

# SELF AND OTHER METACOGNITIVE INTERPERSONAL THERAPY FOR NARCISSISTIC DISORDER



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# AIM

1. Narcissism and metacognition
2. Metacognitive Interpersonal Therapy
3. Demonstration through a single case study
4. The experience of working with patients presenting with NPD
5. Some implications



**BACKGROUND:  
UNDERSTANDING  
NARCISSISM AND  
THERAPEUTIC  
INTERVENTIONS**

# METACOGNITION

Capacity to understand mental states, both within the self, and within others. It is comprised of several distinct but related functions - the ability to identify mental states, to understand the relationship between internal and external events, the capacity to recognise one's own internal experience as subjective and biased, the ability to understand that others have motives which do not centre around the self, and the ability to self-regulate internal states.



# SYNTHETIC METACOGNITIVE ACTIVITY

Human abilities to understand,  
and reflect

- on their own mental states
- on the mental states of others

-Forming coherent and  
complex ideas about self and  
others

Monitoring

Integration  
+  
Differentiation

Mastery

# METACOGNITION

Human abilities to understand, and reflect

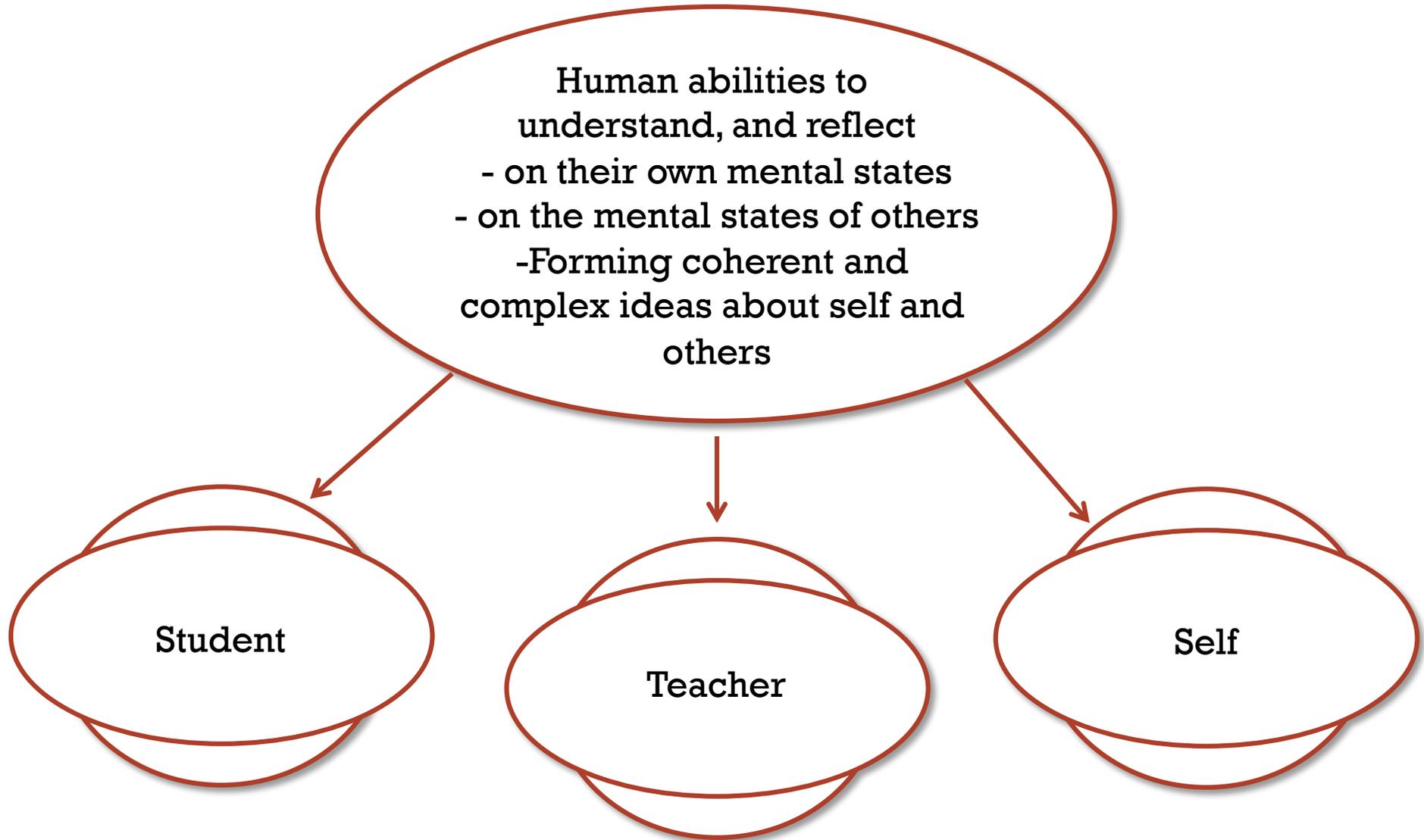
- on their own mental states
- on the mental states of others

-Forming coherent and complex ideas about self and others

Student

Teacher

Self





# **METACOGNITION AND NARCISSISM**

# INTEGRATED MODEL OF NARCISSISM

## Common features

- Limited metacognitive skills
  - Low self-reflectivity
  - Limited decentration
- Sense of isolation
- Limited capacity for emotional experience
- Interpersonal schemas
- Characteristic dysfunctional interpersonal cycles
- Key theorists: Giancarlo Dimaggio, Paul Lysaker



# KEY METACOGNITIVE DEFICITS IN NARCISSISM

- Over-regulation of affect
  - Shallow emotions, little awareness of own experience
- Lack of mentalisation
  - Difficulty understanding emotions in others
  - Assumption that behaviour of others must be related to the self → self-centred interpersonal schemas



# INTERPERSONAL CYCLES - COMMON CCRT FOR NARCISSISTIC PD

Self and other take on complementary roles:

**W:** To be special, valued, and accepted

**Ro** Critical, judgemental

**Resistance and abandoning**

**Rs** Humiliations and shame alternating with anger when judgement is perceived as unfair

**Loneliness and confusion**



# UNDERSTANDING METACOGNITIVE FUNCTIONS

- **Self reflectivity** – representations of oneself
- **Understanding the mind of the other** – representations of other people
- **Decentration** – situating oneself and others in the world
- **Mastery** – Using knowledge of mental states to solve psychological problems

# METACOGNITIVE ASSESSMENT SCALE

- Rating scale used to code metacognitive capacity in therapy sessions, or a structured interview
- Rates metacognitive skills as 'present' or 'absent' across key domains:
  - Identifying emotions in self/other
  - Understanding relationship between external and internal variables
  - Reality testing/decentration
  - Mastery – regulating internal experience



# THE INDIANA PSYCHIATRIC ILLNESS INTERVIEW

Interview consists of 6 sets of prompts which are offered as the interview progresses

- Tell me the story of your life.
- Do you think you have a mental illness?
- Because of this what has and has not changed?
- What do you control/what controls you?
- How does it affect others/how do others affect it?
- What do you see in the future?



# THE INDIANA PSYCHIATRIC ILLNESS INTERVIEW

The goal is a spontaneous speech sample that

- Provides a glimpse about how life and the experience of illness are expressed in a narrative
- Provides an opportunity for synthetic metacognitive activity which can be rated.
- Is not largely scaffolded by the interviewer.



# 9 ANCHOR POINTS FOR SELF REFLECTIVITY

1. I know there are thoughts in my head
2. I know the thoughts are my own
3. I can distinguish different cognitive operations
4. I can distinguish feelings
5. My conclusions are subjective
6. My wishes are not the same as reality
7. My thoughts and feelings are connected in the moment
8. My thoughts and feelings are connected in consistent ways across many moments
9. My thoughts and feelings are connected across the larger story of my life.

# ANCHOR POINTS FOR MASTERY

1. No plausible problems.
2. Psychological problems but they are not plausible
3. Plausible psychological problem which is responded to passively by altering an internal state (e.g. eating or sleeping)
4. Plausible psychological problem responded to by avoiding the issue or seeking support
5. Plausible psychological problem responded to behaviorally.
6. Plausible psychological problem responded to cognitively.
7. Plausible psychological problem responded to by modifying beliefs on the basis of understanding the relationship between cognitions, emotions, behaviors, and relationships.
8. Plausible psychological problem responded to as per level 7 but also an understanding of the relationship between cognitions, emotions, and behaviors in other people.
9. Plausible psychological problem responded to as per above but understanding that not all can be completely controlled.

# METACOGNITIVE INTERPERSONAL THERAPY

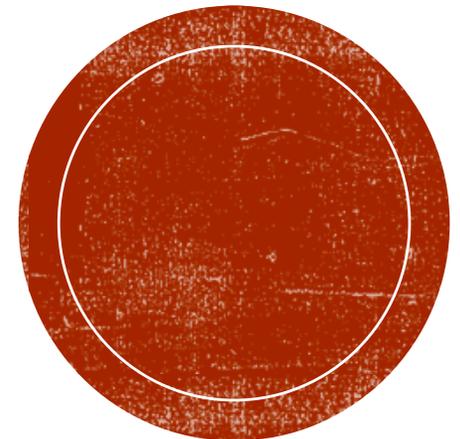
# KEY FEATURES OF MIT

- **Staged, flexible, iterative:**
  1. Rapport and assessment phase
  2. Developing a shared formulation
  3. Enhancing metacognition
  4. Encouraging access to healthier selves (exceptions to dominant narratives)
  5. Experiment with new ways of being-in-the-world
  
- **Integrative:**
  - The Conversational Model
  - CBT
  - Brief Dynamic Therapy



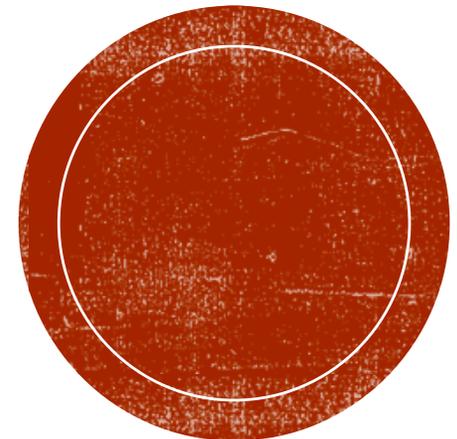
# STAGE SETTING AND STAGE PROMOTING

- Stage setting
- Eliciting detailed autobiographical episodes
- Promoting ability to recognise mental states
- Collecting autobiographical memories
- Promoting shared awareness of recurrent patterns



# CHANGE PROMOTING

- Rigidity versus multiplicity
- Fostering access to health self aspects
- Promoting new behaviours
- Promoting more nuanced understanding (decentring)



# EVIDENCE-BASE FOR MIT

A SERIES OF SELECTED SINGLE CASES HAS SHOWN THE EFFICACY OF THIS TREATMENT IN REDUCING THE SYMPTOMS AND IMPROVING THE PERSONALITY DISORDER

Authors	Year	The case of...	Principle diagnosis	N Criteria SCID PRE	N Criteria SCID POST
Dimaggio et al.	2012	Leonardo	DP Avoidant	21	7
Dimaggio & Attinà	2012	Luciano	DP Narcissistic	22	10
Dimaggio et al.	2012	Federico	DP Narcissistic	20	2
Dimaggio et al.	2010	Elisa	DP Obsessive-compulsive	19	6

The metacognitive interpersonal therapy seems to be a promising treatment approach (Karterud, S., 2012; Warren, R., 2012)

Slide provided by Open trial on Metacognitive Interpersonal Therapy (MIT) for personality disorder



# THE CASE OF MR H

# SCID-II ASSESSMENT

Personality Disorder	Criteria to Reach Clinical Threshold	Number of Criteria Met	Specific Criteria Met
Avoidant	4	1	- Restraint in intimate relationships due to fear of being shamed/ridiculed
Depressive	5	3	- Critical, blaming, derogatory toward self - Brooding and given to worry - Negativistic, critical, judgmental of others
Paranoid	4	3	- Suspects others are exploitative, harmful, or deceitful - Reluctant to confide in others due to fear of information being used maliciously - Persistently bears grudges
Narcissistic	5	3	- Sense of entitlement - Lacks empathy - Grandiose sense of self-importance



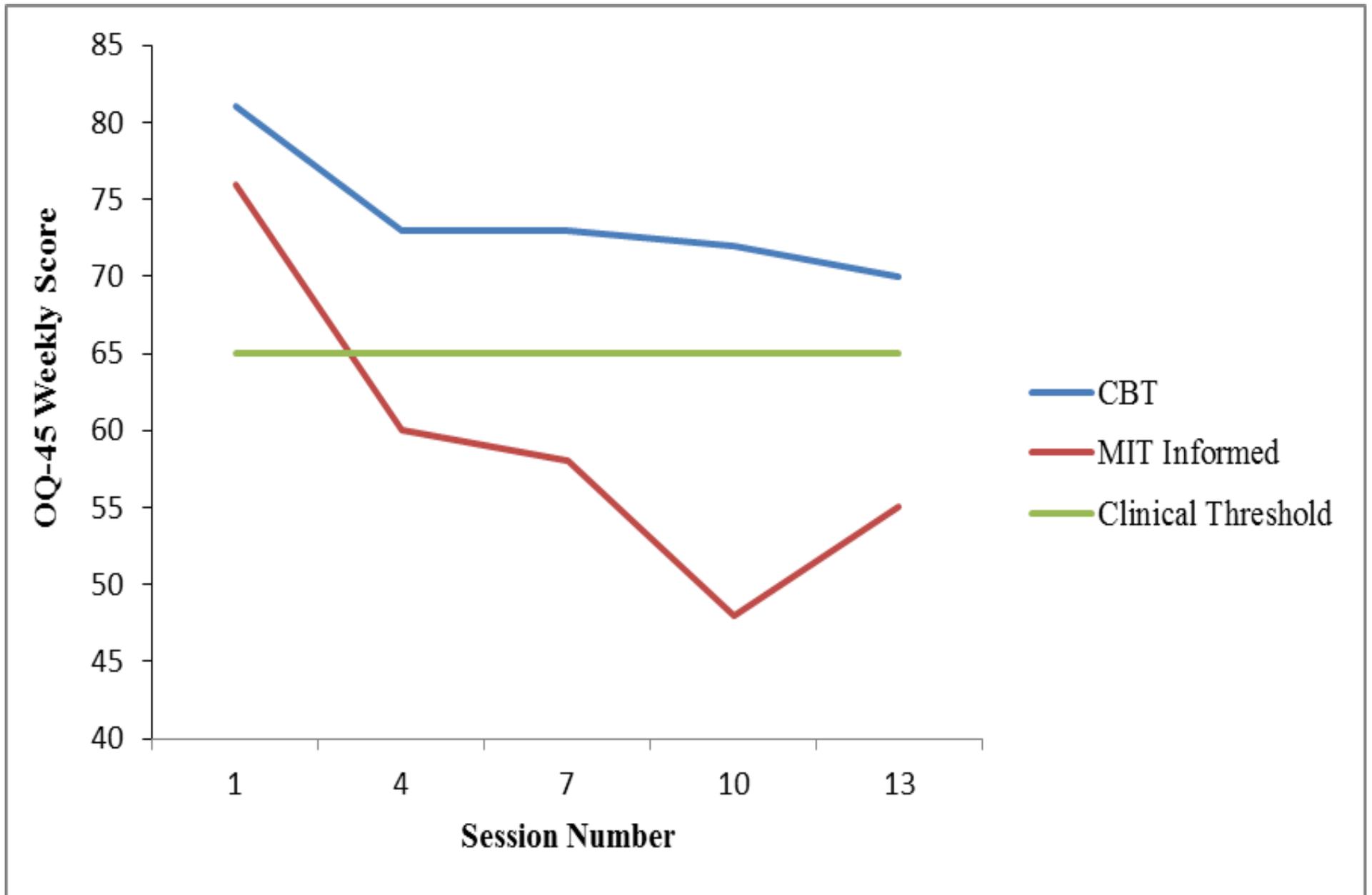




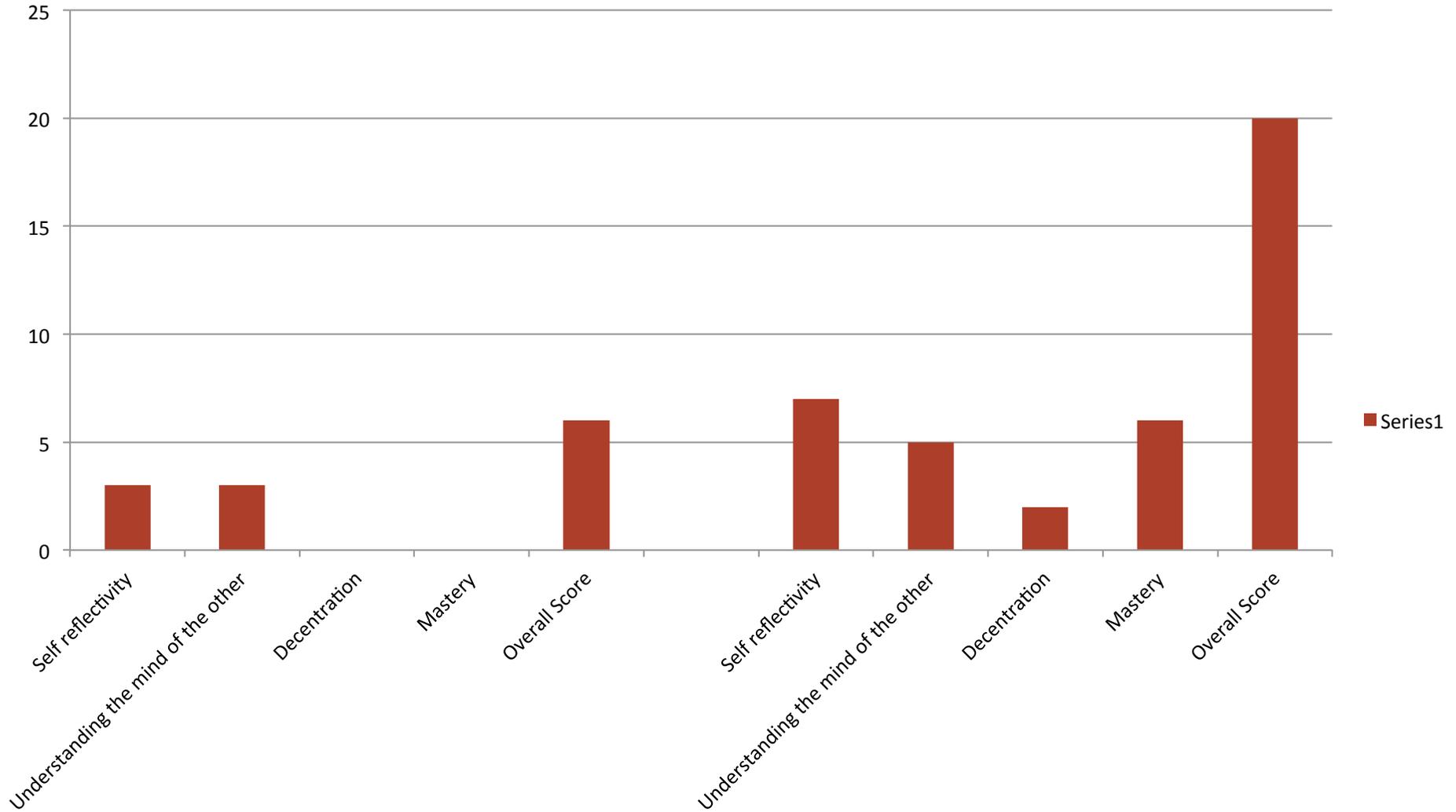
# PART II: CHANGE PROMOTING

- Shared formulation became basis for enhancing metacognition and change promoting
- Practiced tolerating an internal focus in sessions, and H began spontaneously reflecting upon his actions, and later his feelings
- Therapist encouraged agency by explicitly identifying when H was blaming others, using derogatory language, or externalising

# THERAPEUTIC OUTCOME: OQ-45



# CHANGE IN METACOGNITION



**THERAPIST  
EXPERIENCE  
DISCUSSION AND  
IMPLICATIONS**

# THERAPEUTIC APPROACH

## **MIT**

- Metacognition
- Dialogical theory
- Differentiation

## **Conversational Model**

- Reflective Awareness
- Duality of self
- Amplification & Coupling

# IMPLICATIONS

- Emerging evidence base
- Inclusion of metacognitive functioning when designing interventions
- Approach tailored to the needs of each individual
- Development of a greater affective focus can facilitates greater self-insight and agency
- Broadening understanding of the significance and nature of metacognition
- The QUT PD Study



# SOME KEY REFERENCES

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THANK YOU FOR  
LISTENING

