Social Normopathy – Narcissism and Body Psychotherapy
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Keynote presented at 14th European and 10th International
Congress of Body Psychotherapy,
Lisbon, September 14, 2014

International Body Psychotherapy Journal *The Art and Science of Somatic Praxis*
Volume 15, Number 1 spring 2016 Lisbon Congress Supplement pp 70 - 74. *ISSN 2169-4745 Printing, ISSN 2168-1279 Online*

Born during National Socialism, growing up in "really existing socialism", and arriving in a growth and performance oriented society that I understand as a narcissistic society, I have always wondered about the context of mass psychology.

Inspired by W. Reich`s *Mass psychology of Fascism*, I struggled intensely with how social structures mould people through psycho-social norms, values and education who, in turn, act out their alienation through social misdevelopment. It is clear to me that people are not only the victims of their conditions but also the agents who shape their own pathological way of life. All people have the government they deserve! And each government takes care of manipulating people for their power interests. In my opinion, democracy is also a dictatorship of the majority, where the interest of politics is how best to influence majorities. Here it is especially difficult to acknowledge how early development conditions mould the personality in such a way that in later adult behaviour the early experiences are re-enacted. People who suffer early attachment disorders and a narcissistic acknowledgement deficit will always unconsciously make sure they live unhappy relationships and suffer from the conditions that they themselves create and sustain. Every social system creates pathological norms and values. And pathological norms make large numbers of people ill, who continue and reinforce social misdevelopment without even noticing the pathology – this is what I understand as normopathy.

Normopathy therefore means disturbed social conditions, a social misdevelopment, whose pathology is no longer recognized as it is represented, experienced and defended by the majority. What everybody does, what is politically desirable, the mainstream of opinion and positions cannot be wrong. Majority views supersede truth. In psychodynamic terms, normopathy is a socially accepted reality for collective neurotic denial and defence against emotional injury, which is present in the majority of the population.

The "turning point" in Eastern Germany had unexpected effects on the symptomatology of psychosocial diseases. During the German Democratic Republic, neurotic conflict dynamics with anxious and depressive symptoms predominated, triggered by politically forced repression and confinement, which led primarily to adaptation conflicts between dependence and autonomy. Mainly efforts of individualization were strongly impeded. By the end of the GDR, most citizens were convinced that political conditions were solely responsible for their confinement and alienation; the most personal misdevelopments were usually not perceived any longer. And their hopes for a better life through changed external conditions only, contributed to the mere and rapid political accession to the Federal Republic of Germany without taking the different psychosocial conditions in the East and West into account, which in a true reunification process should have been seen, understood and considered. In doing so, the structural personality problems of many

GDR-citizens became clinically relevant. The identity, attachment and narcissistic deficits as a result of the previous educational conditions in the German Democratic Republic were suddenly manifested clinically in the form of existential fears, depressive symptoms and psychosomatic diseases. The ideological confinement of the system, the obstruction of individual expansion and State public welfare had covered the structural disturbances of people until then, keeping them with few symptoms, while these symptoms were acted out and denied in neurotic secondary conflicts of forced adaptation and complaints about the economy of scarcity.

While socialisation pressure in the East forced adaptation through confinement, intimidation, and orientation toward collective social relationships with an ideological focus, after the turning point adaptation to western dominant socialisation norms was expected: individual affirmation, assertiveness, competition, and willingness to perform with material rewards. Other forms of neurotic defence against the structural deficits were expected, and before the new adaptation could become successful, the existing symptoms – which corresponded to previous compensation - of dependence, helplessness, confusion, protest or over-adaptation became apparent.

I understand narcissistic personality disorders mainly as the result of early love deficits, which I summarize as the lack of mother syndrome. During National Socialism the results of early attachment disorders were acted out in a highly pathological way, perverted by war and extermination, which after the breakdown was not recognised as normopathy, a collective misdevelopment of Germans as a result of their serious personality disorders on a huge scale. The division of Germany reinforced a collective neurotic defence against the bitter truth: in the West, narcissistic deficits were compensated by the new megalomania of economic miracle, assisted by the unilateral perception of the bad economic situation in Eastern Germany. In the German Democratic Republic, narcissistic deficits were compensated by the new megalomania of the socialist system's ideological superiority, supported by criticism of the capitalist-imperialistic, socially unjust rule. In this way, the two different conventions have both used and cultivated narcissistic deficits of social conditions: in the West, the "magnitude of self", and in the East the "magnitude of smallness". In the West, compensation of narcissistic deficits by performance, effort and distraction involving the risk of addiction, and in the East compensation through dependence – a mentality of being cared for, involving the risk of ideology.

Abnormality as mass phenomenon becomes the norm: politically required, economically forced or seduced by fashion in a manipulative way. The origins of the psychodynamics of normopathy lay in the quality of the child´s early relationship experiences caused by dominant education in the form of widespread motherliness and fatherliness disorders.

From the child´s point of view, six questions are involved regarding its own development:
Am I desired?
Am I loved?
May I be like this?
May I blossom?
Am I supported?
Are my limitations accepted?

For this purpose I found typical motherliness and fatherliness disorders in the quality of the relationship with the child:

1. Threat by the mother: I do not want you! You shall not be!
2. Lack of mother: I do not have enough love for you.
3. Mother´s poison: I can only like you when you correspond to my expectations.
4. Father´s terror: You disturb me! You are a competitor!

5. Father´s escape: I take no interest in you.
6. Father´s abuse: Be especially proud, so that I can be proud of you.

These describe common parent and child relationship disorders which, when wide-spread because of political-ideological or economic reasons, create structural personality disorders that are no longer perceived as an individual misdevelopment within mass behaviour. To me, Normopathy is the most important reason for passive collaboration and complicity and for the fact that wars, extermination, social injustice and crimes against the environment are not only tolerated, but actively or enthusiastically supported and shaped.

It's hard to swim against the tide, especially when there are self-esteem disorders. But: only dead fish swim with the stream – this saying draws our attention to the lifelessness and deadly risks of mass behaviour.

A major mistake is made in the general discussion on early childhood care. It's not the point of whether day nurseries or parental care is better. The measure for early childhood care can only be what is best for each individual child. There are bad or even mean mothers, and there are completely insufficient day nurseries. Children in the situation of bad parental acknowledgement and care should be offered optimised external care, and therapeutic help and counselling should be offered to parents. But external care should not be pushed for the sake of narcissistic career ambitions, because of economic pressure or feminist and political ideologies. Many mothers in the German Democratic Republic accepted the ideological pressure of early care day nurseries as part of their "magnitude of smallness". Nowadays, day nurseries are fed by "magnitude of self" symptoms in favouring education instead of bonding and professional careers instead of a relationship culture.

The narcissistic personality disorder is mainly caused by the lack of mother and abuse by the father. Early lack of love leaves the child with a self-esteem disorder, thinking that he/she is not good enough for mother's love and wanting to earn "love" through performance – especially when the father´s abuse requires unlimited performance ability.

This becomes a collective misdevelopment in performance and growth-oriented societies. Market economy requires special effort and performance, a special individual bloating in order to exist and survive in the market. The narcissistic lack may also be compensated by cultivated weakness and dependence – which (in the former socialist system) had elicited their parents´ wish to be cared for, and later would mould the dependence syndrome of passive collaboration with a mentality of being cared for. "Really existing socialism" bred the "magnitude of smallness syndrome" through ideological intimidation and the really existing scarcity of acknowledgement and supply. Thus, in divided Germany the wide-spread narcissistic "magnitude of self" and "magnitude of smallness" disorders were being moulded on a huge scale in a nearly polar way, reducing the process of reunification in the sense of collusion between dominant and dominated to a mere accession. This process did not put narcissistic deficits into perspective on both sides but strengthened them instead.

The treatment of narcissistic disorders is a difficult and long process. The therapy of deficit and trauma stemming from the child´s pre-verbal development history – from an early lack of mother and abuse by the father – also needs treatment rooms and techniques not linked with language so that essential relationship contents may be expressed non-verbally, a process in which the body is the "via regia". But one shouldn't forget that body work and first of all the therapist work with the patient´s body will revive affectively connoted relationship qualities of the patient´s early history: we are referring to longing merging desires, hateful slander, painful disappointment and unfathomable forlornness and helplessness. Such emotional qualities can no longer be dealt

with in a relationship of psychoanalytical transference and projection - the affect is too existential. Yet in body psychotherapeutic work the inevitable positive transference of idealization (Help me! Redeem me! Make me whole!), and the negative depreciating transference (you don´t understand me, you can´t help me, you are not good enough, I can´t trust you, among others) must be sufficiently discussed and clarified until the therapist is accepted as a third party, as an expert and witness in a triangle, and until the existential emotions to be activated can be conducted – no longer directed at the therapist. According to my experience, many hours of therapeutic relationship work are needed until the transference relationship becomes a professional partnership.

A **narcissist who suffers from "magnitude of self"** must be practically led to humbleness so that he or she learns how to perceive, express and integrate his or her own limits, weaknesses, insecurities and anxieties. Here we're talking about the deep pain of not having experienced enough mirroring, acknowledgement and acceptance. Beneath all the great achievements and successes, behind the awards, external distinctions, and inflated ego achievements we see the primarily unfulfilled longing for love that can't be satisfied by anything anymore. Along with the pain of lack comes the acceptance of limitations and disillusionment through facing reality. The **narcissist who suffers from "magnitude of smallness"** is filled with justified aggression due to life-long intimidation, subjugation, and adaptation to alienation. The interdiction of individual expansion and autonomous lifestyle, which the person defends against by depressive self-depreciation, must be looked at and overcome. In order to achieve this, much therapeutic encouragement, activation and support is needed. Step by step, the autonomous growth potential must be freed from the "magnitude of smallness". In terms of relationship dynamics the narcissist who suffers from "magnitude of self" tends to depreciate others – including the therapist – in order to protect his or her grandiosity and to shield against the dangers of his or her needs becoming perceptible: "I am great – You can´t really give me anything!"

The narcissist who in terms of relationship dynamics suffers from "magnitude of smallness" tends to become dependent and to idealize the therapist in order to avoid the once experienced fear of autonomy and individualization: "I am small and needy – you must tend to me and help me!"

In terms of body psychotherapy, it is important for the narcissist who suffers from "magnitude of self" to learn how to feel the early pain of unfulfilled acknowledgement. According to my experience, this only becomes possible after achieving a good professional relationship in which the patient no longer needs to depreciate the therapist and to know everything better than the therapist, when the patient allows herself to be told something. It is necessary that she or he has remembered and understood the heavy implications of early life circumstances before he or she can admit the pain of lack. Depreciation of others is a negative transference toward relationship partners by the narcissist who suffers from the "magnitude of self" in order to avoid suffering the individual lack of mother. Only after having elaborated a biographic understanding of these circumstances, where the therapist is no longer kept in negative transference but accepted as a third party, a benevolent expert, only then can the early pain be re-activated via bodywork.

The narcissist who suffers from "magnitude of smallness" will need to biographically understand his or her dependence, passivity and submission, and let go of the therapist as saviour and redeemer – who is supposed to tell us what to do, eagerly followed by the patient – from this projection, by feeling his or her own possibilities and accepting personal responsibility.

The liberation of narcissistic rage must no longer be understood as the therapist's task for [the patient´s] recovery, but rather experienced as the patient´s own impulse from his memory of intimidation and oppression. In transference dynamical terms, the therapist is no longer a

potential agent or liberator, but an expert companion who accompanies the patient´s steps to autonomy, and supports and acknowledges her aggressive emotional expression.

It's not possible to sufficiently delimit "normopathy" through individual therapy as an effective danger in mass psychological terms that leads to social misdevelopment. Here, therapists are asked to critically analyze society and, mainly, to engage in prevention. Due to the knowledge in the field of infant research, the psychoanalytical concept of man had to be revised. The infant is admitted "competence" (Dornes 93), because he knows how to take care of himself from the start, and actively shapes the relationship with his mother. Essentially, a person can no longer be understood as the object of his education but as a subject in a relationship. In this way, regression is understood as an interactive process. Infant researchers are convinced that early interaction experiences are imprinted accordingly as representations in the brain which permanently cause – depending on the early imprinting – certain relationship expectations regarding other people and, naturally, also in relation to therapists. These early experience structures are pre-verbal and are registered as sensory-motor representations, which can't be re-activated and re-enacted without body perception and movement impulse. This justifies the great significance of body psychotherapy for this work, and also the responsibility of the body psychotherapist for prevention in order to create the best possible conditions for optimised early interaction between parents and the child.

Through appropriate socio-political understanding and adequate promotion we need to engage with schools for parents, a science of emotion and the significance of motherliness and fatherliness as important bases for early childhood care. It is about the quality of early childhood bonding, not education. The quality of early childhood care decides on the form and dimension of "normopathy" and, therefore, on the future of society.

BIOGRAPHY

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