Background of Narrative Therapy

- In the aftermath of World War II, physicians, psychoanalysts, social workers, and researchers began looking more intently at the family unit in regards to psychological health.
- Family systems theory emerged as the early dominate force in family therapy, seeing social roles and rules as the shaping factors of mental health.

Post-Structuralism and Existentialism

- Post-Structuralism is a philosophical approach which sees no experienced structure as constant, independent of its means of interpretation.
- Existentialism sees the beginning of all knowledge as stemming from the personal experience of the individual.

Background of Narrative Therapy

- Beginning in the 1980s some theorists and practitioners began critiquing the cultural assumptions in many earlier family therapies.
- Post-structuralism, existentialism, and postmodernism were some of the driving forces in these reevaluations.
Postmodernism rejects the concept of absolute truth independent of context, instead suggesting that each person constructs his or her own reality.

This approach values diversity and validates an individual’s experience.

Meaning making and social constructs are critical in this view.

Starting in the 1980s, some theorists and therapists began to reject some of the modernist and firmly structured theoretical underpinnings which early therapies assumed.

Their rejection of absolutes independent of context led these therapists to see the form and structure of language as even more important than before.

How a family formed and expressed its “narrative” became central in understanding a family’s problems and creating solutions.

Michael White, B.S.W (1948-2008)
- Australian therapist and post-modern thinker in regards to understanding family problems

David Epston, M.A. (1944-)
- New Zealander colleague of White, co-wrote with White the major work of Narrative Family Therapy: Narrative Means to Therapeutic Ends.
Understanding Narcissism in Action

Narcissistic Personality Disorder

• **Definition**
  • “A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts” (APA, 2000).

Seeing Narcissism in “Spectrum”

• Mental healthy professionals such as Dr. Len Sperry, M.D., Ph.D. have pushed for an understanding of disorders of the personality to be seen more in a “spectrum.” With a small percentage of individuals (1%) falling into the category of diagnosable Narcissistic Personality Disorder, but with many other individuals showing less, or less severe, traits.

Narcissism in Action

• **Presentation:** Will often enter treatment for reasons they see as external to themselves (conflict with children, spouse, work, church, legal)
  • Will not easily see themselves as part of the “real” problem, but will sometimes give lip service to superficial points (“we don’t communicate well”)
• **Typical Family of Origin**: Can have been overindulged, over-praised, and over valued by family; but the attention is shallow in nature and deeper and healthy affirmation is withheld
  – i.e., Valuing of performance
  – i.e., Affirming through money

• Defense Mechanisms
  – Idealization
    • A person or object is all **good**
  – Devaluation
    • A person or object is all **bad**
  – Denial
    • Insisting on a point of view that maintains their grandiose view of themselves, actions, and/or achievements; even when logic and evidence clearly show otherwise.

• Often times individuals with Narcissistic leanings present as charming, powerful, and loyal in relationships.
• They will maintain this as long as the relationship is meeting what they see their needs to be, and will turn to devaluing when it does not.

• Archetype of the Narcissistic Male
  – **The Hero**: The benevolent center of the story who will do good, and should be admired and adored.
Narcissism and Woman

- Narcissistic Personality Disorder in Females
  - More likely to present with women in masculine vocations and who interact in male centered social settings.
  - Current studies have focused on traits of willfulness and unhelp autonomy as hallmarks of narcissism in females.
  - Some theorists suggest that Borderline Personality Disorder can be seen as a feminine version of Narcissism.

Borderline Personality Disorder

- Definition: Intense fluctuation in mood and interpersonal relationships. Chronic feelings of emptiness. Recurrent suicidal thoughts or gestures. Often lack purpose and direction in long-term goals.

Borderline Personality Disorder

- Archetype of the Borderline Female
  - The Amazon Woman: Feels wronged by the world but is resentful of how she has to protect herself.

Narcissist vs. Antisocial

- 25% of men who meet the criteria for Narcissist Personality Disorder also meet the criteria for Antisocial Personality Disorder.
- Looking at comparative diagnostics between the two groupings is warranted.
Antisocial Personality Disorder

• **Definition**
  - Shows a pervasive disregard for, and violation of, the rights of others. High impulsivity, deceitfulness, disregard of safety for others and/or self, and general failure to abide by social norms or laws.

Antisocial Personality Disorder

• Archetype of the Antisocial Males
  - **The Anti-Hero**: Does necessarily see themselves as “good,” but as “smart,” “strong,” and “opportunistic.”

The Narcissistic Couple

• As a general rule, narcissist leaning men tend to connect with partners who are also in the Cluster B leanings of personalities

Couples Work—Cluster B Couples
Histrionic Personality Disorder

- **Defined** by self-drama, exaggerated attention seeking behavior. These clients are manipulative, egocentric, often sexually seductive and lack genuineness. Only disorder connected to a person's physical appearance. (Above average physical appearance)

Histrionic Personality Disorder

- Archetype of the Histrionic Female  
  - **Damsel in Distress**—Longs to be Rescued
Couples Work—Cluster B Couples

Co-Dependent- The Interloper

- **Definition:** One who enables and supports the dysfunctional behavior and system of the Cluster B partner
- Presents as the concerned or exasperated caregiver
- Often conflict avoidant

Co-Dependent- The Interloper

- Archetype of the Co-Dependent Spouse
  - **The Martyr/Tragic Hero:** Is caught up in how their sacrifice will save their spouse at some point
### The Therapeutic Process

- Narcissistic men have been shown to see therapy as less effective and the therapist less competent if they feel they are receiving negative feedback.
- Many therapists can get frustrated and feel like they are getting into power struggles with narcissistic clients that tend to increase therapist resentment and client resistance.

### The Therapeutic Process

- One of the wonderful things about Narrative Therapy is that it is focused on helping the client "develop" their story without invalidating it.
- The client is left as the expert on their own story, this place of power in therapy can help narcissistic men feel less defensive and be more open to more permissive for therapeutic guidance.

### Thickening a Thin Story

- Where a **thin story** is rigid and simple (i.e. "My wife is selfish"), a **thick story** is a multistory that allows for different directions to be taken and can incorporate important subplots.

### Externalization

- Narrative therapy challenges the ways clients make a difficulty a part of their identity. In telling their story, a client might talk about how they felt particularly anxious; like when they got transferred to a different city in their job. A narrative therapy approach might ask the client to give a name to this anxious feeling and they may start calling it, "Pressure."
- The dysfunction then ceases to be part of the identity and therefore has less power.
Unique Outcomes

• “Can you remember a time when Pressure didn’t have such a strong voice in your life? When to you think Pressure has been at his weakest in your story?”

• By finding a point when the outside problem was weak or not present, the client can then explore the reasons for this and use the learned strategies to disempower the problem as they are experiencing it presently.

Therapeutic Audiencing

• As therapy progresses, the client should ideally be in a place where they own and are retelling the positive narrative changes that have taken place during therapy. In response to these new retellings, the therapist engages in a technique called therapeutic audiencing, which involves the therapist expressing encouragement to the new ways the client is expressing their narrative.

Narcissistic Considerations

• Determining the severity of the narcissism shapes how you think of conceptualizing therapeutic goals.

• Find a continuum point:

<table>
<thead>
<tr>
<th>More: management</th>
<th>Less: insight</th>
</tr>
</thead>
<tbody>
<tr>
<td>More Severe</td>
<td>Less Severe</td>
</tr>
</tbody>
</table>

Narcissistic Considerations

• Transference/Countertransference:
  • Not for the Faint of Heart
  • You Know you are sucked in When you buy into and react to the caricatures
Narcissistic Considerations

**Other Factors to Consider**

- Length of treatment
- How many Narcissists at a time (self-care)
- Boundaries
- Comfort with conflict
- Contract at beginning to avoid abrupt/premature termination
- External Support Systems

**Resources**


**Resources**