

TREATING PATIENTS WITH NARCISSISTIC PERSONALITY DISTURBANCE

By Philip Chanin, Ed.D., ABPP

My introduction to dealing with narcissistic individuals was my involvement in child custody evaluations, in visitation disputes, and in court appearances which resulted from my work in these cases. I often found that one of the parents in these disputes was seeking to manipulate the children and the legal system in (usually his) efforts to gain an upper hand, reduce or avoid child support payments, and punish the other spouse. Increasingly, I was struck by the preponderance of narcissistic features in the more controlling partner.

As I note in a recent *Psychobits* article ("Can a Self Grow Out of Emptiness?: The Treatment of Narcissistic Wounding", November/December 1996), I also realized that all of the women whom I was seeing in individual, marital, or family therapy were either now dealing with a very controlling, narcissistic partner, or had been in a previous relationship. As I began to see more of the narcissistic partners in my office in marital sessions, I found it often extraordinarily difficult to keep them in therapy. As I would encourage them to mirror, or repeat back, what they heard their partners saying and feeling, I would encounter enormous resistance. I can vividly recall how this would happen in a session, and then the husband would indicate, sometimes right then and sometimes during the next week, that marital therapy was over, and in some cases that his wife was also forbidden to return for any further therapy for herself.

Several books were particularly helpful to me as I sought to better understand the inner process of the narcissist's psyche. One was David Celani's *The Illusion of Love: Why the Battered Woman Returns to Her Abuser*. Celani lucidly outlines the similarities between abuser and victim in their woeful lack of "internalized good objects." Of the abuser, Celani notes, "His infantile demandingness makes it clear that he is as internally empty as the woman he is abusing." Celani helped me to understand the extraordinary need of the narcissistic male partner that his wife see the world as he does, and his need also to punish her if she doesn't.

His hypersensitivity to her every attitude causes him to react to all of her behaviors that are not absolutely congruent with his experience. The only way he can feel comfortable with her is when her positions, opinions, and behaviors are in perfect compliance with his own. Even minor dissension produces powerful feeling of abandonment in him, and the sense that he is completely losing control of his partner . . . Like an infant, the batterer feels abandoned the moment he and his object are not feeling the same emotion . . . The motivation for

control of his partner's every feeling state is an attempt on his part to avoid feeling an intense panic when she acts differently from himself. Every little difference between his inner world and his partner's inner world signals abandonment and disloyalty to him . . . the batterer believes all of his partner's behaviors are intended to create a reaction in him. (pp. 161-162)

What Celani portrays so vividly, as does Alice Miller in *The Drama of the Gifted Child*, is the depth of the narcissist's inner experience of emptiness and panic. Thus effective psychotherapy of the narcissist must involve assisting the patient in acknowledging this painful reality, while at the same time encouraging the development of an inner, feeling self in contrast to the false self that was constructed in the face of the narcissist's own parent's narcissistic demands. .

In speaking with a colleague about psychotherapy with narcissists, she responded, "I can never get them into the office!" Certainly I have had many similar experiences with therapy-resistant narcissists. However, as I have learned more about the narcissistic psyche, and have developed more empathy and compassion for these individuals, I have begun to do some longer term therapy with them. Let me describe one recent case in which I change some of the details, in order to preserve confidentiality.

This man was referred by his wife's therapist. She had left him and intended to get a divorce, contributing to a depression which was sufficiently painful to motivate him to seek treatment. In his initial presentation, I did not notice any Axis II features. In retrospect, there were several aspects which should have been a clue to me. Like many narcissists I have met, he was well-dressed, in a handsome suit. Also, he had a top position in his corporation, and I have observed over many years how often narcissists are able to get themselves into positions of power and influence. And thirdly, he made a point of addressing me by my first name in the very first therapy session. Only narcissists have ever called me "Phil" in the first session.

As a part of the evaluation process with any new adult patient, I usually request a separate individual session with the spouse or partner. In this case, I had a session with the patient's wife several weeks after beginning treatment. As she described their marriage, and particularly his behavior during its demise, the diagnostic picture in my head changed dramatically. She described his difficulties with closeness and intimacy. Then, as she finally began to pull away, he accused her of having an affair. She described

him as increasingly angry, controlling, and jealous. In her words, "He's tried to manipulate me by telling me I'm a bad person. He has a tendency to be controlling, and I guess I had a tendency to get into that kind of situation."

After meeting with his wife, I approached the psychotherapy with this patient from a very different perspective. In my initial assessment, he had indicated that growing up he had been closer to his father than his mother, but that overall he had had an unremarkable childhood. Now, as I had reformulated my working diagnosis, I went looking for the narcissistic parent. As I now asked in much greater detail about his mother, her narcissism and significant failings as a parent became clear. Among his descriptions of her was the following: "She would verbally batter my Dad, get on his case about a lot of things. Maybe she didn't know how to give love to us enough. No one ever said that Mother was sensitive."

Now I also looked much more carefully for this patient's difficulties with closeness, and his interior experience of emptiness. Having had a narcissistic mother with whom he could never be close, I hypothesized that he had developed his own previously successful character armor as a defense against inner feelings of insufficiency. As the therapy progressed, he was able to talk about his difficulties trusting women, and how he "wouldn't let them get close to me." He was able to acknowledge that when a partner in a relationship began to pull away from him, he would experience her as doing something "against and to him". He was able to understand his distant and at the same time

grasping overdependency in relationships as an attempted compensation for the lack of nurturance and closeness in his relationship with his mother. He began to learn for the first time to name and bear difficult feelings such as shame and anger. And as he both experienced the authenticity of the therapy relationship and could now also see much more clearly the historic lack of closeness in most of his relationships, he began to direct his energy toward more intimacy and contact with friends and family as well as potential partners.

As we approached his feelings of shame and emptiness during the therapy hours, there were also many moments of fear and anguish. Though he has been quite successful and productive in his career, this was clearly a new kind of work, in what felt to him like dangerous territory. Certainly one of the great rewards of being a therapist is the experience of assisting patients on this sort of journey. In recent years, I have worked with many women patients in their efforts to recover from the psychic wounds of narcissistic parents and male partners. Much of the time, it has been difficult to get the narcissists into the therapy room, and also difficult to keep them in treatment. I expect that many will continue to assiduously avoid us. In cases like this one, however, I believe that we have the opportunity to do both lasting and personally challenging psychotherapy.

Dr. Chanin is a clinical psychologist in private practice in Nashville. His office phone number is 386-3333.

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