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Philosophy as Therapy in a Culture of Personality Disorders¹

SUMMARY

Much of the current development of both philosophical practice and psychotherapy teases out the theoretical foundations of psychotherapy, on the one hand, and the practical, therapeutic applications of philosophy, on the other. This debate has led to different conceptualizations of both disciplines, where one of the proposals, espoused here, is that all of psychotherapy might be seen as inherently philosophical in nature, and that philosophical practice, especially philotherapy as its counseling offshoot, is in fact an integrative discipline bringing together a number of bioethical dimensions of both philosophy and psychotherapy. The paper explores several aspects through which the concept of psychic wellbeing, on the one hand, and the traditional philosophical concept of the good life, on the other, reflect two sides of the same normative structure of “normalcy” or “wellness” that reverberate through the drama of individual development and culture alike. This particularly reflects in the modern culture of narcissistic values, which casts a sequence of questions on whether, to what extent, and on what basis we can pathologize narcissism and value-charged personality disorders.

Keywords: philotherapy, psychotherapy, narcissism, responsibility, personality.

Writing in lieu of what is fundamentally a blueprint to therapeutic philosophy, or philotherapy as its practical application, requires both mentioning some of the key paradigms in philosophical practice and addressing some broader societal tendencies that play pivotal roles in the development of philotherapy. First, in my vision, philotherapy is not merely philosophical practice or the practical application of philosophy. It is based on philosophical practice but goes further and integrates the therapeutic and

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theoretical views of psychology in so far as it is seen as an interpretative science or skill. Secondly, a point I make in this paper is that philotherapy is the proper disciplinary and methodological context within which to address one of the main bioethical challenges in the field of psychiatry and psychotherapy of our times: the normative question of narcissism both as a personality organization and as a cultural tendency.

The various methodologies used in philosophical practice are taken over and implemented in integrative philotherapy, including the Socratic method, the various methodologies based on the Stoic and other ancient traditions, and the decision-making technologies such as Marinoff's PEACE method (Marinoff, 2000, 2002) and Henk van Luijk's Dilemma Training (Luijk, 1993).

The way we play with our own and the ideas of others and develop argumentation in philosophy requires a distance towards ourselves that allows us to assume that we might be wrong about everything we believe in. Without such a reservation and willingness to question one's convictions one cannot engage in philosophy in earnest. However, the narcissistic structure of modern society that militates against self-doubt and promotes a sense of entitlement and ambition stifles philosophical impulse and causes rampant psychological complaints associated with motivation and a lack of meaning. Philotherapy thus addresses cultural and social norms as they reflect on individual and group wellbeing, in much the same way as the very beginnings of philosophy in the ancient philosophical schools addressed the normative assumptions of what it was to lead a good life and what social and personal circumstances contributed to it or detracted from it. The fate of philotherapy, thus, like the fate of any interpretative and helping discipline, depends on the sort of individual we encounter in our practice. In turn, the prevalent types of individuals "on the couch" in philotherapy are largely determined by the normative structure of modern society. This is manifested in different priorities in the therapeutic discourse, including the insistence on various "diagnoses" in the medicalized language of psychotherapy. An emphasis on personality disorders over the recent years is a good example of how this focus on the various diagnoses depending on the changing nature of society works.

THE FASHIONABLE PERSONALITY DISORDERS IN A DISORDERED SOCIETY

The turn of the 21st century has been marked, for several decades, by an enormous prevalence of diagnoses of Borderline Personality Disorder (BPD). This phenomenology has controversial origins, for which Lacanian psychotherapists believe that they have something to do with a political decision to diminish the widespread diagnoses of schizophrenia (Redmond, 2014). Thus, according to the same view, the Diagnostic and Statistical Manual (DSM) IV eliminated the latent

schizophrenias and introduced Cluster B personality disorders with the foundational BPD (Gunderson, 1979). At the turn of the century, BPD was the single most frequently given diagnosis worldwide: it was so prevalent that it gained notoriety as a “kitchen sink diagnosis”, which caught everything that could not be diagnosed as more traditional disorders. The general discourse on the borderline vacillated between two different understandings of the very concept of borderline: one that purported to signify a grey area between neurosis and psychosis, where occasional psychotic episodes were seen as a sign of the person inhabiting a “semi-psychotic” diagnostic field. The other meaning had nothing to do with the semantic meaning: it suggested that borderline was characterized by certain temperamental and cognitive features that, in themselves, defined the disorder: impulsivity, “splitting” (the “black and white” picture of the world and others), fear of abandonment, imagined or real, etc. The very dissonance between the two conceptualizations of borderline allowed for the freedom of interpretation, which made borderline a promising land for research. Consistent with difficulties in understanding and interpreting the very concept of borderline, cleavages also emerged in the therapeutic prognosis and assessment of the suitability of borderline for various types of treatment. While some (most) psychotherapists consider borderline patients extremely difficult to deal with, partly because they tend to turn on the therapist after his or her initial idealization (the very dynamics of splitting) and blame them for all of their ills, others argue that borderline is almost naturally cured with age and that as people get on with their lives, they tend to place their borderline traits increasingly under control. However, the discourse, until the second decade of the 21st century, remained focused on the individual features of borderline, not on the social conditions that give rise to this diagnosis. Rather than venturing into the culture to understand why we were seeing an increasing number of apparently borderline individuals and how their borderline dynamics were nourished by a fundamentally borderline society, once the obsession with borderline reached its peak, it almost suddenly transformed into another obsession, another Cluster B personality disorder: the Narcissistic Personality Disorder (NPD). Today, NPD and narcissism as a type of personality organization, whether formally diagnosed or not, command the large majority of psychotherapy podcasts and public discussions and seem to steer clinical practice in a direction where it is now very difficult to disregard the cultural influences on narcissistic personal phenomenology.

To me, these two obsessions are essentially the same: apart from the fact that NPD and BPD share many of the same clinical criteria and dynamic features, they are both products of an era of social transformation that involved involves rather than strictly clinical criteria as dominant tools to access the personality degeneration exhibited in those two disorders.

Both disorders, as the dominating diagnosis overall on the psychiatric landscape in the West today, reflect a situation in mental health that philotherapy addresses with its own tools and through its own interpretative lenses. The primary value consideration for philotherapy in terms of both disorders is the issue of denial of responsibility, with all of the moral and structural consequences for clinical practice, the future of the affected individuals, and the society and social groups where these individuals live. It is a denial of responsibility, inherent in the idea that someone can be “impulsive” and “insensitive to the needs of others”, “grandiose”, and “self-centered”, with a sense of overwhelming entitlement. Yet, one might be narcissistic in ways that do not make them psychotic and still qualify them for some kind of moral excuse or a sense of diminished responsibility, which is the aspect of narcissism that generates the most destructive social consequences. This gives additional relevance to Lacanian interpretations whereby the Cluster B disorders (borderline, narcissistic, histrionic, and antisocial disorder) are, in fact, derivatives of latent schizophrenia and ought to be treated as non-manifest psychoses. The problem is that if the Cluster B disorders (in particular BPD and NPD as by far the most prevalent) are treated as psychoses, then this involves a diminution of personal responsibility. However, it also involves a certain setting apart of such persons from a range of social interactions. For example, if BPD and NPD were treated as psychoses, in child custody proceedings, persons with such disorders would likely be considered unfit for full child custody; they would not be able to work in sensitive services such as the police, the military and in an array of medical fields (arguably, including psychiatry). This, then, would require formal assessment tools to be introduced for the special types of social transactions where BPD and NPD individuals would need to be filtered out. As a result, large parts of the Western populations would be excluded from those types of transactions, leading to political and value system ramifications for the entire society. The reason, obviously, is that the prevalence of BPD and NPD is associated with the social transformation itself, where the values involved in BPD and NPD phenomenology are being gradually and quickly built into the very fabric of everyday society.

The taking of ourselves seriously, which is the main reason we are so often precluded from attaining what could be described as a “good life”, is closely associated with both the borderline and narcissistic features of our society and the concomitant inability to exercise, recognize, and requires responsibility by any of the individuals who partake in such value systems where borderline and narcissistic phenomenology is prevalent. The inherent responsibility obscured by the narcissist culture – where individual extravagance and self-absorption are seen as the sovereign rights of an individual and the prerogative of a tolerant society – becomes clear when one starts in the Aristotelian way: from the individual and the particular, towards the general, namely by a discussion of how narcissism obscures responsibility on an individual,

clinical level, and then by proceeding towards drawing more general conclusions of why the way in which we take ourselves so seriously is so problematic from a philotherapeutic point of view.

THE NARCISSISTIC PHENOMENOLOGY OF DENYING RESPONSIBILITY AND “TAKING ONESELF SERIOUSLY”

Narcissism is a type of personality organization that, whether clinically diagnosed as Narcissistic Personality Disorder (NPD) or not, presents arguably the greatest challenge to the ethics of psychotherapy by conflating a number of views of what it means to be fully responsible. Thus, although narcissists are not presently excused from criminal responsibility on account of reduced accountability for their actions, narcissism remains one of the most pervasive issues of moral responsibility in the philosophy of psychiatry and psychotherapy. While narcissists appear to fully satisfy the cognitive and volitional criteria for criminal responsibility initially formulated as M’Naghten Rules, which have since become the bedrock of the conceptualizations of responsibility in most modern legal systems, they fail to satisfy the finer-grained criteria of value sensibility, such as that proposed by Philip Pettit. Narcissism, while threatening to become “the new normal” in the modern world due to the pace with which it is spreading through the Western culture, makes it more difficult for agents to adequately choose values and thus appears as a potential basis for granting moral excuses to the narcissist. However, it does so only deceitfully. In fact, the very sensibility that the narcissist personality develops, one that makes it more difficult for them to make proper moral choices, is subject to a particular responsibility of the narcissist, seen specifically as the *responsibility to change*. Such a context of an action-based rather than agent-based system renders a philosophical view on the narcissist’s responsibility fairly rigid: narcissism as a personality organization not only fails to offer moral excuses – it is in itself a ground for ascriptions of moral responsibility.

Narcissistic organization of personality is generally described as one characterized by an overwhelming concern and preoccupation with self and a corresponding deficiency in responding to the needs and interests of others. Psychotherapeutic characterizations of narcissism focus on the narcissist’s inability to develop empathy and a range of social emotions for others, such as loyalty, solidarity, and love (Crowe et al., 2019; Ebstein et al., 2010; Miller et al., 2021). A number of increasingly narrow analytic axes have been introduced to classify the symptoms of narcissism, starting from a fairly broad division of narcissistic personalities into the grandiose and vulnerable types and progressing to the three-pronged division of symptoms into narcissistic extraversion, antagonism, and neuroticism, to finally include an additional two diagnostic criteria: distrustful self-reliance and attention-seeking

(Crow et al., 2019). The social toxicity of narcissism is exhibited in the narcissist's inability to contribute to the quality of sociality in their group due to their exclusive focus on obtaining the so-called narcissistic supply rather than being able to develop a genuine interest and care for others. This incapacitates the narcissist from engaging in genuine friendly and loving relationships and positions them as psychological predators in any group they find themselves in.

On a social philosophical level, the most impactful and interesting aspects of narcissism are not necessarily those developed for the purposes of precise diagnostics (mentioned above). Instead, they are the more general dynamics of narcissism that are closely associated with, and arise from, the mentioned symptoms constituting its diagnostic criteria. I will focus here on the two most general symptoms and their social impact on both the narcissist and those around them. From there, I will proceed to discuss how the dynamics of narcissistic personality organization fares in the legal and moral contexts of *responsibility* as a philosophical theme.

To make the conceptual issues perfectly clear, the subject of discussion here is narcissism as a type of personality organization regardless of whether or not it has been diagnosed as Narcissistic Personality Disorder. Namely, the current diagnostic protocols in psychiatry—in order for a personality disorder to be diagnosed—require a pattern of impediment to social or personal functioning (Akhtar & Thomson, 1982). In practice, this translates into a subjective experience of psychic pain and social failure, which means that, to be diagnosed, a narcissistic person would need to show up for a diagnostic interview with a complaint. As most narcissists do not perceive their toxicity to others as internally painful (on account of their lack of capacity for empathy), and many are socially successful because of the skills associated with attracting the attention of others and society, narcissists rarely experience discomfort associated with their personality organization, and thus rarely seek counseling or diagnosis. Those who do, receive the diagnosis of NPD, but arguably these individuals are the least toxic of all, because they are equipped with a degree of self-awareness that causes them a sense of “something being wrong” with them. Thus, I do not make any assumptions about the presence or absence of a diagnosis of NPD and discuss both the diagnosed and undiagnosed cases under the same general heading of narcissism as a type of personality.

Without delving into the various subtypes and classifications of narcissism, the two most general features of narcissistic personality involve their exclusive preoccupation with themselves, specifically with obtaining “validation” for their shaken internal sense of self-worth, and their associated treatment of their entire social world as a potential source of “narcissistic supply”, where the specific relationships are supplied to cater to the validation hunger of the narcissist. It is these two facets of narcissism that pose issues of responsibility.

THE DEVELOPMENT OF AN EGO IDEAL AND THE NEED FOR VALIDATION

A Freudian account of narcissism interprets it in development terms: There is a stage in personal development where the child will naturally exhibit narcissistic traits, focusing on their own needs more or less exclusively, with the corresponding deficiency in the ability to show empathy and other moral emotions directed at others. In the course of normal personal development, the child grows out of the narcissistic phase and learns to project their libido, or “life force”, onto others, thus creating powerful interpersonal bonds and integrating themselves into the social fabric of their community. In pathological cases, the libido can remain entrapped within the person, resulting in an inability to foster productive social bonds, or it can pervert in dynamics so that it becomes projected outside the person, towards the others, but it then moves in a circular trajectory back to the person so that any relationship with others, in fact, serves only to confirm the subject’s love and appreciation of themselves, not of the relevant others. The latter is the classic psychoanalytic explanation of narcissism and at the same time, an introduction to the concept of narcissistic supply in psychiatry.²

According to Freud, pathological narcissism is made possible by the mechanism of “introjection”, where the person builds an “ego ideal”, namely a picture of themselves that is equipped with the attributes one desires and usually derives from important others in their lives, such as parents, and solidifies this picture within their psyche. Thus, rather than psychologically benefitting from projecting desire to others, one loves one’s own ego ideal and secures, within one’s person, all of the emotional and psychological benefits that a healthy person derives from loving relationships with others (Freud, 1924, 1957, 2004).

To solidify the ego ideal, the person must have external validation from others that the attributes of the ideal are indeed real: this means that others must *react* to the person’s self-image in ways that the person can interpret as a confirmation of the value, or

² I refer to Freud’s understanding of narcissism here because it serves as the intellectual foundation for most later thinking about narcissism as a social and personality issue. In particular, Freud’s views have been explicitly incorporated into modern neo-Lacanian views about narcissism, personality disorders, and moral discourse, which perhaps most directly address the issues at the heart of this paper. A common objection here might be why not base the view of narcissism on alternative, neurobiological views of narcissism. However, it is perhaps insufficiently known that Freud’s views were explicitly informed by neurobiological perspectives on both narcissism and other phenomena that he discusses. In fact, the largely generalist view that Freudian psychoanalysis is somehow detached from the neurobiological perspectives on personality development neglects the fact that Freud, as a neurologist, systematically worked on integrating neurobiology with his psychoanalytic views and has consequently produced *The Project for a Scientific Psychology* (Freud, 1895). While a review of neurobiological findings and neuroscientist’s views that reflect Freud’s principles would go beyond the scope and content of this paper, it is sufficient to consider some of the most controversial modern neuroscientists, such as Joanna Moncrieff, to see just how much of Freud’s social argument about the personality and personality disorders resonates with modern biological psychiatry and neuroscientific research (Moncrieff, 2017).

importance, of the ego ideal. This reaction by society, and especially by people close to the narcissist, is what constitutes “narcissistic supply”. Without this type of supply, the narcissistic personality decompensates because their internal sense of low self-worth is unbearable, and narcissistic supply as a form of external validation of their projected greater value as a person is the only strategy that keeps the pain of low self-esteem at bay. The narcissistic person is thus prepared to go to extraordinary lengths to obtain a narcissistic supply, including the use of strategies such as “love bombing” or offering extremely positive initial attention to those they wish to attract as potential sources of supply. Thus, the narcissist will show an extremely charming face at the beginning of a romantic courtship; they will offer expensive or extremely original gifts to the object of their interest, take their prospective partner for extravagant vacations, and exhibit exceptional sensitivity to the needs of the “loved” one. The love bombing phase is often so extreme that the person who is love bombed has difficulty getting used that it is over, once the narcissistic abuse sets in later in the relationship, and thus, many victims of narcissistic abuse suffer for a long time, all the while hoping for a return of the love bombing part of the relationship (Howard, 2019, 2022). The typical phases of narcissistic abuse, which is geared toward obtaining the narcissistic supply of validation, following the love bombing, include devaluation (showing the other person that the narcissist, in fact, does not value them as they might have thought based on the previous, love bombing phase of the relationship), followed by discarding (actual abandonment of the partner, or, in some cases, causing the partner to leave the narcissist by inflicting on them pain that is beyond what the partner is willing to bear). In most cases, however, the cycle of abuse will repeat itself, with the additional element called “hoovering”, where after the discarding has occurred, the narcissist will “vacuum” the victim back into the relationship by repeating the love bombing phase, only to follow with a further devaluation and, ultimately discarding (Green & Charles, 2019).

A surface view of the cycle of narcissistic abuse suggests an immediate question: if the narcissist is after validation in order to feed the internal ego ideal, then surely, after the love bombing phase of initiating the relationship, such validation is forthcoming from a happy partner, and there appears to exist no need to destroy the seemingly ideal situation and cause trouble by devaluing and discarding the partner.

The narcissist feeds their ego ideal by investing considerable energy in maintaining exploitative relationships with others, which will provide “strokes” to validate the projection of high self-worth.³ As the ego ideal is positioned inside the narcissist’s

³ A stroke is a concept from transactional analysis, a useful theoretical context based on phenomenology that is easily applicable to an interpretation of narcissism. In TA, a “stroke” is an affirmation that contributes to a positive self-evaluation or personal resilience in the face of adversity that the person faces with. We receive strokes through praise, through physical strokes as expressions of affection by others, through official and institutional appraisals, etc., and we keep them in mental storage to draw on in times of crisis of self-esteem or of strength to address life’s difficulties (Steiner, 2003).

psyche, the love bombing is inauthentic in the sense that the narcissist does not wish to make the partner happy: they invest a large amount of their own energy to attract the partner, but the partner's happiness arising from the narcissist's love bombing is not adequate validation, for at least two reasons. First, the economy of gain and loss is disturbed for the narcissist because they invest considerable energy in the relationship, and this, in fact, might mean, in their interpretation, that they are unworthy of being praised and validated unless they do something nice for the other person. Secondly, the narcissist needs validation that is not deserved through their investment of libido and social capital in other people: they need validation that resembles adoration and is forthcoming even when the narcissist does nothing to please others. Only in this way will the narcissist feel that the ego ideal is so valuable that others react to it regardless of what the narcissist does or fails to do for them.

The perspective of self-absorption and the constant quest to avoid narcissistic injury (a situation where external experiences, primarily the other people's reactions to the narcissist, reflect a limited valuation of the narcissist's personality, and thus, confirm the narcissist own initial self-doubt) cause the narcissist to resort to the cycle of abuse, where the initial investment of energy to attract other people must turn into devaluation. Only once the other person is devalued and starts to suffer, expecting the narcissist to return to the love bombing phase, will the narcissist's validation commence: the other person has no reason to stay with the narcissist because the narcissist abuses them. However, the person stays; ergo, the narcissist's ego is so valuable that the other person cannot do without the narcissist. In most cases, this dynamic escalates to the point where the narcissist senses that the increased deprivation of affection that they inflict on their partner is pushing the partner away and will eventually cause them to leave the narcissist. At that point, to prevent the other person's leaving, the narcissist will discard their partner first, usually by leaving them without an explanation or opportunity for psychological "closure". In many cases, the narcissists complete the discarding process after they have already found another partner first, and this allows them both to bridge the gap between the two relationships and the discomfort of a romantic break-up and, at the same time, to additionally injure the current partner by letting them know that there has been someone else in their lives for a while before the actual break up with the current partner (Brunell & Campbell, 2011). The same dynamics apply in most of the other types of relationships the narcissist enters, where validation is the key driver for the relationship. In contrast, the expectations of the other party are elicited through a strategy of manipulation, only to fail in the end and to be used to extract additional validation through the (typically adverse) reaction by the manipulated party once the narcissistic discard has already taken place.

STATUS AS A GUARANTEE OF NARCISSISTIC SUPPLY

The cycle of narcissistic abuse that serves as a vehicle of narcissistic validation of the ego ideal, by its very structure, has limited potential: eventually, all relationships the narcissist enters into will break down because the narcissist needs to devalue and eventually discard other people in order to feed the internal projection of value that is not supported by the narcissist's own internal psychological resources.⁴ However, this temporariness of a source of validation, which the narcissist is aware of, threatens the stability of the projected self-image with which the narcissist is, in their own particular way, in love. Thus, the narcissist must ensure the availability of a more or less stable narcissistic supply of the sources of validation. Typically, they do so by developing particular social skills that make them very popular. Narcissists are generally skilled in attracting attention in society, which is why they are often professionally and socially successful in the modern "economy of attention". For them, attracting attention is a precondition for being able to extract validation, and they use attention-grabbing skills and strategies to generate a stable narcissistic supply of admirers, romantic partners, friends, and colleagues, through a variety of pathways which they might take to achieve that supply (Grapsas et al., 2019).

The actual dynamics of obtaining narcissistic supply by the narcissist include two general strategies: admiration seeking and rivalry. In the competitive society of today, both strategies conduce to socially acceptable self-promotion, enabling the narcissist to establish a status (Grapsas et al., 2019), which in the hierarchically structured society is a guarantee of a stable supply of sources of validation. The status entails entitlement and entitlement normatively extracts validation from those who accept the same social values. Narcissists are thus often individuals with relatively high social status who exhibit a low level of tolerance when their entitlement to "respect" by others is not met adequately. The culture of status and reputation, based on the market model of interactions (social transactions are more efficient if they are based on social capital and do not need to be guaranteed by separate procedures, and reputation and status are guarantees of that social capital), has the capacity to render status-seeking narcissism a "new normal". This makes dealing with narcissistic pathology even more unlikely once the narcissist secures a stable narcissistic supply by attaining social status. The higher the status a narcissist is able to achieve within the social hierarchy (of competence, power, or some other type of recognition), the more "normalized" the narcissist's internal dynamics become and the more contagious they are for others because of the structural influence of status throughout hierarchical societies. Johan Galtung calls this phenomenon of spreading values from those with status to those

⁴ There are various explanations of the etiology of narcissism and the concomitant lack of the narcissist's internal psychological resources to support a proper ego, most of which focus on family upbringing (Horton, 2011).

seeking status “penetration” of value systems and considers it a form of structural or cultural violence (Galtung, 1990, 2004, 2009).

DOES NARCISSISM CHALLENGE RESPONSIBILITY?

Criminal responsibility (culpability)

The narcissistic organization of personality represents a disturbance in the socially desirable, normal functioning of libido, which projects outside the person towards other people and generates a genuine interpersonal attachment that is the foundation of various types of social, including emotional, bonds between healthy individuals. However, the particular narcissistic type of disturbance of what would be considered a normal structure of interpersonal dynamics does not satisfy the traditional conditions for reduced criminal responsibility. Thus, individuals who are either diagnosed or described as narcissists in criminal proceedings are typically not excused from criminal culpability and punishment. This is because they satisfy both the cognitive criterion of criminal responsibility – namely, that they knew that what they were doing was illegal” – and the volitional criterion, that “they could have acted otherwise”. These two types of criteria, which have since been built into the criminal codes across the Western world, originated in 19th-century England in the 1843 murder trial of one Daniel M’Naghten, who for the first time was found to have been “so deranged that he did not know what he was doing and was not able to help it”, and was therefore acquitted (Andoh, 1993).

The M’Naghten Rules stipulate that the perpetrator of a crime must be aware of the nature of their actions from a legal point of view and have the basic capacity to decide to commit the crime or refrain from committing it. If the perpetrator fails either of the two psychological tests, this automatically provides grounds for granting them reduced responsibility or for fully acquitting them.

There has been a long and agonizing debate in forensic psychiatry and the philosophy of punishment about whether persons with personality disorders (“psychopaths”, as they were once called), including narcissists, ought to be held fully accountable for their actions. This arises from the fact that their internal dynamics are obviously different from those of healthy individuals, making it more difficult for them to choose to treat others as individuals deserving of dignity and rights (Fatic, 1997; Fox et al., 2013).⁵ The prevailing view has been that narcissists, like psychopaths, are fully

⁵ There are differences in the psychiatric descriptions of “psychopathy” and NPD; however, for the purposes of responsibility, they can be treated as members of the same cluster of disorders with basically the same characteristics with regard to culpability, especially given that psychopathy, even when it is seen as distinct from NPD, usually contains a “layer” or “overlay” of NPD on top of another personality disorder. My understanding of the now outdated concept of “psychopathy” is that it was most properly applied to what are now the infamous “Cluster

aware of the status of their actions from the society's point of view, and are capable of choosing their actions, despite their internal inclination to manipulate, coerce, co-opt, and ultimately exploit others and the various social arrangements for their own benefit. The latter is deductible from the very dynamics of narcissistic abuse, where the narcissist is able to display "love bombing" behavior, which is generally socially desirable, in the "baiting" phase of attracting their social prey before moving on to devaluation and ultimately to a narcissistic discard. When this dynamic is generalized, it becomes clear that narcissists do not succumb to a compulsion to make decisions that are wrong in various ways but that they deliberately choose to do so in order to strategically obtain a supply of narcissistic validation. Their narcissistic personality organization provides them with a *motive* to commit criminal wrongdoing (when their wrongdoings are criminal) but not with an *excuse* for doing so.

Moral/value responsibility

The issue of *moral* responsibility in narcissists (and, by extension, psychopaths) might be considered more nuanced than that of culpability. Without going through the entire history of the ethics of responsibility – an impossible task here, of course – I will focus on a modern account of moral responsibility that emphasizes values and, in my opinion, effectively summarizes much of what we have come to know, through the history of ethics, about what individual responsibility practically comes down to.

In his 2007 paper on the concept of responsibility, Philip Pettit (2007, p. 173) starts from the obvious premise that "(h)olding responsible (...) has an implication that, if what was done is something bad, then the agent is a candidate for blame; if what was done is something good, then the agent is a candidate for approval and praise". According to Pettit, in order to qualify "for fitness to be held responsible" in the mentioned sense, one must satisfy three key criteria, all of which are based on values and the ability to understand, choose and accept certain values. They include:

- i. Value relevance, namely a situation where an autonomous moral agent faces a relevant value choice,
- ii. Value judgement, where the agent has the capacity to understand the meaning and status of their choices and has access to information necessary to ascertain the value significance of each choice, and
- iii. Value sensitivity, namely the fact that the agent is able to exercise control of their choices based on the appraisal of their relative value (Pettit, 2007, p. 175).

B Personality Disorders" in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV), and they include NPD as one of the four mutually related "moral" personality disorders (Charland, 2006). In addition, there is growing neurobiological evidence of neurological similarities between narcissism and psychopathy, which additionally blur the putative distinction (Krusemark, 2011).

The criteria (ii) and (iii) obviously crudely correspond to the M’Naghten Rules: the agent’s ability to understand the significance of their actions and their ability to become informed about the nature of the choice they are about to make corresponds to the cognitive part of the Rules, whereas one’s ability to maintain control of their actions translates into the volitional part of M’Naghten Rules. The narcissist satisfies these two criteria, so we are essentially left with Pettit’s criterion (i), value relevance, in order to see whether the narcissist, unlike in cases of culpability, might escape at least a degree of ordinary moral responsibility that agents face for their choices.

Value relevance, according to Pettit, involves a moral drama, where the person must be able to understand the moral tension produced by a particular dilemma or decision-making situation. In other words, it is largely a matter of moral sensibility, which a person must have developed in themselves in order to be able to even perceive and adequately appraise the moral relevance of a particular decision one is to make. This can be easily illustrated by pointing to an ordinary discrimination we all make between morally challenging choices, as opposed to those we consider morally uncontroversial. Choosing the color of a cigarette lighter is a morally non-challenging choice, while choosing whether to give money to a beggar or not is a morally relevant choice. Picking a destination for holidays is morally irrelevant; however deciding whether to reward a poor but underperforming student with a higher grade necessary for enrolling in the next year of university is morally significant. In many cases, we do not appear to have any difficulty discriminating between the routine choices we make that are not morally challenging, and those that require moral deliberation. However, in not so few cases, things get more complicated, as the borderline between the morally relevant and the morally indifferent becomes blurred.

It may seem that choosing a set of shoes is morally irrelevant; however, for an informed modern citizen, it is not irrelevant whether the shoes were produced in a country where child labor in shoe factories is a norm or where the production process causes major environmental pollution to the detriment of the very existence of organic communities. To make this choice, one needs considerably more information than the shoes’ size, look, and price. An informed, responsible decision might require days of research into the producer of the shoes, the location of the factory, and its reputation. Thus, what, until very recently, appeared as an obviously morally irrelevant decision may now be one laden with moral and social controversy.

Consider the use of language, where conveying information about the death of a close one to their relatives, or informing a patient about the diagnosis of an incurable illness, while falling within one’s normal perimeter of truthful (and thus, on some level at least, also moral) action, may be subject to a range of ethical nuances: depending on the amount of the information revealed and the manner of the use of language, the news might inflict significant amounts of stress and pain on the recipient. Clearly,

legally speaking, a military officer informing the family of a soldier's death or a doctor telling the patient that they have cancer are entitled to be direct and fully truthful; should they convey the information in the most insensitive and painful way, as long as it is the truth, they cannot be held legally responsible. However, the moral dimension of the same act is more demanding: by the manner of conveying the news, one reflects one's moral sensibility, one's ability to empathize with those stricken by the loss of a relative or of their own health: one can act in a praiseworthy or blameworthy way in this situation, depending on the way one uses language. One's ability to convey information in a morally sensitive way will depend on one's moral emotions, and they will have been developed as a result of one's moral self-care and education.

In more nuanced cases such as the above one, narcissists tend to fare very badly for all of the reasons described as constituting the very narcissistic pathology. They are focused on themselves, have no authentic emotions for others, and are almost incapable of feeling any empathy. Their attention is attached firmly to the outcomes of their relationships with others for themselves, without taking into account the desires, interests, and experiences of others in their impact on others' lives, independently of the narcissist. Thus, the narcissist will most likely be genuinely disinterested in the environmental impact of their choices (unless it is some kind of major and immediate impact that affects the narcissist themselves) or in the way one's language offends or hurts others, if the narcissist does not in some way depend on the relevant others, or expects something from them. Narcissists are notorious for not taking care of the way they use words and for being insensitive and hurtful in their communication with those they consider less powerful or influential than the narcissists themselves (Adams et al., 2014). Thus, the narcissist will tend to fail the first value test proposed by Pettit, namely being able to recognize the moral relevance of many decision-making situations. After all, this is the most obvious and common complaint levied against narcissists in everyday life, namely that they are "insensitive" to the needs and feelings of others when they do not impact the narcissist's own interests and well-being. This would appear to suggest that the narcissist qualifies for a reduced moral responsibility for value-laden decisions. However, my argument to the contrary is based on the nature of moral sensibility in the context of the moral duty of self-care and self-change.

THE DUTY OF SELF-CHANGE

There is a story in Christian ethics that focuses on our responsibility to develop particular moral sensibilities in order to merit redemption. According to the story, encapsulated in the Christian legacy, attributed to a vision by Venerable Theodora of Constantinople, upon a person's death, their soul leaves the body and, on its ascent, passes through several groups of demons ("aerial toll houses"), where each group tests

the soul for remaining sinful inclinations: greed, gluttony, adultery, arrogance, etc. Should the soul fail any of the tests, the corresponding group of demons will snatch it away and drag it into Hell, preventing its further ascent into Heaven.

For several reasons, this metaphorical story is interesting, both ethically and soteriologically. First, it describes a situation after the person's death, which, traditionally in Christianity, marks the end of a person's effort in this life and, assuming that the person has acted in sufficiently virtuous ways, ought to guarantee redemption of the soul. Thus, it would appear odd that the soul continues to be tested for its choices after death: according to the story, while ascending towards Heaven, the soul actively decides whether to respond to temptation with various sins, offered at the specific "aerial toll houses" by the groups of demons, and, if it has not cleansed itself of the inclinations, or sensibility, to respond to sinful experiences, it is drawn by the sin and loses the chance to redeem itself. The concept is similar to the view by Emanuel Swedenborg, who, when interpreting redemption, argues that "God does not condemn anyone to Hell"; rather, everyone goes where the inclinations of their soul lead them (Frothingham, 1882).

The second curiosity about this story is its suggestion that in order to achieve sufficient virtue, it is not enough to act right (thus passing the ethical evaluations of our actual choices). Instead, the requirement is that one works on oneself by undergoing a discipline and moral training in order to attain a personal change — a change in sensibility that will cause the person to no longer wish to engage in moral wrongdoing, or otherwise ethically suspect choices: this is what is tested by the "toll houses" described in the story. This is a key concept in the ethics of personal change, originating in ancient Greek ethics, e.g., in Epicurean ethics, which involved the cultivation of sensibilities of the soul (Fatic & Dentsoras, 2014). The same principle of the duty to self-change marked the very beginning of modern psychotherapy in the affective psychopathology of Philippe Pinel, the founder of the modern psychotherapeutic clinic, who regarded all psychotherapy as "moral re-education". Pinel insists that the moral failures inherent in disturbances such as what we call today "personality disorders", in fact, arise from failing to observe the duty to self-change and to cultivate one's own sensibility. This is a type of psychotherapeutic virtue ethic that Pinel saw as being at the very methodological core of psychiatry and psychotherapy (Charland, 2010; Woods & Carlson, 1961).

The concept of moral education, initially championed by Pinel along the historical legacy of various ancient, Christian, and other sources on the moral duty of self-care and change in living "the good life", attaining religious virtue, or later in the related ethics for psychiatry and psychotherapy, is reflected in Charland's important argument that the "Cluster B" personality disorders, including NPD, and thus also narcissism as a type of personality organization, are in fact moral, and not strictly

medical qualifications. Charland points out that almost all of the diagnostic criteria for Cluster B disorders, elaborated in the DSM IV, are, in fact, moral and not clinical failures (Charland, 2006). Thus, the psychotherapeutic treatment for such disorders would naturally be expected to focus on a moral re-education along Pinel's affective psychopathology: the principle that brings psychotherapy into the aegis of philosophy and that is gaining increasing prominence through the modern development of philosophical counseling, which addresses philosophically the specifically moral and existential themes in appropriate cases of psychopathology (Raabe, 2014).

Given that social structure (our relationships with others) constitutes a dynamic action-system, in the philosophy of psychiatry and psychotherapy, the traditional ethical difference between failing to do something good and actively doing something morally bad is diminished. The context of psychotherapy as an action-system consists of legitimate expectations that the choices one makes are aligned with appropriate social values. This includes the person's possession of a requisite virtue and sensibility to fulfill legitimate expectations. There is thus a moral duty involved in self-care and self-change to the extent that they are required in order to facilitate the person's actual fulfillment of legitimate moral expectations in society, and this includes the development of a required degree of moral emotions as dynamic drivers of moral action, such as empathy, loyalty, solidarity, etc. As I have pointed out before, narcissism is a personality structure that satisfies Pettit's value criteria (ii) and (iii) for a full moral responsibility, namely the narcissist is able to understand what is expected of them, that this expectation is legitimate and the narcissist has control of their choices and actions. In light of the legitimate expectations within the social action-system that is captured by psychotherapy, it seems reasonable to derive from the above that the narcissist has a moral duty to develop the appropriate sensibility through moral discipline and self-education so that they can actually fulfill the legitimate moral expectations.

More recently, John Turri presented arguments for an "exculpation account" of moral blamelessness based on the idea that the existence of a legitimate excuse arising from an inability to perform an action that is the subject of moral duty, renders the agent blameless, even though one has a moral obligation, and is aware of that obligation (Turri, 2022). Turri's argument in favor of the exculpation account is consistent with the second M'Naghten criterion of criminal responsibility (which at the same time is a criterion of moral responsibility), namely the agent's ability "to have acted otherwise". The same argument is also consistent with Pettit's third criterion for moral blameworthiness, namely the ability to exercise "control". However, the narcissistic personality, as it is clinically described in the DSM classification, clearly retains significant control of their choices, which means that their pathology does not arise from an inability to choose, but from an inability to accord sufficient weight to values that would motivate them to choose morally correctly; thus the narcissist chooses

morally wrongly (when they do so) not because they are unable to act otherwise, but rather because they are strongly disinclined, while able, to act morally correctly. This lack of motivation is associated with values, not with psychological capacities.

In a social action system, the moral duty to meet legitimate expectations involves the duty to develop a capacity to do so, where this is within the individual's power: a duty of self-care requires the person to regularly exercise. If the person is too obese to exercise, this then requires a duty to lose weight in order to be able to exercise and thus prevent damage to their health and avoid becoming a burden on others. The fact that one cannot exercise because one is too overweight does not excuse one from the duty to care for one's health: to the contrary, this imposes a further moral duty to lose weight in the interest of health. Far more radically, if limited capacities for empathy or the drama with moral dilemmas impact the welfare of others rather than merely the individual, as in the case of narcissism, the duty to change is even more stern and radical. The lack of moral sensitivity to what one knows is one's moral obligation, which one is able to fulfill because one has control over one's actions — far from excusing one from moral responsibility — in fact increases one's responsibility to develop such a sensibility and, to the extent that one could have worked on self-change, makes one blameworthy for the lack of moral training and moral emotions.

The context of psychiatry and psychotherapy further increases this duty. While the obese person can neglect their health all by themselves, without actively relating to others, the narcissist neglects their moral and personal well-being exclusively by consistently abusing others through the described mechanisms of narcissistic validation and treating others as narcissistic supply. The exclusively social substance of the narcissist dynamics maximizes the narcissist's moral duty of self-care and self-change, correspondingly increasing the narcissist's moral responsibility for failing Pettit's test (i) while satisfying the tests (ii) and (iii), where the latter qualify the narcissist to work on satisfying test (i). Hence, it is reasonable to conclude that failing Pettit's test of value sensibility does not, in fact, diminish the narcissist's moral responsibility: to the contrary, the action-system that defines the narcissist personality within the context of psychiatry and psychotherapy increases the narcissist's moral responsibility. This makes the conclusion with regard to the narcissist's moral responsibility for their choices identical to the accepted practice about the narcissist's legal responsibility, namely that narcissists are fully legally and equally fully morally responsible for their actions.

A focus on psychotherapy as a moral re-education obviously opens up a question of how such a prerogative could be abused, and what consequences this very possibility of abuse produces for the concept of moral re-education. My response to this potential critique is, I feel, quite simple. Any kind of psychotherapy and any psychiatric and psychological establishment can and has been extensively abused in the not-so-recent past. The list of such abuses is so long and so alarming that it actually gives rise to

questions as to whether psychiatry, in particular, and psychotherapy in the broader sense, should really have any coercive instruments at their disposal in the first place. During practically all authoritarian political traditions, psychiatry (and psychotherapy, to the extent that it was conducted in state institutions) was systematically abused and treated as a form of psychological policing, where numerous people with dissenting values or opinions were literally committed to psychiatric hospitals as a form of detention. Psychiatric hospitals were treated as informal prisons, and not only at the beginning of psychiatry, at the time of “asylums”, but as recently as a few decades ago in Eastern Europe. One can only surmise what happens today in the psychiatric institutions in China or Russia, in North Korea, or Belarus.

A more modern form of abuse of psychotherapy and psychiatry is that associated with their judicial use: the high-profile controversy in Europe over child custody proceedings after divorce or in situations where children are seized from parents for various reasons, branching off into the issues concerning adoption, especially foreign adoptions, focuses largely on the role of psychiatrists and psychologists. Abuses in this realm are horrendous and have been attributed both to ill intent and the low level of training and professional selection, especially among social workers (Lytle-Vieira, 1987). The consequences of such abuses and mistakes are widespread and existentially extremely serious.

For the above reasons, it seems that it is impossible to convincingly rule out the possibility of abuse of any kind of psychotherapeutic methodology, view, or intervention, especially when it is connected with psychiatry, the state institutions, and the possibility of coercion, however remote it might be. What psychotherapy is actually doing is constantly re-educating the clients in line with the social expectations that determine our very view of normalcy (Fatic, 2024). This process is so much more dangerous if it is unconscious. Making the process conscious, deliberate, and strategically clearly focused reduces the likelihood and practical possibilities of abuse in relation to traditional views of psychotherapy rather than vice versa.

HOW A NARCISSISTIC CULTURE HAMPERS PHILOSOPHICAL TRANSCENDENCE

Assuming an overarching view that transcendence is the general feature of any kind of critical thought on the immediate reality of life experience, the removal of hampering of transcendence from one's, or a society's, perspective on life might be construed as a source of existential pathology. A particular and related aspect of transcendence that is made impossible by the prevailing narcissistic culture that psychotherapy takes on as a source of individual and collective pathology is the ability to exercise reading and writing, not just as instrumental to obtaining practically useful knowledge, but also

as worthwhile because they lead to the attainment of intrinsically valuable states of mind (Currie, 1991, p. 338). The assumption of psychological realism about states of mind (states of mind are real on a par with the “objective” — unbearable — reality) is a logical presupposition of the philotherapeutic and any psychotherapeutic methodology and way of thinking (Pettit, 1991, p. 589). Psychological realism is what makes the very idea of philosophical or psychological intervention to improve one’s experience of life intelligible.

It seems to me that this type of transcendence is associated with fact-value dualism, which suggests that values should not be inferred from facts. The factual statement that a person has responded by depression to an unpalatable experience in an important relationship with significant others by no means justifies the inference of a value judgment that the person ought to have responded by depression or that, in the future, the person should develop depression as a reaction to an unpalatable experience. This principle is known as a “fact-value dualism”. However, fact-value dualism does not imply the opposite, value-fact dualism (Mautner, 1995). If values cannot be inferred from facts, perhaps facts can, under certain conditions, be reliably inferred from values, and this is especially the case with mental states when they are seen realistically in the above-described sense. Contrary to a value-fact dualism, the value statement that a person ought to be resilient in the face of adversity might lead to a factual situation where the person could be so resilient, especially if the first normative idea is the concept of therapy. At a minimum, in the therapeutic discourse, there is really no place for value-fact dualism, namely the assumption that a statement of value does not allow the inference of a statement of fact. Much psychotherapy is directed exactly at allowing values and norms to produce the desired factual results, although the concept of “inference” in therapy is different from logical inference. On the other hand, the opposite, fact-value dualism (a statement of fact as a premise does not allow the inference of a statement of value), might hold, depending on the therapeutic doctrine at hand.⁶ Specifically in psychotherapy, the ought-is progression is the very logical heart of self-change and of social change more generally. Thus, both psychological realism and a value-fact continuum must hold.

Realism is a part of the logic of therapy because one seeks such transcendent states of mind, such as those facilitated by humor, where the potentially unbearable raw life

⁶ In psychoanalytic discourse, however, neither does fact-value dualism obtain, because of the assumption by psychoanalysis that we are not “masters in our house” and that, analytically speaking, the facts of our decisions and choices speak about our values in ways often consciously inaccessible to us. Even though it is consciously unacceptable, even inconceivable, for me to assume that some of my choices might point to certain values that, to my conscious mind, are abhorrent and forbidden, psychoanalytically speaking, this not only may be the case but is, in fact, usually the case. This militates against the fact-value dualism, as well. That is why I say that, at a minimum, psychotherapy does not recognize value-fact dualism, while it might tolerate fact-value dualism. At a maximum, in psychoanalysis, neither of the dualisms is supported, while the psychological realism of mental states takes a radical form.

experience will be given more palatable meaning and function. Within that realism, working to the best of one's abilities to bring about optimistic outcomes for oneself and others, despite the overall pessimistic view of life as fundamentally tragic, is part of the value-fact continuum, rather than duality.

There is a sense in which narcissistic culture warps psychological realism: for the narcissist, the only fully "real" mental states are their own, while those of others are seen as merely instrumental, as semi-chimeras, something not to pay attention to, as fleeting phenomena unworthy of the narcissist's attention. This type of thinking is fundamentally anti-philosophical because it undermines the very conditions for meaningful dialogue and critical thinking. The inability to step outside one's deliberately set cognitive boundaries and transcend one's situational cognition and emotions as an attribute of the healthy, philosophically capable human psyche in narcissistic cultures goes hand in hand with the ontological denial of the full reality and relevance of the mental states of others. There is no more deeply anti-philosophical culture and social practice than that, along with at least a tacit psychological antirealism that goes along with narcissistic cultures.

Philotherapy addresses both these issues on a level of value. While one could argue that the narcissist recognizes the reality of the mental states of others, but simply does not care (and indeed, this is part of the phenomenology of narcissism), I am not so sure that recognition of the reality of objects or psychological processes is merely a cognitive act: does one really recognize another's dignity if one treats another with contempt? Perhaps it could be argued that one does, however, one does not care and thus deliberately denigrates another's dignity. To me, this seems highly improbable. We are always governed by values: our very identity is predicated upon a conception of virtue that we more or less share with our society (or our relevant group, even if it is a deviant group), and it is psychologically very different from recognizing a value that one can easily relate to and at the same time completely heinously threaten that value in others, without at the same time at least partially denying the reality of their humanity and their human suffering as a result of our actions. After all, that is why dehumanization, treating another human being as an object while abstracting their specific human qualities and sensibilities, is considered a psychological part of most crimes. I will refrain here from using the standard and hugely overexploited example of the Nazis; consider murders and kidnappings, where the same mechanism is at play. For example, there is a difference between terrorist kidnappings for political reasons, such as those happening in Latin America, where left-wing guerillas often abduct Western executives, journalists, or tourists and hold them prisoner in remote jungle locations until they can extract ransom that they will use to procure weapons and advance their political or military goals. These are situations where the primary attention of the kidnappers is not focused on the victim but on the larger political goals, and that is why there is probably less dehumanization

of the actual abductees. As a result, the so-called “Helsinki syndrome” ensues, where the victims, the abducted persons, once they are released after spending months with their captors, tend to defend their captors and justify their actions by reference to their inability to articulate their political agenda institutionally. The identification with the aggressor is predicated upon the actual human contact with the aggressor, who does not fully dehumanize the victim. The captors do not mistreat the prisoners because they have nothing personally against the prisoners and expect them to be released. Their goal is to extract the ransom, not to hurt the abductees (though occasionally they do hurt, or kill them, when things go very wrong). The kidnappers and the kidnapped talk, know each other’s names, witness various everyday situations within the life of a renegade military group, and the abductees start to understand the other side of the crime: the position of the perpetrators. Once released, they often advocate for more lenient penalties for their captors, if they are apprehended, and sometimes they speak for their political cause publicly.

However, at a different level, strictly criminal, psychopathic kidnappings by serial killers never yield such sympathy from the abductees if they are released: typically, they do not want to hear of their captor, who dehumanized them and treated them as “meat” to be butchered, or as a means to the satisfaction of their sadistic drives.

The whole difference between the two cases, which, in the practical sense of the actual execution of a kidnapping, might be very similar, is that in the former case, the captors do not significantly dehumanize their victims. In contrast, in the latter case, the dehumanization is overwhelming and precedes the even graver crimes, such as the infliction of grievous bodily injuries or murder. The former type of kidnappers do not intend to murder their captives; this is not the logic of their operation (though, as I said, sometimes this happens when things get out of hand), and thus they do not need to dehumanize them. In the latter case, the intent is to harm the victim, and the victim is thus typically stripped of their human status and qualities for the darkened mind of the killer to be able to proceed with the murder. Even a psychopathic killer needs to dehumanize their victim before killing them, because recognizing the victim’s human dignity and sensibility would be an impediment to the crime, as it would relate the victim to the perpetrator herself.

The same mechanism, though less radical, operates on the level of narcissistic motivation and the intricacies of a narcissistic culture: without the ability to move from one’s initial vantage point on reality and transcend one’s particular circumstances, desires, and needs, one dehumanizes others as means for obtaining the narcissistic supply. This cognitive rigidity of a narcissistic culture applies equally to institutions: some governments, agencies, and even companies are so narcissistically fixated in their epistemic positions on reality that they rigidly require the citizens, or their employers in the case of companies, to conform to rules and strategies that do not

really relate to the identity of most of those coerced into submission. Such is the onset of institutional or corporate tyranny.

Philotherapy treats these ills in the individual and collective experience by exploring how our consciousness works and whether we can establish better control and exert discipline over our mind. Related to the argument in the previous paragraphs that not recognizing others is a precondition for harming them because the recognition of the value of others is a natural psychological break on our acting destructively towards them is the argument that being “unconscious” is a precondition for acting self-destructively. The key is in understanding how being “unconscious” operated: this does not require someone to be fully unaware of one’s true motives and goals, even though one might “consciously” be trying. Being unconscious is not the same as not having direct access to the ocean of one’s individual and society’s collective subconsciousness, as psychoanalysts argued. There are much more practical and mundane meanings of being unconscious, which have devastating effects on personal success and satisfaction, the most important of which is simply not paying attention: “There is a sense in which a person can be said to be unconscious of a sensation when he pays no heed to it. A walker engaged in a heated dispute may be unconscious, in this sense, of the sensations in his blistered heel (...)” (Ryle, 1986, p. 151). Our consciousness depends on the way we handle our attention, how we direct it, and how we disperse it. A large part of the technology to control human behavior, including that of malevolent governance, is by directing people’s attention. The role of attention in attaining personal success and satisfaction can hardly be overemphasized. All the philotherapeutic techniques, and here I subsume all of the psychotherapy under philotherapy as a generic, over-arching philosophical home for all schools of psychotherapy, in fact, “trade in” attention: they work along specific theoretical and methodological roads to gather and master attention. Part of the problem is that we are not masters in our own house in most of our life situations. When we feel that we lose control of even the basic tenets of our life (our bodies, our important relationships, our jobs, and our life and limb), we also tend to lose control of our attention, despite the fact that attention is the only tool left when all else is taken from us that might help us get back in the driver’s seat of our life. Generally, people show up for philotherapy when they are thrown out of their driver’s seat in life, and, again, very crudely speaking, it is the task of philotherapy to help them master their attention so that they can get back behind the steering wheel. The metaphor does not purport to suggest that even when we are behind the “steering wheel”, we have full control, but rather that we have a semblance of a sense of control that allows us to project our will on our life: the will does not usually become manifested in the way we would like it to be, i.e., ideally, but it helps us maintain our energy and motivation and to experience positive emotions while trying to grapple with the forces that truly have control.

The nature of a culture that determines our values, and thus indirectly our motives for any kind of participation in the social structure (the network of social relationships we are immersed in) is thus as much the subject of philotherapy within the context of working with each individual person, as is the exploration and interpretation of individual experience. In each case, it is the transcendence of the immediate, the raw experience, or “the unbearable Real”, in Lacan’s terms, that characterizes all of the specifically philosophical aspects of any philotherapeutic intervention, methodology, or perspective as much as it characterizes the very concept of normalcy and psychological well-being as elements of a philosophically good life.

Finally, a question of whether philotherapy, sketched here, is a utopian version of philosophically informed psychotherapy or a realistic methodological proposal for a shift in psychotherapeutic thinking and methodology. One specific way in which philotherapy has been developed within psychotherapy is the emergence of Modal Integrative Psychotherapy, which this author, with his colleagues, has been developing within the Institute for Practical Humanities for over a decade now. Modal Integrative Psychotherapy, which is a psychotherapeutic modality based on a shift in the underlying logic of psychotherapeutic thinking and intervention away from the uncritical reliance on propositional logic, binary logic, and towards modal logic, is an example of how the described philotherapeutic principles can revolutionize psychotherapeutic interventions. There are numerous consequences of this approach for psychotherapeutic practice, perhaps the most obvious of which is the need first to undermine or shake the existing modal or possible worlds that determine what is possible and what is not, and what is true or untrue, before facilitating a shift of modal worlds, or a change of the sets of circumstances that make what used to be impossible — possible, and vice versa. Traditionally, psychotherapy shies away from such interventions, assuming that the external world and the circumstances where one’s internal experience unfolds are not the primary object of psychotherapy, hence focusing on subjective interpretations and the person’s ability to metabolize the world. Modal Integrative Psychotherapy suggests a form of psychological activism where problems that might truly be insoluble in the current modal world might well become soluble in another modal world. However, a shift between the modal worlds requires interventions in external circumstances, as well as in internal decision-making. One way in which modern philotherapy, implicitly relying on such assumptions of Modal Integrative Psychotherapy, has started to take root is through the reviving of ancient “fraternities” or schools of thought, such as the Epicurean and especially the Stoic clubs, whose initially shy, but increasingly open spreading in various parts of the world witnesses the need to generate new social contexts, new organic communities, based on philosophical principles, where the values, virtues, and identities of their members would be developed according to commonly shared philosophical perspectives.

While to say that the introduction of philosophy as a beacon of psychotherapy overall may not be such a revolutionary proposal because philosophy is already, though often unwittingly, at the very core of most psychotherapeutic schools and methodologies, its conscious positioning as the guiding paradigm of where psychotherapy, and indeed socialization, strive in society and the psychotherapeutic realm makes a considerable difference.

Conducting psychotherapy in a value-charged way without specifically addressing the value foundations of such psychotherapy is a different approach from one where psychotherapy is laid out as the healing methodology based on a particular, elaborate philosophy of life. The latter is perhaps the most general proposition of philotherapy.

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Filozofija kao terapija u kulturi poremećaja ličnosti

SAŽETAK

Suvremeni razvoj filozofske prakse, kao i psihoterapije, uključuje razmatranja teorijskih osnova psihoterapije, s jedne strane, i praktične, terapijske primjene filozofije, s druge strane. Navedene debate dovele su do različitih, novih konceptualizacija obiju disciplina. Jedna takva konceptualizacija, za koju se autor u ovom tekstu zalaže, jest da se cjelokupna psihoterapija može shvatiti kao suštinski filozofska po prirodi, dok je filozofska praksa u cjelini, a posebno filoterapija kao njen savjetodavni dio, zapravo integrativna disciplina koja objedinjuje niz različitih bioetičkih dimenzija kako filozofije, tako i psihoterapije. Tekst razmatra načine na koje pojam psihičke dobrobiti, s jedne strane, i tradicionalni filozofski koncept dobrog života, s druge, odražavaju dvije strane iste normativne strukture „normalnosti“ ili „dobrobiti“ koji fundiraju dramu individualnog razvoja i promjenu kulture. Navedena dinamika posebno se jasno vidi u modernoj kulturni narcističkih vrijednosti koja vodi do niza pitanja o tome može li se i dalje patologizirati narcizam, do koje mjere i na kojim osnovama je to moguće te odnosi li se isto i na niz drugih vrijednosno opterećenih poremećaja ličnosti.

Cljučne riječi: filoterapija, psihoterapija, narcizam, odgovornost, ličnost.