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# 1

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## Narcissism and Its Discontents

**T**oday, the discontents of narcissism are all around us. First and foremost, many patients with narcissistic disturbances are unhappy. They often live lives of noisy desperation. They cannot seem to find what they are seeking. In fact, they are not even certain about what it is they hope to find. The notion of self-love is often used to characterize the essence of narcissism, but it applies to only a subgroup of individuals with pathological narcissism. More often, narcissists are extraordinarily insecure about their capacity to love and be loved and are frantic in their search for others who will admire them, be impressed by them, empathize with their needs, validate their specialness, and/or serve as an idealized object who will never shame them or humiliate them. How-

ever, they tend to go through life disappointed because what they seek is a tall order—one that usually cannot be fulfilled in a world of imperfect, ambivalent relationships.

The level of suffering in persons with narcissistic disturbances is highly variable. Some have constructed defensive facades such that they avoid—at least partially—the distress over their emptiness or their incapacity to obtain the response they wish from others. Others go through life with an open wound, feeling like they are being attacked from every direction, with no respite from the pain. Many are on a continuum between the two extremes, with variations that depend on current stressors and specific contexts in their lives. In any case, it would be safe to assume that the majority are unhappy, if not despairing.

Mental health professionals engaged in clinical work find the term *narcissism* vexing because they cannot be certain of what is meant when a colleague speaks of narcissism. Does pathological narcissism denote too much self-love? Profound insecurity? Low self-esteem? Too much self-esteem? Selfishness? Aloofness? A conviction that one is smarter, better looking, more fashionable, or better connected than others? An inability to tune in to what others are feeling or thinking? Used as an adjective, *narcissistic* may refer to someone who is thoroughly unpleasant and obnoxious or someone whose success and confidence are envied.

Almost everyone recognizes the existence of such a thing as healthy self-interest, that is, a kind of narcissism that involves self-care and pride in a job well done. Whether a self-serving behavior is pathological or not may also depend on the phase of one's life cycle. An adolescent girl who spends hours obsessing about how she wishes to appear in the photo she is about to upload to social media may well be seen as "normal" for her stage in life. To complicate matters further, one person labeled "narcissistic" may respond to a slight by having an emotional meltdown, whereas another with the same label may appear to be impervious to any insult because of his seeming self-confidence. This widespread confusion about the nature of narcissism—both healthy and pathological—clearly reflects the fact that there are many faces of narcissism (Burgo 2015; Caligor et al. 2015; Campbell and Miller 2011; Gabbard and Crisp-Han 2016).

The discontent of clinicians is also linked to the frustration they experience with their attempts to treat narcissistic patients, who may insist on dictating the conditions of treatment, ignore the comments of their therapists, and "correct" their therapists by indicating to them where they have gone wrong and pointing out what they should say and when they should say it. Moreover, these patients are often frustrating because they disappear from treatment abruptly without explanation. On the other end of the

continuum, when they stick with therapy, the treatment may be protracted with very little sign of change. Indeed, these patients may seem impervious to the observations of the clinician treating them and yet stay in treatment without making substantial improvements. These treatments may be among the longest and most arduous and may seem interminable.

Researchers in the mental health field can also be included among the discontents. Narcissistic personality disorder (NPD) as a clinical entity has been challenging to study. Because of the pleomorphic nature of NPD, defining the entity for meaningful research has tried the minds of a host of skilled researchers. When the American Psychiatric Association Personality Disorders Work Group assembled to develop criteria for DSM-5 (American Psychiatric Association 2013), this body suggested that NPD should be deleted from DSM-5 because of its low prevalence and the paucity of systematic research on NPD compared with many of the other personality disorders (Skodol et al. 2011). Intense debate continued about which entities should or should not be included in the DSM-5 personality disorders, fueled by a recommendation on the part of the Personality Disorders Work Group to revamp the system for specific diagnostic criteria. At the same time, scores of clinicians and researchers were outraged at the notion of dropping NPD from the DSM-5 group of personality disorders because of its high prevalence in clinical practice. Despite the lack of clarity and rigorous research, NPD as a diagnosis was ultimately included among the DSM-5 personality disorders, much to the relief of many clinicians.

Families of young adults who have the NPD diagnosis are a third category of discontents. It has become a common practice in contemporary mental health care for clinicians to sit down with the patient and family and explain the basis for the diagnosis as part of a psychoeducational intervention designed to provide useful information. In many cases, such as borderline personality disorder, this approach has led to a more sophisticated and effective approach to treatment where families and patients can ally themselves in a systematic effort to improve the symptoms and the quality of life of the patient (Gunderson and Hoffman 2005). However, when it comes to the diagnosis of NPD, neither patients nor families want to hear those three words as the diagnostic conclusion of the evaluating professional. Because the term *narcissistic* has such a pejorative connotation in its use throughout society, it is rarely received by a patient or a family as a useful piece of information that can direct treatment. Sharing that information often results in explosive anger, hurt feelings, denial, and blaming. The diagnosis may connote to the patient that he or she is a dreadful person and cause a descent into profound shame and humiliation.