity of the narcissistic Self (P_{1+}). Discounting is in this case the defence mechanism which, along with idealization, represents the protection mechanism of choice for narcissistic patients.

TURANDOT: You are pale, stranger!
CALAF: Your own fear misinterprets
the light of dawn on my face.
(G. Adami, R. Simoni, *La Turandot*
- Third Act, First Scene)

When "Mine and Then" Becomes "Yours and Now": Transference in Patients with Narcissistic Personality Disorder

Kernberg (2004) describes transference analysis as the study of "the reactivations of past internalized object relations in the here and now" (p. 23).
Clarkson (1991) adds a further element by defining transference as the phenomenon of carrying across qualities from what is known (based on past experiences) to what is analogued in the present… It occurs whenever emotions, perceptions or reactions are based on past experiences rather than freshly minted in the here-and-now (p. 148).
The definition proposed by Clarkson is strongly influenced by the contribution made by Berne to the study of this phenomenon. In fact, although classical psychoanalysis considered transference to be possible exclusively inside the therapy room, Berne took it out of the therapy room by defining the script as a "transference drama" (1961), thus freeing it from any exclusiveness connected to the therapeutic relationship and acknowledging it to be a part of everyone's life. Similarly,

not everything that happens in therapy is a transference phenomenon: in fact, the Decontaminated Adult concept describes a segment of reality in which patients can talk to the therapist being free from the ghosts of the past whilst perfectly integrated within their personal "here and now". The transference transaction, i.e. "crossed transaction Type I", is defined by Berne (1966) as the type of transaction which represents "the most common cause of trouble in personal and political relationships" (p. 36). In the therapeutic relationship it manifests itself in projections of parental ego states onto the therapist. The projected ego states could be P_2, P_1 or P_0, depending upon the different developmental stages of the patient's impasses which determine the three different levels of personality organization.

As a consequence, a prevailing projection of the P_2 onto the therapist - that is the typical and prototypically real parental figure of the patient's childhood - characterizes patients with a neurotic level of personality organization; a projection largely involving P_{1+} and P_{1-} revealing instead a borderline level, whereas a projection of "shreds" of P_0 signals a psychotic level of personality organization.

The cognitive analysis of transference aspects is crucial in the treatment of a Type II impasse (P_1-C_1), because often, in these fragments of psychic time, patients perceive therapists to be personifications of redeeming or persecutory ghosts and not as real and separate persons. Consequently, countertransference will assist therapists in determining which role patients are unconsciously inducing them to play.

It is crucial for narcissistic patients to keep the archaic parental issues (P_{1+} and P_{1-}) separate in order to troubleshoot profound anguish. This is because they usually manage to do it by using projection and introjective identification mechanisms (Ferenczi, 1916) such that they will tend to project onto therapists one or the other of the two opposite poles of this structure (Moiso, 1985). As a result, Moiso (1985) theorizes two different pre-oedipal transference types which are related to the correspondent developmental stage at which the narcissistic patient shows a fixation. The first transference type is known as Type A. Moiso explains

that defence aspects associated with these personality types are characterized by a negation of the P_1. Thus, at the beginning of treatment these patients will tend to project onto the therapist an idealized positive parental image (P_{1+}).
Figure 4 shows a representation of the P_1 - Type A transference as described by Moiso.
As a result, frequently during the first phases of treatment, when patients

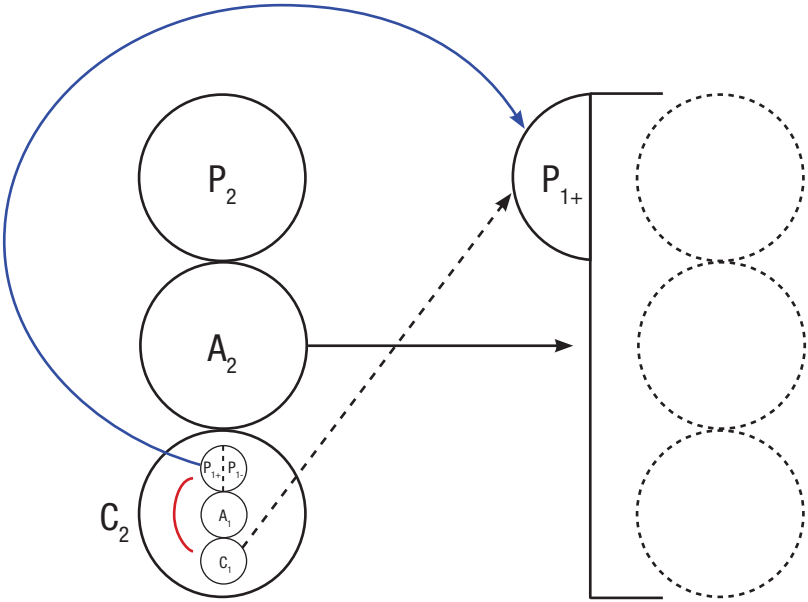

Fig. 4 - The P1+ Type A transference as described by Moiso (adapted from Moiso, 1985)

act out denial in order to protect themselves from the Witch Parent, they activate an idealizing transference (as defined by Kohut, 1971) by projecting their Ideal Self onto the therapist-object as a result of a complementary identification (Racker, 1957). Alternatively, patients can also activate a mirror transference (Kohut, 1977) in which the grandiose Self is seen, loved and encouraged by the idealized parent.
As aforementioned, whenever patients project the positive pole of P_1, they idealize the figure of the therapist and, given the power and grandiosity they attribute to this figure, they appoint the therapist to the role of

Rescuer. Furthermore, this process expresses the dream of the narcissistic patient to come back to being Prince (or Princess) by establishing an exclusive, unique relationship with the Other. This kind of relationship is aimed at realizing the perfect condition of an archaic undifferentiation which expresses the narcissistic nostalgic desire to return to Eden following the dramatic fall and to finally re-establish a symbiotic and fused union with the good mother.

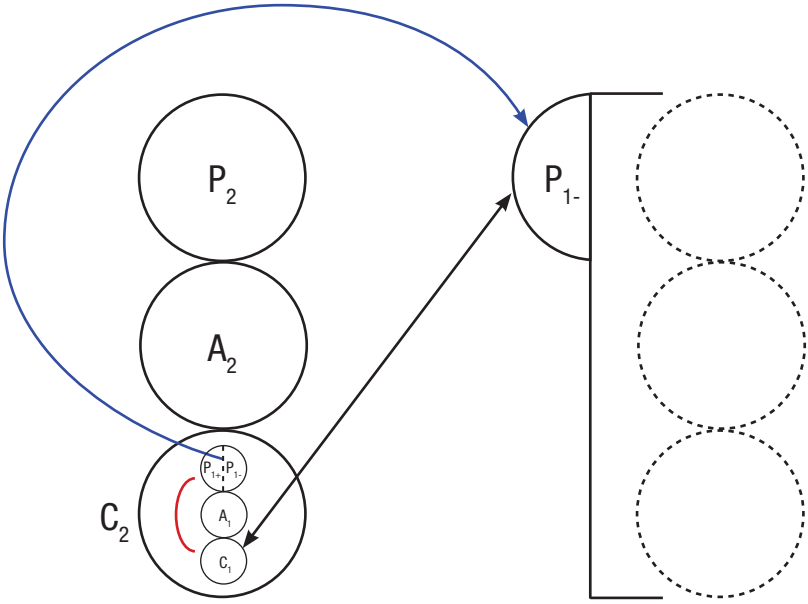

Fig. 5 - The P1- Type B transference as described by Moiso (adapted from Moiso, 1985).

On the other hand, whenever patients project P_{1-} onto the therapist the latter becomes a powerful and destructive figure, harshly judgmental, mocking and punitive, provoking shame, humiliation and rage so that they protect themselves by withdrawing. In my opinion, however, this too is a reaction which can be seen to be a defense mechanism of idealization, given that even the figure of the Other–Persecutor is experienced here as grand and all-powerful.
In Figure 5 you can find the representation of the P_1 - Type B transference as described by Moiso.

Here I used a hyphen to graphically represent all three ego states of the therapist because I think that, given the pathological peculiarities of the narcissistic personality, patients tend to discount the whole existence and value of therapists as real persons, and not just the Parental part onto which they are projecting.
Over the course of treatment the same patient can thus alternately project onto the therapist any one of the two poles of the primitive parental introject (P_1), sometimes even in rapid succession. But there is more. Indeed, something more happens in the transactional space shared by a therapist and a client with such a personality structure. Kernberg (2004) explains that

> we can recognize the nonintegrated nature of the internalized object relations by the patient's disposition toward rapid reversals of the enactment of the role of self- and object representations. The patient may simultaneously project a complementary self- or object representation onto the therapist; this, together with intense affect activation, leads to apparently chaotic transference developments (p. 25).

As a result, patients with this personality structure frequently produce confused and blurred representations of the therapist. But here Kernberg says something more: narcissistic patients repeatedly act out reversals by projecting complementary self- or object-representations onto the therapist. To my mind this means that not only do patients project the two parental poles onto the therapist but they also project the Child pole.
In line with the theories expressed by Racker (1957), Haykin (1980), Woods&Woods (1981) and Moiso (1982, 1985), this should help me to understand what in fact happens in my own therapy room in which, for a while now, I have in fact met some real narcissistic patients in addition to studying them theoretically.
In fact, as a young therapist I often deal with this further type of transference which, in my opinion, does not seem to be completely referable to and explainable by, the action of negative countertransference (Novellino, 2010).

This type of transference is related to the concept of concordant identification as described by Racker (1957), according to which the therapist is stimulated into experiencing the emotional contents of the patient's C_1. It is also related to the concept of transference resistance as pointed out by Abraham, who recognizes in narcissistic patients a shared tendency to look down upon therapists and to use them as an audience for their own independent "analytic" work (Kernberg, 2004).
It is only at this point that some sort of therapeutic progress becomes

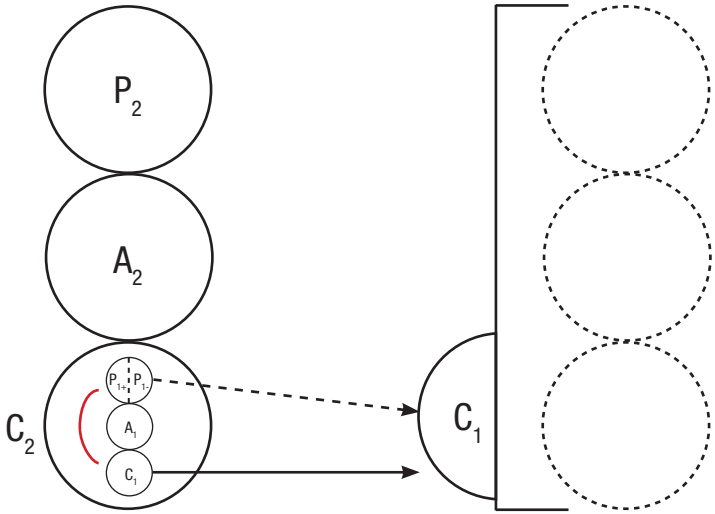

Fig. 6 - A transference type we could define as "Type C" (Adapted from Moiso, 1985)

"possible": it is the Self, and not the Other, that has produced the improvement that opens up to the healing process. In this case, the pathological grandiose Self is not projected and patients identify themselves with it instead.
As a result of this projective identification, therapists tend in turn to feel patients' deep emotional life experiences which are related to the fact that they have to deal with an all-powerful and persecutory Parent. In consequence the therapists are in this case unconsciously forced to feel inadequate, incapable of helping, frustrated and angry. They could even

get to see the interruption of the therapy by the patients as the only possibility to act out a desirable withdrawal from the therapeutic relationship and, more to the point, as the only possibility of facing the painful feeling of their failure and disappointment.
I hold that it is still possible to define this phenomenon as "transference" because whenever such patients identify themselves with an introject they put themselves in the "there and then", i.e. they reactivate object-relations internalized in the past.
Figure 6 shows a diagram based upon Moiso's model (Moiso, 1985) which illustrates this further typology of transference.

An example of Type C transference transaction: M's case.
M. is a sixteen-year-old girl who has been in therapy with me for six months now. She shows symptoms of anxiety related to her school context. More specifically, M. studies hard, with assiduity and commitment but she frequently gets stuck in the middle of a test and therefore her performances remain below pass standard. M. speaks in monologues characterized by chronic criticism; she shows rigid adherence to social norms and hyper-identification with her family's norms. Moreover, she produces a chaotic, contradictory and fragmented description of herself which shows her profound lack of self-confidence.
Her parents neither recognize nor respect their daughter's individuality. On the contrary, by using seduction and punishment, they try to force her to fit their own idealized image of her. M., who cannot resemble that model, puts up a façade before the world and plays the part of a self-confident, highly knowledgeable girl who is popular among friends and full of admirers. She does not listen to me; she talks a lot and describes herself as the centre of a world full of merry-go-rounds and glitters. Nevertheless, sometimes I catch the glimpse of a lonely person, fragile like glass, excluded, "inadequate".
One day, at the end of a therapy session, talking about me with her mother M. said: "I don't know if we can trust her, she doesn't even know what an I-pod looks like!" (Laughs). I remember, at that moment, the anger I

experienced towards her as I remember myself hating my own aversion to technology which made me inadequate and incapable in that situation. Only later on, with the help of a supervision session and of my newly energized Adult could I understand that the cause of my feelings was not the I-pod: the need for M. to identify herself with that critical and sadistic Parent became evident along with her desire to get rid of her wounded Child's deepest feelings by activating a projective identification onto me. Whenever patients identify themselves with their archaic, persecutory, sadistic and destructive parts, therapists get invited to identify themselves with the patients' C_1 and if they do it they find themselves also experiencing their patients' primary emotional drama.
My position is that this process is related to the discounting defense mechanism, which represents the other side of idealization. Therapists, even if for few moments only, can identify themselves with the patients' Child and thus dream that the latter goes away so as to get rid of all emotional experiences of anger, frustration and inadequacy that do not belong to them. Alternatively, they can act out the aggressiveness of their countertransference by radically withdrawing from the therapeutic relationship. It is possible that such a transference process is more easily activated with younger and less experienced therapists whose characteristics (age, availability, adaptability, sensibility to failure) and difficulties in maintaining the "Tiffany approach" (Gabbard, 2004, p. 45) could represent just as many cons for patient games and invitations to their racket dynamics. However, here I recall the words of Pier Francesco Galli, psychoanalyst and founder of the journal Psicoterapia e Scienze Umane, who at a conference held by Otto Kernberg (Bologna, September 20, 2011 - *Conference for the 45th anniversary of Psicologia e Scienze umane*), referred once to the training of young therapists, saying that

> even the most experienced clinician, after fifty years in practice, feels completely useless when facing a young borderline patient.

Thus, given that this sense is widely shared, even by experienced clini-

cians, the main risk for young therapists is represented by the possible lack of acknowledging this identification with the patients' Child and, as a result, by possibility of colluding with a projection which stimulates the contaminated and unresolved aspect of the patients' personality. The resulting negative countertransference creates a counter-resistance which prevents the construction of the alliance. As a consequence, the treatment may extend over time without producing any evolution in the therapeutic relationship and without causing any meaningful change in the actual life of patients.

However, the more the pathology is severe, the more likely it is that therapists can somehow be forced to identify themselves with the patient's C_1 because of projective identification mechanisms. This will force therapists to deal with powerful and overwhelming countertransference aspects and it is of the utmost importance that they constantly analyze and "signify" them.

Such processes are consistent with the characteristics of patients with borderline personality organization and a narcissistic personality structure. Such patients are incapable of acknowledging the importance of therapists and of depending upon them as a result. As such it may happen that therapists feel "excluded" from the therapeutic relationship and, for as far as self-analysis progresses, they can experience boredom, anger and a sense of uselessness during therapy sessions. In so doing, patients for their part succeed in maintaining total control of therapists, preventing them finding out their weaknesses and vulnerabilities.

One such patient once commented: "I never had anything to do with psychologists, I don't like them. They're always looking for something wrong in you and, since this is their job, they always find it!". It could be said that narcissistic patients radically discount (and destroy) the person of the therapist along with their profession with a view to avoiding being discounted as in the case of M. who "hit" me before I could "hit" her. In that moment, the Witch Parent is not projected but is active in the patients' transference relationship.

As Kernberg (2004) explains:

> In fact, the transitory idealizations of the therapist reflect the temporary projection of the patient's grandiose self-image. The patient's activation of grandiosity, omnipotent control, devaluation, and denial of dependency reflects the object relation derived from the pathological grandiose self. When the pathological grandiose self is infiltrated by egosyntonic aggression, the manifestations of omnipotent control, devaluation, and projective identification of undesirable aspects of the self onto the therapist become much more evident (p. 145).

Here, "undesirable aspects of the self" correspond to the emotional experiences of impotence, shame and vulnerability in the C_1 of the patients.

It hurts to be wounded
But it feels so good to be healed…
Berne, *What Do You Say After You Say Hello* (p. 52)

Conclusions

In order to be (good) therapists it is useful for professionals to "be simultaneously engaged and detached" (Nagel, 1986, p. 210) toward their patients. That is, therapists must identify themselves with their patients while keeping their own Adult energized.

Kohut states that a healthy development of the self depends upon empathic responses to the parents, who are defined by him as self-objects (Kohut, 1978). As for the relationship between therapist and patient, he clarifies that given that narcissistic patients initially look for a "good" object to idealize, therapists must accept the patients' projection. In order to do so they must assume the role of substitute or auxiliary Parent which patients assign to them. This is a model worthy of admiration which can mirror and confirm the patients' need to be appreciated and gratified by conveying to them a sense of their own value. In this respect, to accept projection of the patients' P_{1+} means to protect them from their P_{1-}. On this subject Haykin (1980) states that all Snow White's misfortunes depend upon the fact that the evil queen has no Fairy Godmother to

reassure her.
In the same respect Moiso (1985) says that the therapeutic couple must de-energize the old Parent and must encourage the construction of a new Parent ego state which could give permission to evaluate different options and, after considering the patient's needs along with the limits given by the external reality, could favour and choose. In order to do so it is necessary for the therapeutic relationship to work on the Child ego state, also by applying Gestalt techniques.
As stated by Moiso, analysis of the transference relationship proves to be fundamental. In fact, becoming conscious of our own projections allows us to acknowledge and respect the boundaries between us and others. On the contrary, without this kind of consciousness, the setting will be used, or rather "exploited", by the patients in order to act out their symptoms, thereby reinforcing their pathology and, in consequence, persisting in the recital of their script. Moiso (1988) affirms that, in Berne's opinion, interpretation is the key-intervention whereas confrontation (of redefinitions, projections and discounting) is a means to achieve it. Thus, offering to the patients an interpretation of current transactions in order to explain to them the main relationships active in the setting may constitute an essential cure tool. More specifically, it is of the utmost importance that therapists identify transference aspects and provide their patients with feedback on introjected materials: in fact, in terms of consciousness, this may represent a fundamental transition from countertransference to the interpretation of transference. This implies, on the part of the therapists of course, Adult understanding of the therapeutic process and of patients' scripts (in addition to understanding of their own script).
Moreover, Haykin (1980) recommends that therapists renounce their sense of omnipotence and grandiosity by following only a few cases of narcissistic patients at a time and thereby accepting that the inability to tolerate the narcissistic wound can incapacitate a clinician who works with such patients. Haykin also recommends that therapists elaborate and signify their emotional countertransference experiences

by regularly attending supervision sessions or by devoting a specific therapeutic space to these experiences. It is important for therapists, in order to avoid isolation, to deal with frustration, doubts and anger from inside a (therapeutic) relationship because this also signifies acting differently from their patients, which represents an important goal for the therapeutic process. But there is more. Attentive supervision and an accurate analysis of countertransference aspects protect therapists from inconclusive identification with the archaic or Child Parental structure projected onto them by patients. Such a process allows patients to identify themselves with therapists who can contain, integrate and "chew on" the material they project onto them instead of being overwhelmed by it. Furthermore, it allows patients to energize their observing Adult which is the specific function of the healthy part of the patients' self that therapists address by way of interpretation.

Kohut affirms that the conclusion of therapy is characterized by a gradual transformation of the archaic, grandiose self, along with the all-powerful, archaic imago of that childhood with which the self was previously merged. "Mr. Psychoanalysis" defines integration of the self in terms of transmuting internalization, referring to the moment at which the Other becomes the Self. This process results in the possibility of patients accessing more mature idealization of a real Nurturing Parent, representing an evolutionary step towards a new form of internalization by the therapist, now seen as a Nurturing Parent. In fact, narcissistic patients have learnt how to get along without this parental function and, as a result, have discounted the value of nourishment and affection, being instead encouraged to draw reassurance from a compensatory form of grandiosity. In addition, Kohut affirms that the final point of the patient's development, which is characterized by a state of normality and happiness, is not represented by the achievement of a condition of autonomy and separation but consists instead of a yet deeper involvement with the Other.

As Fonagy (2002) explains, the aim of therapy consists in the creation of the basis of a connection which allows patients to experience new

possibilities of separation and intimacy. Upon conclusion of treatment, i.e. during the re-learning phase, patients stabilize their re-decisions by acknowledging and accepting, in the "here and now", a separation from their therapists. This can happen when therapists accomplish one of their hardest tasks, which is to inform patients that Santa Claus does not exist and that the love and caring they lacked as children will never return because it is not possible for them to return to being Princes or Princesses. Indeed, for them the healing process is tantamount to giving up their compensation (Berne, 1972; Tangolo, 2010), to integrating their Shadow, i.e. everything we fear about ourselves, and to selecting a set of good options which could prove useful to winning the love of others in the present, so succeeding in "being as best we can" (Laura Quagliotti, 2011, personal communication). By so doing, patients can learn that it is possible to satisfy their needs and in this way they also hit upon healthy ways to achieving this by experiencing an integrated sense of self, of others and of reality.
Indeed it is by letting go of our character and by embracing our 'being a person as a human being with an adult and an autonomous identity' that we can finally bring to coexistence within us both the reign and the exile (Quagliotti, 2011, personal communication).

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