Michael Jackson: Was He the Man in the Mirror?

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Abstract

Michael Jackson did not like his reflection in the mirror. He was obsessed with it, changing it many times in an effort to love his image. In analyzing Michael Jackson’s responses given in various interviews regarding his appearance and personal history, it becomes increasingly evident the impact childhood trauma and loneliness has on mental well-being. It emerged that Michael Jackson should have been diagnosed with Narcissistic Personality Disorder, and that had the Diagnostic and Statistical Manual of Mental Disorders, a diagnostic tool used by the medical profession, been more clear as to the importance of etiology, and the diagnostic features more concise and encompassing rather than fuzzy and overlapping, Michael Jackson may have been effectively diagnosed and treated, avoiding becoming the man in the mirror.

Keywords: NPD, narcissism, celebrity, Michael Jackson, childhood trauma

“The repression of childhood pain influences not only the life of an individual but also the taboos of the whole society.”

Alice Miller

Imagine looking out into a crowd and having your idealized self reflected back at you. Michael Jackson spent most of his life transforming himself to mirror his idealized reflection; he morphed into something that was unlike his appearance as a child, seemingly assimilating a Peter Pan-like world into his reality – even naming his estate Neverland Ranch. Michael’s actions and his words, upon closer examination are consistent with Narcissistic Personality Disorder (NPD). The term ‘narcissism’ is based on the mythological figure Narcissus, who, in one version of the Narcissus myth, because of his love for himself and his scorning of an admirer, was forever destined to watch his own reflection. He did so until he died. It is from the myth of Narcissus that NPD is based. According to the DSM-IV-TR (2000), individuals with NPD have

a pervasive pattern of grandiosity, need for admiration, and lack of empathy...are often preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love...their self-esteem is almost invariably very fragile...may fish for compliments, often with great charm. Their own self-esteem is enhanced (i.e., mirrored) by the idealized value that they assign to those with whom they associate. (p. 714)

What this paper will examine, based on public information, media reports, and
personal interviews given by Michael Jackson, his family members and friends, is whether Jackson could have been diagnosed with NPD and, if so, how and why he became the Man in the Mirror, as well as the implications of misdiagnoses and ‘quickie’ psychology.

A Brief Background of DSM-IV-TR

The Diagnostic Statistical Manual of Mental Disorders (DSM) [1], published by the American Psychological Association, “is considered the bible of mental disorders by psychologists and psychiatrists” (Millon, Grossman, Millon, Meagher, & Ramnath, 2004, p. 3), providing mental health professionals with a standardized means in which to effectively communicate the mental ills of their patient(s). In essence, the DSM is the language dictionary of mental disorders; it provides diagnostic definitions, but does not supply explanations of etiology or treatment options. The DSM systemizes psychiatric diagnoses into five axes [2]. The DSM also has a coding system for the many mental disorders as a means to further classify mental health issues and provide statistical information.

A criticism of the DSM-IV-TR, as noted by Dr. Renato Alarcon of the Personality Disorders Work Group for the DSM-V Task Force, is that “a psychiatrist using the DSM-IV would find it difficult to be precise about a clear-cut diagnoses” (Moran, 2009, para 1); the current structure of the DSM-IV-TR blurs the lines between categories. A clinician may end up with too many diagnoses, which could lead to misdiagnosis. An example of this problem is illustrated by NPD. NPD, as noted by Ronningstam (2005), has a great deal of diverse behaviors and as such can overlap other personality disorders (PDs). The importance of psychotherapy does not appear to be highlighted in any of the editions of the DSM. It seems etiological understanding through psychotherapy would best assist in determining whether the patient be diagnosed with NPD or another disorder, rather than simply relying on the symptoms definitions as they are set out in the DSM.

NPD – A Deeper Understanding

The diagnostic features of NPD as outlined in the DSM-IV_TR include selfishness; those with NPD are concerned with their own needs being met. Other key diagnostic features include constant compliment seeking, a sense of entitlement, and establishing friendships that will fulfill these needs. A key component to the diagnostic criteria for the diagnosis of NPD is that “individuals with this disorder require excessive admiration. Their self-esteem is almost invariably very fragile...vulnerability in self-esteem makes individuals with Narcissistic Personality Disorder very sensitive to injury from criticism or defeat” (DSM-IV-TR, 2000, p. 714-715). With such fragility, it could be that other diagnostic criteria for NPD are included in the DSM as a means to protect persons with NPD from feelings of insecurity.

Etiology of NPD is not in any version of the DSM. Clinical staff of the Mayo Clinic have surmised that the cause may be connected to a dysfunctional childhood, excessive pampering, extremely high expectations, abuse or neglect, even possibly genetics or psychobiology (Mayo Clinic, 2012).

Michael Jackson – The Performer

Michael Jackson was "perhaps the most exciting performer of his generation” (Elber, 2009, para. 11). He would stand on stage for a full three minutes,
motionless, no music playing, bringing the crowd to a frenzy. His attire was always militant-looking, his pants above the ankles to show his trade-mark glitter socks, intended to draw attention to his famous footwork. The building of emotions during the first three minutes of his concerts was beyond belief – each person feeding off the reaction of the next – a virtual wave of emotion. Then, in his distinct fashion, Jackson would begin with a bang, grabbing his crotch and pushing his leg into the air. His voice and dance moves both strong and commanding, his striving for perfection and his talent were very much apparent on stage.

In watching Michael’s concerts, the surreal atmosphere of the environment emerges. If he could affect one person, it would have a ripple effect, for “it has been repeatedly shown that people unintentionally catch another person’s affective state” (Epstude & Mussweiler, 2009, p. 2). The excitement induced by Michael Jackson was somewhat akin to euphoria – he took his fans to another dimension. Once this state of euphoric social induction has been experienced persons may identify with the leader of the experience. This explains Jackson’s ability to affect masses of people even outside of his concerts. In essence, “comparison processes between model and observer are an important determinant of the affective reaction to the emotion of another person” (Epstude & Mussweiler, 2009, p. 2). The social induction such as those Michael Jackson elicited from his fans would essentially feed the needs of someone afflicted with NPD.

In-depth Look at Michael Jackson and NPD Features

It states as a diagnostic feature in the DSM-IV-TR (2000) that individuals with NPD “believe they are superior or unique and expect others to recognize them as such” (p. 714). Michael Jackson standing motionless on the stage for the first three minutes could be considered a means by which he defined himself as superior and unique, giving credence to his self-defined title as the King of Pop. As demonstrated in the initial moments of his 1992 Budapest concert, there was a brief second where a glimpse of what could be construed as a grandiose smile escaped Michael Jackson’s stoic stance. In watching the concert footage, it is apparent that every person in the stadium was affected as Jackson brought the crowd to an uncontrolled screaming, passionate frenzy. In essence, he brought the crowd of 70,000 to their knees.

Another diagnostic feature of NPD as stated in the DSM-IV-TR (2000) is that “these individuals may expect great dedication from others and may overwork them without regard for the impact on their lives” (p. 714). In the posthumous movie, This Is It (Bearden et al., 2010), those who worked with Michael Jackson mention how he worked extremely hard and very long hours to achieve perfection. Jackson would obsess over one note for a considerable amount of time until the musician(s) could play it to his high expectations. He would also go through a similar routine with the dancers and singers. Those working on the This Is It tour commented on how many hours they would work in a given day and how many times they would rehearse one song or dance; and that they knew they would not have a personal life until the tour was completed (Bearden et al., 2010). Even the choreographer/producer of the tour mentioned that Michael would call him throughout the night with different ideas or changes (Bearden et al., 2010).
Publicly, Michael Jackson fit Freud’s classical analytic theory as it relates to narcissism in that he fit Freud’s definition of the ego ideal (Freud, 1914/1937): he was charming and assured in knowing that his talent was extraordinary. However, it seems Michael’s ego ideal was set up as a result of (and to protect) his fractured personality. This illustrates the reality of how difficult it is to treat those such as Michael Jackson – especially when consulting the DSM-IV-TR (2000). The DSM-IV-TR is structured in such a manner (i.e., a categorical classification system of which the patient must display a certain number of symptoms in a diagnostic criteria set that have great overlaps between and among the different PDs) that it would be easy to diagnose him with virtually any disorder (as there is a high degree of overlap and co-occurrence of Axis II PDs and Axis I mental disorders – described later in this article). This seems to not only validate Ronningstam’s (2005) previously stated view that, “narcissism represents a syndrome of relatively diverse behaviour” (p. 22), but also Livesley’s (1995) observation that NPD “is in fact particularly problematic in its overlap with other personality disorders” (p. 215). The DSM-IV-TR is also problematic in the sense that, “[p]eople with traits of pathological narcissism that range beyond the DSM-IV criteria set...will not be correctly identified” (Ronningstam, 2005, p. 27).

Joel Paris, a leading research psychiatrist on Personality Disorders (PDs), brings to the forefront the difficulty in effectively diagnosing and treating those with fractured personalities. He maintains that the difficulty lies not only with the diverse behaviours they exhibit, but also with the large number of fuzzy diagnoses, leading to a lack of understanding of any of the PDs (Paris, 2008, p. 40). The views of Ronningstam (2005), the observations of Livesley (1995), and the criticisms by Paris (2008) seem to suggest that had the DSM-IV and its contributors not been so focused on being respected by the medical community-at-large, perhaps the move toward reductionist theory (reducing behaviours to biological explanations rather than one comprised of multiple causes), as seems paramount in the DSM-IV, would have been debated more diligently and a more encompassing format would have been implemented. In other words, reducing behavioural observations to biological explanations based on fuzzy diagnoses rather than including them among other factors such as etiology marginalizes the importance of psychoanalysis.

Marginalizing psychoanalysis thwarts the ability of a diagnostician to discern the condition, resulting in treating it as though the neurosis is pathology. In other words, “symptoms are suggestive complaints” (Paris, 2008, p. 40) which can be psychologically based and, as such, it is through psychotherapy and not psychotropic therapy that the root cause could be effectively diagnosed and treated. What seems to have resulted is that “psychiatry rarely deals with causes of illness, only their signs and symptoms” (Paris, 2008, p. 39). In essence, Paris’ (2008) findings have brought to the forefront that how treatment is sought and provided is faultily superficial: therapy as a means of treating the biological component and not the underlying psychological issues that afflict the well-being of those such as Michael Jackson.

In accordance with the DSM-IV-TR (2000), Michael Jackson’s Non-Axial Format Assessment would present as follows:
Michael Jackson’s DSM-IV-TR Multi-Axial Format (GAF) Rating Scale would present as follows:

<table>
<thead>
<tr>
<th>Axis I: Major Depressive Disorder Drug Abuse</th>
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<tr>
<td>Axis II: Narcissistic Personality Disorder</td>
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<tr>
<td>Axis III: Body Dysmorphic Disorder</td>
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<tr>
<td>Sleep Disorder due to Insomnia Type</td>
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<tr>
<td>Anorexia Nervosa</td>
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<tr>
<td>Axis IV: Victim of Child Abuse</td>
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<tr>
<td>Effect of Fame/Job</td>
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<tr>
<td>Primary Support Group</td>
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<td>Legal Problems</td>
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<td>Axis V: GAF [4] = (could be) 40</td>
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What Michael’s symptoms communicate is a pre-morbid condition of NPD. As a result, co-morbidity of Major Depressive Disorder and drug abuse came about, which brought on the psychosomatic symptoms of Body Dysmorphic Disorder, Sleep Disorder and Anorexia Nervosa. What the evaluation does not convey is what precipitated NPD and its subsequent symptoms. While the results of the DSM-IV evaluations are essential for statistical and other purposes (such as insurance claims), the fundamental and necessary features of how and why are missing. These two features are paramount to understanding fractured personalities and implementing successful treatment.

As stated by Dr. Darrel Regier, Director of the American Psychiatric Association:

Doctors in general are reductionist. A patient walks in and you have 10 minutes to find out what in their whole life story is significant. There is a tremendous screening process to cut out irrelevant material. (as cited in Vedantam, 2005, p. 2)

What seems essential is determining how and why someone’s personality becomes fractured. In other words, what is integral (and is not mentioned in the DSM-IV-TR) for well-being is the understanding of etiology, for “we have only one enduring weapon in our struggle against mental illness: the emotional discovery of the truth about the unique history of our childhood” (Miller, 1997, p. 1). To do this requires more than 10 minutes; it requires sessions of psychotherapy and an understanding that all material is relevant. Unfortunately, the trend in recent years has been to “ignore the merits of therapeutic talk and over-prescribe drugs in shotgun fashion” (Dufresne, 2009, p. 1). It is seemingly due to this trend as a consequence of the DSM-IV that the ability to truly heal a patient has been
affected. It should be clearly stated that there are no shortcuts or scientific formulas to diagnosing and treating a patient; that in order to effectively treat a patient with a disorder such as NPD it is important to understand the patient from past to present, or, as stated by Kierkegaard (1843) “life must be lived forward but understood backward” (as cited in Ronningstam, 2005, p. xi). This is done via talk therapy and not the reductionist approach.

The public etiological history of Michael Jackson is such that, prior to 1993, Michael Jackson was thought of as having an idyllic life. His success and large family presented an image of love, support and unity – that together, the family rose from great poverty to success. On February 10, 1993, in an interview with Oprah Winfrey, that façade started to crack. During that interview, Michael spoke about his abusive father, Joe Jackson. Michael said of him, “I love my father, but I don’t know him” (Winfrey, 1993). He described what his father would do to him, say to him, and what he expected. Michael further explained to Winfrey that his mother was ‘perfect love’ and that he idolized his mother, saying, “I love my mother. To me she’s perfection” (Winfrey, 1993). This, because of Michael’s relationship with his father, could be diagnosed as Freud’s Oedipal Complex. What became clear during the interview was that Michael was an extremely disciplined and guarded, yet fractured person. What also became clear was Michael’s extraordinary intellect and intuition, but also his lack of comprehension about his own truth as it related to his childhood. In essence, Michael lacked the proper tools to heal the fractures in his personality.

In watching the 1993 Oprah Winfrey interview, it emerges that society in general, including the media, tends to gloss over the ills and magnify the successes of celebrities. In the case of Michael Jackson, this is evident from not only the interview with Oprah Winfrey but from his autobiography as well as the biographies of the majority of celebrities; from reading them, “one gains the impression that their lives began at puberty” (Miller, 1997, p. 3), that their early childhoods were virtually unimportant or irrelevant to their successes and emotional turmoil. This ideology seems to be influenced by all editions of the DSM in that it implies a hesitation to diagnose someone with a disorder before reaching the age of 18. It is as if childhood experiences have no bearing on a person’s mental well-being once they enter adulthood. Yet, even with the pervasive influence of Freudian theories outlining the effects of parents and early experiences on mental health in adulthood, childhood experiences – especially those of famous people – are afforded only cursory treatment.

Michael Jackson – His Friendships, His Loves, His Life

“Michael heard that I had left halfway through [his concert], and called me the next day, and was like in tears because he had heard that I’d walked out. I hadn’t walked out. I just couldn’t see anything.”

Elizabeth Taylor, May 31, 2006 Larry King Interview

Narcissists “tend to form friendships or romantic relationships only if the other person seems likely to advance their purpose or otherwise enhance their self-esteem” (DSM-IV-TR, 2000, p. 715). Michael Jackson's friendships seem to fit this diagnostic feature of Narcissistic Personality Disorder. Present at the 1993 Winfrey interview was Elizabeth Taylor. Elizabeth spoke fondly of Michael, praising him for his abilities and complimenting him and admiring him for his intelligence, gifts, and intuition. Michael Jackson stood with hands clasped behind
his back slightly behind a seated Elizabeth, frozen, gazing straight ahead – until
Elizabeth started talking about him as though he were a perfect being. At that
point, for a millisecond, the camera caught Michael’s expression. His expression
(much like the one at his Budapest concert mentioned earlier) seemed to convey
that Elizabeth was validating to Winfrey and the world what Michael really wanted
them to hear. As noted in the DSM-IV-TR (2000), “those with Narcissistic
Personality Disorder specifically need that attention to be admiring” (p. 716).

Not only did Michael Jackson’s friendships fit the DSM-IV-TR diagnostic feature of
NPD, but also did his romantic relationships, such as that with Lisa Marie Presley
– the daughter of Elvis Presley. Michael Jackson and Lisa Marie were married
from 1994 to 1996. What the DSM-IV-TR does not expound upon is that
narcissism is “also associated with indirect strategies for gaining status and
esteem, such as “acquiring ‘trophy’ romantic partners” (Campbell & Baumeister,
2006, p. 423). During a March 2005 interview, Oprah asked Lisa Marie if she
thought Michael loved her. Lisa Marie responded, “Yes, as much as he was
capable of loving somebody” (Winfrey, 2005). Oprah then asked if Lisa Marie
thought Michael Jackson used her. Lisa Marie responded, “All signs point to yes
on that” (Winfrey, 2005). In the same interview, Lisa Marie’s mother, Priscilla,
conveyed to Oprah that Michael wanted to meet Lisa Marie when she was 16
years old. Priscilla didn’t allow it. Then 10 years later, to Priscilla’s surprise, Lisa
Marie married Michael. Priscilla Presley felt that Michael wanted to have a child
with Lisa Marie because of who her father was, saying:

I was concerned and suspicious…there’s something very calculating and
manipulative about how he does things…there’s a whole thread in
everything that he does…to maintain his popularity…to be associated
somehow to her and her father…I do believe he wanted her children.
(Winfrey, 2005)

Lisa Marie agreed (Winfrey, 2005). As well, it seemed that Michael’s other motive
for marrying Lisa Marie was to get in the good graces of his fans again, as the
marriage happened during the plummet of his career. Essentially, Lisa Marie
Presley was a trophy for Michael Jackson.

Fluctuating self-esteem is another aspect of NPD is. NPD has included in its
diagnostic features that, “vulnerability in self-esteem makes individuals with
Narcissistic Personality Disorder very sensitive to ‘injury’ from criticism or defeat”
(DSM-IV-TR, 2000, p. 715). Michael’s physical experience was closely tied to his
father’s criticisms. He conveyed that his father would tell him how ugly his nose
and pimply his face was; that he was visually repugnant. Michael stated during
the 1993 Oprah Winfrey interview that Joe Jackson’s nickname for his son was
“Big Nose” (Winfrey, 1993). Seemingly, it is due to his father’s early statements
about his looks that Michael was driven to seek physical perfection through plastic
surgeries. However, even with all the physical changes, he forever struggled with
his childhood demons. During the 1993 Oprah Winfrey interview, as well as in
subsequent interviews, when Jackson was asked about his face and skin he
became very uncomfortable, frequently denying the extent of his metamorphosis
with disdain and defiance.

Those with NPD whose self-esteem has been threatened may also react with
“disdain, rage, or defiant counterattack” (DSM-IV-TR, 2000, p. 715). In 2001,
Michael Jackson’s album Invincible had poor record sales (Pulley, 2003, para 3).
His earlier albums such as *Thriller* amassed sales of $115 million (Pulley, 2003, para 6). The sales of $15 million were “a poor return for the $25 million he spent to produce it” (Pulley, 2003, para. 3). Rather than taking responsibility for the quality of the album, Jackson personally attacked the Chairman of the record label, stating that the Chairman was “mean...a racist...and very, very devilish” (Vineyard, 2002, para. 5). Despite the amount of money spent on making and promoting the album, because it was not well received, Michael refused to promote the album and virtually went into hiding.

Michael Jackson’s morphing appearance – his continual striving for physical perfection – could be diagnosed as Body Dysmorphic Disorder (BDD), which is considered a co-morbid condition of NPD. Michael’s ever-changing nose and facial features is indicative of BDD in the sense that those with BDD are preoccupied with the “…shape, size or some other aspect of the nose, eyelids, eyebrows...lips, teeth, jaw, chin, cheeks, or head” (DSM-IV-TR, 2000, p. 506). Michael Jackson’s dermatologist and friend, Dr. Arnie Klein, confirmed during an interview with TMZ.com on November 6, 2009, that “Michael was freakish if he saw one line on his face. He would have to have it fixed immediately”.

Also included in the diagnostic features of NPD is anorexia nervosa. Symptoms of anorexia nervosa include self-starvation. On October 16, 2009, Jackson’s long-time friend and choreographer/producer for many of Jackson’s music videos and concerts, Kenny Ortega, appeared on the Oprah Winfrey show to discuss Michael Jackson and *This Is It*. Oprah commented of Michael Jackson’s weight: “He was really thin” (Winfrey, 2009). Ortega responded that he was concerned about Jackson’s weight, saying that he had asked him about it, to which Jackson responded, “This is my fighting weight” (Winfrey, 2009). In a separate interview, filmmaker and friend Bryan Michael Stoller stated that shortly before Michael’s death he was shocked by Michael’s weight and that when he “hugged him...it was like hugging bones” (Fleeman, 2009, para. 7). Michael Jackson’s autopsy states his weight at 136 pounds (Duke, 2010, para. 18).

Not only did Jackson’s physical appearance change drastically, but his skin color completely changed from that of his early years to his adult years. Michael mentioned in the 1993 Winfrey interview that the change was due to a skin condition known as vitiligo. When Oprah Winfrey asked whether Michael was taking anything to change the color of his skin, Michael responded:

> Oh, God no, we tried to control it and using make-up evens it out because it makes blotches on my skin, I have to even out my skin. But you know what’s funny, why is that so important? That’s not important to me. I’m a great fan of art, I love Michelangelo, if I had the chance to talk to him or read about him I would want to know what inspired him to become who he is, the anatomy of his craftsmanship, not about who he went out with last night...what’s wrong with...I mean that’s what is important to me. (Winfrey, 1993)

Michael’s answer seemed evasive and somewhat nonsensical; he seemed distant, dissociated, and emotionally flat. As noted by Brosig, Möhring, Kupfer, & Beckmann (1998), even in the midst of a profound emotional issue, narcissists will be ‘strangely unmoved’. Regarding skin, it “possesses the expressive function of representing an unconscious conflict” (Brosig et al., 1998, p. 471). BDD can be considered akin to a rabbit in pain: the cry is so high-pitched that no one can
hear the pain being expressed, even though the physical characteristics and demeanor are physiological reactions – metaphorical indicators – of the psychological pain. This is evidenced in Michael’s response to Oprah’s question regarding his skin. Michael’s issue with his emotional self transcended to his physical self. Yet, despite the vast change in his physical self, the public and his doctors did not seem worried about his wellbeing, nor about what his physical transformations and afflictions meant on a psychosocial level. Michael was a rabbit and society, family, friends and his doctors watched, only acknowledging what they wanted to acknowledge.

In recent years, it has emerged that the love Michael Jackson received from his father, Joe Jackson, was conditional. His father’s love was conditional on Michael meeting the obligations set for him. One could surmise that Michael’s mother’s emotions were predicated on his father’s emotions and her own issue with her inability to succeed at establishing a successful country music career, which in turn would affect the children of the relationship. Miller (1997) maintains, “[f]ar too many of us had to learn as children to hide our own feelings, needs, and memories skillfully in order to meet our parents’ expectations and win their ‘love’” (back book cover). Pinsky and Young (2009) stress that, “a secure attachment to a parent nurtures empathy, high self-esteem, and self-awareness” (p. 107). It seems evident that not only did Michael Jackson’s parents fail in providing psychological security, but also that Michael had to learn as a young child to hide his emotions, needs and memories in order to meet his parents’ expectations and win their love. Where Michael appeared happiest – where he could express his emotions – was the place he received his greatest accolades: on the stage singing and dancing. On stage is where Michael’s idealized self was reflected back onto his iconic mirrored glasses.

The DSM-IV-TR (2000) also puts forth that those with NPD “may profess a commitment to perfectionism and believe others cannot do things as well” (p. 716). Michael Jackson’s quest for perfectionism was apparent in every aspect of his life – especially his performances. This more than likely stems from the fact that Joe Jackson (as stated by Michael Jackson) “had a belt in his hand” as Michael and his brothers rehearsed and that “[i]f you didn’t do it right, he would tear you up” (Taraborrelli, 2010, p. 612) Joe Jackson would demand perfection from Michael and his brothers; Joe Jackson is widely viewed as an abusive father who terrorized his children: “when they didn’t perform well or weren’t ‘trying hard enough’, he would beat and belittle them” (Hollywood, 2009, para. 2). On July 20, 2009, Joe Jackson was interviewed on CNN’s Larry King Live. During the interview, Larry King asked about physically abusing his sons (specifically Michael), Joe’s response was as follows:

The media keep hollering about saying that I beat Michael. That’s not true. You know what this beat started -- beat started in the slavery days. Where they used to beat the slaves and then they used to torture them. That's where these beating started. These slave masters, and that's where that come from. But, hey, there's a lot of people in America, Larry, a lot of people in America spank their kids, you know? They say they don't, they're lying. They're lying. Now, Michael was never beaten by me, I've never beaten at all. (King, 2009)

In watching Joe Jackson, he presented as haughty. Joe Jackson also intimated during the Larry King interview that it was because of him that Michael
experienced extraordinary success (King, 2009).

Joe Jackson’s personality characteristics impacted and influenced his family. Joe Jackson’s characteristics are not only characteristic of NPD, but they appear to display characteristics of a specific narcissistic type: phallic narcissistic character. This character is “self-confident, arrogant, vigorous...hard and sharp with masculine features. These individuals are haughty, cold, reserved, or aggressive with disguised sadistic traits in relation to others” (Ronningstam, 2005, p. 8). Not only does Joe Jackson have sharp, masculine features, but he displays each of these phallic narcissistic characteristics in virtually every interview this author watched – especially the 2009 Larry King interview. Not only did Joe Jackson treat his family in a sadistic manner (which included extra-marital affairs), but according to this author, his (re)actions during interviews were laced with symptoms associated with phallic narcissistic characteristics. If Joe Jackson was indeed NPD his notions of perfectionism would be hard to meet because he would always think he himself could do better. It is parental conditioning such as Joe Jackson’s that prompts children such as Michael Jackson to operate in the world the way they do as adults.

In the early years, we are all narcissistic. As a child develops, the ego and super-ego start to develop. Children’s traits and characteristics are influenced by their environment, which in turn influences neuronal pathways. Kolb and Whishaw (1998) found that experience (nurture) stimulates neuroplasticity. Essentially, how parents engage and treat their children is an experience that affects how neuronal pathways are mapped and, hence, how perception of reality is formed. For instance, because Michael Jackson’s parents were focused on their children achieving what they could not, they were somewhat militant in directing how their children rehearsed and acted. As such, Michael might have felt happiest when he was musically engaged, as “dopamine, the neurotransmitter associated with emotional regulation, alertness, and mood, is released when people hear or perform music, and the dopaminergic system aids in the encoding of the memory trace” (Levitin, 2007, p. 198). As a result of years of musical practice, Michael’s dopaminergic pathways would be acutely developed, which would create a somewhat euphoric state when singing or dancing because of the stimulation the dopamine would give to the pleasure centre (the limbic brain which is the regulator of emotions), hence recapturing positive memory traces.

Dopamine plays an important role in behaviour as well as mood, attention, learning and sleep. It has been found that dopamine is connected with mood disorders as “decreased dopamine activity is involved in depression, while increased dopamine function contributes to mania” (Diehl & Gershon, 1992, p. 417). Friedel (2004) hypothesized that dopamine dysfunction may play a role in BPD. This could be extended to NPD, for the DSM-IV-TR (2000) (as noted earlier in this paper) asserts that NPD may be associated with other disorders, including BPD (p. 716). The DSM-IV-TR (2000) outlines that NPD can also be associated with substance-related disorders. Michael Jackson presented differently off stage. He was quieter, he seemed less secure, which could connote a change in activity of the dopamine neurotransmitter. In essence, with regard to his personal life, his emotional brain engaged his dopaminergic pathways in a different manner. It was as if the avoidance of truly understanding his etiology was affecting his ability to function. Oxycontin, one of many prescription medications Michael Jackson was ingesting (Esposito, 2009), stimulates the pleasure centre by releasing dopamine, thereby likely staying off his emotional pain, protecting his inner self from his...
Not only was Michael Jackson addicted to Oxycontin, but also he was, as stated by Dr. Arnie Klein, “totally addicted to Propofol” (as cited in Casarez, 2011), a short-acting hypnotic agent. Schulte et al. (2000) determined that Propofol has an effect on the release of the neurotransmitter dopamine. Michael’s dopaminergic pathways were in a constant flux, desperately trying to find balance. Seemingly, Michael Jackson used drugs as a means for “compensating narcissistic vulnerability and self-esteem fluctuations, for maintaining self-control…and for self-protection and strengthening boundaries between the internal and external world” (Ronningstam, 2005, p. 127). The ‘psychotropic treatment’, however, was proving ineffective.

Recently, Rabbi Boteach, a friend of Michael Jackson’s, wrote a one-page article titled, “The Myth that Michael Jackson was Happy and Healthy” (2009c). Boteach outlined how the media and public perceived Michael Jackson in a different light than actuality. Boteach (2009c) maintained that, “[t]he reason this misrepresentation is so destructive is that it would have us believe there is nothing to be learned from Michael’s tragic death” (Myth, para. 2). In response to Michael’s ‘relationship’ with psychotropics and other medications, Boteach (2009b) also stated that

Michael was a man in tremendous pain and his tragedy was to medicate his pain away rather than addressing its root cause. On many occasions when I visited him he would emerge from his room woozy and clearly sedated. Who were the doctors giving him this stuff? Was there no one to save him from himself? Was there no one to intervene? (Tragic, para. 3)

The reality is that, according to IMS Health Canada, since 1994, “the fastest rising diagnoses made by office-based physicians” (Currie, 2005, p. 3) are of depression and “[e]ighty-one percent of physician visits for depression ... resulted in a recommendation for an anti-depressant” (Currie, 2005, p. 3). The increase of psychotropic treatment for disorders is indicative of how impactful the scientific psychiatric community, and by extension the DSM-IV, is on the medical profession and society. It is akin to the social induction Michael Jackson was able to elicit at his concert(s). In essence, the case of Michael Jackson brings to the forefront how the mental health profession’s fractured identity is affecting effective diagnoses and treatment. In other words, it seems that the effect of the DSM-IV is such that it is used by medical professionals to identify and treat disorders as being biologically based, and that the DSM-IV essentially influences medical practitioners into believing they understand how to treat psychological disorders. The belief that disorders are biologically based seems to anaesthetize society from mental and physical wellbeing, resulting in only focusing on the outer self rather than on healing the inner self. As noted by Pinsky and Young (2009), Miller (1997), and Svrakić (1984), especially as it relates to PDs, etiology has an effect on overall wellbeing.

It is important to recognize that psychotherapy, “heals faulty brain wiring and chemistry … [and] improves neurotransmitter levels” (Borel, 2008, para. 8). Dr. Deepak Chopra (2009) maintains that neurotransmitters are influenced by thoughts. By healing thoughts, well-being is affected. Both DeRubeis et al. (2005) and Erbaugh (1995) found in their studies that while psychotherapy may take longer than psychotropic treatment, the benefits of psychotherapy are more far
reaching and longer lasting. Even in the event of relapse, Erbaugh (1995) determined that, “the interval between cessation of active treatment and subsequent episodes of depression appears to be lengthened after psychotherapeutic intervention” (p. 3). Erbaugh (1995) also noted that psychotherapy is beneficial in dealing with “impairments of social function and reactions to stress, disappointment, and other psychosocial issues that are common triggers or consequences” (p. 3). Had Michael Jackson participated in psychotherapy, his life may have turned out quite differently.

Experience with PDs and the co-morbid conditions that might present with PDs are paramount to understanding and helping those whose personalities are fractured. As noted in the DSM-IV-TR (2000), individuals with NPD “have a grandiose sense of self-importance...are often preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love” (p. 714). What the DSM-IV-TR (2000) seems to gloss over is that perhaps these are coping and defense mechanisms. As noted by Svrakić (1985), NPD is a two-level personality disorganization. The first level is the superficial level – the grandiose self. The second level is the inner level, which is sheltered by the grandiose self. It is the inner level that is, essentially, “frightened, frustrated, emotionally deprived, envious, and full of omnipotent rage” (Svrakić, 1985, p. 720). The DSM-IV-TR, while it outlines the features associated with NPD, seems to associate those with NPD as having fragile self-esteesms, but equate them as being egotistical in nature without providing an understanding as to why grandiosity is a key diagnostic feature of NPD: to shelter the insecure self.

After Oprah Winfrey's 1993 interview, it became clear how fragile Michael Jackson really was, how he had created his life in an effort to shield his inner level from the superficial level. Not only did Michael create a fantastical public world, but he did so privately as well. Such shielding seemed to include idealizing the fictional character Peter Pan. According to Neverpedia (n.d.) "Peter is mainly an exaggerated stereotype of a boastful and careless boy. He is quick to point out how great he is, even when such claims are questionable” (“Personality”, para. 1). During the Oprah Winfrey 1993 interview (as well as the July 2009 Larry King posthumous Michael Jackson special), Michael Jackson’s Neverland Ranch was showcased. Throughout Michael Jackson’s Neverland Ranch are pictures of Peter Pan. There are also portraits of Michael Jackson as Peter Pan. As well, Michael’s house (of which child actor Macaulay Culkin assisted with the design) was built with many secret passageways and the grounds were developed like a theme park.

In 1987, Michael Jackson met with Trevor Nunn, the Broadway director of Peter Pan. Michael's reaction to Nunn was, "Could I play Peter, is it too late? Will you let me play Peter? All I ever want to do is play Peter Pan” (Nunn, 2009, para. 20). Nunn (2009) described in his article how Michael Jackson knew every minute detail of Peter Pan, how he could recite word for word text from the story, but mostly how he “became immensely vulnerable and childlike as the delight transformed him to some earlier moment in his life” (para. 21). It is evident how much Michael Jackson idealized and wanted to be Peter Pan – to remain and live in a grandiose childhood dream away from reality.

As noted in the DSM-IV-TR (2000), and as noted earlier, one of the diagnostic criteria for NPD is a preoccupation with ideal love (p. 717). Not only was Michael’s perception of his mother that of ‘perfect love’, but he was enraptured by
the world of Peter Pan. Peter Pan presides over the Lost Boys who are “children who look to his leadership but who he needs as much as they need him. The Lost Boys live in the same big room as Peter and they all sleep in the same big bed” (Nunn, 2009, para. 33). During his 2003 interview with British journalist Martin Bashir, Jackson emphatically stated: “I am Peter Pan” (Anderson & Shaw, 2003).

Narcissism and NPD have negative connotations while the features of Peter Pan Syndrome include fantasy, protection and ideal love – ideas with positive connotations. Essentially, those with Peter Pan Syndrome, “simply feel a dreamy, imaginative comfort inside of their own minds – an attraction of introspection that is positive and well-meaning” (Bailyn, 2009, para. 1). There are aspects of Michael Jackson’s self that are fantastical and dreamy and very childlike. As Nunn (2009) intimated, and as observed in Bashir’s interview, Michael Jackson had an ideology of what perfectionism is, what a fantastical world should be, embracing and wishing to hold on to youth by surrounding himself with his own Lost Boys – this is all indicative of Peter Pan and Neverland (Anderson & Shaw, 2003). Jackson’s quest to make his fantastical world his reality seemed to be a catalyst for what was happening in his reality and what he was trying to protect: his inner self. It was an escape; the kind of escape which those with NPD seek: “the kind that is at the root of narcissistic disorders” (Pinsky & Young, 2009, p. 107).

NPD can only be formally diagnosed when the features of narcissism become pervasive. The DSM-IV-TR (2000) outlines the diagnostic features and criteria associated with NPD. What is greatly misunderstood, even with the diagnostic features put forth in the DSM-IV-TR (2000), is that those afflicted with NPD are not in love with themselves but, rather, with a reflection of what they perceive to be their real selves. For instance, Michael’s Jackson’s BDD was his attempt to reflect what he perceived to be his real self. This misperception was reinforced by his early experiences.

The effect of childhood trauma does not appear in the diagnostic features of the DSM-IV-TR. Yet, Miller (1997), Pinsky and Young (2009) determined that childhood trauma is associated with NPD. Another feature that is not present in the DSM-IV-TR is loneliness. Miller (1997), Pinsky and Young (2009), and Svrakić (1985) found that loneliness is a common symptom of those with NPD. Michael Jackson discussed his childhood trauma in various interviews. In June 2009, Deepak Chopra, a long-time friend, stated that Michael’s personal loneliness was intimately known to Chopra. “The greatest problem with narcissistic personality disorder is its lack of validation through such external criteria as a specific etiological pathway” (Livesley, 1995, p. 217); however, because loneliness cannot be externally validated via scientific research, it is not included in the DSM-IV-TR.

For philosophers and theorists of science to say that “psychoanalytic description is too subjective and lacks the capacity for external verification of the therapeutic processes involved” (Brosig et al., 1998, p. 469) is not only a belief system in itself, it also removes the responsibility (or action) of understanding the etiology of the patient as it relates to his or her unique situation, that the individual is intricate and his or her response to personal experiences is unique from anyone else, and that the brain creates neurological pathways in response to its experience, which makes treatment plans more than a template. It raises the question: are the contributors of the DSM experienced therapists or scientists? What has been validated by certain therapists is that those diagnosed with NPD
have a history of childhood trauma, which affects how they perceive and cope with reality; this childhood trauma relates to how their personality became fractured (Miller (1995), Ronningstam (2005), Pinsky & Young (2009). Clinicians such as Miller (1995), Pinsky and Young (2009) indicate the importance of understanding that each person is unique and, as such, the uniqueness in individuals should be considered for tailoring treatments.

Based on the Bashir interview, the Oprah Winfrey interviews, the posthumous movie This Is It, as well as other short interviews, it is clear that the media and those around Michael Jackson painted him as quirky and weird; they avoided his mental health issues. Most notably, the Bashir interview did not venture into whether Michael Jackson was a fractured personality or explore why he was obsessed with Peter Pan (Anderson & Shaw, 2003). Simply, Bashir painted Michael Jackson as the stereotypical version of an eccentric, freaky and fantasy-like personality (Anderson & Shaw, 2003). By avoiding looking at what truly plagued Michael Jackson the media – and society in general – did not have to acknowledge the effects of childhood trauma. Instead, these interviews fostered the societal taboos as related to childhood experiences and enabled those around Michael Jackson (as well as Michael himself) to keep the effects of childhood trauma a secret. As Boteach (2009a) writes, “[o]ur culture, in which fortune and fame readily eclipse family and life nurturing values, is claiming an increasing number of casualties” (para. 2).

Conclusion

According to the DSM-IV-TR (2000), about 1% of the general population suffers from NPD and 2% to 16% in the clinical population. In 2008, Arehart-Treichel conducted a study specifically on NPD that determined that NPD among American adults is 6%, which, according to Arehart-Treichel, deems NPD a prevalent disorder. As well, the website Teen Help surmises that NPD is growing in the teenage population (2013, para. 1). The Teen Help website also puts forth the notion that NPD is the only learned PD “and usually begins in the teen years” (2013, para. 1). According to Pinsky and Young (2009), “the soap opera of celebrity behavior we all consume on a daily basis...actually points to a wide-ranging psychological dysfunction among celebrities that may be spreading to the culture at large: the condition known as narcissism” (front book cover, para. 1). Much like Michael Jackson’s social induction as outlined earlier in this article, the culture of celebrity is affecting societal constructs and perceptions to the point that the root of NPD is being overlooked and the symptoms are being hailed as those associated with people who are successful. In other words, the pain that celebrities have experienced is being repressed and their success expressed, all at the expense of mental well-being, repressing the taboos of Western society.

When considering the power of social induction, it appears that celebrities such as Michael Jackson can influence a great deal of society into creating a belief that mirroring celebrity behaviour is tantamount to being as special as a celebrity. The reality, however, as outlined by Pinsky and Young (2009), is that the dysfunctional behaviour of celebrities is rewarded by Hollywood and portrayed as normal by the media, bringing weight to the argument that the young members of Western society “got these narcissistic values from somewhere, often from their parents or media messages created by older people” (Twenge & Campbell, 2009, p. 34). Put succinctly, the “reality is that mental disorders offer a window into a
culture’s pressures [and] incitements” (Heyes, 2009, p. 73). In considering the statistics of NPD, it seems the value system – the pressures and incitements – of Western culture is such that happiness is hinged on the superficial characteristics (i.e., fame and fortune) of celebrity to the point that it appears to be actually fracturing the most impressionable members of society in a very troubling way: that they are, like Michael Jackson, creating a life in an effort to shield their inner level from their superficial levels.

Considering the fact that NPD is increasing in North American culture, it would be expected that the publication trend would be such that research output on NPD would increase exponentially in the coming years. On the contrary, Boschen and Warner (2009) projected that the research output for NPD would be 13 articles per year. The DSM-IV-TR’s (2000) fuzzy diagnosis of NPD poses a challenge to external validation and its lack of emphasis on the etiology of NPD and the Western cultural components that support it also interferes with effective diagnosis and thus further hinders interest in NPD research. A lack of research may also be due to the fact that NPD cannot be put into the scientific box of the reduction method. The lack of emerging research could also (and more plausibly) be due to the frequent misdiagnoses of NPD as BPD. For, according to Boschen and Warner (2009), the projected BPD research output to 2015 is 152 articles per year. The aspect of misdiagnosing one disorder for another misdirects interest and statistics in general, and in the case of NPD specifically further undermines awareness and understanding of this disorder.

It states as a differential diagnoses in the DSM-IV-TR (2000) that PDs such as NPD (p. 709) may be confused with BPD (p. 716). In analyzing several of the symptoms of Michael Jackson, some of the NPD symptoms could be confused with the manic phase of BPD (which may be related to the effects of dopamine). For instance, during the manic phase of BPD, there are symptoms of grandiosity, need for control, and lack of empathy. These symptoms are unstable for BPD; they are stable for NPD. Michael’s symptoms as outlined for NPD are stable; there do not appear to be cycles of mania, depression and then periods of mood stability as found in BPD. Another differentiating symptom of BPD is periodic substance abuse, whereas when substance abuse is co-morbid with NPD it is stable.

Other symptoms of NPD that could be mistaken for BPD are relationship patterns. Michael Jackson’s relationships were for self-motivated purposes. If a friendship did not serve his purpose, Michael would cease communication with the person until such time as he needed him or her again. The DSM-IV-TR (2000) states that those with BPD, “have a pattern of unstable and intense relationships” (p. 708). In essence, those with NPD control the relationship; those with BPD do not. Another symptom the DSM-IV-TR (2000) notes is that individuals with BPD are easily bored (p. 707). Those with NPD would be less inclined to be bored as they have a propensity to ‘stay the course’.

The DSM-IV-TR (2000) states that, “of those diagnosed with Narcissistic Personality Disorder, 50%-70% are male” (p. 716). The DSM-IV-TR does not emphasize differences in gender features between male and female NPD. It seems because there is no discernment between the two outlined in the DSM-IV-TR, it further affects the ability to effectively diagnose and treat either gender with NPD. The cultural constructs of the female and male roles are such that narcissism is mostly identified with men. As such, NPD is commonly
diagnosed in men. Because Michael Jackson had a falsetto voice, feminine characteristics, tattooed makeup, long eyelashes, as well as some feminine demeanors, it affected how he was perceived. Based on Michael Jackson’s appearance and demeanor, the likelihood of him being diagnosed as NPD or even narcissistic would be difficult to confirm in the court of public opinion or even amongst health practitioners.

Ronningstom (2005) states “People with pathological narcissism that range beyond the DSM-IV criteria set...will not be correctly identified” (p. 27); Ronningstam’s view, along with those of Paris (2008), Svrakić (1985), and Pinsky and Young (2009), goes beyond the scope of the DSM-IV-TR to show that NPD is much more complex and subtle than that implied by the reductionist description provided in the DSM-IV-TR. There are many different types of narcissistic personalities under the NPD umbrella not even mentioned in the DSM-IV-TR. Michael Jackson is an example of someone who is beyond the DSM-IV-TR (2000) NPD criteria set. The fuzzy definitions and many co-morbid conditions under the umbrella of NPD as well as the many other factors mentioned here suggest that the DSM-IV-TR is barely providing an understanding to this disorder.

Pinsky and Young (2009) determined that narcissism is a deep-seated and complex dysfunction, of which issues have their roots in a traumatic childhood. These issues are not treated effectively with psychotropic therapy, but by understanding one’s etiology. In analyzing Michael Jackson it seems apparent that he was afflicted with NPD. Michael Jackson spent his life transforming his self to mirror his idealized reflection. The quest to be the idealized reflection was formed during Michael’s childhood as a result of his upbringing; it then became more pervasive during his early teens. As a result of childhood trauma, Michael’s self-esteem was affected. Due to Michael’s low self-esteem and the effect of his public life, co-morbid conditions as outlined in the multi-axial charts presented earlier emerged. All these conditions were an effort to protect his inner self. Michael had great fear and loneliness. Had his how and why been explored, Michael could have been effectively diagnosed and properly treated, which would have resulted in his inner self and outer self becoming more balanced. Michael would have been different from the reflection he saw in his mirror; he perhaps would have been more of the idealized reflection on his mirrored sunglasses.

ENDNOTES

[1] There are six editions of the DSM. It was first brought to fruition as a means to have a uniform system in which to understand mental disorders and to collect statistical data (DSM-IV-TR, 2000, p. xviii)

[2] Axis I: clinical; Axis II: personality disorders and mental retardation; Axis III: medical conditions such as brain injuries; Axis IV: issues with coping; Axis V: assessment.

[3] The DSM uses the International Classification of Diseases (ICD), a statistical classification system for diseases. The ICD has a specific section that classifies mental and behaviour disorders. This coding system is used as a means to provide data collection for statistical analysis.

[4] The Global Assessment of Functioning (GAF) is on a scale of 0-100. The scale measures features such as: reduced functions, danger to self or others, extreme inability/impairment of communication, personal hygiene issues, and superior functioning. In diagnosing a patient as a whole rather than the
sum of their parts, the clinician rates each Axis in order to determine the patient’s level of functioning. All of these aspects are evaluated and noted in accordance with the GAF rating scale.

REFERENCES


