

# The Role of Couple Therapy in the Treatment of Narcissistic Personality Disorder

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*Recommendations for psychotherapeutic management of patients with narcissistic personality disorder are based on clinical experience; however, little attention has been given to the role of couple therapy with these patients. A stable intimate relationship appears to positively affect the course and outcome of narcissistic personality disorder. Based on clinical experience with narcissistic individuals in couple therapy and using a psychoanalytic framework, three characteristics that differentiate couples who will from those who will not benefit from couple therapy are described. These characteristics are the ability of the narcissistic individual to curtail acting out, the narcissistic vulnerability as evidenced by their level of defensiveness, and the couple's complementarity of narcissistic gratification. Two clinical examples are given to demonstrate the usefulness of the proposed characteristics in deciding on the appropriateness of couple therapy.*

Recommendations for psychotherapeutic management of patients suffering from narcissistic personality disorder are primarily based on clinical experience and theoretical formulations. No randomized controlled treatment studies exist with regards to narcissistic personality disorder (1, 2), and clinical practice guidelines for the disorder are yet to be formulated. Although intensive individual psychotherapy remains the mainstay of recommended treatment, little or no attention has been given to the role of couple therapy for patients with narcissistic personality disorder. In an earlier report, the relevance of couple therapy for borderline personality disorder was discussed (3). The purposes of this paper are to outline the possible prognostic impact of a stable intimate relationship on the course of narcissistic personality disorder; to propose clinical indications for recommending couple therapy and to outline, using two clinical examples, the possible outcomes of couple therapy.

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The course of narcissistic personality disorder has been an area of major controversy. Kernberg (4) suggested that narcissistic individuals get worse with age. He suggested they go through a major mid-life crisis with dramatic vocational shifts and instability in their love relationships. This assertion of deterioration with age was contrary to the work of McGlashan and Heinssen (5). Their research indicated that as time goes on, these individuals seem to normalize some of their behaviors as social factors impact on them so that much of their destructive interpersonal behavior is extinguished. Perhaps the relentless negative feedback from their socially dystonic behaviors finally leads to maturation. Stone (6), in his long-term follow-up study, found that negative outcomes in narcissistic individuals were primarily related to the coexistence of antisocial traits. These people did much more poorly than narcissistic individuals without antisocial traits. Finally, Plakun (7) also found that narcissistic individuals were characterized by difficulties in their heterosexual relationships. These subjects over time functioned even more poorly than patients with borderline personality disorder.

The importance of a stable intimate relationship to the course of narcissistic personality disorder was supported by the only existing prospective follow-up study completed by Ronningstam and colleagues (8). They found that the majority of their subjects, up to 60%, who initially had narcissistic personality disorder, showed significant improvement in their levels of pathological narcissism at three-year follow-up. The other 40% continued to show high levels of pathological narcissism. The authors confirmed that, although grandiosity initially had been an important differentiating characteristic, it did not predict stability of the disorder over time. Subjects who did not show improvement in their levels of narcissistic psychopathology were significantly more narcissistic in their interpersonal relationships and lacked a commitment to anyone. These findings suggested that interpersonal aspects of this disorder may be prognostic and that developmental factors can have a large impact on producing change. Ronningstam and colleagues (8) outlined three events during the course of the narcissistic individual's life that might have had an important impact on effecting change in the narcissistic pathology: corrective achievements, corrective disillusionments, and corrective relationships.

Ronningstam and colleagues (8) found that the narcissistic self-concept could be changed if a very valued achievement is attained and reflected upon. This achievement may be college graduation or professional certification and the resulting establishment of independence. Once this

achievement is realized, there is often a more realistic self-evaluation and the diminished need for unrealistic fantasies and exaggeration of achievements. The authors (8) highlight how the subject's grandiosity is reworked with failures, disillusionments, or experiencing limitations of achievement. If these failures or rejections are too harsh, however, serious psychopathology can be activated. In the narcissistic individual, in this circumstance, there is the risk of concurrent major depression, suicidal behavior or significant substance abuse. In our clinical work, personal failure has been an important stimulus for change.

The establishment of a meaningful and durable relationship is also acknowledged by Ronningstam and colleagues (8) as a way of correcting pathological narcissism. The behaviors of self-aggrandizement often are a defensive maneuver, particularly to fend off the existing dependency. With the establishment of a stable, mature relationship, the narcissistic qualities will be less prominent. In our clinical experience, this reflects the maturation that occurs once a relationship is functioning at a more mature level.

These developmental issues underscored by Ronningstam and colleagues (8) have important implications for couple therapy. First, narcissistic pathology often is changeable and a healing intimate relationship may foster this change. Lewis has written about the healing aspects of intimate relationships and has observed the natural healing process of marital relationships in individuals with disorders that are notoriously difficult to treat (9, 10). We have described the importance of a healing intimate relationship to the course of borderline personality disorder (11). Second, the narcissistic individual is able to form a stable intimate relationship in certain circumstances. Kohut's (12) concept of the need for a "mirroring relationship" can be useful to understand the narcissist's intimate relationship. Kohut, contrary to other theorists, developed the concept that narcissistic patients could form stable transference relationships if they had their narcissistic and exhibitionistic needs met. With the establishment of a stable transference relationship, individual psychotherapy could proceed. Bird et al. (13) characterized the marital relationship of narcissistic men or the "collapsible men of prominence." These men functioned well if they could recreate their primary primitive dependent attachment to their mothers in their marital relationships. Typically, these women were described as "submissive, mothering" wives who fostered the husbands' functioning as long as the marital relationship was not threatened. These husbands do not develop a sense of autonomy because of their inability to acknowledge the separateness from the other that meets the mirroring needs. However, a mirroring relationship might provide the environment

in which a narcissistic individual could achieve some early stability and later growth. The importance of this concept to the determination of the appropriateness of couple therapy will be discussed.

#### INDICATIONS FOR COUPLE THERAPY

For the most part, individuals with narcissistic personality disorders are uncommon in clinical settings. They make up less than one percent of outpatient samples. These individuals, however, come to attention when their marital or significant relationship runs into difficulties (1). At the threat of losing their significant other, the narcissistic individual becomes acutely distressed and turns for help. We suggest there are three characteristics, as described in the next section, that can be helpful to judge whether couple therapy is indicated in the care of the narcissistic individual.

#### CURTAILING ACTING OUT

Glickauf-Hughes and Wells (14) stated that the narcissistic spouse often carries the aggressive rage in a couple, while the masochistic partner carries the sadness. It is crucial to assess the narcissistic individual's ability to handle the rage in a constructive way. Typically, at the time that the couple presents, the narcissistic individual has handled his or her rage by infidelity or other forms of acting out. For one couple, the spouse with narcissistic needs had acted out financially and dealt with his narcissistic injury by making large purchases. He bought a second home while the couple was still paying off the mortgage on their first home. Of course, this created great turmoil in the relationship. His overspending was a partial response to his narcissistic injury and acted out his subsequent rage. The couple had a series of these events, finally leading to financial ruin and the need to declare bankruptcy.

An essential element to assess is whether the narcissistic spouse can deal more openly with his rage and anger. If they are unable to curtail their narcissistic rage, then individual therapy will be needed prior to couple therapy.

#### NARCISSISTIC DEFENSIVENESS AND VULNERABILITY

Narcissistic grandiosity is a defense against deficiencies in self-esteem and the conviction that others do not value them. The couple therapist's role is to assess the level of this defensiveness, the persons' openness to the need for a relationship, and their ability to have the dependency gratified. Typically the assessment of vulnerability can be determined by the patients' openness to interventions and their willingness to accept interpre-

tations. In our experience, individuals who continue to respond with disdain and anger to any kind of interventions will not be able to make progress in couple therapy. Having their spouses listen to interpretations that they see as denigrating and humiliating heightens the defensiveness even more. If they are not able to demonstrate some vulnerability and express some of their fear of separation or loss of the spouse, then individual therapy is indicated as the first step. Sometimes concurrent individual therapy will allow these patients to feel more protected, and will allow them to be more vulnerable.

#### COMPLEMENTARITY OF NARCISSISTIC GRATIFICATION

In our experience, couples are more successful if some of the narcissistic needs are met through the relationship. Spouses with narcissistic partners may need and seek some gratification through the achievements of their partner. They accept the value of deferring their needs to the other, but not to the point where they totally devalue their own needs and destroy the critical balance in the relationship. If this complementarity exists, often the couple can progress and the narcissistic spouse will not look for other methods to meet these needs. If this is not available to the narcissistic spouse from the relationship, then that person will continue to seek gratification through multiple affairs or through work. One grandiose man who sought satisfaction through work would spend all week and each weekend at work, totally ignoring the demands and requests from his spouse. Of course, the narcissistic individual felt very uncertain about his success at work and always felt on the brink of total professional failure. If the narcissistic need is demonstrated by continued extramarital affairs, or commitment to everything but the relationship, then the couple therapy is doomed to failure. This is another example where the couple is probably best encouraged to seek individual help before launching into marital therapy.

#### COUPLE THERAPY WITH THE NARCISSISTIC SPOUSE

An essential element when working with a couple with a narcissistic spouse is to make a determination about the workability of the couple. We use two case examples to demonstrate how the following three characteristics: (i) curtailing acting out, (ii) narcissistic defensiveness and vulnerability, and (iii) complementarity of narcissistic gratification, differentiate couples who will and will not benefit from couple therapy. The first case was the more successful and defines the couple that benefits from couple therapy. The couple can work and establish, or reestablish a stable marriage where

there is a significant degree of complementarity. Often in this couple, there is a narcissistic individual married to a person with masochistic traits. The masochistic spouse allows his/her own needs to be superseded by those of the narcissistic spouse. The masochistic spouse's need to satisfy his/her own lack of self-esteem by identification with the other person's self-esteem is an essential element of the relationship. These couples, in our experience, can have a workable relationship as long as the complementarity of meeting the narcissistic needs provides each member some satisfaction and some flexibility of roles. The couple therapist can decide that a couple is appropriate for therapy by assessing the three parameters. We find that to stabilize the presenting crisis, the narcissistic individual will need some of his/her gratification from the therapist. We most often work as a cotherapy team allowing one of the therapists to purposely attend to the needs of the narcissistic individual. However, a single therapist can initially in the therapy session provide a small amount of personal attention and this is often sufficient to keep the narcissistic person engaged.

The description of couple work with a narcissistic spouse is well documented by Glickauf-Hughes and Wells (14). These authors consider the alliance between a masochistic or self-defeating person and a narcissistic individual as the primary focus of couple therapy. They note the masochistic individual often has a deep-seated wish to heal an old narcissistic injury that was the result of interactions with a critical or rejecting parent. This person seeks this relationship to try to finally get the love and approval of a parent substitute. Often, early in the relationship, the masochistic partner shows his/her love and admiration while providing caregiving. The initial idealization and admiration build up his/her own self-esteem, and, of course, meet the narcissistic needs of the narcissistic individual. This pattern can fall apart, however, because a narcissistic person demands that the partner act as a slave to his/her needs. Trouble develops when the narcissist sees the masochist as engulfing, and dependent, and the narcissist may look for other places to gratify his/her need, running away from the fear of being engulfed.

According to Glickauf-Hughes and Wells (14), to restabilize the relationship the couple has to "grieve" for the unrealistic idealized "prince-and-princess" relationship they had previously. Often, this work requires the therapist go over their history and have them retain the constructive parts but grieve for the destructive parts of their relationship. They can give up aspects that were immature and fostered the "prince-and-princess" relationship while retaining facets that provided for stability and security.

To create sustainable change, Glickauf-Hughes and Wells (14) suggest differentiating the intrapsychic from the interpersonal aspects. In terms of the intrapsychic aspects, the authors discuss the importance of helping the masochistic individuals learn to ask for their dependency needs more directly. They tend to be ashamed of these needs and mistrustful that others can meet these needs. The marital work can be quite successful if the therapist focuses on the masochistic individuals, helping them be more assertive and gain increased self-esteem. This can be done concretely through helping them gain better self-assertion skills and by pursuing various things in their lives that provide more self-esteem. As a result, they will give up some of this need to live vicariously through their partners. The masochistic partners can be given permission to accept some pleasure from the successes of the narcissistic partners. The narcissistic individuals can be helped to give up some of their grandiose goals and to experience and accept some of the unwanted parts of their own dependency needs. Narcissists can also be guided to foster and endorse some of the independence of their masochistic spouses in order to avoid feeling engulfed or smothered. Interpreting the projective identification of the couple dance of pursuer/avoider is an essential aspect of the therapy (15). According to Middelberg (15), the narcissistic spouses deny dependency needs because neediness is equated with losing oneself. Their spouses deny the need for autonomy to avoid abandonment anxiety. Middelberg interprets the projective identification by beginning at the interpersonal level and then moving to the intrapsychic level.

With regard to interpersonal goals, the couple therapist should focus on helping the couple become less enmeshed with each other. They need to develop a better perception of their separateness and become aware that they project aspects of themselves onto each other. They often have been very unaware of their own and their partners' needs, feelings, and behaviors. Again, a large part of the work can be devoted to helping them develop better communication and more directly express their needs and wants.

In addition, the couple has to take more responsibility for experiencing and expressing their anger. Typically the narcissist will be the more overtly aware of anger and rage, but still not able to express it in a constructive way. The masochistic individual may be more passive-aggressive in expressing anger, and needs to develop more appropriate communication skills. As the couple progresses, they will develop a more realistic vision of their relationship and a more realistic vision of the gratifications available from their relationship.

### CASE EXAMPLE 1

Gary and Sandra were referred to us by their family doctor. They arrived together, twenty minutes early for their appointment. They were in their late twenties, and she appeared well groomed and dressed in a subdued fashion, while he presented well dressed but slightly disheveled. During the introduction, she was social and polite compared to his impatient and brusque manner. He was in a hurry, as his business needed his attention that day and he wondered out loud several times why we did not start earlier and dispense with preliminaries. She tried briefly to soothe him, and then gave up and sat quietly while we completed the paper work. In response to our inquiry, they stated that they were coming for counseling to help them recover from a marital separation following Gary's affair with another woman. They had been basically separated for most of the last twelve months, with two brief periods of reconciliation.

Their story unfolded, with Sandra telling the initial history of their twelve-year relationship. They had experienced a fairy-tale courtship, by meeting and summering at their families' cottages on the same lake. Both families approved of and fostered their relationship. Sandra and Gary attended the same university. Sandra studied health care and Gary economics. They agreed that they were very close and supportive of each other, and spent a great deal of time together. They shared the same values, particularly around family. They got married four years after they met, immediately after college graduation. They reported that things remained good between them as newlyweds, even through a major crisis, when Gary's father refused to support him financially in doing a master's degree at a prestigious university. Sandra was supportive and worked to financially support them while Gary went to school full time and started his own business.

By age 26, Gary had become a financial success. Sandra continued to pursue her career in health care and was somewhat less available to him as she worked shifts and weekends. Gary's career and financial goal were the major focus for the couple. Gary frequently made "killer deals" and was rewarded with a great deal of money. However, Sandra described the success as feeling precarious because he rushed into things and risked everything in these situations, and they roller-coasted on these highs and lows. They became incredibly successful and acquired a lavish and expensive home. This home was very important to Sandra, as her parents were divorced and she had grown up never feeling that she belonged anywhere.

Sandra worried about their security, and they began to fight about the



risks that Gary took. They never came to any conclusions about this risk taking and their fighting. Sandra became very focused on her own work and the pride and enjoyment of her home. They said that they both wanted children but Gary felt strongly that they should wait until their mid-thirties and his first million dollars. They never resolved this issue either.

The couple had agreed that things had been rocky in the relationship for the past two years. During one of the financial down times, Gary had risked all of their personal assets, including the house, on a deal that was still in progress. That had started a cold war; they would fight, withdraw from each other for several days or weeks, and then make up when Sandra started speaking again and apologized. During this cold war, Gary began an affair with someone he met on a plane during a business trip. The couple agreed that what happened next was a rapid series of events where they both reacted badly and said things that they didn't mean. Gary was frantically busy and Sandra was more withdrawn and distant. Gary eventually felt he couldn't take the pressure and told Sandra about the affair. He left for a month and moved in with his girlfriend, who pressured him to end the marriage.

During the initial few weeks of separation, Sandra's gynecologist confirmed that she was eight weeks pregnant with their first child. Gary and Sandra talked briefly on the telephone and during one of these conversations Sandra told Gary that she was almost three months pregnant. However, she did not want him to return just for the baby's sake. His reaction was a mixture of joy and rage. He was furious with Sandra that she contravened his directive and felt manipulated. Yet at the same time he was overtaken by thoughts of having a child of his own. He returned briefly to the marriage for six weeks, and then left again until just prior to the baby's birth when he returned again for ten days. He remained under pressure from his girlfriend, his business, and his family. Sandra remained resolute that she wanted him back, but only on certain terms: give up the girlfriend, and get some professional counseling for their marriage. Twelve months after the initial separation, Sandra and Gary were living together again and wanted to enter into counseling. They felt that there was still a commitment to the relationship and they wanted to give it a try. They agreed to the assessment process with us, and we next arranged to see them individually.

#### *Sandra's Side*

Sandra was tearful as she told her story during her individual assessment session. She began by saying that she was still in love with Gary and felt a

strong commitment to the marriage and her family. Her hurt and anger at his betrayal were evident as she spoke of the events of the past year. She described why she no longer felt part of the fairy-tale relationship. She felt she could get over these emotions and would eventually be able to trust Gary again. We explored her needs and what she envisioned her marriage and relationship would look like in the future.

However, she had spent a great deal of time thinking about this on her own in the last year. She needed the relationship with the other woman to end, and for Gary to have no further contact with this woman. She was willing to accept his word about this, and needed no further demonstrations. She wanted at least one conversation, to be able to discuss the affair and what had happened, and then she didn't want to discuss it again. She needed our help to do this in a safe way, as previous attempts had resulted in terrible fights between the couple. She needed them to become a family and she hoped that Gary would become more involved with the baby. She was not sure what this would look like in a practical sense. When asked about the business, she felt that she could be more supportive if she were treated as a partner and there were some limits on the amount of personal risk involved in Gary's business plans. Above all, she needed to feel safe and secure in the relationship. Sandra had grown up in a family with a fair amount of chaos. She was a middle child with two older brothers and one younger brother. Her parents fought frequently and finally divorced when she was eight years old. Sandra saw herself as being totally "written off" by her father, who lavished attention on the older boys and virtually ignored her. She saw her role as that of a substitute mother in the family, particularly when her parents were fighting.

She briefly gained her family's attention when Gary began to date her and everyone approved of the relationship. Her father was particularly pleased with Sandra and told her "not to lose this one." Indeed Sandra felt she had done everything possible not to lose Gary and in the long run it seemed to have had the opposite effect. She demonstrated some bewilderment but also some appropriate insight into her fears and behaviors in the marriage. There were no individual issues around her health, alcohol or drug use, or physical violence.

#### *Gary's Side*

Gary was guarded and somewhat angry during his individual assessment session. He related that he felt pressured and cornered during the past two years by Sandra, his girlfriend, his family, and his business. He felt that he had the ability to do great things in his career if those close to him would

be supportive or at the very least get out of his way. His grandiosity was mainly connected to his plans and abilities related to his business.

He stated that he and Sandra had been a great team initially and he didn't really understand her fears around the business, and took this as a personal reflection on his abilities, and therefore a great insult. He had relied on her enthusiasm and support and he had been very angry at her withdrawal. His angry stance was much more available to him than any guilt or remorse. Gary was willing to make a personal commitment to completely end the affair with the other woman. Although he had moved back home, he was still talking to the girlfriend each day by telephone. We told him that therapy could not proceed until he had acted on the decision to end the relationship and informed Sandra and us of the outcome. He was told that his decisions and personal responsibility for fidelity were critical to the success of his marriage and the therapy. He realized that at times the stress of his business was high, but that he thrived on being in high gear. He felt most alone when he didn't have anyone with whom to share his successes. He had alienated both Sandra's and his family in the last year, and had been frequently lonely but very reluctant to admit to these feelings. He had difficulty accepting his anger, although this was somewhat more comfortable than his loneliness.

He felt that he had been let down by those close to him, his father around supporting him in school, and Sandra when she questioned him about his business decisions. This was an old theme for him in that he was convinced that his family had never really appreciated him or his unique talents and abilities. He also felt that Sandra had withdrawn her support of him by focusing on her job, their home, her pregnancy, and the birth of their child. Gary thought that they had agreed to wait until later to have children, until they had established themselves and could offer more to their family. He considered this a joint decision, and thus Sandra deceived him. When asked about the future, Gary felt that they would have to revise their plan in order to reestablish their marriage, define their goals, and negotiate some of the things that he needed to accomplish. There were no other health, drug, or alcohol issues. His natural enthusiasm and energy were evident, and he was willing to enter into a contract with us for marital therapy. He phoned the office two days later to let us know that he had ended the affair and was not going to be contacting his girlfriend in the future.

Although their behavior over the past year had taken its toll on the relationship, we were struck by this couple's commitment to work on their marriage. We thought that with some education and fine-tuning the couple

would be able to rework the relationship and meet their needs. We decided, therefore, that they were appropriate for couple therapy. Gary had a narcissistic personality disorder. He had initially made a good match with Sandra when he was more needy and she was rewarded by the caregiver role. Gary was vulnerable and could be easily wounded by Sandra's withdrawal, however slight or justifiable. He felt a major wounding by his father's refusal to support his education and, therefore, career plans and future. He also felt on shaky ground around the issue of his role and ability as a father. He had acted out in his business and in the affair some of his anxieties and showed behaviors that had caused him to be less accepted by, and connected to, those he needed. He demonstrated some guarded insight into these issues during the feedback session.

Sandra was very attached to Gary and was committed to the relationship. Her care giving of him in the relationship had been adversely affected by Gary's acting out. Sandra rightly felt that her needs around safety and security had to be addressed in order for her to maintain her critical caregiver role in the relationship. We encouraged her to be more clear about her needs and how Gary could meet them, and to set boundaries and expectations. We suggested that she clarify her other important roles, for example, her professional role and her role as mother. She needed help to get Gary's endorsement of the importance of the balance of these roles. We also encouraged her to articulate what should be done to help her recover from the affair and to reestablish her trust in Gary. True to form, Gary felt his needs had to be addressed first in order to move forward. Fortunately Sandra and the cotherapists were agreeable to attending to him first.

Once we had a therapy contract, the couple proved to be able to work effectively with us and able to struggle at home with each other to make significant gains. Gary and Sandra worked out the balance of individual needs and couple needs. It remained important to Gary throughout the therapy to have his concerns and needs addressed first. In fact, it became impossible to set the agenda any other way. However, this seemed to work, and Gary was able to address the acting out around the extramarital relationship and the risk taking in his business. Sandra was reassured and became more confident about balancing her own needs and those of Gary for her support. Gary's needs seemed to become much more realistic and the couple worked out the necessary emotional and financial boundaries. Their sexual relationship and physical intimacy improved and became more rewarding once their other needs were addressed in a more practical sense. The issue of family and parenthood had to be addressed and once

Gary was clear about the importance of his needs being met by Sandra and her positive response, they became more able to discuss their vision of the future and parenthood.

Toward the end of the initial six sessions, they began to work out a new plan for their marriage. They agreed that they would postpone more children until the end of the five-year plan, and they would both be responsible for this boundary and for birth control. The couple agreed that Gary's career would be a priority, however, large decisions regarding their financial situation would be made together. It was important for Sandra that their home and living allowance be kept separate from business decisions and the risks involved, to give her own sense of security and the family stability.

The couple was seen in follow-ups at six months and one year. They continued to work at the balance that they had achieved in the relationship and felt satisfied with the marriage.

Although Gary had a narcissistic personality disorder, Sandra was basically a good match because of her more submissive caregiving personality. Our role was to educate them and help them identify their needs and to develop a realistic way of balancing them in the relationship. The strong commitment and attachment that Sandra demonstrated to the relationship, and her ability to attend to Gary's needs aided our efforts. He also matured during his "nearly lost it all" experience, slowed down his pace, felt gratified by his young child, and satisfied his attachment needs enough to process them through the framework of their relationship.

The couple felt that our positive approach had made them more hopeful initially, and once the crises had stabilized, that the safety of the sessions had allowed them to have a place to practice their new skills. Our decision to characterize their differences and complementarity had allowed them to keep perspective over the course of time and their maturation.

#### CASE EXAMPLE 2

In our second case example, the couple did not benefit from couple therapy. They actively participated in the assessment but dropped out after only four couple-therapy sessions. The narcissistic individual with little or no guilt may continue to be unfaithful or act out leading to great marital instability. Often, overlap with antisocial personality disorder is an important consideration when assessing the narcissistic individual for therapy. Narcissistic individuals may indulge in substance abuse, promiscuous

behavior, and even frank antisocial behavior (16). They may display pathological lying and distort events to suit their needs. However, these behaviors are usually very sporadic and do not characterize their functioning in all areas. A narcissistic person tends to use passive exploitation, often lying through omission, while the active, conscious exploitation of others is more characteristic of the antisocial patient. If there is a fair amount of antisocial behavior, these spouses are not candidates for couple therapy. In addition, this second couple lacked the demonstration of complementarity of narcissistic gratification in their relationship.

Bob and Lisa were in their early thirties when they came for marital therapy. They had been high-school sweethearts; however, their marriage had been turbulent and punctuated by frequent separations. Recently, they had decided to try to recommit themselves to the marriage for the sake of their nine-year-old child. Commitment had always been an issue for the couple. Shortly after announcing their engagement, Bob became involved with another woman. Over their nine years of marriage, Bob went back and forth between Lisa and this other woman.

Lisa was an accomplished professional and had been promoted quickly in the large corporation within which she worked. She came from a stable, middle-class home that was dominated by her father and his career. Her father made several career moves that dictated that the family be uprooted. Lisa saw her mother as weak and submissive and she suspected that her father had been unfaithful in his marriage. Lisa understood and detested her own inability to assert herself within her marriage.

Bob was a large man with tremendous social charm and grace. He was vice president for a major national retail firm and had attained this position at a very young age. He came from a close, flamboyant family and he was particularly devoted to his mother. He had three brothers and maintained a highly competitive relationship with all three. Bob expressed regret for his behavior and wanted to have a more stable home life for his son. Bob dismissed Lisa's concern about his binge drinking and characterized himself as "addicted" to women. He labeled this as his addiction and admitted that he had to change.

We judged the couple to be workable and they expressed a desire to renew their marital commitment. They had been living separately and rapidly decided to move back in together. Lisa worked to be more assertive and articulated her needs regarding her parents, work, and life at home. The couple together developed a plan to inform Lisa's parents that they had renewed their marriage. Lisa's expectations for the meeting were not

met and she reacted with petulant withdrawal. Bob had little tolerance for Lisa's response. He attended the next marital session; however, he used the end of the session to declare that the therapy was not meeting his needs. Several sessions were cancelled and finally, Lisa returned on her own. She had ended the marriage as Bob had resumed his other relationship shortly after they moved back together. Worrying most about what to tell her parents, Lisa was given some individual help to successfully end the marriage and cope with her new life.

## DISCUSSION

The two case examples demonstrate the differences in our three characteristics that were related to the outcome of couple therapy. Although, we applied these criteria retrospectively, we hypothesize that they can differentiate narcissistic individuals in a dyadic relationship who will and will not benefit from couple therapy. Table I contrasts the two cases on the three characteristics. For Sandra and Gary, Gary's acting-out behavior through infidelity had been occurring only over the last year. The history did not reveal other evidence of acting-out behaviors. During the individual sessions, Gary openly spoke about his anger and loneliness. Lisa and Bob had a nine-year history of recurrent separations, with Bob reacting to many stresses by seeking out his lover. Bob also had a history of binge drinking in response to stressful events. Gary demonstrated a lack of guardedness during his individual assessment session and was able to accept how his behavior was creating his loneliness. Bob demonstrated more narcissistic defensiveness than Gary did. He denied any problems with alcohol and rationalized his infidelity as his "addiction." In terms of complementarity of narcissistic gratification, these couples were markedly

Table I. THREE CHARACTERISTICS RELATED TO OUTCOME OF COUPLE THERAPY

Characteristics	Sandra and Gary	Lisa and Bob
Curtailing Acting Out	Less than 2 years	Long history, episodic drinking
Narcissistic Defensiveness and Vulnerability	More insightful, accept interpretations	Use denial, rationalize behaviors
Complementarity of Narcissistic Gratification	Many years mutually satisfying relationship	Never established

different. Sandra and Gary had experienced a mutually gratifying relationship and Sandra was mostly comfortable in her caregiving role. Lisa and Bob had never established a gratifying relationship; Lisa continued to look to her family of origin for acceptance and Bob depended on the presence of his lover for his acknowledgment.

## CONCLUSION

A relationship crisis often stimulates an individual with narcissistic personality disorder to accept professional help. Evidence suggests that a healing intimate relationship may affect the course and outcome of narcissistic pathology, therefore, couple therapy should be considered as an important therapeutic intervention in certain cases. This article suggests that the appropriateness for couple therapy will be related to the assessment of three factors within the individual and couple. These factors are the ability to curtail acting out, the individual's narcissistic defensiveness and vulnerability, and the complementarity of gratification within the couple. We hope that these conjectures will stimulate more theoretical and empirical investigation of the role of couple therapy with individuals suffering from narcissistic personality disorder.

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