

**Shrink Rap Radio #46, August 11, 2006, The Narcissistic Personality**  
**David Van Nuys, Ph.D., aka “Dr. Dave” interviews Maria Hess, Ph.D.**  
(transcribed from [www.ShrinkRapRadio.com](http://www.ShrinkRapRadio.com) by Kat Bautista)

**Excerpt:** *There’s a sense of the narcissist having no conscience, a feeling like, “If I hurt your feelings, well, too bad. It’s your problem. I don’t have any responsibility for that.” So the lack of guilt – so that’s really what I’m talking about here, is that the other person really feels righteous about whatever they do, and so the other person is left in their wake wondering what the heck happened to them.*

**Introduction:** That was the voice of Dr. Maria Hess. From time to time, I get requests from listeners asking for more coverage of the various diagnostic categories, such as depression, autism, obsessive-compulsive disorder, and so on. So it’s in that spirit that I invited today’s guest to talk about the narcissistic personality. Regular listeners will recall Dr. Maria Hess, who I interviewed on Teaching with Passion back in episode number 20. Maria regularly teaches a class on Abnormal Behavior at Sonoma State University, where I taught for most of my own career. And it’s worth mentioning that she was a recent winner of that university’s Excellence in Teaching Award. Now, on to the interview.

**Dr. Dave:** Hi, Maria, welcome back to Shrink Rap Radio. Now the last time I interviewed you, it was about teaching psychology with passion. Well, one of the courses that I know you teach with a great deal of passion is psychopathology, and I’ve had a few letters from listeners requesting more coverage of topics relating to abnormal behavior and to the diagnostic categories. So I immediately thought of you as a great guest to delve into that sort of thing.

**Maria Hess:** Thanks, David, I appreciate you thinking of me.

**Dr. Dave:** Okay, so I know one of the areas that you are particularly interested in is the narcissistic personality. So let’s focus on that today. Now, I’m not current on the DSM. What’s the terminology today? Is it called Narcissistic Character Disorder or Narcissistic Personality Disorder?

**Hess:** It’s Narcissistic Personality Disorder, but for most clinicians and people who work with the DSM, Personality and Character are interchangeable when they talk about this level of pathology.

**Dr. Dave:** Right. Right. Okay. Well, let’s start off then by defining what a personality disorder is.

**Hess:** One of the fundamental characteristics of a personality disorder or character disorder is when a person has a particular way of being or interacting in the world which isn’t necessarily problematic for them but is problematic for people who interact with them. What makes it of character, right? Is that it’s an internal structure, it’s not something that changes over time. So in other words, if I’m arrogant, or I’m condescending or patronizing, I’m consistently that way. It doesn’t really vary with stimuli.

**Dr. Dave:** Right, it's a deep personality trait that's always been there.

**Hess:** Yes.

**Dr. Dave:** Yeah.

**Hess:** Right.

**Dr. Dave:** Yeah. Of course, when you say it's not troubling to the person but it's troubling to others, that right away conjures up for me political considerations.

**Hess:** I'm not clear. What do you mean?

**Dr. Dave:** Yeah, I'm not being terribly clear about it. I'm thinking of some of the critiques of psychiatry and psychology, some of the social-political critiques that suggest that people don't have problems, but that it's the problems that people have with people, and that's the problem.

**Hess:** Oh, I see. Yes. Well, here, what I mean by that and it very well may be political...

**Dr. Dave:** Yeah.

**Hess:** ...but really there are certain things, behaviors, that are congruent, that are off-putting to other people, so I think that even if it were in the political realm and "Whose problem is it?" kind of thing, there is much agreement around the constellation of the challenges for the person with narcissistic personality disorder. I mean, things like shamelessness, an incredible set of arrogant, patronizing behaviors and ideas and attitudes about other people...

**Dr. Dave:** Okay. Okay.

**Hess:** ...really almost it butts up against antisocial personality disorder in some way because there's a sense of the narcissist having no conscience, a feeling like, "If I hurt your feelings, well, too bad. It's your problem. I don't have any responsibility for that." So the lack of guilt – so that's really what I'm talking about here, is that the other person really feels righteous about whatever they do, and so the other person is left in their wake wondering what the heck happened to them.

**Dr. Dave:** Yeah. Yeah. I was going to ask you to define the narcissistic personality and maybe you just did. Are there any other features that...

**Hess:** Sure. There's a sense of entitlement, a feeling that "I deserve and you don't," there's a sense of not needing to explain or be held accountable to anybody else, a feeling that "If I can use you to better serve my own needs, then that is my prerogative." And there's also a sense of boundarylessness in the narcissistic personality disorder that goes along with entitlement, that "If I want or I need

something that you're doing or thinking or believing, I have a right to cross over and impose on you."

**Dr. Dave:** Yeah. Is it just me or aren't we all a bit narcissistic? Like, how do I tell whether my own narcissism or my friend or my family member's narcissism verges into the pathological realm?

**Hess:** That's a great question. And I could digress just a tad here because...

**Dr. Dave:** Sure.

**Hess:** ...there is a sense of healthy narcissism, and we do all possess healthy narcissism, if all goes well. I mean, healthy narcissism is that part of ourselves that wants to do well, wants to set goals and meet them, wants to look our best, feel our best, be recognized for our strengths...

**Dr. Dave:** Mm-hmm.

**Hess:** ...be encouraged to do more of whatever we do well...

**Dr. Dave:** Right, right.

**Hess:** ...right? But where it comes into pathology would be saying – for example, you say something to me and I feel like you're being arrogant or you're implying that somehow you're better than me and I'm this poor schmoe who doesn't really understand. I can go to you and say "David, you said this, and it may just be the way I heard it, but it hurt my feelings." And you might say, "Oh my gosh, I certainly wasn't meaning to hurt your feelings, so let's talk about that and resolve it."

**Dr. Dave:** Yeah.

**Hess:** Whereas if you have narcissistic personality disorder, I would say that, you'd say "Too bad, it's your problem, don't even bother with me about it." There would be no reckoning or desire to want to have any kind of contact with you in it. There's a sense about the person with the narcissistic personality disorder, they're kind of insulated unto themselves. So there's this little sense that they're walking around in their own universe, more so than most of us do anyway.

**Dr. Dave:** Yeah.

**Hess:** Right?

**Dr. Dave:** Yeah.

**Hess:** It's like "My whole universal bubble is better than your universal bubble."  
(laughs)

**Dr. Dave:** Right. Right. Do you have any good stories or cases recently to help us better understand this narcissistic personality?

**Hess:** Well, I guess what I have in my mind when you ask me that question is a compilation of many narcissistic types that I've interacted with. There seems to be a particular set, at least in psychotherapy, when working with a narcissistic personality in psychotherapy, it's very difficult to get any history about childhood, they feel very protective of their own family and family dynamics. There's a sense that everything is perfect, these clients often say "I don't know why" – they usually come to therapy because their partner asks them to, or they have some physical problem with their looks.

**Dr. Dave:** Hmm.

**Hess:** Men start balding, start losing their looks and their face; women start losing their bodies – that which they used to attract the opposite sex. So oftentimes the client – and it looks very similar. This is also indicative of a personality disorder, is the stories change a little bit but the process is very similar person to person across the board. And there's this sense of "You can't really help me, I'm here to please somebody else, there's really nothing wrong with me and you people are all screwed up with thinking that there is."

**Dr. Dave:** Yeah.

**Hess:** "You just don't see my brilliance."

**Dr. Dave:** Yeah.

**Hess:** That kind of thing. A sense of people who I might consider or you might consider to be average-looking who speak about themselves as, like, God's gift to women or men, not being able to see themselves accurately, so that when they look in the mirror they see a hunk.

**Dr. Dave:** Yeah. Yeah.

**Hess:** A buff kind of a guy but when...

**Dr. Dave:** Yeah.

**Hess:** ...you and I are sitting across from them they are not that.

**Dr. Dave:** Yeah.

**Hess:** So there's this skew in their self-perspective that seems to be pretty congruent with clientele that have that disorder.

**Dr. Dave:** Yeah. Yeah. Your description brings to mind somebody that I know, and I won't say who, but somebody I know fairly well. He's an older person at this point

in his life and that person came from another country, and every week this person looks forward to getting a call from his sister, who's in the old country. Now if I ask this person, "Well, what's going on with your sister?" he'd have no idea.

**Hess:** That's right.

**Dr. Dave:** The sister's life is not important. As a matter of fact, the sister had to go into a hospital for a while for cancer, but when I asked this person I'm referring to about that, it was like "Oh" – it was more like that was an annoyance that got in the way of the weekly phone call.

**Hess:** Absolutely. A really good character that makes me think of this – Mary Tyler-Moore in Ordinary People. She's a great representation of what a narcissistic person might look like in the moment. In spite of this deep suffering that her husband and her son are doing in the movie, she's, like, removed, insulated from it and then sees them as weak and beneath her rather than wanting to help them soothe their difficulties or their suffering in any way. There's a real disdain for suffering of any kind, lack of compassion for homelessness, people who have illnesses or there's an intolerance for the lesser, right? There's always this focus on better, better, better, better.

**Dr. Dave:** That really fits the person that I'm thinking of. You spoke to us a little bit – I wanted to ask you what would bring this sort of person into therapy, because presumably, since they're so narcissistic, they're feeling really good about themselves. So where's their pain?

**Hess:** Yeah. Well, usually, like I said, it's either a mate who sets some kind of limit, who says, "Either you learn how to be receptive to my feelings and you listen to what I need from you, or we can't go on," or this desperate sense of losing a career personality, physical sense of identification – some way of falling off their own pedestals. It's hard to deny that one is aging when one is balding, for example.

**Dr. Dave:** Yeah, I was going to say aging. Yeah. Aging. Yeah.

**Hess:** That's a big one. That's a real big one. So there is a resistance to aging. A feeling that I as the narcissist should somehow be able to do a work-around around mother nature, right? So there is this feeling of failing in some way.

**Dr. Dave:** Yeah.

**Hess:** So the suffering actually is quite deep for a narcissist once they access it. And in therapy it could be very difficult to work with a client to access it. But to start with the physical step is often very helpful for them, because that is what they too can see.

**Dr. Dave:** Yeah. Yeah.

**Hess:** So that's a place of beginning.

**Dr. Dave:** Going back to this person that I'm thinking of, he's confronting old age and a considerable amount of loneliness, because he was so narcissistic that he never really developed any interest, any outside interest, any hobbies, any techniques for engaging other people about what he's interested in. So now this is a person who's living in an assisted living situation but can't really connect with any of the other people.

**Hess:** Sure, that's very, very, very, very typical of those. And a sense too that nobody has anything to offer them. There's really that deep sense that nobody has anything that they need.

**Dr. Dave:** Yeah.

**Hess:** And the rule of thumb with personality disorders, at least as I've studied them is that they can go one of 2 ways. Going into middle age can actually be the land of many chances for somebody to change their life and to really confront the suffering of being so separate, or it just gets more constellated. That sounds like that's the case that's happened with the person that you're talking about and that can make for a very lonely, very painful, very difficult old age.

**Dr. Dave:** Yeah.

**Hess:** It's like the unexamined life that is not worth living – that kind of thing, that the person who has this unexamined life doesn't have the richness of the weaknesses and the failures that have then created the depth of their successes...

**Dr. Dave:** Yes.

**Hess:** ...so without the willingness to dip down, the highs don't have the same kind of meaning as they get older. You're beating the drum endlessly...

**Dr. Dave:** Hmm.

**Hess:** ...and you lose people. People get tired of them. They don't want to be around you anymore...

**Dr. Dave:** Yeah.

**Hess:** ...so there's a lot of loneliness that happens as you get older.

**Dr. Dave:** Yeah. I have seen that. I've seen that. Now, doesn't the fact that it's considered to be a personality disorder suggest that it's so fundamental to the person's make-up as to be very difficult to change?

**Hess:** It is. It is. And it's mixed. In the clinical literature, it's mixed. Some people really believe that, like Stephen Johnson, who wrote this incredible book called Characterological Transformation, and he talks about slow work with the client,

developing a relationship – which is the hardest part, because the person doesn't see you having any value...

**Dr. Dave:** (laughs)

**Hess:** ...so it could be tough. But if you can just stay with it and help the client see what they lose as a result, there can be some sense of “Aha” about it. But I don't know that they lose the narcissistic personality disorder. I think more like, with all personality disorders, what psychotherapy helps with is it shows the detriment of it, and then helps them learn management skills...

**Dr. Dave:** Hmm.

**Hess:** ...in spite of their disorder.

**Dr. Dave:** So it's work around it or...

**Hess:** Yeah. Do the work-around. That's right, yeah. Really find a way to manage it.

**Dr. Dave:** Yeah. So you mentioned – was it Stephen Johnson, did you say?

**Hess:** Stephen Johnson.

**Dr. Dave:** Stephen Johnson. Are there other approaches that other people, take or is that the main one?

**Hess:** Well, now Stephen Johnson has his own way of talking about this. James Masterson is really probably the main person in the clinical literature who really has taught psychotherapists for years and years about dealing with characterological difficulties. There's other, like, pop-culture stuff, like Sandy Hotchkiss, who wrote a book called Why Is It Always About You? And this book is phenomenal because it takes a very common-sense approach to narcissism, but really her fundamental belief and many clinicians share her view is how to help people who are in the vicinity of narcissists...

**Dr. Dave:** Yeah. Yeah.

**Hess:** ...because you can't really – her premise is “Look, you can't really do much about somebody who has a narcissistic personality disorder. You're not going to change them. But you could do things so that you're not at the mercy of them in the same way.”

**Dr. Dave:** Yeah, well, that really leads into one of the questions I wanted to ask, which is if one of our listeners has a friend or a relative or a fellow employee whose narcissism is driving them up a tree, how do you suggest they deal with that person?

**Hess:** Yeah. Well, first of all I think that getting some support and talking to somebody who will hear what they have to say and be receptive to their feelings could be very

helpful, because once you reach critical mass in a relationship with a narcissist, you're feeling a little crazy making yourself. You're feeling a little crazy yourself.

**Dr. Dave:** Yeah.

**Hess:** Because it's how can this be, right? And this book is helpful, this *Why Is It Always About You?* I think it's probably one of the best workbooks I've ever really seen about how to move through...

**Dr. Dave:** Yeah.

**Hess:** So, like, in making sure that you can say it out loud and get validated for your experience and move out of the bubble that there's something wrong with you – because for sure, when you're in a relationship with a narcissist, that's how you feel. No matter what you do or what you say, you are always in the detriment. And that can't be right, right? You can't have somebody who's always right. (laughs) And that's a real clue.

**Dr. Dave:** Yeah.

**Hess:** So support is really a big deal and then getting informed, and really getting informed, and hopping off the bus that you're going to be the one that's going to change them. That's also really a big deal, especially if they're a family member or somebody that you love.

**Dr. Dave:** Yeah. Has there been any evolution over time in terms of how the diagnosis or the treatment is viewed by professionals?

**Hess:** I think so. And I don't know that many people would agree – I really don't know because in some way when you're an academic and when you work in clinical practice you get in your routines...

**Dr. Dave:** Yeah.

**Hess:** ...of how you learn and who you read and all that kind of thing. But what I'm starting to see around narcissism is that there seems to be more and more information that's coming about that narcissism has a spectrum. And there's always been some kind of implication about that, as I've studied the material, but now it's becoming more overt that there's a spectrum of narcissism, so that when we get to the higher level of narcissism is where we have that cutthroat mentality of no matter – wanting to demolish the other, right? And then there's the lesser – where people just have characteristics of narcissism, and they have a propensity towards arrogance or a propensity towards boundarylessness, but again, on the lower levels they are people that you can confront, you can say things like “Well, that hurt my feelings,” or “I wish you wouldn't do that,” or “Why are you doing that?” And they respond. The response is really the key for the clinician. Like, if that person can respond and can give a variety of responses and not just the same one like “You're



wrong, I'm right," then you have more of a way in. So the spectrum really shows insofar as how the give and take of the relationship goes. If there's a give and take.

**Dr. Dave:** Yeah. Now you've got some background in object relations, as I recall. You're interested in object relations theory. So I'm wondering if you know what's the viewpoint of how narcissism develops.

**Hess:** Yes. Well, from the object relations perspective, which is a psychoanalytic kind of depth-oriented way of looking at things, it focuses really very much on the first 3 years of childhood life between the child and the parent. And what they talk about is that how fundamental development for the first 16 months of life is really the child having the sense that there is no other. They and Mother are one thing, right? So there is no other. And as they come into an awareness that Mom isn't me, and they have a way of relating to her out there and me here, you Mom and me here, then I start having the sense of being important to you. And during that period of time, this is known as the practicing phase, where I'm really practicing being a brand-new human...

**Dr. Dave:** Okay.

**Hess:** ...practicing walking, talking, grabbing ahold of things, succeeding, accomplishing, my independence as a toddler...

**Dr. Dave:** Right.

**Hess:** ...that I then have the opportunity of being the center of the universe. So this is the time of life where the kid spins around in the middle of the living room when all the adults come along and they want you to say, "Aren't you the swellest?"

**Dr. Dave:** Yeah, Right.

**Hess:** "Oh, my gosh, look at that baby, there's nobody that's as good as you." And they get a sense of – pride would not be the word, but in the adult world, that's what we might call it.

**Dr. Dave:** Yeah. Yeah.

**Hess:** It's pride. The sense of omnipotence. The center of the universe.

**Dr. Dave:** Right. Right.

**Hess:** When that is allowed and tolerated and supported and encouraged and nourished, then the child can integrate back a sense of this healthy narcissism I was talking about earlier...

**Dr. Dave:** Uh-huh.

**Hess:** ...and then move on to other tasks. When it's not received well, and it's usually not received well when one has a narcissistic parent, by the way...

**Dr. Dave:** Uh-huh.

**Hess:** And the parent can't handle the "competition"...

**Dr. Dave:** Mm-hmm.

**Hess:** ...for the center stage, the child is diminished or maybe quelled or ignored...

**Dr. Dave:** Okay.

**Hess:** ...or punished...

**Dr. Dave:** Yeah.

**Hess:** ...and then that need to be special, to be seen as different and unique goes underground, and then that becomes the piece that continues to need to be relived throughout one's life.

**Dr. Dave:** Oh, so they become stuck in that place...

**Hess:** They are.

**Dr. Dave:** ...and they really get a double whammy because they got the modeling from the narcissistic parent.

**Hess:** That's right. Yes. And there's a sense of real deep loneliness behind this grandiosity.

**Dr. Dave:** Ooh, yeah.

**Hess:** So there's a feeling of never being seen. So even though the person himself might not acknowledge to you, "Gosh I'm suffering from my sense of grandiosity," it becomes clear to those of us who watch that there's a sense of emptiness to this person because they never get filled up with the sense of their own self. They're needing to be reflected by the world and told continuously how important they are...

**Dr. Dave:** Yeah.

**Hess:** ...because there's no affair there inside of them.

**Dr. Dave:** Yeah. Now as I listen to you say that, I'm experiencing a little bit of medical student syndrome... (laughs)

**Hess:** (laughs)

**Dr. Dave:** ...which is in case anybody isn't familiar with that, anybody who's ever taken a course in Abnormal Psychology or taught it has had the experience of seeing themselves in every diagnostic category.

**Hess:** Yes. (laughs) Absolutely. Oh, and teaching it is just the worst. (laughs)

**Dr. Dave:** (laughs)

**Hess:** Totally.

**Dr. Dave:** Yeah, so as I hear you describe it I'm sitting here remembering myself saying, "Mommy, Mommy, look at this! Look at me! Look at me!"

**Hess:** (laughs) Totally.

**Dr. Dave:** (laughs)

**Hess:** Yes. And that's your job at that age...

**Dr. Dave:** Yeah.

**Hess:** ...is to be the star, at the center stage. I think we can all relate to narcissism in some way...

**Dr. Dave:** Yeah. Yeah. Yeah.

**Hess:** ...and I think a lot of it has to do with the culture is in love with narcissists. We love them.

**Dr. Dave:** We live in a narcissistic culture, right?

**Hess:** I think so. I mean, you can't be too rich, you can't be too thin, we make heroes out of people who do, what, I don't know, show up on Star Search or whatever that — ...

**Dr. Dave:** Yeah.

**Hess:** ...we make heroes out of people who do things that in and of themselves may not be necessarily that which deserves the "aggrandizement" we give them.

**Dr. Dave:** Ah, so...

**Hess:** We love stars.

**Dr. Dave:** ...like Donald Trump.

**Hess:** Yes.

**Dr. Dave:** Who would appear to be just a huge narcissist...

**Hess:** Yes.

**Dr. Dave:** ...right? (laughs)

**Hess:** He does.

**Dr. Dave:** He just labels everything “Trump.” Everything is “Trump.” Everything is about Trump.

**Hess:** Totally. Yes.

**Dr. Dave:** And so we worship people. I hadn’t thought about this but you’re right, we worship people who have somehow succeeded in their narcissism on a grand scale.

**Hess:** Yes, and it usually has to do with earning capacity, and public recognition. It’s not who you are necessarily as what you do and what you get paid to do.

**Dr. Dave:** Right. Right.

**Hess:** And how you look.

**Dr. Dave:** Yeah.

**Hess:** Because how you look is a big deal in this culture.

**Dr. Dave:** Yeah. Yeah.

**Hess:** So we aggrandize for things that really don’t have much internal substance. And I’m working off of a stereotype here. This is a pretty big conversation we’re having, and I’m painting in a pretty broad stroke.

**Dr. Dave:** Okay.

**Hess:** And if I were in a clinical setting, of course I would be looking at things much more in particular. But to talk on a bigger scope, this is more of the generalization.

**Dr. Dave:** Is there anything more that you’d like to add about narcissism that I’ve failed to ask?

**Hess:** Well, the last thing, I guess, I would like to say is that I also think that there are a lot of strengths that people with narcissistic personality disorder do show and insofar as they’re often people who are willing to take risks in ways that other people do not, and if you don’t need anything from them, they can actually be fairly good role models as far as how to break boundaries around the feelings of what one can and can’t do. There’s a way that we can look at them as far as learning about self-esteem, insofar as how to hold a sense of success, right? Without the

hollowness that goes along with it. But there's a way that we can look at it as some kind of a strength, too. I don't want to throw the baby out with the bath water.

**Dr. Dave:** Okay. Okay. Great. Well, Maria, thank you so much for spending time with us again...

**Hess:** Sure.

**Dr. Dave:** And I'm probably going to be hitting you up from time to time. We'll go through some more diagnostic categories, because I think there are people out there who are really curious about these.

**Hess:** You bet. Thanks, David.

**Dr. Dave:** Thank you.

**Hess:** Yeah.