TRANSFERENCE FOCUSED PSYCHOTHERAPY FOR SEVERE NARCISSISISTIC DISORDERS: THEORY, RESEARCH AND TREATMENT

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Personality Disorders Institute:
Theory, Research and Treatment of Personality Disorders

For past twenty years a group of clinicians and clinical researchers at The Personality Disorders Institute at Weill Cornell Medical College have been working

- To develop a manualized psychodynamic treatment for patients with severe personality disorders (Transference Focused Psychotherapy (TFP).
- To study changes in attachment, symptomatology and mentalization in patients over the course of one year of TFP
- To investigate how different patient characteristics--e.g. co-morbidity of narcissistic and borderline pathology (NPD/BPD) affect treatment course and outcome
- To refine our technical approach and understanding of patients with NPD (TFP for NPD; manual in preparation)
- (Diamond, Yeomans, & Stern, in preparation, Guilford Press)

Describing TFP

Treatment Frame

- 2x weekly, individual therapy
  - Frame set up in treatment contract
  - Possible adjunctive treatments

Treatment technique: What changes and how?

- Setting a safe frame to control symptoms
- Focus is on containing and increasing awareness of intense affects, interpreting contradictory self states and views of others; identity integration
- Shift from a fragmented, unintegrated sense of self to an integrated coherent one through reflection on the experience of self and others in the here-and-now relationship with the therapist

Why Study NPD/BPD Patients?

NPD/BPD patients pose formidable challenges in treatment:

- Patients with co-morbid NPD/BPD are the most difficult to treat of patients in the personality disorders spectrum; 64% drop-out rate. (*Clarkin, Yeomans & Kernberg, 2006; Hilsenroth et al, 1998; Kernberg 2007, 2010; Stone, 2003)*

- Greater difficulties with interpersonal functioning than other PD's at comparable levels of severity even though *individuals with NPD may function better* (Fewer hospitalizations and inpatient days, *Hortz et al, 2003).*

NPD/BPD patients are prevalent

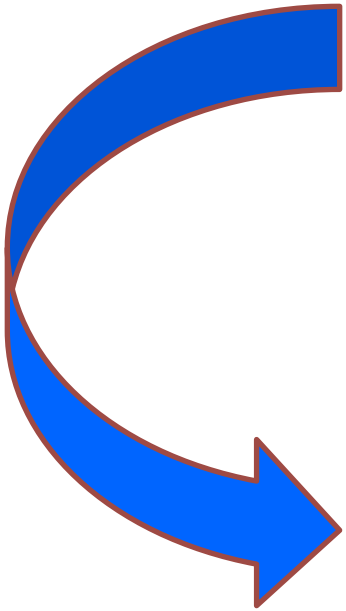
- **Patients who meet criteria for NPD also meet criteria for BPD in numerous studies**
- *(80%, Pfohl et al, 1986; 38.9%, Stinson et al, 2010; 17%, Clarkin et al, 2007)*

WHY ARE THESE PATIENTS SO DIFFICULT TO TREAT?

- Activation in the transference of pathological grandiose self
- Tendency to provoke, control, devalue and disengage therapist; fragile idealization alternates with shifts to pervasive devaluation
- Difficulty acknowledging and verbalizing subjective experience and suffering (fears of dependency, incompetence, envy, loss of status, vulnerability)
- Countertransference: "Clinicians reported feeling anger, resentment and dread in working with patients with NPD; feeling devalued and criticized by the patient, and findings themselves distracted, avoidant and wishing to terminate the treatment." *(Betan, Heim, Conklin & Weston, 2005, 894)*.

Grandiosity: Key Characteristic of NPD

Grandiosity:



- Is the best discriminating evidence based criterion for NPD

- Is the criterion that best discriminates patients with NPD from those with BPD and ASPD in three previous studies

  (Palkun, 1987; Morey, 1988; Ronningstam and Gunderson, 1991)

- Negatively related to service utilization (i.e. crisis hotline, hospitalization) and positively related to higher rate of drop-out (Ellison et al, 2012).

- Is variable over time: oscillation between grandiosity (arrogance, entitlement, exploitativeness) and vulnerabillty (hypersensitivity, social avoidance, shame)

Grandiosity and Vulnerability: Two Presentations of NPD

Recent study using daily diary cards indicated that pathological narcissism:

- Predicted fluctuations within the individual of grandiose and vulnerable narcissistic strategies to navigate social interaction over the course of a week

- Fluctuations related to perceived communal (friendly) responses of the other during the social interaction NPD individuals are highly reactive to social interaction

• Conclusion: Individuals identified by the grandiose criteria privileged in the DSM-IV/5 are likely to have vulnerable manifestations of the disorder as well.

(Roche, Pincus, Conroy, Hyde & Ram, 2013).

Clinical Illustration: NPD / BPD

- Single, 35 year old, unemployed female
- Middle daughter from highly educated immigrant family
- Many unsuccessful treatments; 3 brief hospitalizations
- Mother controlling and at times depressed, suicidal
- Father neglecting or pressuring to achieve; inappropriate sexual behavior
- For 6 months before started TFP, isolated in her apartment, binge eating, rarely bathing
- Chronic suicidal ideation; occasional self-cutting
- Poor interpersonal relations and near total withdrawal from others
- Severe sexual inhibition—no sexual relation
- Dropout from prestigious college; held a series of jobs destroyed by belligerent and demeaning behavior; not working for last few years
- Met criteria for BPD, NPD and Avoidant personality on IPDE at admission to TFP

Clinical Illustration: NPD / BPD

NPD Characteristics:

Gave "Teacher's pet" as description of relationship with father ***(sense of self as special and unique)***

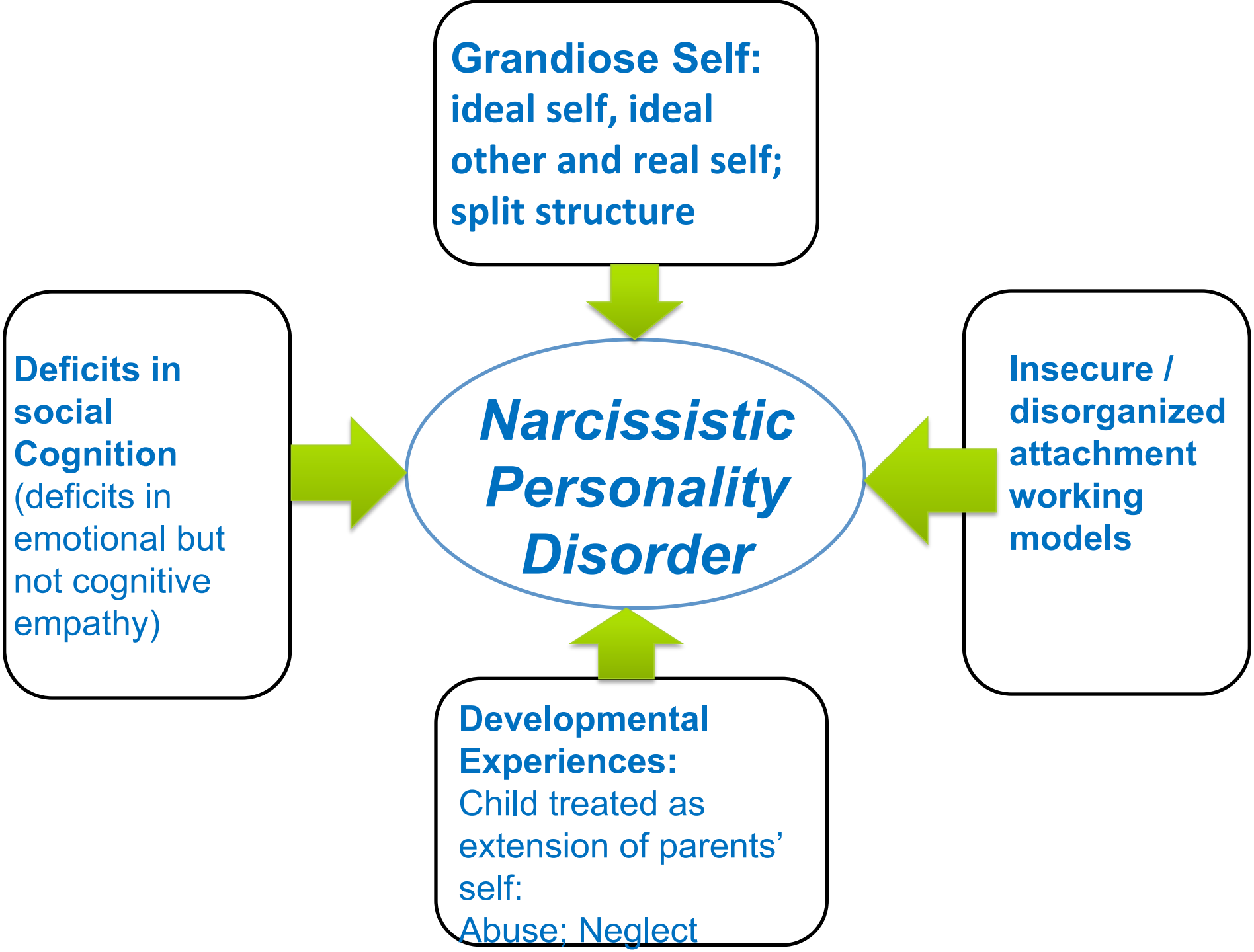
When stressed withdrew into world of autistic fantasy and pretended to be a teacher like father, handing out books to imaginary students ***(preoccupied with fantasies of success)***

Felt special and attractive because of father's attention ***(the pretty one but also disgusting)***

Believes sisters and mother envy her accomplishments and looks ***(preoccupation with envy)***

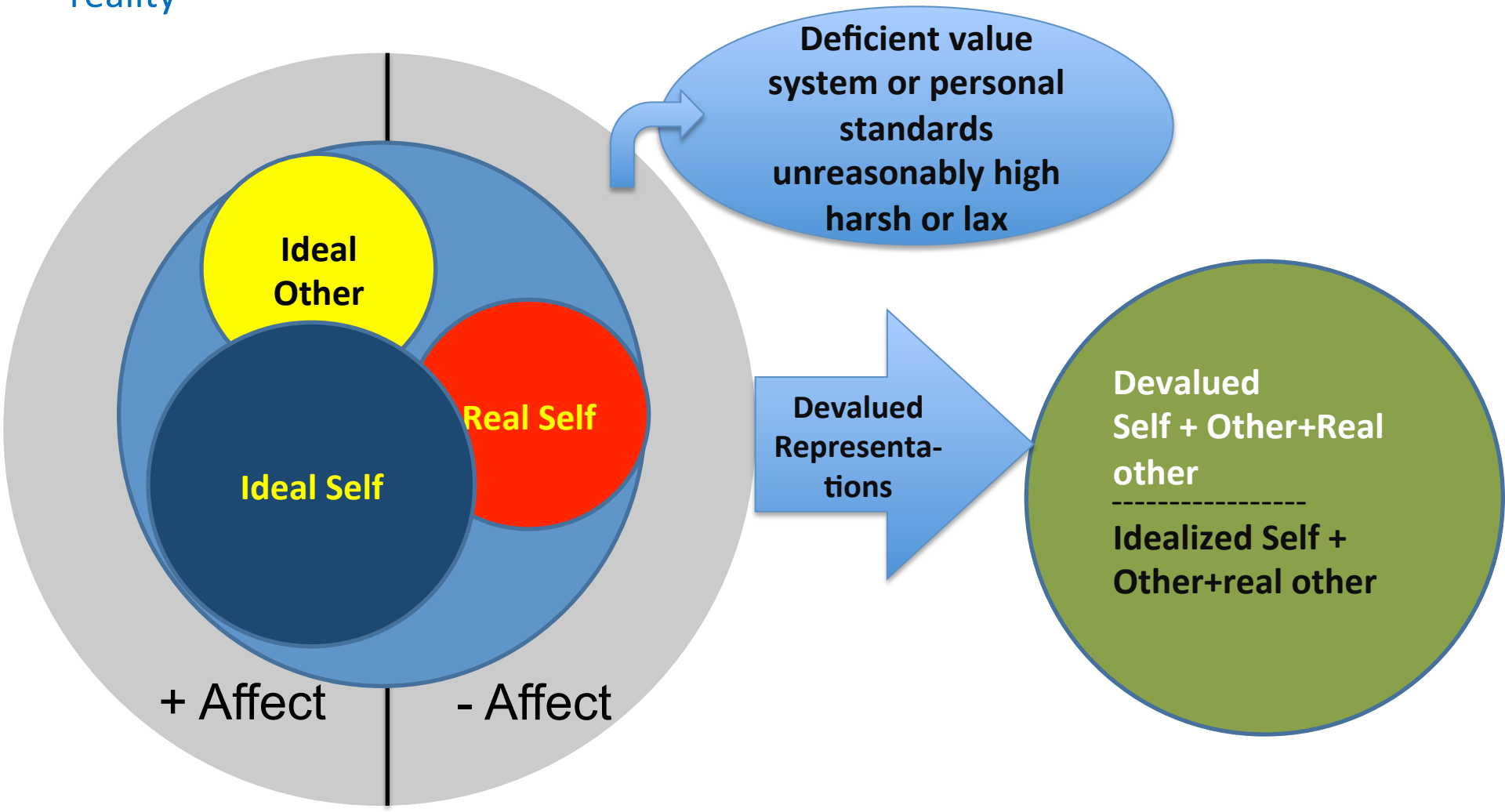
Would only work at high prestige job; otherwise stays in bed watching TV; supported by parents ***(entitlement, exploitativeness)***

Always felt pressure to appear perfect and smart. On AAI said "I put this self image out because I couldn't just be me, cuz that's not good enough" ***(self disparagement, hypersensitivity, vulnerability)***


Grandiose Self: ideal self, ideal other and real self; split structure
Deficits in social Cognition (deficits in emotional but not cognitive empathy)
Narcissistic Personality Disorder
Insecure / disorganized attachment working models
Developmental Experiences: Child treated as extension of parents' self: Abuse; Neglect

Pathological Grandiose Self:

- **Sense of self comprised of ideal self, ideal other and real self**
- Provides a semblance of integration that masks a split psychological structure
- Negative representations projected—split view of self and others, but requires others to sustain sense of self; Retreat from world of OR; Not fully grounded in reality



Object Relations Theory: NPD

- **Object relations theory offers a conceptualization of NPD that ties together the descriptive features at different levels of severity**
- Focuses on Psychological structures/processes underlying the pathological traits: Grandiose Self
- **Major focus on organization and quality of internal representations of self and others; helps us to understand and empathize subjective experience of individuals with NPD**
- **Focus on level of severity in core domains of identity, defenses, reality testing, quality of object relations, moral functioning, expression and modulation of aggressive affects**
- **Consistent with conceptualization of PD in DSM-5, section III**

“God, I’ll be glad when his genius grant runs out”

"Call it unity, call it narcissism, call it egomania. I love you."

"That's it. I'm returning those narciscissors today!"

OR view of NPD Compatible with Section III of DSM-5

- Section III puts new emphasis on structures and mechanisms related to impairments of *self and interpersonal functioning* (domains of identity, intimacy, self direction) in NPD

- 'Maladaptive patterns of mentally representing self and others serve as the substrates for personality psychopathology and traits' *(Bender and Skodol, 2011)*.

- Common to wide range of conceptualizations: psychodynamic, CBT, interpersonal, schema focused therapy

Self-esteem regulation in NPD: DSM 5 section III

Identity:

- Excessive reference to others for self-definition and self-esteem regulation; Exaggerated self-appraisal may be inflated or deflated, or vacillate between extremes

Grandiosity:

- Feelings of entitlement, either overt or covert; self-centeredness; firmly holding the belief that one is better than others

- Emotional regulation mirrors fluctuations in self-esteem.

Self-esteem regulation in NPD: DSM 5 section III

Intimacy:

- Relationships are superficial, exist to serve self-esteem regulation, little genuine interest in others' experiences, predominance of need for personal gain

Empathy:

- Difficulty recognizing or identifying with feelings and needs of others; excessive attunement to reactions in others but only if perceived as relevant to self
- Emotional regulation mirrors fluctuations in self-esteem.

Self-esteem regulation in NPD: DSM 5 section III

Self-Direction:

- Goal-setting is based on gaining approval from others;

- Personal standards are unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement