Robert Schweitzer, Keely Gordon-King and Rebecca Bargenquast
1. Narcissism and metacognition
2. Metacognitive Interpersonal Therapy
3. Demonstration through a single case study
4. The experience of working with patients presenting with NPD
5. Some implications
Capacity to understand mental states, both within the self, and within others. It is comprised of several distinct but related functions - the ability to identify mental states, to understand the relationship between internal and external events, the capacity to recognise one’s own internal experience as subjective and biased, the ability to understand that others have motives which do not centre around the self, and the ability to self-regulate internal states.
Human abilities to understand, and reflect
- on their own mental states
- on the mental states of others
- Forming coherent and complex ideas about self and others

Monitoring

Integration + Differentiation

Mastery
Human abilities to understand, and reflect
- on their own mental states
- on the mental states of others
- Forming coherent and complex ideas about self and others

Student

Teacher

Self
Common features

- **Limited metacognitive skills**
  - Low self-reflectivity
  - Limited decentration

- Sense of isolation

- Limited capacity for emotional experience

- Interpersonal schemas

- **Characteristic dysfunctional interpersonal cycles**

- Key theorists: Giancarlo Dimaggio, Paul Lysaker
- **Over-regulation of affect**
  - Shallow emotions, little awareness of own experience

- **Lack of mentalisation**
  - Difficulty understanding emotions in others
  - Assumption that behaviour of others must be related to the self → self-centred interpersonal schemas
Self and other take on complementary roles:

W: To be special, valued, and accepted

Ro: Critical, judgemental

Resistance and abandoning

Rs: Humiliations and shame alternating with anger when judgement is perceived as unfair

Loneliness and confusion
- **Self reflectivity** – representations of oneself

- **Understanding the mind of the other** – representations of other people

- **Decentration** – situating oneself and others in the world

- **Mastery** – Using knowledge of mental states to solve psychological problems
- Rating scale used to code metacognitive capacity in therapy sessions, or a structured interview

- Rates metacognitive skills as ‘present’ or ‘absent’ across key domains:
  - Identifying emotions in self/other
  - Understanding relationship between external and internal variables
  - Reality testing/decentration
  - Mastery – regulating internal experience
Interview consists of 6 sets of prompts which are offered as the interview progresses

- Tell me the story of your life.
- Do you think you have a mental illness?
- Because of this what has and has not changed?
- What do you control/what controls you?
- How does it affect others/how do others affect it?
- What do you see in the future?
The goal is a spontaneous speech sample that
- Provides a glimpse about how life and the experience of illness are expressed in a narrative
- Provides an opportunity for synthetic metacognitive activity which can be rated.
- Is not largely scaffolded by the interviewer.
1. I know there are thoughts in my head
2. I know the thoughts are my own
3. I can distinguish different cognitive operations
4. I can distinguish feelings
5. My conclusions are subjective
6. My wishes are not the same as reality
7. My thoughts and feelings are connected in the moment
8. My thoughts and feelings are connected in consistent ways across many moments
9. My thoughts and feelings are connected across the larger story of my life.
1. No plausible problems.

2. Psychological problems but they are not plausible.

3. Plausible psychological problem which is responded to passively by altering an internal state (e.g. eating or sleeping).

4. Plausible psychological problem responded to by avoiding the issue or seeking support.

5. Plausible psychological problem responded to behaviorally.

6. Plausible psychological problem responded to cognitively.

7. Plausible psychological problem responded to by modifying beliefs on the basis of understanding the relationship between cognitions, emotions, behaviors, and relationships.

8. Plausible psychological problem responded to as per level 7 but also an understanding of the relationship between cognitions, emotions, and behaviors in other people.

9. Plausible psychological problem responded to as per above but understanding that not all can be completely controlled.
- **Staged, flexible, iterative:**
  1. Rapport and assessment phase
  2. Developing a shared formulation
  3. Enhancing metacognition
  4. Encouraging access to healthier selves (exceptions to dominant narratives)
  5. Experiment with new ways of being-in-the-world

- **Integrative:**
  - The Conversational Model
  - CBT
  - Brief Dynamic Therapy
- Stage setting
- Eliciting detailed autobiographical episodes
- Promoting ability to recognise mental states
- Collecting autobiographical memories
- Promoting shared awareness of recurrent patterns
- Rigidity versus multiplicity
- Fostering access to health self aspects
- Promoting new behaviours
- Promoting more nuanced understanding (decentring)
### The case of... Principle diagnosis

<table>
<thead>
<tr>
<th>Authors</th>
<th>Year</th>
<th>The case of...</th>
<th>Principle diagnosis</th>
<th>N Criteria SCID PRE</th>
<th>N Criteria SCID POST</th>
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<td>Dimaggio et al.</td>
<td>2012</td>
<td>Leonardo</td>
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<td>Dimaggio &amp; Attinà</td>
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<td>Elisa</td>
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The metacognitive interpersonal therapy seems to be a promising treatment approach (Karterud, S., 2012; Warren, R., 2012)

Slide provided by Open trial on Metacognitive Interpersonal Therapy (MIT) for personality disorder
<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Criteria to Reach Clinical Threshold</th>
<th>Number of Criteria Met</th>
<th>Specific Criteria Met</th>
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</thead>
<tbody>
<tr>
<td>Avoidant</td>
<td>4</td>
<td>1</td>
<td>Restraint in intimate relationships due to fear of being shamed/ridiculed</td>
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<tr>
<td>Depressive</td>
<td>5</td>
<td>3</td>
<td>Critical, blaming, derogatory toward self</td>
</tr>
<tr>
<td>Paranoid</td>
<td>4</td>
<td>3</td>
<td>Suspects others are exploitative, harmful, or deceitful</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>5</td>
<td>3</td>
<td>Sense of entitlement</td>
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</table>
- Shared formulation became basis for enhancing metacognition and change promoting
- Practiced tolerating an internal focus in sessions, and H began spontaneously reflecting upon his actions, and later his feelings
- Therapist encouraged agency by explicitly identifying when H was blaming others, using derogatory language, or externalising
MIT
- Metacognition
- Dialogical theory
- Differentiation

Conversational Model
- Reflective Awareness
- Duality of self
- Amplification & Coupling
- Emerging evidence base
- Inclusion of metacognitive functioning when designing interventions
- Approach tailored to the needs of each individual
- Development of a greater affective focus can facilitates greater self-insight and agency
- Broadening understanding of the significance and nature of metacognition
- The QUT PD Study


