

Jovanović, S., & Civrić, Đ. (2024).  
Considerations of narcissistic personality  
organization from the perspective of  
Kohut's self psychology, Freud's  
psychosexual stages of development, O.L.I.  
integrative psychodynamic psychotherapy,  
and their implications in psychotherapeutic  
practice: Case study "Z.D." Insights:  
Journal of the European Association for  
Integrative Psychodynamic Psychotherapy,  
1, 104–139. ISSN 3042-3341 (Online)

Sandra Jovanovic  
Psychologist and psychotherapist  
Educator of the OLI method<sup>7</sup>  
Đorđe Civrić  
Psychologist  
Psychotherapist OLI method in  
supervision<sup>8</sup>

## **Considerations of Narcissistic Personality Organization from the Perspective of Kohut's Self Psychology, Freud's Psychosexual Stages of Development, OLI Integrative Psychodynamic Psychotherapy, and Their Implications in Psychotherapeutic Practice**

### **Case Study "Z.D."**

#### **Abstract**

This paper explores narcissistic personality organization through an integrative lens encompassing three psychodynamic approaches: Kohut's Self Psychology, Freud's theory of psychosexual stages of development, and the OLI integrative psychodynamic psychotherapy model. The primary aim is to demonstrate the complementarity of these frameworks in both understanding and addressing narcissistic pathology, as well as to illustrate their application within clinical practice.

The theoretical section examines the core concepts of each approach, while the practical application is presented through the case study of "Z.D.," which exemplifies a psychodynamic methodology in working with narcissistic personality organization. The paper discusses specific challenges encountered during the therapeutic process, including transference dynamics,

---

<sup>7</sup> jovanovicsandra@hotmail.com

<sup>8</sup> djordjecivricpsiholog@gmail.com

resistance, and narcissistic defenses, emphasizing the role of empathic attunement in fostering a strong therapeutic alliance.

The findings underscore the importance of a psychodynamic framework in comprehending and treating narcissistic personality organization, ultimately contributing to the development of more effective therapeutic interventions. This paper enhances understanding of the clinical manifestations of narcissistic pathology and offers practical guidelines for improving psychotherapeutic work with this client population.

**Keywords:** narcissistic personality organization, self psychology, psychosexual development, OLI psychotherapeutic modality, integrative approach, psychodynamic approach, introjection, analysis of introjects, case study

## 1. Introduction

The final decades of the 20th century and the beginning of the 21st century have witnessed a marked increase in interest in narcissistic personality organization—not only within clinical practice and scientific literature but also in broader societal discourse. While numerous studies examine narcissistic personality disorder and the broader phenomenon of narcissism, this paper focuses specifically on the psychodynamic aspects of narcissism. It explores the cognitive, emotional, and behavioral patterns characteristic of narcissistic personality structures, along with the value systems that sustain them. Particular attention is given to the function of these patterns in maintaining narcissistic equilibrium and a positive self-image, as well as to the ways in which the psychotherapeutic process can facilitate the development of more mature mechanisms for sustaining realistic self-esteem and adopting alternative value systems.

Modern society, with its emphasis on individualism, social media influence, and the pursuit of instant gratification, has created fertile ground for the development and expression of narcissistic behavioral patterns (Twenge & Campbell, 2009). In clinical settings, therapists increasingly encounter clients presenting with complex symptomatology consistent with narcissistic personality organization, underscoring the need for a deeper understanding of this phenomenon and the formulation of effective therapeutic strategies (Levy et al., 2019).

It is crucial to emphasize that narcissism is not exclusively a pathological phenomenon but rather a universal aspect of the human psyche, manifesting in varying degrees and forms across individuals (Kohut, 1971). In psychotherapeutic practice, elements of narcissistic personality organization are observable in a majority of clients—either as components of their character structure or as narcissistic defenses activated during the therapeutic process. The ubiquity of narcissistic dynamics makes their understanding essential for all psychotherapists, regardless of theoretical orientation.

Working with clients who exhibit pronounced narcissistic personality organization presents distinct challenges for therapists. These individuals often employ rigid defenses that obstruct access to their inner emotional world and authentic affect (Levy et al., 2019). Difficulties in establishing and maintaining a therapeutic alliance are common. Moreover, these clients tend to exhibit heightened sensitivity to narcissistic injuries, which can precipitate premature termination of therapy or intense acting-out behaviors. Therapists may encounter complex countertransference reactions, ranging from feelings of inadequacy and helplessness to frustration or a desire for confrontation. A central challenge involves maintaining an empathic connection, particularly when faced with the client's grandiosity or devaluation of the therapist, as well as striking a balance between supporting healthy narcissistic needs and addressing maladaptive patterns.

Psychodynamic approaches have proven indispensable in working with narcissistic personality organization, offering a uniquely profound understanding of intrapsychic processes, unconscious conflicts, and the developmental foundations of narcissistic pathology. Their theoretical depth and clinical sophistication provide a robust framework for conceptualizing the complex dynamics underlying narcissistic states and for developing effective therapeutic interventions (Kernberg, 2014). Of particular importance is the psychodynamic capacity to elucidate how early developmental experiences and object relations shape present-day functioning, and to provide a reparative emotional experience through the transference–countertransference relationship.

Given all the aforementioned points, understanding narcissistic personality organization necessitates a comprehensive approach that integrates multiple theoretical perspectives. This paper focuses on three psychodynamic approaches: Kohut's Self Psychology, Freud's psychosexual stages of development, and the OLI integrative psychodynamic psychotherapy model. Although these approaches emerged in different historical contexts and are grounded in distinct theoretical foundations, they exhibit a remarkable degree of complementarity in understanding and treating narcissistic personality organization.

Heinz Kohut, through his groundbreaking development of Self Psychology, offered a perspective on narcissism that moves beyond the traditional view of the phenomenon as purely pathological (Kohut, 1971, 1977). His conceptualization of self-object needs and the centrality of empathy in therapeutic work laid the foundation for a more humane and effective treatment of narcissistically organized clients. Kohut's notions of the grandiose self, the idealized parental imago, and the twinship self-object provide a valuable framework for understanding the development and maintenance of narcissistic personality organization.

In contrast, Freud's theory of psychosexual development—particularly his conceptualizations of oral, anal, and phallic narcissism—offers insight into the developmental origins of narcissistic patterns and their connection to early childhood stages (Freud, 1914/1957, 1923/1961). Furthermore, the understanding of narcissistic pride and the value system underpinning narcissistic character pathology represents an essential component in psychotherapeutic work with this population.

The OLI integrative psychodynamic psychotherapy approach contributes a more contemporary integrative perspective, emphasizing emotional competencies and the development of “counter-skills.” This model introduces new tools for working with narcissistic personality organization, while also synthesizing classical psychodynamic concepts with modern insights into emotional development and personality functioning.

The motivation for writing this paper arises from clinical experience, which underscores the need for integrating diverse theoretical perspectives when working with narcissistically organized clients. The aim is to demonstrate—through theoretical analysis and the case study

of "Z.D."—how these distinct approaches can be utilized in a complementary manner within therapeutic practice.

The paper is structured to begin with a detailed theoretical overview of the three approaches, followed by an examination of their practical implications in therapeutic work. The central section presents a clinical case study that illustrates how theoretical constructs are manifested in practice and how diverse therapeutic interventions can be integrated into a cohesive therapeutic framework. Special attention is given to the analysis of transference, defenses, introjects, and the process of psychological change, along with the particular challenges involved in working with narcissistic vulnerability.

By integrating theory and clinical application, this paper seeks to contribute to a deeper understanding of narcissistic personality organization and to offer practical guidelines for more effective psychotherapeutic work with this complex client population. It is our belief that combining insights from these approaches can significantly enhance clinicians' capacity to support individuals with narcissistic personality organization in their process of psychological growth and development.

## 2. Theoretical part

### 2.1. Kohut and the psychology of the self

Kohut made a highly significant contribution to the understanding of narcissism by redefining it as a developmental process that, in its healthy form, leads to the formation of a realistic image of the self and others (Kohut, 1971). In contrast to the traditional view of narcissism as purely pathological, Kohut conceptualized healthy narcissism as the foundation for the development of mature self-esteem and realistic ideals.

According to Self Psychology, the narcissistic sector of the personality is a universal structure present in all individuals. However, adverse developmental experiences may lead to its pathological organization, which manifests through distorted representations of the self and significant others, as well as through the intense use of defense mechanisms aimed at preserving these distortions (Kohut & Wolf, 1978).

Kohut identified two key pillars of the narcissistic sector of the personality that emerge during normal development:

1. The grandiose-exhibitionistic self, which, through optimal development, evolves into healthy self-assertiveness and realistic self-esteem.
2. The idealized parental imago, representing the internalized image of the parents and their values, which, over time, is transformed into realistic internalized ideals and guiding values.

What does this mean in practical terms? We are all born with unrealistic perceptions, a sense of omnipotence, and a lack of awareness of our own and our parents' actual capabilities. The developmental process entails a gradual transformation of this initial infantile omnipotence and idealization. Through a series of minor, optimal frustrations and disappointments, the child slowly reshapes their unrealistic representations of the self and parental figures (Kohut, 1984). In healthy development, these disappointments are integrated and balanced by realistic achievements related to the grandiose self and by a realistic assessment of parental capacities and values. We come to understand that we are not omnipotent or superior, but we are "good enough"—we possess a stable sense of self-worth that does not rely on grandiose distortions.

Conversely, pathology within the narcissistic sector can manifest in two primary ways: as fixation on grandiosity within the domain of the grandiose self, or as deficits resulting from fixation on archaic idealizations of others within the domain of the idealized parental imago. Understanding these developmental trajectories is essential for planning psychotherapeutic interventions that foster the emergence of more mature and realistic structures of the bipolar self.



### 2.1.1. The grandiose self

Kohut's theory of Self Psychology places particular emphasis on the development of the grandiose self, which evolves into the self-assertive pole of the bipolar self through optimal development (Kohut, 1971). This transformation is expressed through three key components: the regulation of self-confidence, the capacity to derive enjoyment from physical and mental activities, and the ability to achieve personal goals and ambitions.

The transformation of the archaic grandiose self primarily occurs through the process of parental mirroring. Kohut (1984) highlights that an adequate parental response both recognizes and reflects the child's authentic talents and abilities, thereby conveying a message about their value and potential.

Inadequate mirroring can lead to various forms of pathology in the domain of self-assertive ambitions, including deficits in self-confidence regulation, an inability to derive satisfaction from activities, and difficulties in maintaining goals or a sense of purpose. The types of inadequate mirroring are as follows:

*-Deficit Mirroring:* Characterized by the complete absence of reflection on the child's qualities, conveying a message of worthlessness. The underlying message is: "You are not interesting, not valuable."

*-Selective Mirroring:* Focuses solely on characteristics that are valued by the parent, often reflecting the parent's unfulfilled ambitions. Parents might say, "Look at him, just like me," while subconsciously thinking, "He will achieve what I couldn't, thereby compensating for my own failures," sending the message: "You are only valuable when you meet my expectations."

*-Negative Mirroring:* Actively devalues the child's characteristics and potentials, either directly or through comparison with undesirable models. Criticism might be expressed as: "Why are you playing with that like a little girl?" or "Why are you so clumsy? You always mess things up..."

*-Uncritical Mirroring:* Supports grandiose representations, hindering the development of a realistic self-concept. The child might be praised with statements such as: "Everything you do is amazing, phenomenal, genius..."

*-Indirect Mirroring:* Expressed through indirect communication, such as when the child hears compliments only when the parent boasts to others or when others say that the parent is proud of them. This may lead to an excessive sensitivity to social evaluation and an obsession with how others perceive them.

Each of these mirroring patterns creates specific deficits in the formation of a mature bipolar self and the development of realistic self-esteem (Kohut, 1984). In clinical practice, different patterns of inadequate mirroring manifest as:

- Injuries to the self-image.
- Inauthentic behaviors aimed at obtaining positive mirroring.
- Overemphasis on certain characteristics to secure a sense of belonging.
- Preoccupation with social evaluation.

### **2.1.2. The Idealized Parental Imago**

In addition to the development of the grandiose self, the developmental trajectory of the idealized parental imago represents another critical process in the formation of a healthy personality. Kohut (1971) emphasizes that, under optimal developmental conditions, this imago transforms into several essential psychological functions. Primarily, it fosters the development of self-soothing and self-satisfaction capacities, allowing the individual to maintain psychological balance even in the absence of external support. Simultaneously, the ability to experience enthusiasm and invest in ideals is cultivated.

During maturation, the archaic idealized parental imago undergoes significant transformations within the idealized self-object matrix. As Kohut and Wolf (1978) note, this process culminates in the formation of the mature pole of the bipolar self. Characteristics of this mature state include the development of realistic ideals and functional self-regulatory mechanisms, enabling the individual to function adaptively.

In cases of pathological development, inadequate fulfillment of self-object needs can lead to significant deficits in self-regulation. These deficits manifest through various forms of psychological instability, such as diffuse anxiety, sleep disturbances, and eating dysregulation. Particularly characteristic is the persistent unconscious expectation of external regulation by idealized figures, signaling insufficient internalization of regulatory functions.

A lack of self-regulation also manifests through uncontrolled impulses toward addictions, perversions, and criminal behaviors. A common feature is the inability to experience excitement for specific activities, invest in meaningful pursuits, or achieve ideals with sustained commitment. In an effort to compensate for these deficits, various mechanisms often develop. One of the most frequent is compulsive idealization, which is characterized by a constant search for idealized figures and susceptibility to manipulation by charismatic leaders. This mechanism is particularly compatible with grandiose personality structures. Another significant compensatory mechanism is the assumption of the parental role, where the individual unconsciously seeks desired gratification through excessive self-sacrifice and self-negation.

In his later works, Kohut (1984) identified three primary sources of pathological development: mismatches between the temperaments of parent and child, the parents' inability to provide



empathic responses, and excessively high self-object needs on the part of the child. These factors significantly contribute to the formation of self-object deficits and the emergence of narcissistic vulnerability.

Self-objects, which Kohut (1971) defines as psychic extensions of the self, play a fundamental role in the development of self-regulatory capacities. When deficits are present in this domain, individuals often engage in a persistent search for self-object gratification, experience an intense fear of re-experiencing early traumas, and encounter considerable difficulties in sustaining intimate relationships.

In clinical practice, working with clients who exhibit deficits related to the idealized parental imago requires particular sensitivity. The therapeutic process is typically marked by the emergence of idealizing transference, which serves as a crucial mechanism in the reconstruction of impaired self-regulatory functions. A central focus of therapy lies in the gradual integration of realistic ideals and the cultivation of more adaptive self-regulation mechanisms.

### **2.1.3. The Twinship Alter Ego as the Third Self-Object Need**

In the later phases of his theoretical work, Kohut (1984) identified a third fundamental self-object need: the need for a twinship alter ego. This need is expressed as a profound longing for the experience of essential similarity with other human beings.

In terms of its developmental significance, the twinship alter ego fulfills several key functions in the child's psychological maturation. Primarily, it affirms the child's basic sense of humanity through experiences of belonging and perceived sameness with others. It also supports the development of talents through identification with significant others who possess similar abilities or interests. An important function of the twinship alter ego is its role in enabling the safe exploration of differences, offering the child a stable psychological base from which to investigate and integrate their unique traits. Furthermore, it serves as a vital bridge between the grandiose self and the idealized parental imago, facilitating the integration of these essential self-structures.

Under optimal developmental conditions, the need for twinship naturally evolves into several core psychological capacities. These include the ability to form deep empathic connections with others, the capacity to build and sustain authentic interpersonal relationships, and a realistic sense of belonging that is not burdened by an excessive need for sameness or fear of difference.

However, deficits in the fulfillment of the twinship need can give rise to various pathological manifestations. These often include a pervasive sense of being fundamentally different from others, significant difficulties in forming and maintaining intimate relationships, and a compulsive search for a "soulmate," which may impede the development of realistic relational patterns.

In the clinical context, twinship transference presents with specific manifestations that are essential to recognize. This frequently involves a pronounced need for the client to experience a sense of fundamental similarity with the therapist. It may be expressed through an increased emphasis on shared characteristics and experiences, as well as an intense fear of perceived differences, which can complicate the therapeutic process.

## 2.2. Freud and Psychosexual Stages of Development

Manifestations of narcissistic grandiosity exhibit considerable variability, shaped primarily by two key factors: the nature of the mirroring responses that established value criteria during development, and the specific phase of psychosexual development in which narcissistic injuries occurred (Freud, 1914/1957; Kohut, 1971).

Narcissistic pride, functioning as a defensive mechanism against feelings of inferiority, may be invested in various aspects of the self, each closely tied to the value system of the mirroring environment and the child's dominant developmental needs (Reich, 1933/1972). These investments may be expressed through:

- Moral qualities (e.g., emphasized integrity and orderliness)
- Physical attributes (e.g., appearance, strength)
- Relational characteristics (e.g., dominance or submissiveness)
- Behavioral patterns (e.g., marked aggressiveness or pronounced passivity)
- Sexual identity (e.g., "masculine potency" or "moral purity")

Paradoxically, even seemingly negative traits can serve as sources of narcissistic pride. Kernberg (1975) emphasizes that adopting the role of a "victim" or displaying demonstrative modesty may become means of narcissistic gratification. A defining feature is the extremity with which a particular trait is expressed—whether through exaggeration or inhibition—which serves to distinguish the individual from "average others" (McWilliams, 2011).

It is also important to note that narcissistic pride may be overt or covert, a distinction particularly evident in so-called "shy" or covert narcissists (Masterson, 1993). This distinction holds significant implications for both diagnostic formulation and therapeutic strategy.

### 2.2.1. Oral, Anal, and Phallic Narcissism

Each phase of psychosexual development is characterized by specific dominant needs, orientations, and modes of gratification, which give rise to distinct **forms** of narcissistic pride, as well as particular forms of narcissistic injury, experiences of inferiority, and characteristic defense mechanisms (Freud, 1914/1957). The stage of psychosexual development exerts a significant influence on the **content** of the narcissistic sector of personality, its mode of expression, specific sensitivities to narcissistic injury, and the defensive structures employed.

In the context of the relationship between psychosexual stages and the development of narcissism, theorists have elaborated the concepts of *oral*, *anal*, and *phallic* narcissism (Freud, 1924; Ikonen, 1998; Chasseguet-Smirgel, 1964; Jovanović et al., 2013).

*Oral narcissism* is marked by fantasies of omnipotence, perfection, and entitlement to the unlimited fulfillment of needs (Kernberg, 1975). This developmental stage is defined by the lack of differentiation between self and object, a phenomenon particularly evident in borderline personality organization. The grandiose self emerges as a defensive structure against profound feelings of fragmentation, disconnection, emptiness, and insatiable longing. It is sustained by an internalized image of the self as a supreme being inherently deserving of unconditional gratification (Chasseguet-Smirgel, 1964). The idealized parental imago is experienced as a mere extension of the self, whose principal function is to serve the self's needs—often manifesting in the compulsive search for “the right one.” Narcissistic injury at this stage, whether resulting from a failure to mirror the grandiose self as perfect or from the object's deviation from total devotion, often leads to intense envy, devaluation, rage, hatred, and a profound sense of inner emptiness (Jovanović et al., 2013).

*Anal narcissism* centers around control, “cleanliness,” diligence, meticulousness, perfectionism, and orderliness as key elements of narcissistic pride (Reich, 1972). As a defense against the demands of the anal phase, opposing values and traits may also be developed as alternative sources of narcissistic pride: counter-will, resistance to demands, defiance, and stubbornness. Narcissistic vulnerability at this stage is primarily linked to the potential loss or lack of recognition of these values, as well as the loss of control over the self or the object (Ikonen, 1998). The is manifested either through an image of perfect precision and control, or through an ideal of total “freedom” and defiance. The is experienced as an object that highly values and exemplifies these traits.

*Phallic narcissism* is characterized by narcissistic pride centered on power—particularly sexual potency in men, and sexual allure or desirability in women—as well as dominance over the opposite sex and rivalry with same-sex peers (Freud, 1924; Chasseguet-Smirgel, 1964). Narcissistic injury at this stage is primarily experienced as “”, that is, the loss of potency, status, or symbolic power.

In clinical practice, it is essential to recognize the client's specific narcissistic needs, their sensitivity to particular types of narcissistic frustration, the defensive reactions these frustrations provoke, and the compensatory mechanisms employed (McWilliams, 2011). Of particular importance is identifying the aspects of self-image and self-worth to which the client is especially vulnerable. In individuals with a narcissistic personality structure, the central dynamic revolves around maintaining self-worth and preserving balance within the narcissistic sector of the personality. This intense preoccupation often impedes the development of a value system grounded in reciprocity and mutual recognition (Jovanović et al., 2013).

### 2.2.2. The Value System in Narcissistic Personality Structure

The value system of individuals with narcissistic personality structure is shaped by two fundamental motivational forces that guide their behavior and decision-making processes (Kernberg, 2004). The first is an intense need for attention, admiration, and confirmation of superiority. The second is a defensive drive aimed at protecting the fragile ego and preserving a grandiose self-image (Kohut, 1971).

Pathological narcissism can be conceptualized as a form of psychological dependency on external sources of self-validation. This dependency fundamentally alters the individual's moral compass, giving rise to a value system that significantly diverges from normative ethical frameworks grounded in the principle of reciprocity (McWilliams, 2011). In contrast to the genital character structure, which, according to Freud, internalizes ethical principles akin to Kant's categorical imperative ("Act only according to that maxim whereby you can at the same time will that it should become a universal law" or "Always treat humanity, whether in your own person or in that of another, always as an end and never as a means"), pre-genital structures—including narcissistic ones—form a distinct set of values (Freud, 1914/1957).

According to recent research (Jansen, 2021), the narcissistic value system is characterized by the following features:

*Primacy of image and external appearance* – Material success, physical attractiveness, and social status serve as primary sources of confidence and self-worth. Depending on the subtype of narcissism (oral, anal, or phallic), this may manifest in overt materialism, pronounced asceticism, or deliberate unconventionality.

*Selective respect* – Marked by rigid adherence to values that reinforce narcissistic pride, with little regard for others' perspectives and boundaries. This frequently results in devaluation of others and violations of their personal integrity.

*Instrumental relationship with truth* – Truth is relativized and subordinated to narcissistic needs, often leading to distortion of reality and denial of facts that threaten the grandiose self-image.

*Extreme egocentricity* – The world is interpreted exclusively through the lens of personal needs and significance, resulting in impaired capacity for genuine empathy and authentic interpersonal connection.

*Instrumental loyalty* – Relationships are viewed through a utilitarian lens, with superficial bonds of interest that are easily severed once they cease to serve narcissistic functions.

*Need for control* – Manifests as an intense desire to control both one's own image and the behavior of others, frequently expressed through manipulation in interpersonal relationships.



This value system gives rise to a distinct pattern of help-seeking: individuals with narcissistic personality structure typically seek psychotherapy only when their grandiose self-concept collapses or when they lose control over sources of narcissistic gratification (Kohut, 1977). Paradoxically, the very value system that sustains their psychic structure also impedes the formation of authentic relationships that could provide a more realistic foundation for self-esteem and psychological security.

Reconstructing such a value system constitutes one of the central challenges in psychotherapeutic work with narcissistic personality structures. This process requires a profound transformation of internalized patterns of self- and other-evaluation (McWilliams, 2011).

### 2.2.3. Phallicism as a Defensive Organization

In her seminal study on phallic defenses, Ikonen (1998) explores the various ways in which phallicism manifests as a defensive organization against the psychological challenges of the oedipal phase of development. Her analysis reveals a complex network of psychological mechanisms that shape the individual's relationship with the self and others.

A key aspect of this defensive configuration is the *dynamic between egocentricity and reciprocity*. It is essential to distinguish between early-childhood reciprocity and genital reciprocity—while the former arises naturally in early development, the latter represents a developmental achievement requiring a higher level of psychological maturity (Freud, 1923/1961). Genital reciprocity forms an integral part of mature adult relationships and is deeply embedded in the concept of genital sexuality. This includes the experience of complementarity between genital organs and a mutual willingness to engage in sexual intercourse through the activation of the entire organism, including participation in pre-genital activities. A lack of such reciprocity can significantly impair sexual satisfaction or render coitus altogether impossible (Mitchell, 2002).

Another central issue within phallic organization is the *defense against early experiences of sexual inadequacy*. Jovanović (2013) emphasizes that children, regardless of external constraints, spontaneously experience a sense of sexual inferiority in comparison to their parents. The young boy perceives himself as ineffective or unimpressive in the sexual realm, while the girl may develop a fear of potential damage. For both sexes, this sense of sexual inadequacy represents a profound narcissistic wound, the resolution of which requires intense psychological work. This often results in the formation of primary fantasies: the boy comes to believe that he must be efficient and impressive in order to become a man, while the girl internalizes the idea that she must endure suffering to become a woman.

*Violence* frequently emerges as a specific defensive response to this early narcissistic humiliation. As Kernberg (1995) explains, the display of strength and potency—both sexual and otherwise—often serves to mitigate these early narcissistic injuries. Many individuals spend



a significant portion of their lives in pursuit of such relief. Through phallic identification, sexuality becomes intertwined with destructiveness, and various forms of domination and submission are experienced as validations of sexual power or potency. Understanding this dynamic is essential to comprehending diverse manifestations of violence in human behavior.

Finally, phallicism plays a substantial role in shaping cultural and individual *conceptions of power*. The most dramatic expressions of power are often associated with phenomena such as destruction, conquest, victory, and domination. Within this context, reciprocity—which considers the needs and subjectivity of the other—is frequently interpreted as a weakness or as a manipulative tactic. When power is constructed through a phallic lens, it is believed that phallicism is a necessary prerequisite for possessing agency and initiative in the world (Benjamin, 1988). This belief system often produces a rigid dichotomy in which reciprocity is perceived as a threat to phallic integrity, resulting in a polarized worldview where one must be either dominant or subordinate.

### 2.3. The OLI Integrative Psychodynamic Psychotherapy

OLI Integrative Psychodynamic Psychotherapy is a contemporary therapeutic approach that synthesizes insights from four foundational psychoanalytic schools: classical psychoanalytic theory (drive psychology), ego psychology, object relations theory, and self psychology. The acronym *OLI*, which stands for *Discovering Personal Truth – Removing False Information*, reflects the core orientation of this approach.

The theoretical distinctiveness of the OLI model lies in its integrative nature. The foundation for synthesizing various theoretical frameworks, methods, and techniques is the model of basic emotional competencies. The central assumption of the approach is that genuine psychological transformation cannot occur without the development of core emotional processing capacities, which function as executive programs of the psyche responsible for interpreting, modulating, and integrating emotional information (Jovanović et al., 2013).

#### 2.3.1. Ability to Love and Work

Jovanović and colleagues (2013) emphasize the development of two complex abilities central to the OLI approach: the *ability to love* and the *ability to work*. These abilities are conceptualized as composite structures, formed by the emotional competencies outlined by the authors. Among these, eight basic emotional competencies are identified, all of which are crucial for understanding the narcissistic personality organization:

1. *Object Integrity* – In narcissistic organizations, this manifests through a characteristic splitting of self and others into idealized and devalued aspects.
2. *Neutralization* – Deficits are observed in the inability to neutralize and channel intense aggressive and libidinal impulses into the service of the Ego.
3. *Object Constancy* – Deficits here manifest in unstable representations of the self and significant others, forming the basis for narcissistic vulnerability.

4. *Tolerance of Ambivalence* – The narcissistic structure struggles to integrate opposing aspects of self and object representations.
5. *Mentalization* – This competency is often compromised in narcissistic organizations, manifesting as difficulties with reflective processing of emotional experiences and understanding the mental states of others.
6. *Frustration Tolerance* – In narcissistic organizations, this competency is particularly evident in easy irritability and intolerance when narcissistic selfobject needs are unmet, leading to anger and revenge.
7. *Will* – Deficits here involve the inability to manipulate the will of others to satisfy one's needs, or conversely, a lack of will to pursue hidden grandiose goals, as seen in "shy narcissists."
8. *Initiative* – In narcissistic structures, initiative often manifests in harmful behaviors, focusing on dominance and control over others.

These competencies are vital because their deficits directly correlate with key characteristics of the narcissistic personality, such as instability in self-esteem, difficulties in maintaining a cohesive self-concept, challenges in regulating self-confidence, and characteristic patterns in interpersonal relationships. Understanding these deficits provides a more accurate understanding of the psychodynamics of narcissistic functioning, facilitates clearer conceptualization of therapeutic goals, and supports the efficient selection of therapeutic interventions.

Epistemologically, the OLI approach can be defined as a *knowledge procedure* aimed at detecting and correcting dysfunctional beliefs about oneself and the world. This is particularly relevant in the context of narcissistic issues, as it allows for the correction of characteristic narcissistic distortions in the perception of the self and others.

### 2.3.2. Counter-skills

In addition to emotional competencies, counter-virtues represent another central concept in OLI Integrative Psychodynamic Psychotherapy. These manifest as complex patterns of thought, emotion, and behavior that lead to specific psychological states and relationships with others, from which the person derives unhealthy emotional benefits. These benefits, although reducing psychological tension in the short term, do not foster development but instead represent a form of "psychological parasitism."

Unlike classical defense mechanisms, counter-virtues are more intricate structures that serve as substitutes for basic emotional abilities. They develop when an individual seeks to resolve important developmental tasks in an easier manner, avoiding the necessary effort and pain that accompanies psychological growth. Essentially, they represent an attempt to "avoid the cost" of development and "live off a trick," leading to stagnation rather than separation and individuation (Jovanović et al., 2013).

It is crucial to understand that individuals never develop abilities that serve no purpose, as emphasized by the authors. Every behavior reflects a particular ability and strategy, and no strategy is inherently "bad"—it is evaluated in relation to the goal it serves. People are experts in the problems they have. For instance, a depressive person becomes an expert at creating depression, while someone with panic attacks becomes an expert at generating panic. They know exactly which thoughts to nurture, what body posture to adopt, and how to breathe in order to reach a certain state. Of course, most of this is done unconsciously, the authors emphasize.

The primary cause behind the development of counter-virtues lies in distrust—towards oneself, others, life, and life's laws. They carry fundamental delusions, such as the belief that others will love us more if we appear more perfect or sinless, or that love can be gained through manipulation. This, of course, is one of the greatest human delusions, as the truth is often the opposite—the more honest we are in acknowledging our human weaknesses, the easier it is for others to accept and love us (Jovanović et al., 2013).

When basic emotional skills—what we can consider ego functions—fail to develop at their natural pace or stagnate at a certain stage, these compromised formations we call counter-skills take over. They protect the ego from immediate pain, but do so at the expense of further development. Instead of mature abilities that can protect the ego from psychological pain and encourage growth, "workable" skills emerge, which carry a high psychological cost in the long run.

In the therapeutic process, it is crucial to recognize and clearly define these counter-skills. Only when a person realizes how they are creating their problem can they begin to develop skills that lead to something more developmentally constructive. Thus, recognizing stereotypical behavioral patterns—when a person consistently starts the same things, with similar outcomes, interprets them in the same way, and draws similar conclusions—can indicate the reproduction of counter-skills that lead to stagnation. The person remains in a state of dissatisfaction because they extract some secondary benefit from it, and this mode of adaptation feels familiar, thus perceived as safer.

A positive sign of change in therapy is when the client shows curiosity about self-investigation and a "desire for function"—finding enjoyment in new ways of functioning and feeling the need to discover, practice, and apply new behavior patterns. This indicates a shift from maintaining counter-skills to developing basic emotional abilities.

In the context of narcissistic personality organization, counter-skills play a particularly important role because they represent sophisticated patterns through which a person attempts to maintain a grandiose self-image and avoid confronting narcissistic wounds. Individuals with narcissistic personality structures often develop highly complex counter-skills that serve to protect their fragile self. These counter-skills manifest through various behavioral patterns that,

on the surface, may seem like expressions of strength and superiority, while actually masking deep insecurity and vulnerability.

Some typical counter-skills in narcissistic personality structures include developing special skills to maintain a grandiose facade, manipulative patterns that keep others at a "safe" distance while simultaneously using them for narcissistic supply, and complex projection mechanisms that attribute unacceptable characteristics to others. These counter-skills often become so sophisticated that they represent a kind of "art"—the person becomes an expert in maintaining the narcissistic structure, often unaware of the cost paid in terms of the inability to develop authentic relationships and true self-development.

In therapeutic work with narcissistic personality structures, understanding counter-skills is of crucial importance. They represent a bridge between theoretical understanding of narcissism (whether through Kohut's self-psychology, Freud's psychosexual stages, or other approaches) and practical therapeutic work. Recognizing and working with counter-skills enables the therapist to understand how the narcissistic person actively maintains their personality structure, which is a prerequisite for planning effective therapeutic interventions.

It is particularly important to understand that these counter-skills in narcissistic structures are often ego-syntonic—the person perceives them as part of their identity and may show strong resistance to their examination. Therefore, in the therapeutic process, it is necessary to carefully balance between empathetic understanding of the function these counter-skills have for the person and gradually working on transforming them into healthier functioning patterns. The OLI approach, with its integrated understanding of various therapeutic modalities, allows flexibility in working with these complex patterns, adapting interventions to the specific needs and capacities of the client with narcissistic personality structures.

### **3. IMPLICATIONS IN PRACTICE**

#### **3.1. Kohut and the Importance of Empathy**

In working with the narcissistic personality organization, Kohut's understanding of narcissistic wounds and the role of empathy is a cornerstone of therapeutic approaches that significantly influence psychotherapeutic practice (Kohut, 1971).

Empathy plays a dual role in the therapeutic process. It serves as the primary means of understanding the client's subjective experience and their self-object needs, while also acting as a key healing factor that facilitates the repair of narcissistic wounds through the provision of a corrective emotional experience (Stolorow, Brandchaft, & Atwood, 1987). Through empathic understanding, the therapist is able to identify and respond to the unmet self-object needs of the client—whether these needs are related to mirroring, idealization, or alter ego experiences (Kohut, 1984).

In practical terms, the therapist must be especially attuned to the subtle signs of narcissistic injury, which may manifest as resistance or disruptions in the therapeutic relationship. Kohut (1971) emphasized that maintaining an empathic stance is essential for the success of the therapeutic process, even when the client exhibits grandiosity or devaluation. Consistency in the empathic approach fosters the gradual internalization of the therapist's functions and promotes the development of more stable self-structures within the client.

Understanding the nature of narcissistic wounds and the central role of empathy directly informs the tasks of the psychotherapeutic process, from establishing the initial therapeutic relationship to supporting the development of more stable and integrated self-structures (Ornstein & Kay, 1990). These insights lead to specific therapeutic interventions, which will be explored in greater detail in the following sections.

#### **3.2. Tasks of the Psychotherapeutic Process**

Psychotherapeutic work with individuals possessing a narcissistic personality structure can be conceptualized as a progression through three interrelated tasks, each of which presents its own unique challenges and requires a carefully tailored approach.

##### **3.2.1. Establishing the Therapeutic Relationship**

The establishment of an authentic therapeutic relationship represents a distinct challenge when working with narcissistic personality structures. This process is complicated by the client's value orientation and their need to preserve grandiosity, which often rests on fragile and unstable foundations. According to Kohut's theory, narcissistic pathology emerges from a lack of parental empathy during early development, resulting in an inadequate capacity for self-esteem regulation in adulthood.



Clients with a narcissistic structure typically display a profound fear of losing their narcissistic pride and confronting underlying feelings of inferiority. For them, a reciprocal relationship is perceived as a significant threat, as it deviates from their ingrained dichotomy of superiority and inferiority—where reciprocity is often not internalized as part of their relational experience. Resistance is further fueled by the reluctance to relinquish established behavioral patterns, counter-skills, and manipulative strategies that provide significant secondary gains. The absence of authentic relational skills can lead to depression and self-contempt, thereby complicating the therapeutic process.

For these reasons, Kohut emphasizes that the therapist must empathically experience the world from the client's perspective, ensuring the client feels truly understood. Interpretations can be used to help the client process their often intense emotional reactions to perceived failures of empathy from the therapist. This process enables the client to begin understanding why they experience these empathic failures so deeply and to grasp the need to restore stability and comfort after any breaches in the empathy provided by the self-object. As the therapeutic relationship evolves, the client starts to recognize why these small empathic failures resonate so profoundly within them.

### **3.2.2. Recognizing Narcissistic Vulnerability**

After establishing the initial therapeutic alliance, the process naturally progresses toward recognizing and accepting narcissistic vulnerability. This is a particularly sensitive phase that requires careful dosing of interventions. Clients typically first express a sense of injury to their self-image, often accompanied by anger, rage, shame, or fear of being hurt and "unmasked." It is important to understand that narcissistic structure is driven by two key needs: the need for admiration as compensation for a sense of worthlessness and the need to maintain the idealized self-image.

The client's recognition of defense mechanisms must be gradual and carefully guided. The therapist should be aware of how challenging this situation is for the client and prevent the awareness process from being experienced as "exposure" or "unmasking." Facing reality without the usual defenses can be extremely frightening for a client who suddenly realizes the insecurity of their relationships and the lack of authentic connections.

### **3.2.3 Building a New Value System**

The final phase of the therapeutic process focuses on developing more authentic relational patterns and reconstructing the value system. This process typically begins through the therapeutic relationship, which serves as a model for new patterns of connection and is gradually generalized to other relationships where possible. Without concrete experiences of reciprocity and mutual respect within the therapeutic relationship, it is difficult to expect change in other areas of life.

A particular challenge in this phase is the resistance of the social environment to change. People with whom the client has been in relationships often show distrust toward the client's changes, either due to previous negative experiences or because they benefitted from the client's previous way of functioning. The therapist should help the client develop a realistic attitude toward these challenges and build new relationships based on authenticity.

According to Kohut's model, it is crucial that the therapist maintains empathic understanding of the client's subjective experience throughout all these stages, allowing for the gradual development of missing self-functions. Interpretations are used selectively and primarily serve to help the client understand their intense reactions to empathic failures and to develop more stable internal structures.

### 3.3. Transfers as Responses to Self-Object Needs

In normal development, parents fulfill a child's self-object needs through two fundamental processes: reflecting the child's feelings and thoughts, thereby providing a sense of value and understanding, and accepting the child's need to see the parent as a protector. During psychotherapy with an individual possessing a narcissistic personality structure, these self-object needs manifest through different forms of self-object transference, which are attempts to repair early developmental deficits (Kohut, 1971).

*Mirroring Transference* occurs when the therapist takes on the role of building the structure that the client has not yet developed. Kohut (1972) emphasizes that the narcissistic client requires the mirroring they either did not receive or did not receive sufficiently in order to build a structural part of the self. In this transference, interventions that are not perceived as praise can lead to feelings of worthlessness and provoke a narcissistic injury. Wolf (1988) highlights that non-empathetic interventions by the therapist can unintentionally reactivate early trauma, harm the self, and lead to anxiety, often accompanied by a temporary fragmentation of the client's self-cohesion.

*Narcissistic Rage*, as identified by Kohut (1972), may emerge as a reaction to a blow to archaic grandiosity or a traumatic disappointment in the idealized figure. This reactive form of aggression can be highly destructive and persists as long as the self remains severely vulnerable and prone to fragmentation.

In the process of normal development, the child gradually internalizes the parental functions of self-regulation through a process called *transmuting internalization* (Kohut, 1984). In narcissistic clients, this process is disrupted, resulting in the need to rely on the therapist for self-regulation due to an underdeveloped capacity for it (Mitchell & Black, 1995).

*Idealizing Transference* occurs when the client attributes idealized characteristics to the therapist, such as exceptional strength, superior intelligence, and infallibility in judgments.

Ornstein (1974) emphasizes that prematurely breaking these idealizations is detrimental to the therapeutic process and can lead to the termination of therapy.

*Twinship (Alter Ego) Transference* represents a specific form of narcissistic transference, in which the client feels the need to rely on the therapist's functions, perceiving them as similar to their own. Kohut (1984) describes this transference as a need for a "psychological twin" who affirms the reality of the client's psychological experience. In this transference, there is an intense need for validation of similarity and a fear of difference, which can lead to a desire to merge through similarity.

*Fusion Transference*, according to Baker & Baker (1987), represents the most archaic form of transference. In this dynamic, the other person is experienced as part of the self, with the client adopting the position of the omnipotent tyrant. Boundaries between self and object become blurred, and any attempt at separation or highlighting differences can lead to intense anxiety and narcissistic rage.

### 3.4 Defenses in Narcissistic Personality Structure

In the course of psychotherapy, defenses inevitably arise as protective mechanisms to shield the individual from reliving painful experiences. Kernberg (1975) highlights that individuals with narcissistic personality structures exhibit a distinctive constellation of primitive defenses, which function to preserve a grandiose self-image and protect against narcissistic injuries. These defenses are deeply ingrained in early development and represent fundamental strategies for maintaining psychological equilibrium.

*Denial* is the most primitive form of defense, where the individual completely disregards awareness of painful stimuli or facts. McWilliams (2011) makes a key distinction between denial and repression—while repression pertains to internal internal states, denial involves ignoring external reality. In narcissistic clients, denial serves to uphold an idealized self-image, shielding them from confronting their own limitations. This defense is particularly evident in situations that threaten the grandiose self-image or might result in narcissistic injury.

*Reality distortion* involves a significant alteration of external reality to align with the person's needs. According to Kernberg (1975), this defense is a hallmark of the narcissistic personality structure, manifesting through selective interpretation of events and distortion of others' motives and intentions. Klein (1946) described how reality distortion helps sustain splitting and idealization, which are central mechanisms in the narcissistic organization. Through this defense, narcissistic clients maintain the illusion of their uniqueness and superiority.

*Projection* entails externalizing unacceptable internal feelings and attributing them to others. Rosenfeld (1971) specifically emphasizes that narcissistic clients project their own aggression, feelings of inadequacy, and envy onto others. This mechanism helps preserve the grandiose self-image by externalizing undesirable aspects of the self. Projection is especially evident in

the therapeutic relationship, where clients often project their own destructive impulses and feelings of dependency onto the therapist.

Understanding these defense mechanisms is essential for assessing the extent of narcissistic pathology, planning therapeutic interventions, and managing resistance in therapy. The therapist must exercise great caution when interpreting these defenses, as premature or non-empathetic confrontation could either intensify the defenses or lead to the termination of therapy.

#### **4. CASE STUDY: "Z.D."**

The following is a case study of psychotherapeutic work with a client who has a narcissistic personality organization. The case will be described from the perspective of the psychotherapist and author of the paper, Sandra Jovanović. For confidentiality purposes, the client will be referred to as "Z.D." or simply "the client."

##### **4.1. Basic Information About the Client**

###### **4.1.1. Basic data**

The client is a 45-year-old man. He currently lives in Belgrade, in his own apartment with his wife and son. Professionally, he operates in the "gray zone" of the economy, with strong ambivalence toward formal employment. His social life is primarily instrumentalized and organized around business interests, with a notable lack of authentic friendships.

The client exhibits characteristics of a narcissistic personality structure, which is manifested through complex patterns in relational functioning, professional life, and social relationships.

###### **4.1.2. Primary Family**

The client comes from a two-member primary family, where he grew up as an only child with both parents until the age of seventeen, when his father passed away. The family dynamic was marked by a dominant maternal figure and a passive, withdrawn father.

The relationship with his father is characterized by emotional distance and a devaluation of his father's personality. The client describes his father as someone "in the shadow of his mother"—professionally unaccomplished and without significant authority within the family. It is notable that the client shows no emotional reaction to his father's death during adolescence and emotionally distanced himself from a father who did not serve as an adequate role model for identification.

The maternal figure, however, dominates both the childhood narrative and the current relational dynamics. He describes her as a "manly woman"—extremely capable and hardworking, yet emotionally distant and strict, who took on all traditionally male roles in the family. Interestingly, there is a lack of any feminine characteristics in the description of his mother. Early experiences with her were marked by emotional unavailability and neglect of his developmental needs ("she didn't have time to deal with him"), which led to the development of adaptive behavioral patterns, such as "playing the victim." Initially, these patterns were used at school and later in his business activities.

A particularly significant moment in the relationship with his mother occurred during adolescence, when he experienced public humiliation in front of peers. This event still triggers intense emotional reactions, indicating a significant narcissistic injury during a critical developmental period when the client was striving to establish an independent identity.



The current relationship with his mother is marked by a complex emotional dynamic, rooted in patterns of control. The client perceives his mother's behavior as excessively controlling and overwhelming, creating constant tension in their interactions. Early relationship patterns with his mother are unconsciously repeated in his current family relationships, perpetuating a vicious cycle of dysfunctional behavior. When it comes to setting healthy boundaries with his mother, the client faces significant challenges, often overwhelmed by strong feelings of guilt. This dynamic is further exacerbated by his mother positioning herself as a victim ("playing the pity game"). In moments when he feels powerless in his relationship with his mother, the client reacts with intense narcissistic anger, which functions as a defense against deeper feelings of injury and helplessness.

A particularly important pattern involves triangulation between the client, his mother, and his wife, where his mother's "helping" becomes a mechanism for control, provoking his wife's discontent. He experiences a significant narcissistic injury when his wife points out his lack of courage to confront his mother, which leads to new marital conflicts and activates the client's narcissistic defenses, anger, and aggression.

#### **4.1.3. Secondary Family**

The client lives in his own apartment with his wife and son. The marital dynamic is marked by frequent conflicts and his wife's threats of divorce. The client's perception of the relationship fluctuates between idealizing the early phase, when they were happy as "a rogue and a princess," and the current devaluation of his partner. It is notable that his choice of wife was partially motivated by her profile as a "good girl" and her "inexperience" in relationships, which served as a defense against potential narcissistic injuries by comparing her to his previous partners. He says that he could never imagine his wife being with anyone else, even after him.

Patterns of controlling and violent behavior emerge in the relationship, particularly when the client perceives narcissistic injuries. Physical violence occurs in response to his wife's disagreement or refusal, accompanied by possessive behavior and control over communication. Emotional violence also manifests through devaluation and manipulation, especially when the client feels that his position of power is threatened.

The couple's sexual life mirrors broader relational patterns, with a clear lack of reciprocity and empathy for his partner's needs. Sexuality is often instrumentalized as a confirmation of masculinity, with a noticeable distortion in how he interprets his wife's rejection. The client justifies her lack of sexual desire, which has diminished over time, by attributing it to her discomfort due to his large genitalia. A deeper exploration of their intimate life reveals that the client does not dedicate time or attention to preparing for sexual intercourse, which causes discomfort for his wife and diminishes her desire.

Power dynamics within the relationship are largely shaped by the client's expressed need for dominance, especially through financial power—he claims he "brings the meat to the table." He

consistently devalues his wife's contributions to the household and family, making comments such as, "she works for a poor teacher's salary" or "she takes care of the child but will turn him into a spoiled idiot." This reflects a significant distortion of reality in evaluating the reciprocity in the relationship.

A particularly significant pattern is the client's perception of his wife as a narcissistic extension of his self-representation. This is particularly evident in his dissatisfaction with her weight after childbirth, driven by fear of social judgment. He also displays an intense need for validation through her unconditional approval. This need is especially evident during the renovation of their apartment, where her criticism of his work led to physical violence, including a slap in front of the workers.

The relationship clearly reflects the replication of patterns from the primary family, particularly in rigid views of gender roles. The use of control and domination serves as a defense against vulnerability, mirroring early relational experiences. It is crucial to note that the client's views on masculinity and gender relations are deeply influenced by the patriarchal environment in which he grew up, further complicating the process of establishing healthier relational patterns.

#### **4.1.4 Work and Social Relationships**

In the professional sphere, the client demonstrates a deep ambivalence between conventional employment with stable income and irregular activities in the "grey economy." This ambivalence reflects an internal conflict between the principles of reality and the pleasure principle, both characteristic of a narcissistic personality structure.

On one hand, there is the possibility of adopting the role of a "responsible, grown-up bore with a tie," enjoying the stability and benefits of steady employment. On the other hand, he is drawn to the allure of freelancing, with its unstable income and reliance on occasional illegal trade activities. This dilemma manifests in his difficulty creating a functional business plan—his plans are either too vague or subject to constant revisions. By stating that he wants "both the goat and the cabbage," the client expresses a narcissistic fantasy of overcoming basic life principles. He desires a "risky" job without the real risks and a large income with minimal effort.

The client has developed a distinct style of business and social functioning based on intimidation and control. His carefully crafted image aims to instill awe and respect, which he achieves through a complex system of manipulative strategies. These strategies are expressed in several characteristic patterns. He intentionally creates situations where others become his debtors, uses intimidating narratives about the consequences of failing to uphold agreements, frequently resorts to belittling and demeaning others, all while maintaining an emotional distance that preserves his position of power. This approach serves as a defense against his own vulnerability but simultaneously inhibits him from forming genuine relationships.

A significant portion of his business and social life is conducted in a tavern-like atmosphere, where alcohol acts as a "magic potion" that facilitates connections and sustains the desired image. Despite initially claiming to have a "bunch of friends," it became clear during therapy that the client does not have authentic friendships. His social contacts are primarily instrumental and centered around business interests. Over time, he has increasingly excluded even family friends from his life, fearing that closeness would expose his weaknesses.

As the years have passed, a pronounced sense of loneliness has emerged, accompanied by a fear of "bad karma" and the concern that, in moments of vulnerability, he will be left without support. This growing awareness points to the gradual recognition of the cost of maintaining his relational patterns.

A notable pattern is his intense avoidance of negative self-reflection, focusing on preserving his desired image in front of "insignificant people," while neglecting relationships with those whose opinions truly matter to him. This pattern illustrates the instability of narcissistic grandiosity and the constant need to maintain it through external validation.

#### **4.2. Presenting Difficulties and Reason for Seeking Therapy**

The client sought help due to pronounced anxiety, which manifested through various fears, particularly in social contexts—something he stated was uncharacteristic for him. The primary issue was a fear of losing control and a worry that others would notice his vulnerability, which in turn created additional pressure. This pressure was also reflected in fears related to heart function, leading to frequent blood pressure checks and repeated visits to doctors for ECG tests.

In the initial phase, the therapist was placed in the position of an idealized "doctor" expected to take responsibility for his healing. This dynamic pointed to deeper relational needs underlying the somatic manifestations of his anxiety.

A significant aspect of the client's difficulties also involved alcohol use. During therapy, it became evident that alcohol served as a tool for regulating anxiety and maintaining a grandiose self-image, particularly within the context of the tavern, which was his primary space for social interaction. The progression of alcoholism and the birth of his child became additional motivating factors for entering therapy. While alcohol functioned as a means of preserving social functioning, it simultaneously disrupted family relationships and impaired his health.

In the professional domain, the client experienced a profound internal conflict between a need for security and stability on the one hand, and resistance to a conventional lifestyle on the other. This conflict manifested in an ambivalent attitude toward work and difficulties in making decisions regarding his professional future.

Throughout the therapeutic process, initial symptoms gradually translated into interpersonal difficulties. The client's relational style—marked by intimidating others or instrumentalizing them as self-objects—revealed deeper deficits in the capacity for close and genuine relational contact. There was a particularly notable deficit in self-regulation and self-soothing abilities, accompanied by an unconscious expectation that an idealized parental figure would magically assume these functions.

As therapy deepened, the client began to articulate additional goals focused on developing a more authentic self. This involved the need to differentiate his own interests and attain a more stable sense of self, less dependent on external validation. Insight into the superficiality of his relationships led to the recognition of profound loneliness, previously masked by social interactions in taverns and alcohol use. Existential concerns were also present, particularly fears related to aging and death. An additional motivation for change was his new role as a father, accompanied by concern about setting a negative example for his child—this prompted a reorganization of his priorities and values.

Therapeutic goals crystallized around the need for the reparation of the grandiose self, the development of more authentic self-assertive ambitions, and a more mature form of self-esteem. The client identified the following as key motivational factors for change: a chronic sense of inadequacy, a constant need for validation, an inability to enjoy activities, lack of persistence in goals, loneliness, and a desire to be a positive role model for his son.

#### **4.3. General tone of the relationship**

The dynamics of the therapeutic relationship with the client clearly reflected patterns indicative of a narcissistic personality organization. From the outset, his attitude toward the therapeutic process was marked by deep ambivalence, which manifested through various defense mechanisms and characteristic patterns of behavior and communication.

Within the therapeutic relationship, the client frequently employed an evaluative, manipulative gaze and a distrustful squint as a way to maintain emotional distance. He also attempted to undermine the therapist's competence by inquiring about the therapist's private life. Initially, resistance to emotional connection was disguised by claims of "emotional illiteracy," which later evolved into more overt expressions of fear toward engaging in emotional work.

The client's discomfort with seeking help was a constant presence in the therapeutic space. One notable pattern was his oscillation between grandiosity—manifested in ideas of how he could be a therapist himself—and feelings of inferiority, stemming from his very need for therapy. His perception of the therapist's role as "someone who tells people what is good for them from a safe position" reflected a projective identification of his own need for control and a superior stance. The client mentioned that he already performed this role in a pub and agreed to briefly swap roles with the therapist. This technique facilitated the client's direct confrontation with his



own behavioral patterns and provided insight into the complexities of the therapeutic position. A particularly significant moment occurred when the client experienced narcissistic injury after failing to maintain the imagined superior position of the therapist.

The process of establishing the therapeutic relationship followed the expected challenges associated with working with a narcissistic personality organization. Intense resistance was present, driven by the threat of losing narcissistic pride and the fear of confronting feelings of inferiority, which underpinned his belief that "either you're up or you're down." Emotions such as sadness and fear, perceived as weaknesses, brought brief relief followed by intense shame—he felt like a "loser." Another challenge involved the necessity of abandoning long-established manipulative behaviors, compounded by a profound fear of potential betrayal and retraumatization should the client ever allow himself to emotionally open up.

Despite these challenges, the therapeutic alliance gradually strengthened, moving toward greater trust. The client's willingness to engage with emotional material, despite his verbal resistance and occasional "grumbling," indicated the slow development of a more stable working alliance. A particularly significant shift occurred when he became more able to verbalize his fear of emotional work, saying, "You're going to make me feel bad." This marked an important transition from an initial denial of emotional experience to its gradual acceptance and exploration.

#### **4.4. Course of therapy**

##### **4.4.1 First contact and establishing the relationship**

The first contact and initial session with the client provided a striking insight into the complex dynamics that would characterize the entire therapeutic process. During the initial phone conversation, a characteristic pattern of relationship establishment was evident—the client communicated with exaggerated familiarity and pseudo-humor. Beneath the superficial indifference, a well-established defense mechanism of devaluing the therapeutic process was clearly in play.

The scene of the first meeting further illuminated the complexity of the client's psychological organization. He arrived dressed in what seemed like camouflage—wearing a tracksuit with a hood, his head deeply tucked into the collar of his hoodie. He hurried past me and entered the room, leaving behind the scent of aftershave lotion and alcohol. His nonverbal behavior—nervous glances and attempts to remain inconspicuous—spoke to a deep ambivalence toward the therapeutic process. However, once inside the therapeutic space, his posture dramatically shifted. He sought to control the situation through specific territorial behaviors, such as occupying the entire sofa and carefully placing his personal belongings in what seemed like a ritualized fashion.

A particularly significant moment occurred early in the session. When confronted with my seemingly simple question about the reason for seeking therapy, the client first appeared



confused, followed by sudden verbal aggression ("Do you know I can break you?"). His threat carried particular weight, amplified by the regressive elements in his voice—a pubescent tone that suggested the activation of unresolved developmental traumas. At this critical moment, my spontaneous response—combining professional distance with formal address and a subtle, gentle smile ("Would you like to talk about why you would want to break me?")—led to a shift in the client's position. He transitioned from being openly aggressive to confused, and eventually to a more relaxed state ("You're gutsy...").

This initial interaction highlighted several significant dynamics. It became evident that the client used intimidation as his primary strategy in establishing relationships, a defensive mechanism masking deeper anxiety. Notably, his behavior shifted rapidly between grandiosity and vulnerability when confronted with an unexpected reaction. This pattern would prove key in understanding his relational dynamics.

In subsequent sessions, the establishment of the therapeutic alliance progressed through a delicate balancing act: maintaining firm professional boundaries while creating a sufficiently safe space for the gradual emergence of the client's vulnerability. Although the first sessions did not directly confront the observed behavioral patterns, they laid the foundational understanding of the client's psychological structure and the anticipated therapeutic challenges ahead.

A key realization was recognizing how the client's need to intimidate others mirrored his deeply repressed fears. This insight became one of the central working hypotheses guiding the therapeutic process. Gradually, the initial therapeutic goals became clearer: developing the capacity to recognize and regulate aggressive impulses, understanding relationship patterns, and exploring the sources of anxiety underlying his grandiose behavior.

Through these initial sessions, it was clear that the central challenge of the therapeutic process would be creating conditions in which the client could gradually let go of rigid defense mechanisms and cultivate more authentic forms of relating. The first phase of therapy thus laid the groundwork for long-term work on transforming ingrained behavioral patterns, while also foreshadowing the complexity and challenges of the change process.

#### **4.4.2. The Process of Change**

The period of reconstruction in the therapeutic process was marked by complex work with the client's narcissistic dynamics. In the early sessions, the client demonstrated strong resistance to emotional exploration, often hiding behind statements like, "I don't know about emotions," and intentionally presenting himself as less emotionally competent than he actually was. This strategy acted as a shield against potential narcissistic wounds, helping him maintain his grandiose self-image.

A significant portion of the therapeutic work focused on his relationship with his wife, especially in the domain of sexuality. When I initially asked him to describe his wife, he listed several disconnected physical traits ("tall, black hair, nice boobs and butt..."). Interestingly, he often described men in vivid detail, such that I felt I could recognize them on the street. When I gave him feedback on how I had imagined his wife—as "a black wig at a height of 180 cm, one breast and one butt, all floating and disconnected"—he laughed, marking the first shift toward insight into his objectification of her and his inability to see her as a whole person.

At the start, the client held rigid views on male-female relationships, asserting that "women aren't as into sex as men are." Through careful reality testing and analysis of specific situations, he began to realize how his approach to intimacy created a vicious cycle of dissatisfaction. For example, he admitted that he never prepared his wife for sex—mentally or physically—and expected her to "jump into his arms" as soon as he came home from the bar.

A turning point in his relationship with his wife occurred during their summer vacation when he began applying the concept of reciprocity that we had discussed. He noticed that his wife became much more receptive to intimacy when he gave her attention—taking her to the beach, rubbing her back, walking with her. Paradoxically, this positive experience triggered anxiety in him because he "didn't feel like a man" when his wife initiated intimacy. This moment of confusion and vulnerability was used to further challenge his rigid beliefs about gender roles.

The use of "countermeasures" such as intimidation and manipulation in building and maintaining relationships had served as a substitute for developing mature emotional skills. Over time, the client began to recognize the cost of this approach. He admitted that, when he examined his life, he felt deeply lonely, as among the many people he spent time with, there was not a single true friend. He was afraid to let anyone get close enough to see his weaknesses, maintaining an image of someone who commands fear and respect, but at the expense of authentic relationships.

Through examining his "emotional accounting" using OLI integrative psychodynamic psychotherapy, the client began to understand the true "costs" of his behavioral patterns. This became especially evident in the analysis of his work situation. His main dilemma was choosing between the role of the "responsible, adult bore with a tie" or the "freelancer" who lives day by day. By uncovering the secondary benefits of "twisting" the truth, we came to the realization that his perception of freedom in informal business was unrealistic—he was actually spending significant time "on guard," sitting with insignificant people in pointless conversations at cafés.

A particularly significant part of the work involved his relationship to hedonism. He had long claimed to be a "big hedonist" and believed that through informal work, he was able to "get something from fun" without exerting effort. However, through analyzing specific situations, he began to see the paradox of his "hedonism"—he sat "on pins and needles" with people he

didn't like, drank to relax, and afterward felt guilt and fear. This led to an important realization: true enjoyment shouldn't require so much effort, nor should it produce negative consequences.

A significant part of the change process involved the client's relationship with alcohol, which he used as a "magic potion" to gain confidence. As he put it, when he drank, "his courage returned." However, he also recognized that this behavior was negatively impacting his relationship with his wife and damaging his health. When sober, he often felt miserable or depressed, and drinking served as a way to manage stress and anxiety. Over time, he was able to stop drinking and reduce his time spent in cafés.

A turning point in therapy came when the client began to connect his behavioral patterns to a deep fear of worthlessness. He admitted that he feared "everyone would see how pathetic he was." When asked who "everyone" was, he revealed that these were actually the people whose opinions truly mattered to him—his mother, wife, and family friends—the very people he had previously ignored while focusing instead on "insignificant" individuals with whom he could more easily maintain an image.

In the later stages of therapy, the client began to rediscover and develop authentic interests that he had long suppressed. He shared that he used to enjoy fishing, spending time in nature, and even writing poetry, activities he had hidden from others. Together, we made a distinction between his constructed image and his genuine desires. When he described the kind of person he would like to be—someone who feels fulfilled, relaxed, and creative—he beamed with joy. However, he quickly "returned to reality" and expressed fear about how such a person would navigate life.

The final phase of therapy was marked by the exploration of existential themes—specifically, fear of death and the meaning of life. After reading by Irvin Yalom, which I had recommended, he had a profound realization: the meaning of life lies in leaving something behind. This insight led to tangible changes in his life—he began dedicating more time to his family and creative hobbies, and he reconnected with family friends whom he had previously alienated.

Throughout the therapeutic process, the client gradually developed the ability to recognize and accept his own vulnerability, and he began to build more authentic relationships. Particularly significant was his integration of previously suppressed aspects of his personality, which signaled a gradual transformation of rigid narcissistic patterns.

#### **4.5. Analysis of Introjects**

A detailed analysis of the client's introjects reveals a complex network of internalized representations that significantly shape his inner world and current functioning. At the core of this dynamic are the introjects formed through his relationship with his mother, which are especially crucial for understanding his psychological structure. The dominant figure in this constellation is the introject of the "bearded woman"—a representation of the mother as a

strong, independent person who rejects any sign of vulnerability or emotionality. Alongside this, another introject, the "man-woman," was formed, where the mother is internalized as the nurturer and protector of the family in a distinctly masculine way.

These two maternal introjects are in constant conflict with other internalized representations, creating a complex inner dynamic of tension and self-division. A particularly important conflict is the contrast between the mother's negative evaluation of the father as "worthless" and the client's own relatively positive, yet emotionally detached experience with his father. This split is central to his current parenting style, where he projects the assumption that his wife, like his mother's view of the father, is incapable of influencing their children. He fears that offering emotional warmth to the children could lead to the wife assuming a submissive "couch" or "slipper" position—the same position his mother attributed to the father.

It is especially significant how his internalized negative male introject, formed through the mother's castration of the father, actively undermines his attempts to develop a warm, nurturing relationship with his own family. This dynamic highlights how early introjects continue to shape present relationships and behavior, creating a vicious cycle where past experiences repeatedly interfere with the possibility of establishing new, healthier relational patterns.

#### **4.6. Transfer Analysis**

The transfer dynamics that unfolded during the therapeutic process provide deep insight into the client's intrapsychic organization and relational patterns. From the very beginning of therapy, there was a notable manifestation of transference. The client explained that his choice of me as a younger therapist was motivated by the belief that he would find it easier to "handle" a younger woman. This dynamic reflects his established pattern of diminishing others in order to preserve his own sense of power, while simultaneously revealing an ambivalent relationship with the therapist as both a threat and a source of help—mirroring his relationship with his mother.

As therapy progressed, additional transfer patterns emerged, shedding further light on the client's inner dynamics. At certain points, idealizing transference was evident, with the therapist seen as a "doctor" capable of "waving a magic wand" to solve problems. Following an unsuccessful attempt at intimidation, which acted as an "initial spark," and several instances where he expressed that I had "grown in his eyes," an interesting shift in transference occurred. The therapist was now perceived as a "man in a woman's body" or a "woman with a man's mind." This transformation represented the client's attempt to resolve the conflict between his need for help and the need to preserve his self-respect.

A particularly significant episode took place when the client "googled" me and displayed intense interest in my hobbies, particularly those he viewed as "masculine." This represented an attempt to integrate me as a figure of the therapist, while also externalizing his internal conflict regarding



gender roles and identity. Through this dynamic, his ability to perceive a woman as a whole person—rather than as a partial object—gradually developed.

In the later stages of therapy, mirror transfers manifested, expressed through the need for validation of his perfection and the search for explicit approval. There was also a twin transfer, where the client engaged in "psychologizing together," identifying with my analytical functions.

Work with transference facilitated the gradual integration of split notions of the feminine and masculine, as well as the initiation of emotional expression work without the paralyzing fear of losing his masculine identity. Through this process, the client began to recognize and accept his own emotionality, particularly in the context of narcissistic vulnerability and sensitivity to perceived insults or disrespect. Ultimately, this transfer dynamic became a pivotal instrument in the process of psychological change and integration.

## Conclusion

The case analysis of "Z.D." highlights the multiple benefits of an integrative approach to understanding and treating narcissistic personality organization. By combining various theoretical perspectives—such as Kohut's self-psychology, Freud's psychosexual stages of development, and OLI integrative psychodynamic psychotherapy—a more nuanced and comprehensive understanding emerges, significantly enriching the therapeutic process.

A key element in working with narcissistic personality organization is Kohut's concept of empathy, which plays a dual role. It serves as both the primary means of understanding the client's subjective experience and self-object needs, and as a central healing factor. Through empathic understanding, the therapist can recognize and respond to the client's unmet self-object needs, whether related to mirroring, idealization, or alter ego experiences.

Freud's psychosexual stages offer valuable insights into the specific conflicts tied to the phallic stage of development, shedding light on the fears and defenses the client has constructed to protect against them. These defenses influence the structure of his narcissistic pride. Additionally, the knowledge gained from the OLI method—specifically regarding emotional competence, recognition of "counterfeits," and "emotional accounting"—helps identify dysfunctional patterns, life philosophies, and beliefs, providing a path for the client to recognize and transform them.

The therapeutic process with individuals who have a narcissistic personality structure, as illustrated in the case of "Z.D.," is a complex journey requiring careful balance between different therapeutic tasks. The initial phase of building the therapeutic relationship presents particular challenges due to the client's fundamental need to preserve grandiosity. A balanced relationship often feels like a significant threat because it disrupts the dichotomy of superiority and inferiority the client typically operates within. Recognizing and accepting narcissistic vulnerability is a particularly sensitive phase that demands careful intervention, while the



development of a new value system involves the gradual cultivation of more authentic relational patterns.

Working with transference as a response to self-object needs was crucial in the success of the therapy. Various forms of self-object transfer—such as mirror, idealizing, and twin transference—reflect attempts to repair early developmental deficits. Special attention was given to the handling of narcissistic rage, which can arise when grandiosity is threatened or when an idealized figure experiences a traumatic disappointment.

An understanding of the complex constellation of defenses typical of narcissistic personality structures—from denial and reality distortion to projection—was essential for evaluating the extent of narcissistic pathology and guiding therapeutic interventions. The interpretation of these defenses required careful, empathic alignment; premature or non-empathic confrontation could escalate the defenses or even end the therapy.

The experience of working with this case reinforces that an integrative approach—drawing from diverse theoretical perspectives—provides a more thorough understanding and more effective therapeutic work. Successful treatment of narcissistic personality organization demands not only theoretical knowledge but also specialized skills in handling transference, defenses, and resistances, all while maintaining an empathic connection that fosters the gradual development of more stable self-structures and authentic relationships.

## Literature list

- Baker, H. S., i Baker, M. N. (1987). Heinz Kohut's self psychology: An overview. *American Journal of Psychiatry*, 144(1), 1-9.
- Benjamin, J. (1988). *The bonds of love: Psychoanalysis, feminism, and the problem of domination*. Pantheon Books.
- Chasseguet-Smirgel, J. (1964). *Female sexuality: New psychoanalytic views*. London: Karnac Books.
- Freud, S. (1957). On narcissism: An introduction. In J. Strachey (Ed. i Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 67-102). Hogarth Press. (Original work published 1914)
- Freud, S. (1961). The ego and the id. In J. Strachey (Ed. i Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 19, pp. 1-66). Hogarth Press. (Original work published 1923)
- Ikonen, P. (1998). On phallic defense. *Scandinavian Psychoanalytic Review*, 21, 136-150.
- Jansen, M. (2021). Understanding the narcissistic value system.
- Jovanović, N., Kontić, A., Senić, R., i Jovanović, S. (2013). *Sposobnost za ljubav i rad - O.L.I. integrativna psihodinamska psihoterapija*. Beograd: Beoknjiga.
- Kernberg, O. F. (1975). *Borderline conditions and pathological narcissism*. Jason Aronson.
- Kernberg, O. F. (1995). *Love relations: Normality and pathology*. Yale University Press.
- Kernberg, O. F. (2004). *Aggressivity, narcissism, and self-destructiveness in the psychotherapeutic relationship: New developments in the psychopathology and psychotherapy of severe personality disorders*. Yale University Press.
- Kernberg, O. F. (2014). An overview of the treatment of severe narcissistic pathology. *International Journal of Psychoanalysis*, 95(5), 865-888.
- Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psychoanalysis*, 27, 99-110.
- Kohut, H. (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. International Universities Press.
- Kohut, H. (1972). Thoughts on narcissism and narcissistic rage. *The Psychoanalytic Study of the Child*, 27(1), 360-400.
- Kohut, H. (1977). *The restoration of the self*. International Universities Press.
- Kohut, H. (1984). *How does analysis cure?* University of Chicago Press.

Kohut, H., i Wolf, E. S. (1978). The disorders of the self and their treatment: An outline. *International Journal of Psycho-Analysis*, 59, 413-425.

Levy, K. N., Meehan, K. B., Cain, N. M., i Ellison, W. D. (2019). Narcissism in the DSM. In A. E. Wenzel (Ed.), *The SAGE encyclopedia of abnormal and clinical psychology* (pp. 2168-2172). SAGE Publications.

Masterson, J. F. (1993). *The emerging self: A developmental, self, and object relations approach to the treatment of the closet narcissistic disorder of the self*. Brunner/Mazel.

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process* (2nd ed.). Guilford Press.

Mitchell, S. A. (2002). *Can love last?: The fate of romance over time*. W.W. Norton.

Mitchell, S. A., i Black, M. J. (1995). *Freud and beyond: A history of modern psychoanalytic thought*. Basic Books.

Ornstein, P. H. (1974). On the psychology of the self: Further advances in self psychology. *International Journal of Psychoanalysis*, 55, 115-121.

Ornstein, P. H., i Kay, J. (1990). Development of psychoanalytic self psychology. In *Development and vulnerabilities in close relationships* (pp. 147-161).

Reich, W. (1972). *Character analysis* (3rd ed.) (V. R. Carfagno, Trans.). Farrar, Straus and Giroux. (Original work published 1933)

Rosenfeld, H. (1971). A clinical approach to the psychoanalytic theory of the life and death instincts: An investigation into the aggressive aspects of narcissism. *International Journal of Psychoanalysis*, 52, 169-178.

Stolorow, R. D., Brandchaft, B., i Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. The Analytic Press.

Twenge, J. M., i Campbell, W. K. (2009). *The narcissism epidemic: Living in the age of entitlement*. Free Press.

Wolf, E. S. (1988). *Treating the self: Elements of clinical self psychology*. Guilford Press.