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## **Who's in Bed with the Scorpion? Partners of the Narcissist**

Couple therapy often difficult becomes exponentially more difficult with a narcissist partner. Furthermore, the narcissist's partner often has significant emotional, psychological, and mental dysfunctional processes. Who willingly gets in bed with the narcissist- the scorpion!? And who gets out of bed with the narcissist? Diann- survivor of her husband's narcissism, did. The narcissist seeks out relationships that maximize personal grandiosity. In childhood, "His friends are his admirers, people who will reinforce this sense of self and help maintain feelings of esteem. If he does have a special talent then he will indeed utilize this to the utmost, and seek to capitalize on it... After all he has something others want, and they will have to pay to get it in the only coin that counts; they must laud him, be obsequious, fawn upon him, heap adulation on him, or otherwise act to reinforce the sense of specialness and vanity" (Noshpitz, 1984, pp22). These requirements are eventually applied to intimate relationships. For years, Diann fulfilled these requirements for Professor Husband. Friends and the partner endure narcissistic behavior such as condescension, "insulting others' intelligence, refusing to go out with someone who was not 'good enough,' avoiding talking to people who were 'low life,' associating mainly with high-status people, pointing out the faults of others) and extreme attention to one's physical appearance (watching one's biceps, looking in a mirror while talking to others, commenting on weight loss, walking around with one's chest out, frequent grooming" (Buss and Chiodo, 1991, pp201).

### **Why? Who? Pleaser, Victim, & Martyr**

"Two of the primary indicators of NPD are a grandiose sense of self-importance and strong feelings of entitlement (American Psychiatric Association, 2004). A partner who fits most compatibly with these traits is one who feels grandly unimportant, inferior, and unentitled. Though two such people may match well, the relationship is not mutually advantageous or supportive, and it can be quite dysfunctional. Oldham and Morris (1995) recommended individuals with dependent and 'self-sacrificing' personalities as good matches for the individual with NPD because such giving individuals 'find happiness in fulfilling the needs of others' (p. 94). On the other hand, these authors specifically warned that the needs of individuals with dependent and self sacrificing styles will go unmet by an individual with NPD" (Boldt, 2007, pp147). The partner will have suffered unmet needs for years before entering therapy or considering ending the relationship. Or, becomes tired of disrespect and mistreatment. However, despite enduring second-class status, the partner enters therapy still committed to stay with the narcissist.

Boldt (2007, pp148-49) described "Joan was overcooperative and too giving, a 'doormat,' a Pleaser who always put others first. Her husband, Pete, demanded that she limit herself... She gave up her own interests and preferences, putting them dead last, with the emphasis on 'dead.' ...as an exhausted, over-extended 'superwife' and 'supermom,' she barely noticed the loss. Although... anxious and depressed, she hid her feelings because her husband reacted to them with anger and accusations that she was useless. He



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demanded that she be happy and... Depleted by her exhaustion, the continuing lessening of her self-esteem, and the constant focus on pleasing him, her feelings of helplessness increased. As Pete became more and more critical and emotionally abusive, Joan became more anxious to please... Having lost touch with her self-esteem, she agreed that her inability to please him was her fault. His angry outbursts and verbal abuse raised such fear that she obsessively tried to keep him happy. The more submissiveness Joan exhibited, the more contemptuous and abusive Pete became." Diann was often a Pleaser for her husband.

Boldt (2007, pp150) also describes a Victim, Dave. Dave's basic relationship goal was to gain attention or love through others' pity for his suffering. His wife was always the powerful character, while he as Victim was weak and helpless. Believing without power or control- innocent and naive, he felt perpetually in danger. Life as Victim means being targeted for some special reason. Other people were either victimizers or saviors. "The helpless, powerless, and inadequate self-image of the Victim makes him or her extremely vulnerable to the seductive dominance of the person-who-must-be-superior." In addition, (pp151-52) a Martyr, Pat willingly suffers for some imagined higher purpose with some later reward for the sacrifice. The rigid moral code makes the Martyr noble and superior to others unwilling to suffer... and will not be rewarded.

Pleaser, Victim, Martyr... or Fool- subjective characterizations of likely partners to the narcissist can coordinate with diagnostic conceptualizations. The partner may not justify a Diagnostic and Statistical Manual (APA, 2013) personality disorder label, but have significant relevant tendencies. The first three partner types reflect the Pleaser, Victim, and Martyr characterizations, while the last two- particularly the last one are especially compelling.

### **Who? BPDO, DPDO, HPDO, NPDO**

The narcissist's partner may have significant borderline tendencies. Borderline desperation for attachment- fear of betrayal, abandonment, and rejection compels acceptance of periodic narcissist annihilation. Despite devastation, fear of further rejection, or abandonment traps the partner. Borderline desperation simultaneously motivates excuses for abusive treatment while condemning it. And when narcissistic rage is quiescent, the narcissist's charm may be very nurturing and fulfilling prompting delusional belief that all is okay and abusive treatment was an anomaly. The partner may have dependent tendencies. As a young adult like many people to various degrees, Diann had the insecurities in common with borderline and dependent individuals. Dependency like borderline desperation for attachment, for approval, and abandonment fears makes periodic narcissist annihilation "acceptable." Risking periodic annihilation is preferred over risking being without the parental figure of the narcissist. Desperately craving validation but not feeling worthy, the dependent personality feels deserving of negative treatment. The narcissist as always, compellingly convinces the partner that he or she is wrong, was wrong, and will always be wrong. Implicit or explicit threats of rejection keep borderline and dependency fears activated, paralyzing the partner. By staying, the partner such as Diann gives permission for continued abuse.



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Someone with histrionic issues may partner with a narcissist. The histrionic with weak ego strength accepts a paternal/maternal mentor/superior offering access to experiences-audiences or social circles for example, otherwise unattainable. The narcissist condescendingly "mentors," guides, dominate, and shows off or exhibits the histrionic. Rich and powerful (and narcissistic) men have often decorated their throne room, mansion, social galas, and award ceremonies with pretty arm candy or "trophies" bereft of other positive qualities.

Francis and Claire Underwood (brilliant played by Kevin Spacey and Robin Wright) in the Netflix series, "House of Lies" are a two-narcissist couple. Two superior-beings-in-kind align and hold individual and joint omnipotence over inferior others. The relationship, based on limited intimacy asserts respective superiority over others. This is tolerable if the partner's competency is somehow non-competitive- for example, a narcissistic psychiatrist with a narcissistic businessperson. Neither invested in deeper vulnerability, they are wary allies, like nations in a treaty of convenience. Their mutual enemies so to speak are anyone else that can threaten either person's high fragile self-esteem. The two maintain a pseudo-relationship for functional needs- usually power and status. Healthier individuals would make intimacy demands that neither partner is prepared to meet, leaving another narcissist as the most viable option. Not surprisingly, the two-narcissist couple may be fragile and unstable with both having gone through series of narcissistic pairings and dissolutions.

Personality disorders are by definition long-term habitual characterological patterns of functioning (feeling, thinking, and behaving). Deeply ingrained and maladaptive patterns, they cause enduring difficulties in relationships and social functioning. Thus, the challenge of this therapy is not only to treat one but TWO personality disorders AND simultaneously, dealing with interactional dysfunction caused by the two disorders. Aspects of two personality disorders make otherwise effective therapeutic interventions, confusing, highly difficult, and sometimes, impossible.

### **Who? What!? The Non-Disordered Partner**

One might meet a really neat, intelligent, and heartfelt individual who is or had been married to a narcissist. Diann had recently divorced after twenty years. Her husband was professor of literature having written some well received short stories in his twenties. She had been in his graduate poetry seminar. She postponed her career to get married to him and raise their children, but never stopped writing. Professor Husband encouraged her "hobby." Eventually, she published her poetry and became an "overnight" sensation in her early forties. Professor Husband was reluctantly supportive of her sudden acclaim, as long as she took care of kids and continued being his escort to his academic functions. Fissures began when Diann started getting more attention than he got. By the time the therapist met Diann, the marriage had long ended.

The therapist readily recognized her ex-husband's narcissism in her story. However, it did not make sense to the therapist why such a fabulous spiritually and emotionally



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attractive- and obviously, intelligent individual would hook up with and tolerate an abusive narcissist. Further examination found that Diann had suffered significant childhood emotional abuse. Others, also partnered with narcissists often suffered similar emotional if not sexual or physical abuse from their parents- their authoritative figures. The abuser's methodology almost always includes training the abused to believe he or she deserves abuse. Diann had been indoctrinated that she should appreciate how difficult it was for the abuser to love such a flawed, unworthy, and problematic person. Without conflicting positive perspectives from healthier authority figures, Diann absorbed the accusations. With internalized minimizing or dismissal of her fundamental worth, Diann became especially vulnerable to a narcissist. As the new authoritative figure, the narcissistic Professor Husband replicated childhood denigration by rationalizing and justifying his abusive behavior. From a life-long sense of "wrongness" including doubting and denying personal experiences and memories, Diann was unable to recognize his narcissistic distortions of reality. Childhood abuse had caused her to be used to- desensitized to her husband's narcissistic abuse.

For Diann and others, new positive relationships (with friends, professional peers, etc.), achievements (publication and awards), and therapy where ones experiences and worth were validated and valued, can be reparative. Diann started to dispute being always at fault, and eventually rejected continued narcissist assaults. When such a person arrives in couple therapy with the narcissist, his or her evolved sense of self-worth has already altered the relationship equilibrium. Therapy can join supporting growing sense of self-worth and intolerance of mistreatment, while changing the narcissist's toxic behavior... or determining if such change is possible. If the narcissism is too powerful, the evolving healthier partner may choose to terminate the relationship. Diann did so, realizing it is healthier to leave than to revert to her old submissive role. There would have been only one personality disorder to manage and treat in such therapy.

For Diann, it never came to therapy. Her transformative process occurred in life. She tried to engage Professor Husband, but he was unavailable. It became clear to her that she was a good decent person who deserved treated positively as her friends and colleagues had. However, deeply embedded anxiety (calcified or not in a personality disorder) could have disabled Diann or another's ability to integrate positive messages of worth. To Diann, it became ever clearer that Professor Husband was a jerk! And that she had not made him a jerk. That was him before and after. Thus, leaving him became her choice. Reparative relationships and experiences empowered Diann to finally break off from abuse and the narcissist. The therapist who encounters this person in couple therapy should actively promote boundaries and refusal to take narcissistic abuse. This may also prompt considering terminating the relationship, which is the partner's decision.

### **Strategies**

Diann's process suggests the therapeutic process with a couple. The narcissist arrives in therapy sometimes because high fragile self-esteem has crumbled in the harsh reality of life and relationship problems. Drugs, alcohol, or other dysfunctional behavior has seeped into life destructively. The partner is often a co-addict, enabler, or otherwise



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intricately complementarily involved. Therapeutic conversation can easily be drawn into addressing behavioral choices and patterns individually and relationally. Enduring behavioral change that lead to functional living remains important, while addressing simultaneously each partners' distinct and complementary underlying issues.

"To create sustainable change, Glickauf-Hughes and Wells suggest differentiating the intrapsychic from the interpersonal aspects. In terms of intrapsychic aspects, the authors discuss the importance of helping the masochistic individuals learn to ask for their dependency needs more directly. They tend to be ashamed of these needs and mistrustful that others can meet these needs. The marital work can be quite successful if the therapist focuses on the masochistic individuals, helping them be more assertive and gain increased self-esteem. This can be done concretely through helping them gain better self-assertion skills and by pursuing various things in their lives that provide self-esteem. As a result, they will give up some of this need to live vicariously through their partners. The masochistic partners can be given permission to accept some pleasure from the successes of the narcissistic partners" (Links and Stockwell, 2002, pp527). The challenge lies partly in how willing the partner is to risk becoming more powerful and assertive against the narcissist's intimidation. Professor Husband had not been willing and probably would not have been in therapy. Therapist directives may be subverted. Embedded habit to defer to the narcissist- characteristic of the dependent personality or the Pleaser often come from childhood experiences of domination by powerful authority figures. The partner may be so fearful of the narcissist's potential rage and punishment. While these complicating dynamics are given with a narcissistic partner and anyone who becomes a narcissist's partner, the theoretical validity of the approach remains.

Applying theoretical principles and strategies in couple therapy can be extremely slow, frustrating, and difficult. Sudden or extensive changes may not be possible because they disrupt the existing balance too much. Both the resistance of the narcissist and the resistance of the partner with or without a personality disorder but with deep psychological anxiety and wounds (sometimes labeled the masochistic individual, Pleaser, Victim, or Martyr) make change... make therapy... make the relationship highly problematic. Suggestions inevitably run headlong into characterological challenges of partners. Abandonment/rejection anxieties or insecure attachment can lead to sabotaging empowerment interventions to be more assertive seeking a more balanced relationship. A warped sense of identity justify accepting negative treatment. Boldt makes recommendations starting with a qualifying clause, "Once safety has been achieved and the client is ready to take action..." Safety however can be extremely difficult to achieve. Inherent insecurity and the tiptoeing on eggshells from years of fearing triggering narcissistic rage carry over and through the therapeutic process and attempts to change. Nevertheless, Boldt's therapeutic recommendations remain sound for the partner- they are essentially, what Diann accomplished on her own. They include the following:

1. Help the client make use of anger, anxiety, and depression as signals to change. This can help defeat feelings of powerlessness and fatigue which accompany them.





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2. Outline the changes the client thinks are necessary but be sure to ask the client what change(s) he or she is willing to make. This discourages dependence and continued suffering and shows faith in the client's abilities. It can be the beginning of empowering him or her to take action.
3. Be patient. Given the isolation, submissiveness, and aversion to asking for help that is characteristic of these personality styles, the client has already shown great courage by seeking help. Allow him or her to proceed at his or her own pace.
4. Explore creative interests from childhood and encourage the client to rekindle them. Childhood may hold more clear memories of contented interests and worthwhile passions lost in this abusive relationship.
5. Encourage the inherent strengths of the personality that help develop or restore self-esteem, creativity, and capability (Boldt, 2007, pp153-54).

If able to do so in the first place, joining or staying in the relationship with the narcissist hypothetically would have precluded. Such an empowered Diann would have never tolerated a narcissist. And such a Diann- more powerful, tolerant of being alone, and courageous able to confront inequities would not have been acceptable for Professor Husband either. Since re-balancing the relationship fundamentally means the narcissist getting "less," the narcissist needs to be able to allow for the partner's personal growth. And, tolerate self re-definition and self-worth to be challenged. Both requirements, however are fundamentally counter-indicated to the narcissist's omnipotent, grandiose, self-righteous, and entitled sense of self. "The narcissistic individuals can be helped to give up some of their grandiose goals and to experience and accept some of the unwanted parts of their own dependency needs. Narcissists can be guided to foster and endorse some of the independence of their masochistic spouses in order to avoid feeling engulfed or smothered" (Links and Stockwell, 2002, pp527). Conceptually simple but often highly complex in practice, therapy thus may need to seek small incremental evolution of assertiveness. Critically, therapy must manage the narcissist's reaction of being challenged and the partner's hesitant yet deep yearning for change. Intrinsic to empowering the partner, the therapist must simultaneously facilitate the narcissist's ability to modulate narcissistic rage and problematic responses.

Depending on where Diann was in her personal progress if coming to couple therapy with Professor Husband, therapy would have been more or less challenging and potentially beneficial. A healthy or newly healthy person may never make it to couple therapy. Diann's mid-life growth disrupted the relationship equilibrium and threatened her husband's high fragile self-esteem and triggered his narcissistic rage. The relationship combusted. The narcissist has to want and need the relationship with an equal (or more equal) partner more than needing to maintain omnipotence, grandiosity, self-righteousness, and entitlement. Such tolerance of shifts in attitude and interactions is unlikely for a calcified narcissist no matter how skillful the therapist. This may be why the therapist more often outside of therapy meets the fabulous spiritually, emotionally attractive, and intelligent individual after he or she has left the narcissist, than as a client while in couple therapy. Growth too late for the relationship, but not too late for the individual to strive for a healthier life. Go Diann!



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This article is adapted from an e-book by Ronald, "Scorpion in the Bed, Narcissism in Couples and Couple Therapy" available at [www.Smashwords.com](http://www.Smashwords.com).

## **Biography**

Ronald Mah, therapist and educator, combines concepts, principles, and philosophy with practical techniques and guidelines for effective and productive results. He uses humor and stories from his many experiences to illustrate important points in a stimulating and highly motivating and engaging style.

A Licensed Marriage & Family Therapist, his experiences include: Asian-American community mental health, Severely Emotionally Disturbed mental health & school partnership programs, vocational programs for at risk youth, welfare to work programs, clinical consulting & cross and multi-cultural training for Head Start, other early childhood education programs, social services organizations, & mental health agencies, supervising a high school mental health clinic, training and supervising therapists, private practice in Castro Valley, author of the Asian Pacific Islander Parent Education Support curriculum.

Professional Education experiences include: 16 years in ECE, including owning and running a child development center for 11 years, Kindergarten, elementary, & secondary teaching credentials and experience, ethnic studies curriculum writer, community college instructor, Masters of Psychology instructor, and former member Board of Directors of the California Kindergarten Association and of the California Association of Marriage & Family Therapists.