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THE DESTRUCTIVE NARCISSISTIC PATTERN

NINA W. BROWN

Identifying characteristics of the Destructive Narcissistic Pattern (DNP) in the workplace are presented. The DNP is most easily recognized by the reactions of those who have to work with him/her. Characteristics are derived from the literature on pathological narcissism which differs only in intensity and degree. Strategies to develop constructive working relationships with the DNP are presented.

The term, Destructive Narcissistic Pattern (DNP), was developed to describe behaviors, reactions and feelings about some individuals encountered in the workplace. These individuals may be co-workers, bosses or supervisors, or fellow team members. The term is applied in this article to the workplace where individuals may be encountered, who consistently provoke feelings of frustration, anger, and inadequacy, not generally felt by you in response to most everyone else in the workplace. One sign that a DNP may be present is the persistent feeling of frustration when interacting with this individual experienced by many who work with him/her. If you are the only one to experience the person this way other areas may be more fruitful for you to explore. The DNP term does not apply.

A DNP OR NOT?

There are two approaches to determine if you are dealing with a Destructive Narcissistic Pattern; specific behaviors of the person and your usual reactions to them. Think of someone in your work setting that you find difficult, either in the relationship, understanding him/her, communicating effectively with him/her or other work behaviors. The degree to which you would describe this person as usually possessing most of the following characteristics or exhibiting the behavior; mistrustful of others, overcontrolling, blaming, attacking, resentful, criticizing, nagging, repressive, opinionated, closed to the ideas of others, knowing what is "best", over reactive to perceived criticism, devaluing of you and your input and

unable or unwilling to be pleased by anyone or anything, may indicate that he/she is exhibiting a Destructive Narcissistic Pattern. These behaviors and characteristics define one facet of the DNP.

The other important component is your personal reaction to most or all interactions with the person. Keeping the same difficult person in mind reflect on your reactions after interactions with them. If you experience most or all of the following reactions you most likely are dealing with a DNP; dreading interactions, feeling incompetent, unable to please them, feelings of inadequacy, feeling devalued and unappreciated, feeling unheard and misunderstood, feeling that you are expected to meet their needs, feeling you are expected to show concern for them with none given in return, and that what you say to them is distorted.

DEFINITIONS AND CONCEPTS

In order to understand what is happening and present suggestions for constructive work relationships, some concepts from object-relations and self-psychology theories are presented.

Kernberg (1990) draws from his work as a psychiatrist. He notes that patients with narcissistic personality structure may not present seriously disturbed behavior, some may function very well socially, and usually have better impulse control than more seriously disturbed personalities. He describes the person with a narcissistic personality structure as having an unusual degree of self-reference in interactions with others, a need to be loved and admired by others, and both an inflated concept of themselves and an inordinate need for tribute from others.

Yalom (1985) describes the narcissistic group member as wanting to be the center of attention, wanting to be admired, wanting others to perceive them as unique and special, feeling entitled, expecting others to fulfil their needs but also feeling that others should not have any expectations of them, expecting gifts but giving none, expecting shows of concern from others but showing little or no concern for others, and expecting that their show of anger and scorn to others will not result in retaliation. As group members, they lack awareness and empathy for others as indicated by appearing bored when others talk. They do not listen, distort what others say, and misrepresent others' viewpoints.

Kohut (1971) proposed that the narcissistic perception of reality leads to the perception by the person that he/she is omniscient with unlimited power, and knowledge. Everyone and everything is an extension of the self, exists to serve the self, and is under the control of the self. When an event occurs that is inconsistent with this perception such as, not being admired, narcissistic rage ensues. Narcissistic rage occurs because he/she expects to have full control over everything and everybody because they are only extensions of self, and do not exist apart from self.

Narcissism is not always pathological or destructive. It is part of normal development. In adults, healthy narcissism is manifested by creativity, humor and empathy, (Kohut, 1971) Further, the degree and extent of destructive and/or pathological narcissism appears to develop along a continuum, that moves from healthy narcissism, with a cohesive integrated sense of self, to the pathological narcissism described in the DSM-IV (American Psychiatric Association, 1992). For example, Kohut (1978) considers the traits conceit, selfishness, and vanity to be part of a relatively stable personality structure although the exhibited behaviors may be troubling to the individual and/or to others.

Kohut considers the following traits as more destructive and/or pathological; grandiose sense of self-importance, preoccupation with fantasies of unlimited success, requirements for constant attention and admiration, and extreme sensitivity to criticism, indifference, or defeat resulting in rage, feelings of inferiority, shame, and emptiness.

Kohut (1971) also categorizes narcissistic behaviors into patterns. The narcissistic personality is difficult for experts to diagnose as it may be manifested in differing ways for different individuals, and may not be the initial diagnosis. Pathological narcissism has specific traits described in the DSM-IV. However, some only differ in quality from those for other diagnoses, e.g. borderline. If pathological narcissism is difficult for experts to diagnose, then it is even more difficult for less extreme or severe conditions, such as Masterson's "Closet Narcissist," or the DNP to be identified.

HEALTHY NARCISSISM

Gottschalk (1988) describes healthy and pathological narcissism as they relate to childhood, adolescence, adulthood, and old age stages of development. Stage tasks as described by Kohut (1978), Kernberg (1990), Erikson (1959), Mahler (1963), and others, are used to describe the appropriate narcissism, at different stages or ages.

As with any other abstract concept, healthy narcissism is not easy to identify and define. Self-love, self-respect, and self-esteem are all components of healthy narcissism and traits to be sought after and cultivated.

EXAMPLES OF DNP

Following are some examples that suggest that one may be dealing with a DNP in the workplace. The differences between personality clashes and recognizing a DNP are; personality clashes are usually limited to the individuals involved where the DNP has clashes with most everyone, particularly if there is a department, team or work group; both parties in a clash of personalities can recognize what he/she contributes to the conflict and modify behavior to accomplish tasks where as the DNP never assumes responsibility; personality clashes are

usually recognized as such by others but the DNP produces only feelings of frustration in most everyone. The examples are linked to characteristics of the narcissistic personality that differ only in extent and intensity for the DNP.

SENSE OF ENTITLEMENT

A colleague or boss walks into your office or workspace without knocking and interrupts an on-going conversation without indicating an awareness of another person, or acknowledgement that they are interrupting, and that this is not their space. They expect you to drop everything and attend to them.

NEED FOR ADMIRATION AND ATTENTION

The person who puts their name on everything whether or not they did the work. The person makes sure that those in authority know that they do more than expected even when their colleagues are also doing so, such as writing a memo to the boss that they stayed until 6.00 pm to finish a report when other team members also stayed but did not write a memo to the boss. The DNP will not mention anyone else. They will also be taken aback or offended if co-workers even suggest that this action was unprofessional.

LACK OF EMPATHY

A report is due today and you need an extension of time because your spouse had an unexpected serious operation that produced complications during the last two weeks. You also have two small children to look out for, and your car threw a rod, leaving you without transportation. When you ask for an extension, the response is "I do hope things are better now. I guess I can allow you until tomorrow to turn the report in. Be sure to proof it carefully, the last report had two typos."

The boss who expects cards, calls, fruit or flowers when he/she is ill but only wants to know when you are coming back to work after your heart attack. The boss may subtly suggest that you are malingering.

AVAILABLE ALTERNATIVES

The suggested strategies to achieve the goal of developing and maintaining constructive work relationships, are derived from those used by mental health professionals who treat narcissistic disorders. These strategies are not treatments, nor should anyone consider using treatment strategies. Aggravating as these people may be they have the right to determine if they receive treatment, and to select the treatment and the professional. These strategies are intended for your use to enable you, not them, to develop and maintain constructive work relationships. As Kohut (1978) notes "the individual is not consciously aware of the lack of integration but senses it through feelings of emptiness and not being full alive." They tend to think that everyone is like them and, thus react to you and others, not as they wish to be treated, but as an extension of self under their control.

An experienced clinician may fantasize about "getting rid of" the narcissistic patient. They wish for him/her to go away, to choose to terminate, to find another therapist, or to accept a referral. This is another indication that the narcissistic disorder is present. Those dealing with the DNP in the workplace may find themselves wishing, hoping, or dreaming that this person will leave, be promoted or moved to another section or company, be removed by his/her boss, or in some way "gotten rid of". This wish relies on the outside influences, e.g. a boss, and is seldom fulfilled. The following strategies are presented to assist the reader in developing more constructive work relationships that do not call for removal of the DNP.

When faced with a DNP the alternatives are to withdraw, attack, smooth, compromise, or confront. Each alternative must be considered in light of the characteristics of the DNP and what is best for you.

Withdrawal can be effective as it takes you away from the frustration. However, if you only withdraw and do nothing else you run the risk of losing out on important information, promotions, etc. Withdrawing from some aspects can be effective and lead to more constructive work relationships.

Attacking can also be effective as you can get the DNP to leave you alone. The drawbacks are that you may be perceived aggressive and hostile by those in authority, and give the DNP ammunition to characterize you as difficult.

Smoothing is used when the relationship is of most importance and you are willing to devalue or discard your own goals. Smoothing is used when being liked and accepted is most important, and conflict is to be avoided at all costs. (Johnson, 1981) This strategy will be effective with the DNP as he/she wants total agreement and acceptance from others.

Compromising means that both sides give up something in order to preserve the relationship. The DNP is not about to give up anything and becomes incensed when that is even suggested. They care little or nothing about you in the relationship, and do not work to develop or maintain it. If you try to compromise, you will be the only one doing so, leading to more frustration.

Confronting is more likely to be perceived as an attack by the DNP. To consider another's point of view is incompatible with their perception that they are in control. If it is not what they think or feel, it is of no importance.

If you wish to preserve your integrity and to develop a constructive work relationship, a combination of the withdrawal, attack, smooth, compromise, and confronting strategies can be used. Having an understanding of what can be used and what should be avoided helps you to develop your own strategies for dealing constructively with the DNP.

TRYING TO UNDERSTAND OR EMPATHIZE MAY NOT BE HELPFUL

Masterson "emphasizes that patients with disorders of the self continuously barrage the therapist with a host of needs, wishes and fears designed (often unconsciously) to get the therapist to resonate with their projections." (Klein, 1995, p. 22).

Few persons did not have some difficulty with the development of a sense of self in childhood, ranging from slight to mild, to severe. This may result in trying to do for the other what one has wished was done for her/him. This is one way by which the impact of one's own issues occurs and, if in therapy, the therapist treats him/herself. Therefore, one must always be alert to emergence of personal issues as the narcissistic person, including the DNP, can use powerful projections and projective identifications that trigger childhood memories and reactions in other. Adult persons, particularly those who have highly developed empathy such as counselors and therapists, will then attempt to empathize, but end up giving the person what they, the empathizer, wishes they had received. This is most often met with rejection, leading to more frustration and feelings of inadequacy and incompetency. This is also what happens when one tries to empathise with a DNP, and adults with healthy narcissism have empathy as one of their characteristics. It can also be considered a part of one's own grandiosity to feel that one is powerful enough to be able to "sense the inner world" of the DNP, and that empathy is what he/she is looking for and needs. Trying to empathize is not productive and may be upsetting to the empathizer, i.e. you. Since the DNP has little or no ability to empathize and no intention of trying to empathize, he/she is not troubled by this.

PROTECTION FROM PROJECTIONS

Even experienced clinicians can, and do, get overwhelmed by the narcissist's projections. If one is not aware and alert, they may find that they are experiencing a projective identification. Projections are split off parts of self; usually undesirable parts, e.g. uncomfortable feelings such as anger, which are then put on to another person, that is projected, and they are perceived by the projector as having that characteristic.

Projective identification occurs when the projection is introjected (incorporated and internalized by the other person), and acted on or acted out. For example, if anger were projected onto you and you became angry. Projective identifications are difficult for even experienced clinicians to identify when they are in process of occurring. They too, find it difficult to block projective identifications. Kernberg, (1990) proposed a firm structure and consistent blocking to protect the therapist "from chronic and insoluble situations." (p. 99)

STRATEGIES

While Kernberg, Kohut, and Masterson developed their strategies from clinical experiences with pathological narcissism, the same basic approaches can be used by non-therapists when dealing with less severe pathology. Setting firm and clear boundaries, blocking projections, recognizing your own narcissistic responses and reactions, and not engaging in confrontations can be used to protect against experiencing projections and projective identifications.

SETTING BOUNDARIES

Masterson (1993) suggests that firm, clear boundaries serve to protect. He proposed the use of surnames because first names promote images of friendship, help bury anger, and may mislead you into assuming a relationship the other person does not recognize as such. Use titles and other formal forms of address. Changing from informality may be difficult but formality and politeness gets your message across without offending.

Another way to set firm clear boundaries is not to ask or do special, personal favors. Do not loan pens, books, software, money, etc. and do not ask this person to loan you anything. If you need to request something, make the request in writing their title. Again, this is formal and polite providing a record of your request.

PROJECTIONS AND PROJECTIVE IDENTIFICATIONS

Increase awareness of your feelings as they are experienced. Use your adulthood, (observing ego), to gauge if the feelings are reasonable. If they appear to you to be overreactions, block them by focusing on your thoughts. Save the analyses of your feelings until you are alone and can be more open when exploring them.

Masterson (1995) proposed that confronting the projection is not productive. The projector, ie. the DNP, cannot accept they have these feelings which is one reason for the projections, and a confrontation cannot be accepted either. What is more likely to occur is that you will be perceived as attacking them. They may result in your being put on the defensive. You can maintain a better working relationship if you do not assume or believe that this person can relate to others as you do.

PERSONAL ISSUES INTERFERENCE

Robertiello and Schoenewolf (1987) wrote a book titled "101 Common Therapeutic Blunders." In it they present vignettes of 21 instances of narcissistic countertransferences by well trained therapists. They, as do many others, also have issues around being approved of by others, omnipotence or power, the need

to be right, a need to be wanted and understood, maintaining his/her image, wanting to help others and "make it all better". By doing so they help themselves, feel admired, feel what is involved in abandonment, and test reactions to old parental messages. These professionals have a life long commitment to understanding so that their own issues do not negatively impact others. They accept the dictum to "do no harm." The best the non-therapist can do is to accept that countertransference is a possibility and to identify it when it occurs. They need to be willing to ask if their reaction is totally rooted in reality or if reactions are more a result of unresolved issues. Either way, they may need to "back off."

DEVELOPING BOUNDARIES OR AN INSULATION LAYER

Ormont (1994) defines a healthy insulation layer as a "meshwork that enables a person to withstand toxic stimuli and that also permits nutrient experiences to flow through". (p. 362) A mature person has firm ego boundaries that permit him/her to listen and learn. They are neither hypersensitive nor rejecting of input from others. They reflect on input before accepting or rejecting it. A healthy insulation layer can help protect against projections from a DNP without automatically rejecting everything he/she says.

SUMMARY

The DNP is recognized by your persistent reactions to him/her, especially if these are shared reactions with others that work with him/her. How you feel with this person is a good guide to what is taking place on a non-conscious level. It is important to be aware that you are not alone in these feelings, as feeling alone or different can lead to self-doubt.

The essential things to remember or do in order to have a constructive working relationship are not to attempt empathizing, not to expect empathy, be alert to your issues and how they may be affecting your perceptions, develop and maintain firm clear boundaries, do not confront projections, and develop a wall of indifference or an insulation layer.

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