THE HOLD

Recognising narcissistic abuse,
understanding the fear of abandonment,
and the way out

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It is a work of information and reflection: it is neither a diagnosis nor a treatment, and it does not replace a consultation with a health professional. Clinical vignettes have been altered to protect anonymity.

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Contents

This guide is a gift. It does not replace therapy. And one thing must be said before any reading: if you are afraid,

for yourself or for your children, your safety comes before every page of this book. In the UK, the National Domestic Abuse Helpline listens free, day and night: 0808 2000 247. In France, le 3919. In the United States, 1-800-799-7233, the National Domestic Violence Hotline. In immediate danger, 999; in France, le 17. Elsewhere in Europe, 116 006, the European victim support number; and everywhere, your local emergency number. Call first. Read after.

Each chapter ends with an art therapy exercise. You do not need to know how to draw: nobody will see these images, and their value is not aesthetic. Art therapy gives a voice to what does not yet have words, and in the hold, it is precisely your voice that was confiscated. You only need paper, pencils or felt pens, and a quiet place.

Introduction: to the one reading this at night

This small book was written for a precise moment: the one where you type “narcissistic abuse” into a search engine at two in the morning, because you no longer know whether the problem is you or the other person.

That confusion, you will see, is not a detail. It is the very signature of what this book describes.

I have practised for twenty-five years as a psychotherapist, art therapist and Jungian analyst, at Harley Street in London and in Paris. What these pages contain does not come from magazines: it comes from my consulting room. From the women and men who have sat in it, who lost their friends, their sleep, their certainty of being

sane, and who came out. It also comes from the other chair: I have treated narcissistic abusers, and I will tell you where they come from, because to understand is not to excuse, but it is the only way to see the thing as it is.

This book follows a path: recognising the hold, understanding why it chose you, descending to the fear that makes it possible, crossing the panic of separation, and finally, the way out. Take it at the pace you can. It was written to be your map, not your judge.

Chapter 1: The narcissistic abuser

Let me begin with the caution, because it has become necessary. Not every difficult person is a narcissist. I receive many women, and men, who arrive in my consulting room saying: my partner is a narcissist, a manipulator, what French clinicians call a pervers narcissique. Sometimes it is true. Often it is a difficult partner, immature, selfish, hurtful, which is painful but something else. The word is now thrown at every complicated ex, and that dilutes a clinical reality which is precise, serious, and destroys lives. Here is what the clinician means by it.

How it begins: the idealisation

You almost always meet the abusive narcissist inside a love relationship, and the beginning is the opposite of a warning. Intense attention, flattery, the feeling of having met your soulmate: a connection that seems to resemble nothing you have known. Then, slowly, it turns. The

person feels devalued, criticised, confused. Affection is withdrawn, returned, withdrawn again. They are blamed for everything. And there is the gaslighting: the manipulation that makes the other doubt their own perception of reality.

The sign I see in almost everyone who comes to me is this: they no longer know whether the problem is them or the other person. That confusion is the signature. A merely difficult partner makes you angry; a narcissistic abuser makes you doubt your own mind. And it ends in one of two ways: the brutal discard, or a control that settles in and never ends.

One thing must be added: the abusive narcissist is most often described as a man, and I will write him so here, but there are women who abuse in exactly this way, and their male victims are among the least believed of all.

What the partner lives through

The experience of the partners I receive is strikingly consistent. Chronic, growing confusion. Collapsing self-esteem. A loss of the sense of identity: they no longer know who they are, and they lose even the capacity to undertake new things, which makes them depend more on the narcissist, who can then extend his control. The feeling of walking on eggshells, for fear of criticism. An anxious hypervigilance, the sense of being trapped by someone who can destroy the little self-esteem that remains. Stress, insomnia.

And the isolation. A woman once told me: since I have

been with my partner, I have lost all my friends. That is not an accident. Cutting the person off from every network is how the power is extended. In time, many of these partners present what some call narcissistic victim syndrome; it is not a formal diagnosis, but clinically it looks remarkably like post-traumatic stress, like complex trauma.

Where an abusive narcissist comes from

You will say: what a monster. I understand. But the clinician knows this: at the root there is almost always early childhood trauma. Someone who was severely emotionally neglected, humiliated, rejected, treated as an object or as an extension of the parent. What he does to the other is, to a large extent, what was done to him. Before, I was the victim; now I control the game. He reverses the power dynamic and attacks in the other exactly what was attacked in him: the identity, the sense of self.

I have seen in my consulting room a narcissist whose own parent was one. The apple does not fall far from the tree. Lack of empathy in the family system is a constant. One client told me that, as a child, when he was ill and could not go to school, he was allowed only his bedroom, in the dark, with a bowl of soup: if he was not well enough for school, he was not entitled to any pleasure. Sometimes there is also a sexualisation that destroyed the healthy boundaries of the family system. In analytic terms, one can speak of a failure of mirroring, in Winnicott's sense: the mother does not mirror the child, and the child is never seen. As an adult, he makes others feel what he

felt.

To understand is not to excuse. But it is the only way to see the thing as it is: not extreme selfishness, but a pathological organisation of the personality. A serious problem.

Can he change?

It is the question every victim asks, and the honest answer is: with great difficulty. In twenty-five years, I have never seen someone walk into my office saying: I am a narcissistic abuser. They do not see the problem, and what is not seen cannot be treated. To sit in the patient's chair is to be in the position of lesser power, and that position awakens precisely the trauma of their childhood: they flee it. When they do come, it is because a major crisis compels them: pressure from the partner or those around them that has become untenable, or a collapse of health. The work then requires specialised, long-term psychotherapy, and something rarer still: the willingness to face their own shame.

Art therapy exercise: the weather of the relationship

> Take a sheet of paper and divide it into three columns: the beginning, the middle, today. In each column, draw the relationship as weather: sun, mist, storm, whatever comes. Do not think; let the hand choose.
>
> Then look at the three images side by side. In

the hold, your voice was confiscated: you were taught to tell the story of the relationship in the other person's words. The weather does not lie. Many of my patients discover, in front of these three drawings, something they had known for a long time without having the right to know it. On the back, in one sentence, write what the third image tells you.

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Your page

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Chapter 2: The perfect target: the highly sensitive

Something must be said that is not said enough: the abusive narcissist chooses. And the perfect target has a profile. She, or he, is very often emotionally dependent: that need for the other's love in order to exist, to which this book devotes Chapter 5. Highly empathic. Self-esteem low, or fragile. Often a history of trauma. Very strong values of loyalty, which hold them in place when everything says leave. And a high tolerance for emotional pain, precisely because they are not in touch with their body, which Chapter 3 will tell. The person who cannot feel their own pain stays for years where another would have left long ago.

Let us begin with the empathy, because it is not a flaw: it is a capacity, and it must first be seen as one.

Let us begin with the strengths

A woman came to see me and said: during COVID, I felt normal. I no longer had to leave my house, to be invaded by sound, to be overwhelmed by emotion. That sentence says almost everything about high sensitivity: the person is not ill, they are invaded. And when the world turned its volume down, she finally felt at home.

High sensitivity is almost always discussed through its difficulties. I want to begin with the opposite, because it is what I see first in my consulting room. The highly sensitive people I meet, those the American psychologist Elaine Aron first described as highly sensitive persons, are deep thinkers. They are very creative, often gifted in art. They have strong intuition and empathy. They make good leaders, and they are excellent in the caring professions. On one condition: that they manage to contain the sensitivity, because it is a spectrum, and everything depends on where you sit on it and what you have learned to do with it.

The emotional sponge

They come to me almost always for one of two reasons: they feel overwhelmed by life, or they are burnt out. Behind those two doors the picture is constant. Strong emotional intensity. Difficulty setting boundaries. They feel other people to the point of absorbing their states: an emotional sponge, taking in everything that crosses a room. Criticism and rejection hit them very hard, far harder than others. Many struggle with imposter syndrome. They are perfectionists, and they overthink.

And it is exactly this porousness, this reception without borders, that the narcissistic abuser knows how to recognise and exploit: the empathy of one feeds the hold of the other. The target feels everything, understands everything, excuses everything, and stays. She even feels the abuser’s childhood wound, and it is often in the name of that wound that she forgives him the unforgivable.

The work: regulate, set boundaries

There is never one thing that works for everyone; the work is to find what works for you. Grounding practices help: breathwork, mindfulness, somatic work, which bring back into the body what is overflowing in the head. Learning to set boundaries between yourself and others: this is the single biggest piece of work for the sensitive person, the one that changes everything. High sensitivity well inhabited is not fragility: it is depth of reception. The work is not to feel less, but to be less invaded.

Art therapy exercise: the house and the garden

> Draw yourself as a house, with its garden around it. Where are the walls? Is there a door, and who decides to open it? A fence around the garden, or is the land open to every wind? Where, in this picture, do other people come in, and how far do they come?
>
> In my consulting room, the highly sensitive person most often draws a house without a fence, sometimes without a door. Look at your drawing, then take up a pencil again and add what is missing: the fence, the gate, the doorbell. That gesture, drawing a boundary on paper, is the first training of the gesture that is missing in life. Boundaries are drawn before they are set.

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Your page

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Chapter 3: The body that no longer signals

There is a second key to the target's profile, more hidden than the empathy: alexithymia, the word for the inability to find words for what one feels.

A disembodied society

As a child, I lived in my body. From the youngest age I was outside: football, the bicycle, running, my friends. Today, children spend their lives in front of a screen, and they live in their heads. In our part of the world, every physical need is met before it is even felt, and the body never gets the chance to teach its language. We now speak of a "digital profile": there is something like a split in the personality, between the person here and the person on the web. More and more people do not live in their bodies, do not know them, have no vocabulary for them: the head is no longer connected to the body.

The patient who did not drink all day

Many of the people I receive have no language for what is happening in their body, and do not understand what is happening to them emotionally. Some of my patients come to see me without having realised they have not drunk water all day: a body so unheard it can

no longer even report thirst. Much current research links alexithymia, at root, to a deficit of interoception, the capacity to read one's own bodily signals.

And here is the link with the hold: the person who cannot feel their thirst cannot feel their pain either. The target's body has been sounding the alarm for years, the tension, the insomnia, the knotted stomach, but the alarm rings in an empty house. Without an inner signal, there is no leaving: you do not walk out of a fire you cannot feel burning.

The body first, the language second

The work happens in a precise order. First, help the person become aware of their body: identify the different signs it sends, the tension, the hunger, the tiredness, the tightening. Only then, teach a language: put words on what is felt. It is a slow process, and it is carried out on two fronts at once: therapy to understand one's emotions, needs and desires, and body work, yoga, Pilates, or any practice that reconnects the head and the body. You do not heal alexithymia by talking alone, because words are precisely what is missing: you heal it by first making the body audible.

Art therapy exercise: the body map

> Draw the outline of a body, yours, simply, as a silhouette. Then close your eyes for thirty seconds and ask your body: where are you, right now? Colour the silhouette: one colour for ten-

sion, one for tiredness, one for emptiness, one for what is calm. Do not look for accuracy; look for the honesty of the hand.

Redo this map once a week. It is the simplest exercise I know for relearning interoception: the body starts to be heard again as soon as it is given a page. Over the weeks, compare the maps: they tell what words do not yet know how to say.

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Your page

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Chapter 4: The fear of abandonment

The fear of abandonment is the persistent terror that the people we love will eventually leave us, even when nothing suggests they will. It is almost always rooted in childhood, and almost always in attachment. There is a famous experiment in attachment theory, Mary Ainsworth's Strange Situation: the caregiver leaves the room, then returns, and the child is observed. Some children remain stable, emotionally regulated; others cannot. Behind the second group one often finds an inconsistent parent: sometimes loving, sometimes unavailable. One also finds the great traumas, the losses, the neglect, the difficult separations of childhood. The work of John Bowlby and Mary Ainsworth remains the best map of this territory: it is generally the anxious and fearful-avoidant attachment styles that carry this fear.

A patient, and a permission

I remember a patient I had been working with for a long time. When I went on holiday, I had to tell her one or two months in advance, so that she could process it. And I gave her a rare permission: to text me during my break, to reassure herself that I was not disappearing. As a psychotherapist, in principle, there is no contact between sessions. In her case, the frame first had to prove something her childhood never had: that someone can be ab-

sent without abandoning. Details have been altered to protect confidentiality.

The self-fulfilling prophecy

In a love relationship, the fear of abandonment often works as a self-fulfilling prophecy. You are so frightened that the other will leave you that you begin to control. You cling. You monitor, you call, you test. And that behaviour becomes unbearable for the other person, who eventually leaves. The fear has manufactured exactly what it dreaded. It is one of the most painful mechanisms I see in my consulting room: the person does not lose love because they are unlovable; they lose it because they cannot believe that they are loved.

And here is the link with the hold: this same fear, which destroys good relationships, makes people stay in bad ones. The narcissistic abuser threatens, tacitly or openly, to abandon; the person who carries this terror will do anything to avoid it, including staying inside what destroys them.

Building a secure attachment with yourself

How do we help? First, awareness: identifying your triggers, learning to recognise them at the moment they fire, and learning to move through them. Then, and this is the heart of the work: developing a secure attachment with yourself. Practising, constantly, self-soothing: deep breathing, grounding, kind self-talk. Building a positive sense of identity. And practising self-compassion, self-

love.

On self-love, I want to say something. When a therapist asks you, do you love yourself?, be a little wary: it is a question that keeps psychotherapists in business, because nobody knows how to answer it. What does it mean, to love yourself? It depends on the morning; it depends on the mood. The question that interests me is more objective: did I take loving actions toward myself today? Did I brush my teeth? Did I eat breakfast? Did I try to present myself as well as I can? Did I wear warm clothes in winter? Did I do my hair? If I take loving actions toward myself, then I am loving myself, whether I feel it or not. Actions can be counted; the feeling often lies.

Instead of reaching for the control mechanisms, the monitoring, the manipulation, express: I feel worried, and I am afraid you will abandon me. That sentence, said out loud, does what ten strategies of control never will: it gives the other person the chance to reassure, instead of forcing them to flee.

Art therapy exercise: the portrait of the child

> Draw the child you were at the age when, as you feel it, this fear was born. Not a precise memory: just the child, as he or she comes to you. Take your time.
>
> Then, with your non-dominant hand, the one you do not write with, write under the drawing what this child would like to say. The non-

dominant hand is clumsy, and that is its value: it goes around the reasonable adult and lets speak what stayed small. Finally, with your usual hand, answer: three sentences, as the adult you are would answer a real child who had said that. You have just done, on one page, what therapy does over months: the meeting between the two.

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Your page

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Chapter 5: Emotional dependency

Emotional dependency is a way of relating in which self-esteem hangs on the other person's gaze. It is not loving too much: it is needing the other in order to exist, and living in permanent fear that they will go.

The modern doorway: dating apps

Many of the people I receive for emotional dependency arrive through the online dating scene. They arrive devastated, with a real feeling of abandonment, because someone they had been talking to on an app suddenly stopped replying. Often they had never met. And yet the collapse is real: the pain does not measure the reality of the relationship, but the depth of the wound it touches.

The signs

The picture I see in my consulting room is consistent: an extreme fear of feeling abandoned, of finding oneself alone; the tendency to put other people's needs before one's own, to the point of self-neglect: I once worked with a woman who had lent so much money to a man she barely knew that she could no longer pay her rent; low self-esteem, which rises only when the desired person grants their attention; instability in relationships, romantic but also friendly and family: now merged, now

rejecting the other in anger because one does not feel loved, then the guilt; clinging attachment, the difficulty of letting the other breathe; the projection onto the partner of everything good in oneself, and their idealisation; an anxiety that climbs at the slightest separation: her partner goes away for a weekend with friends, and the dread settles in.

And it must be said, because it is too often forgotten: emotional dependency touches men as much as women. It simply hides, in them, behind other masks.

Where it comes from

Emotional dependency is best understood as the expression of an insecure attachment, most often anxious or fearful-avoidant, formed in childhood. What the child could not take for granted, a reliable presence, a love that does not threaten to disappear, the adult seeks endlessly in the other, and checks ceaselessly.

Emotional dependency or codependency?

The two terms are often confused, and they partly overlap, but they do not say the same thing. Codependency comes from the world of addiction: it was first understood as a secondary illness, the person living with an addict becoming dependent on the dependent, losing control of their life because of them. Pia Mellody changed that reading: codependency is a primary difficulty, rooted in the wounds of childhood. The codependent rescues, nurses, repairs; struggles to set

boundaries; is often in denial; feels guilt and resentment toward the very person for whom they sacrifice themselves.

A motto for each, and everything is said: emotional dependency is “I need you in order to be well with myself.” Codependency is “I need to fix you in order to be well with myself.”

Art therapy exercise: the two circles

> Draw two circles on a page: you, and the other, the one your life turns around. Let the hand decide their size, their distance, their overlap. Correct nothing.
>
> Look. Do the circles almost entirely overlap? Is one tiny in the shadow of the other? Are there even two circles, or one? Then, on a second page, draw the two circles as you would want them to be in a year: two whole circles, touching without swallowing each other. Keep both pages. The distance between the first drawing and the second is exactly the path of the work, and you have just mapped it yourself.

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Your page

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Chapter 6: The panic attack: the panic of separation

Almost everyone who comes out of a hold meets panic at some point: at the moment of leaving, in the weeks that follow, or at every aborted attempt. It is important to understand what happens in the body at that moment, because this panic keeps people inside as much as the fear does.

A panic attack is a sudden surge of intense fear, with violent physical symptoms, in the absence of any real danger. Here is the analogy I give in my consulting room. A well-tuned alarm protects your house and your car. A badly-tuned alarm wakes the whole neighbourhood in the middle of the night, for nothing. A panic attack is exactly that: a defence system that is badly tuned. A false alarm from the amygdala, the part of the brain that detects danger, interpreting something as life-threatening when there is no threat. The heart rate spikes, breathing becomes rapid, blood shifts toward the muscles. The sensations are terrifying, and many people, in the middle of an attack, sincerely believe they are dying.

And there the loop closes: the more frightened you are, the more you believe you are dying, and the stronger the symptoms become, which confirms the fear, which strengthens the symptoms. A panic attack is a loop that

feeds on itself.

The two things to know first

First: a panic attack is not dangerous in itself. It is dreadful to live through, and it does not kill you.

Second: while you are inside it, you are convinced it will last forever. It will not, and it physically cannot. The body cannot sustain that intensity for long: a panic attack generally lasts five to twenty minutes before the body, exhausted, stops it by itself. The wave rises; the wave falls. Always.

One clinician's note: a first attack, especially with chest pain, deserves a medical check to rule out physical causes. Once panic is confirmed, everything that follows applies.

What actually works during the attack

Breathing first, because it is the only direct lever on the nervous system: the 4-7-8. In for four seconds, hold for seven, out for eight. If holding is too hard, forget the numbers: simply breathe out for longer than you breathe in. The long exhale is the message the amygdala understands: there is no danger.

Grounding next, the 5-4-3-2-1: five things you can see, four you can touch, three you can hear, two you can smell, one you can taste. It walks the brain out of the catastrophe and back into the room.

Reality testing: look around and say it plainly. I am not

in danger. This is a false alarm. It will pass, as it has always passed.

And cold: cold water on the face, an ice cube in the hand, a glass of cold water. The thermal shock knocks the system out of its loop.

Do not fight it

This is the central paradox: trying to fight or suppress the attack usually makes it stronger, because the struggle confirms to the body that there is indeed a danger. The right movement is the opposite: accept that it is happening, act gently, be kind to yourself.

And I will go further. Reassure the child inside you who is screaming and crying. A panic attack is like a child who was sent away to boarding school: when he comes home, he creates havoc, precisely because he was never heard. The alarm screams because someone inside has been calling for a long time. Visualise that child, the one you drew in Chapter 4. Hold him. The panic is not your enemy: it is the cry of what was never listened to.

Art therapy exercise: drawing the wave

> After an attack, once the body has settled, take a sheet and draw the attack as a wave: the rise, the crest, the fall. Mark with a cross the place where you were certain you would never come out. Look at where that cross is: always before the crest. And yet the wave came down, as it always comes down.

Keep this drawing. At the next attack, it will be your proof: this is a wave, I know its shape, it comes down. You cannot reason with panic using ideas; but an image the hand has made, the body believes.

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Your page

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Chapter 7: The way out

There is no magic wand. You leave by leaving. But that simple sentence is the hardest one to live, because the hold has destroyed exactly what leaving requires: trust in your own perception, self-esteem, a network, energy.

Safety first

This must be said clearly: where the hold includes violence, threats, or fear for your safety or your children's, leaving is not improvised. The moment of separation is statistically the most dangerous. In those situations the departure is planned: with the specialist services, 0808 2000 247 in the UK, le 3919 in France, 1-800-799-7233 in the United States, 116 006 elsewhere in Europe, alongside the therapy. And it is worth knowing: in the UK, coercive control has been a criminal offence since 2015, even without physical violence. In France, the law has recognised l'emprise since 2020, and the courts now recognise coercive control.

The path

That is why one generally comes out of the hold with the support of therapy. The process is slow, and the slowness is right: the person begins by putting words on what they are living, and discovers, little by little, that they are not

entirely wrong, that their perception was not mad. Then, nourished psychologically and emotionally by the therapeutic space, they recover what the relationship had emptied: the energy to leave. The day of leaving is not the first day of the work; it is its fruit.

And after: healing the ground

Leaving is not the end of the work, because the ground that made the hold possible, the fear of abandonment, the emotional dependency, the body that no longer signals, remains to be healed, without which the story repeats itself with another face. Healing means putting yourself back at the centre of your own life. Reconnecting with what matters to you emotionally, with your own needs. Learning, in therapy, to manage the anxiety underneath, because it is the dread that leads the dance. And learning to live by yourself: discovering that being alone is not being abandoned.

The work bears on attachment, and the therapeutic relationship itself is often its first ground: a reliable relationship, with clear boundaries, where one can have the experience of being received without having either to cling or to rescue anyone. The first relationship in which absence no longer means abandonment.

Art therapy exercise: the bridge

> On a large sheet, draw a bridge. On one side, the bank you are leaving: put there, in words or images, what you leave behind, including

what was good, because there was good, otherwise you would not have stayed. On the other side, the bank you are walking toward: what you hope to find there, even if you do not quite believe it yet.

Then draw yourself on the bridge. Not at the start, not at the arrival: at the exact place where you feel you are today. It is the most important drawing in this book. Date it. Do it again in three months, and look at where you will have drawn yourself. The bridge tells the truth; it always does.

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Your page

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Chapter 8: When it is not a hold

A final word, out of clinical honesty, because this book has given you powerful words, and powerful words are dangerous when applied too widely.

Not every painful relationship is a hold. A difficult partner makes you angry; a narcissistic abuser makes you doubt your own mind. It is the attack on your perception of reality, and not mere conflict, that distinguishes the hold.

And some relational intensities have another explanation. Borderline personality, for example, produces bewildering swings between idealisation and rejection, you are perfect then I hate you, which can look from a distance like manipulation. But the borderline person is not a strategist: they are ruled by emotion, terrified of abandonment, and they suffer at least as much as they cause suffering. More than twenty-five years ago, one of my supervisors still believed these patients could not improve; we now know that is false. With the right therapy, a person with borderline personality can improve durably and have a fulfilling life. The difference is essential, because the prognosis is different, and because you do not protect yourself the same way from a strategist and from someone drowning.

If you are wondering which side your situation falls on,

that is precisely a question to examine with a clinician, not to settle alone with a book.

To finish

You have reached the end of this map. It does not walk the path for you; no map does. But you now know how to name what is happening to you, and what has a name stops being a spell. The rest is walked accompanied.

The author

Dr Philippe Jacquet is an integrative psychotherapist, art therapist, Jungian analyst and ESSEC-trained executive coach. A doctor of psychology, specialist in male eating disorders and addiction, he has practised for twenty-five years, at Harley Street in London, in Paris, and by secure video, in English and French.

If this book has put words on what you are living, the next step can be spoken: a first conversation is confidential and without commitment.

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