Dealing with Pathological Narcissism: Helping Narcissistic Patients and the People Who Live with Them

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Why now?

- Mass culture and globalization
- Mobility and change
- Extension of adolescence
- Increased insecurity about one’s role
- Celebrity culture and illusions of perfection
- Increased global insecurity and wishes for perfect security from an idealized parent
“Normal” or “Healthy” Narcissism

- Realistic and reliable self-esteem
- Realistic ambition
- Ordinary needs for validation
- Relationship to developmental life stages
Early observations on pathological narcissism

Two narcissistic presentations: contempt versus shame positions

- Rosenfeld, 1987: “thick-skinned” / “thin-skinned”
- Gabbard, 1989: “oblivious” / “hypervigilent” types
- Masterson, 1993: “exhibitionistic” / “closet” types
- McWilliams, 1994: “arrogant” / “depressed–depleted”
- Akhtar, 2000: “overt” / “covert or shy” types

The narcissistic spectrum

- Developmentally normal narcissistic concerns;
- Narcissistic tendencies, especially under specific stresses;
- Narcissistic personality disorder;
- Malignant narcissism;
- Psychopathy (antisocial personality disorder).

Otto Kernberg’s Contributions: Narcissism as denial of normal dependency

Heinz Kohut’s contributions: Narcissism as an arrest in the development of normal self-esteem

Important precursors to Kohut

- **Carl Rogers:**

- **D. W. Winnicott:**
Etiological speculations: “gifted” children in invalidating families; exploiting rather than engaging


Clinical observations about the person’s having been used as a narcissistic extension:

- The caregiver needs the child for mirroring rather than vice versa.
- Never-satisfied and inflated versions of child care.
- Parents continuing to deal with their own adolescent issues.
Edited books on narcissistic disorders


Shame

Impacts on others of the narcissistic denial of normal dependency


Specific interpersonal operations that contribute to deadness

- Inability to make one’s needs explicit;
- Inability to express genuine appreciation;
- Inability to express genuine remorse;
- Confusion between love and idealization, leading to constant criticism of others once the idealization fades.
Inability to accept limitation

- Terror of death and preoccupation with bodily integrity;
- Blaming when up against a “no,” no matter how reasonable the limit;
- Difficulty in treating narcissistic dynamics in people who have not run into limits (of health, beauty, competence, power): narcissism and psychopathy as the only two personality styles that become more treatable the older one is.
- Inability to mourn, including resistance to feeling separation and tolerating normal termination in psychotherapy.
The narcissistic inability to love

- **Drive theory**: When all one’s energy goes into keeping oneself together, there is nothing left for others.

- **Object relations**: The diminished self, becoming a false self, seeks perfect merger with a perfect object which cannot be relinquished to a good–enough reality.

- **Ego psychology**: Defenses of primitive idealization and devaluation prevent appreciation of others as they really are.

- **Self psychology**: If challenges to normal self–esteem development are too great, the project of maintaining self–esteem overrides care for others.

- **Attachment theory**: An insecure attachment style negates the possibility of “mentalizing” other minds.

- **Relational psychoanalysis**: Lack of recognition creates inability to see others as subjects.

- **Affect theory**: Deep shame and humiliation prevent authentic engagement with others.
Transferences in narcissistic patients

Freud was wrong in believing that narcissistic people do not form transferences in therapy.

What Kohut called “self–object transferences” can be understood as the patient’s treating the therapist as a source of self–esteem regulation, much as the parents may have used the patient as a narcissistic extension.
Countertransferences with narcissistic patients

- Boredom
- Sleepiness
- Feelings of invisibility
- Irritability
- Defensiveness
- Empty grandiosity
A core therapeutic and socio-political dilemma: The “Emperor’s New Clothes” problem

- The narcissistic person experiences any difference of opinion or recommendations to solve problems as disabling criticism.
- If we try to be a constantly approving witness to the narcissistic person’s life, nothing changes, and bad habits are supported.
- But if we try, however empathically, to call attention to something that might be changed, the narcissistic person fragments into a depressive state or defends against it by attacking, blaming, and devaluing.
Integrative writers

Some therapeutic possibilities with narcissistic patients

- Remembering that this is the best way this person knows how to relate to another;
- Focusing on whether the patient has made his or her needs explicit;
- Focusing on thanking and apologizing;
- Thanking and apologizing from the therapist: exemplifying that one can maintain self-esteem without having to be needless and flawless;
- Embedding all intervention in respect for realistic positives in the person;
- Expressing humor in the face of devaluation.
- Encouraging normal mourning.
Therapeutic possibilities with partners, families, employers, employees, and colleagues of narcissistic individuals

- Educating
- Coaching
- Finding other sources of personal support
- Mourning what is not possible
Thank you!

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Malignant Narcissism and Psychopathy

27 psychiatrists and mental health experts assess a president. New York: St. Martin’s Press.
The DSM description of Antisocial Personality Disorder was taken from the work of Lee Robins, a sociologist who tried to describe psychopathic individuals in terms of externally observable qualities.

Therapists have contrastingly been struck with the internal dynamics that constitute a psychopathic mental set.
From “moral insanity” to psychopathy to sociopathy to antisocial personality disorder


1. Inability to sustain consistent work behavior;
2. Inability to function as a responsible parent;
3. Failure to accept social norms;
4. Inability to maintain enduring attachment to a sexual partner;
5. Irritability and aggressiveness;
6. Failure to honor financial obligations;
7. Failure to plan ahead (impulsivity);
8. Disregard for the truth (repeated lying);
9. Recklessness (e.g., speeding, driving drunk).
The DSM Antisocial Personality Disorder section was originally normed on prison inmates, who cannot all be assumed to be psychopathic. Other sources of criminal behavior include addiction, poverty, socialization to psychopathic norms, and loyalty to fellow criminals and the conventions of law–breaking subcultures.

As a result, it overdiagnoses psychopathy in poor, minority, and traumatized populations and underdiagnoses it in individuals of higher socioeconomic status.
Lack of remorse (in response to complaints from clinicians, for whom this was the pathognomonic symptom of a psychopathic orientation)
DSM–5 Criteria

1. Manipulativeness
2. Callousness
3. Deceitfulness
4. Hostility
5. Risk-taking
6. Impulsivity (actually, this is not distinctively characteristic of psychopathy)
7. Irresponsibility
Defining *internal* characteristics

- Profound attachment disorder
- Profound superego pathology (lacunae)
- Omnipotent control as the organizing defense
- Orientation toward power above all else
- Treatment of others as objects to manipulate rather than subjects to respect
- Self-esteem based on “getting over” on others
- Restricted range of affects, with rage and envy predominating
- High threshold for stimulation
- Lack of capacity for remorse
Not all psychopathic behavior equals personality disorder: Some is situational

- People in general will act psychopathically if they are in situations in which authorities seem to be arbitrary, ruthless, capricious, or negligent.

- For example, a majority of doctors will lie to insurance companies on behalf of their patients’ well-being.
Some people with significant psychopathy, especially those with histories of violence, are untreatable.

Like narcissistic dynamics, treatment has a better prognosis the older the patient is.

Relationship must be based on respect for power rather than conventional empathy.

Therapist must be brutally honest.

Therapist must have very clear boundaries and enforce them relentlessly.

Therapist must emphasize the cost to the patient of psychopathic behavior.


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