Narcissism: Therapist Views of the Therapeutic Journey
Thesis

- Nine therapists (psychiatrists and psychologists)
- An average of 30 years experience
- All experienced in working with clients high in narcissistic traits
- Semi-structured interviews
- Thematic analysis
- Supervisors: Lynne Harris and Fiona Papps
Arc of Therapy with a Narcissistic Client

1. Markers of Narcissism
   - Anger issues
   - Countertransference
   - Trouble in relationship
   - Shame prone
   - Efforts to dominate
Anger issues

**Bryce:** “As narcissism goes up, feelings of entitlement and anger go up, so the narcissist often has a long history of interpersonal difficulties involving anger…essentially because of feelings of specialness and entitlement. Not being happy when the world isn’t working their way.”
Countertransference: irritation, boredom, contempt, sleepiness

Neil: “I think it’s not that one shouldn’t be annoyed it’s that you have to find a way to just contain it and try and just sit with it and think about what it means, what the projective identification might be.”
1. Markers of Narcissism

A need to dominate

Lloyd: “On a conscious level, that is because he wants to have the upper hand. At an unconscious level, it will be because he will want to devalue me, so that he doesn’t have to risk trusting me.”
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2. Navigating Defences

Attack/Poor Me

Lloyd: “Don’t get drawn into JADE’ing: justifying…arguing…defending…explaining. Not to be drawn into that level of debate, argument, discussion, which is essentially an arm wrestle for who’s the ….most quick-witted person in the room…Just observing it, but not engaging in it.”
2. Navigating Defences

Devaluing

Mark: “She would make fun of me…She would say something like, ‘You’re doing that reflecting thing.’ It took quite a while to think about this, but I realized that what was happening was that I would offer things and she would mock them and then I would withdraw. Once I realized that, I just kept going with trying to engage her and the therapy picked up again.”
2. Navigating Defences

Pretend Mode (due to difficulty with intimacy)

Seth: “I’ve started to lose a little bit of the significance of what you were talking about a few moments ago — and as I’ve noticed myself wandering, I’m wondering what’s going on with you.”
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3. Therapeutic Strategies
   - Empathy (also teaching empathy)
   - Non-pathologising language
   - Cohesion promotion
   - Following the forward edge
   - Contacting vulnerability
Empathy (through modeling and through education)

Mark: “We’re not mirroring the person and saying you’re fantastic…that would infantilize the person…You express your understanding to them and what they do with it is up to them. You treat them like an adult.”
3. Therapeutic Strategies

Non-pathologising language

**Mark:** “Find a language that is not shaming for this need to be mirrored and thought well of. I think that’s the hardest thing is to find a way to speak to the person about what’s essentially probably unconscious or split off. That’s this desperate need to be loved and thought well of.”

“I sometimes use that word shine, ‘You want to shine.’”

“There’s a moment, which is hard to judge, where you can actually say something like, ‘You wanted her to see what you were doing as good and she didn’t and you felt hurt by that.’”
3. Therapeutic Strategies

Promoting cohesion

Mark: “Object relations people often talk about confronting the narcissism. I disagree with that…to me that’s like asking someone to stop doing something that’s actually the glue that’s holding themselves together. You need to kind of build up the self to be able to tolerate that. It’s the basic self-psychology model - you build the self first and then you process the trauma, which in this case, is a narcissistic trauma.”
3.

Therapeutic Strategies

Building trust

Mark: “When the person comes to therapy, what they present with is alienation…it’s defensiveness, disconnection and so on. If we don’t respond to that, we’ll invalidate the person. We need to respond to that. Listen to them, try and empathise with the disappointments or the contempt…to build trust…because who we really want to meet is the frightened person behind all of that.”
3.
Therapeutic Strategies

Following the Forward Edge (Marian Tolpin)

Olivia: “If you’ve got a choice between trailing edge and forward edge, you go for the forward edge… You go with what they’ve found, what they bring, what they’ve got, rather than the pathology.”
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4. Barriers to Effective Therapy
   - Lack of motivation
   - Lack of trust
   - Reinforcing environments
   - Overvaluing achievement

Lack of motivation
Lack of trust
Reinforcing environments
Overvaluing achievement
Lack of motivation (narcissism is ego-syntonic)

Bryce: “Clients “on the precipice of losing everything” are the easiest to work with: “I don’t think it’s necessarily harder than anything else, but they’ve got to have some motivation, and if they don’t have that, then there’s a problem.””
4. Barriers to Effective Therapy

Lack of trust

**Shaun:** “If I was to pick one single goal for psychotherapy with a narcissistic client, it is the development of trust.”
4. Barriers to Effective Therapy

Reinforcing environments (authoritarian leadership positions, social media— that allow the “false self” to be presented and developed)

Bryce: “They’ve had a lot of evidence that their anger seems appropriate, and that people apologise for their behaviour when the narcissist with an anger issue has teed off in workplaces… that same person will often admit that in their personal life, people have just walked.”
Over-valuing achievement

Shaun: “So there’s no reward in being vulnerable and there’s no… need, even, to intellectually explore the emotional life, the inner life… because there’s so much powerful reward associated with achievement.”

4. Barriers to Effective Therapy

Over-valuing achievement
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5. Risking Emotional Vulnerability
- Accepting limitation
- Learning about intimacy
Learning about intimacy

Ray: “You can only take all that risk to love another if you’ve had sufficient experience in life, collected through life or through therapy, that another person would love you, and you’ve actually picked that up. Then, you can take the risk of how well to love another.”
Accepting limitation

Seth: “They’re not omnipotent. No one is. They’re getting older. I’m getting older. Things are limited.”
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6. Tendrils of Growth
   - Improved relationship skills
   - Greater sense of perspective
6. Tendrils of Growth

Improved relationship skills

**Lloyd:** “What happens over time is they actually start to “see” - physically, literally, and psychologically start to see - others more clearly...oh, my partner is actually 170 centimetres tall, oh she’s actually got hazel eyes.”
Greater sense of perspective

**Seth:** “There’s a sort of vague inkling that they can bullshit themselves as much as anyone else. That sometimes their first impression may provide information, but it’s not the whole picture.”
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References


Twenge, J. M., Konrath, S., Foster, J. D., Campbell, W. K., & Bushman, B. J. (2008). Egos inflating over time: A cross-temporal meta-analysis of the Narcissistic Personality Inventory. Journal of Personality, 76(4), 875–902. doi:10.1111/j.1467-6494.2008.00507