

[An interview with Wendy Behary](#)

E-Journal of Psychotherapy Research talks with [Wendy Behary](#) about therapeutic process:

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Part 1: When the narcissist manipulates the partner, are they doing so intentionally?

Wendy, have you ever heard your narcissistic client admitting that they have intentionally manipulated their partner? For example, being detached to try to trigger a partner to start complaining or asking: "Would you like to go to the theatre or to the cinema?" and then: "You shouldn't like that movie" etcetera... Have you ever heard the client admitting: "Yes, I do that intentionally...?"

They don't actually even know they're doing it, that's the thing! So, I don't think of it as intentional. I feel it's just that they have an idea of what's best, and if someone doesn't pick the answer that they have chosen, or deemed correct, they feel insulted and they criticise their partners as a camouflage for their shame. They don't even know they really did it... if I say: "Look, you offer two choices: that was very nice, very gallant, you ask: What would you like to do? Would you like to do this? Would you like to do that? Your partner says: "I'd like to do that" and then you say: "What? That's stupid!"

The narcissist will say: "Well, it is stupid... I'm just saying what is true, I mean, she picked the stupid choice." I tell him: "But you gave her the choice", and he says: "Yeah but she should know better!" They don't see it as planning to manipulate... they actually see themselves as having the right answer it's almost like a test, in a way... but it's not a conscious test... it's more like: 'I have the right answer, you pick... and... let's see if you get the right answer and you're smart too.' So, they don't know that they're necessarily setting it up that way and they often feel like they're doing a good service, for example: The narcissistic father offers his son the chance to choose from many flavours of ice cream in the ice cream shop: "Well pick anyone you want, anyone you want"... and the little boy picks this very funny coloured ice cream, it's mixed colours like a rainbow and the dad replies: "Why? That's ridiculous, it's not even a real ice cream flavour! That's so silly... Why would you pick that?" And, the little boy is so embarrassed in front of everyone. "Oh, I guess I'll just take the chocolate" he says to his dad... "Good choice!" says the father. If you asked the father why he manipulated his son like this, he would likely say: "I wasn't manipulating him... I just can't believe he picked that! I'm teaching him..." And you say, "Yea, but it's like baiting him... you put the bait out and then you catch him." He will probably just think this is ridiculous and tell me to mind my own business. They would never see this as a manipulation or as control when used with their children or with their partners. There are some occasions, when in their own little angry child mode, where the narcissist might say:

"Yes, I wanted to offend my partner... she hurt me and I'm going to hurt her right back. It's only fair." They might feel, in some cases, if you said to them: "Did you do it on purpose? Were you trying to be manipulative, were you trying to hurt her?" whereby they might say: "Yes, eye for an eye, tooth for a tooth."

So, I'll say that when they are intentional they feel justified. They rationalise that: "Yes, I did do it on purpose, I did it... and it was fair."

I don't see narcissists as being as devious as most people do. I don't think they're so devious that they are thinking "How can I manipulate you?" I don't see them that way. I mean, at the far end of the spectrum, maybe because of sociopathic or antisocial issues, you know, they may be more manipulative and more deviant in that they seek pleasure by creating pain for another.

I think that to some degree we are all "manipulative" as human beings. This isn't always a bad word or action... we manipulate the world to make it work for us right from birth, to get our needs met. Right? But that doesn't mean we are bad, it doesn't mean we are devious... I don't think narcissists sit around thinking about ways to hurt people, but they will justify the right to hurt someone if they have been hurt. So sometimes, yes, they do things in the spirit of protecting themselves, even if it hurts another very badly, saying: "Yes, I did do that, I yelled at her, I called her names to make her know what it feels like when she ignores me." They feel it's righteous, fair. They deny and then they defend their position. I don't see this as a manipulation as much as I see the matter of self-righteous entitlement and self-protection for an insecure self at the core.

When they appear detached, do you think that they know that it is a seductive move?

No, mostly it is automatic, just the way they have learned to be. They detach when they get uncomfortable, especially if their lonely and insecure child mode is triggered, meaning that if the partner is saying to the narcissist: "I don't like when you do... why don't you... I feel really sad when... I am very hurt when... I'm disappointed..." The partner is doing nothing wrong by expressing their hurt and their disappointment... but the narcissist can't handle it because what they hear through the filters of their early maladaptive schemas, is blame, and that they're inadequate, shameful, that they have to try harder. They hear it like they heard it when they were young and expected to perform for their caregivers. They become so frustrated and angry that they may shut down, sometimes fearing that when they shut down it may trigger their partner to leave them.

Are they aware of that?

They may or may not be... I mean, our coping styles become somewhat automatic. We construct them in early development, and they become habit.

There are also those times when it is just like a little child who knows that "if I throw something on the floor, it is going to make my mum angry and then she'll know how I feel." So, when experienced from this frame, it might be deliberate, but most of the time it is just automatic.

Schema Therapy does not hold a view of the patient as being devious. We see them as being vulnerable at the core, with very difficult modes that have been constructed to protect themselves. And, sadly, these modes can hurt people...

We see them as vulnerable at the core, not as bad. We look at them as having these constructs to protect themselves that we have to address in treatment. We have to empathically confront the detached modes to try to break down the wall, we have to set limits with the parts that are bullying, disrespectful, abusive, or dangerous... but we know that at the core they're vulnerable. Calling people manipulative is simply blaming, and we don't blame the patient, but we DO hold them responsible for their behavior...

I just wonder if sometimes they admit to do something intentionally, not just because it happens to them to behave like that...

Yes, if they feel like they want you to hurt... if they feel upset... that's what passive aggressive tendencies can look like sometimes for the patient who... one of my narcissistic patients would always end up coming in late, and he'd say: "The more she demands, makes demands on me, the more I'm not going to show up on time." So it's a passive aggressive way of... you say doing it on purpose, yes it's doing it on purpose, but he feels entitled to do it on purpose because he feels like: "She is being difficult, therefore it's going to be difficult." Right? We know it doesn't solve the problem, of course, it just makes things worse, but they do it anyway.

I always wonder, how can they be so smart... there's something inside them that guides the...

Emotional Survival? It's a different form of survival. They don't mutilate themselves necessarily, like borderline patients may do, as they don't necessarily have those types of self-destructive tendencies. They have more insidious self-defeating tendencies. Over time they may get sick from drinking and drugging, they may lose their money if they spend on gambling, but they're not directly assaulting themselves, so... the emotional survival trajectory is different... Some of this may have to do with temperament, and watching their family members behaviours. This type tends to be more covert. Similar modes, but maybe different styles within the mode... some detached, protective modes, are more quiet, some are tougher... some of the fighter or self-aggrandising modes... some narcissist are not... they are not show-offs... in fact they're more quiet types who... they maybe were controlling, but they don't walk around talking about themselves like they're wonderful, like they don't talk to anybody... the modes can manifest differently, since narcissism happens along a spectrum, ranging from benign and covert forms to more aggressive and malignant forms.

I am always struck when I see the similarities... how can they all choose these tactics?

We see it as a form of emotional survival and that was learnt at a very early age: how to live in the world, how to deal with the things they feel uncomfortable with... they know how to be charming, they know how to make people like them, and they know how to push people away, even though they don't know they're doing it. But they're not so aware of the outcome. They end up pushing people away, and they end up having people not liking them, but they will tell you: "Who Cares?". And, in fact, they can make certain things work very well in their career. They can be very strong, successful, and powerful because they're very good at focusing on what they have to do, working hard, competing, achieving, hyper-autonomous, gaining success and power... We wouldn't call it manipulation. I would say they have these modes even in the workplace... they fight for their rightful place and they know how to produce winning outcomes when it comes to strategies and mechanics, because they're detached. You couldn't be a great surgeon if you're emotionally connected (in the moment) to the person you are saving on the operating table... you can't be thinking about the emotions of the family members outside, or the emotion of the person on the table, you've got to be detached to be a technical expert. The problem is that sometimes they can't leave the detached mode when they leave the surgical room... Some of my patients who are radiology doctors, surgeons, neurologists... they're very good at what they do ... at the top of their class, and sometimes (admittedly) it's primarily because they became very good at being emotionally detached as well as very bright.

You are right saying you don't call it manipulation because it is survival and it is self-defence, but when it happens in the relationship, there are victims...

Well, yes there are victims, or offended partners as I call them, but you also have to inquire about their story... why they're stuck. This is not to blame them. I certainly never blame anyone who feels like they cannot leave the relationship. It's not so easy. But, I'm always curious when I meet women who are partners of narcissists... why are they staying in the relationship? Why do they tolerate this? Why is it hard to stand up to the narcissistic person? Are they dangerous? Are you afraid? Is it your children? There are reasons of course, and sometimes they're really suffering from the mental abuse (hopefully not also physical abuse), of being ignored, being criticised, from having a partner who is just so self-absorbed and shut down that they feel utterly lonely

It's difficult to put the question to them, why are they accepting this...

You have to come right out and say it: "I'm not blaming you." This is not blame, but I'm curious about what makes it difficult for you...". I can't just eliminate this important information about their sense of self, and often their own self-doubt and surrender. Sometimes they ask: "Are you blaming me?" and I say: "Absolutely not. I just want to understand what keeps you in the relationship, what have you already tried as a means of standing up for yourself and your needs... what have you tried regarding your partner going to therapy... do you have any leverage?" And they may say: "Well, it's not my responsibility." And I reply: "No, it's not your responsibility to fix it, it's only your responsibility to look after yourself, and to make sure that you know you are OK." Some of the women I work with would say they couldn't leave because they have little children and they don't want to leave their little children with these difficult (or careless) men... I get it, I respect it, I understand it, it's a sacrifice but it's all that they're able to do right now. I don't blame anyone who makes the choice to stay, as long as it is a choice and not a schema being triggered that causes them to feel powerless, unlovable, sacrificed, subjugated, or deprived. Some of them love the narcissistic partner for the little glimpse of vulnerability they see from time to time or because they may actually be a good father to the kids. Part of the reason I wrote my book was inspired by some of the women I was seeing who spoke about loving these men. They could see the vulnerability underneath the self-aggrandiser, the bully, the critical parts, the detached parts... they could see it and they loved this part of them. They wanted their partners to be well, and wanted to support them in healing, even though the costs were high as they were tolerating a lot of pain. I always say to them: "I'll support you either way, if you want to go, I'll support you to go, if you want to stay, I'll support you to stay, as long as it's not dangerous and you're safe. I'll support you on either side that you want to go, because there's no wrong choice, but we must be sure that you're safe and that you don't have to pay such a high price emotionally either way." It's about really taking a very personal look at themselves and their partner and assuring them that every day they can evaluate, renew, or revise their choice. Ultimately, it's about the right to have your needs met... to be loved well and to live in a healthy relationship.

So how can you help them to leave the relationship?

Sometimes it's just a matter of working on the early maladaptive schemas of self-sacrifice or subjugation. There may be some who have strong defectiveness issues, i.e., they don't feel good enough... some have abandonment schemas and cannot tolerate being alone. They're terrified that

they're going to be alone forever, so just like the healing work with the narcissist, we help to heal the schemas of the partner... so they can healthily care for their own vulnerable selves. If they're staying only because they're a prisoner to early beliefs, they're not able to make a true "choice". We want to make sure they are choosing from the healthy adult mode, and this choice can often get suspended until they have help re-connecting with their vulnerable child.

What we are talking about is inside the relationship where women have less power than men.

Some do, but some of them have a plenty of power. They may not know they have it, but they may have a lot of leverage. Some of them are very powerful actually in the relationship, and of course especially if the woman happens to be the narcissist.

When there is an asymmetry in favour of the male, which is the more common situation, whatever may be the cause, that puts the women in the position of the victim.

If they have subjugation issues, if she's abused, it can feel just like it did when she was young (in some cases). Yes... it can feel like that, but we try to differentiate the past from the present, helping her to realize her strengths and resources as a grown woman in a relationship. I try to help the women I treat realize that the part of themselves that's really vulnerable may feel abused, or like they don't matter. They may feel weakened and less important - a theme in their life - and they follow the same order they did when they were little to cope with it. This is not her fault, it's just what she's used to... it's familiar. Ultimately, what I want the partners to realize is that, they're not that little child, therefore, they're not really helpless, they're not really victims, they're people who are suffering in a very real time and time-warped state. There are women who, when feeling terribly alone and disconnected from the partner, they just shut down too... They drink, they eat, they shop and they don't look after themselves. They avoid conflict because they feel helpless. They are also triggered at a very deep level and don't see any way out. I don't see a helpless victim living with a terrible monster, I help them rather to see (beyond any cultural or generational issues influencing a traditionally uneven and unbalanced relationship) deep beneath the surface that: "Hmm, I'm buying into this, I don't have to buy into this, I don't have to accept this, that's the way it was when I was little, it doesn't have to be that way now that I'm an adult, I can make other choices."

This is not easy, not simple... but inevitably important for healing once the work gets underway.

So, if you were at some of the anti-violence centres, you know there are these centres for people who...

Oh, sure I used to be the director of a shelter for battered women many years ago...

So... if a person who has this kind of situation, a relationship with a narcissistic person, asks for help what do you advise?

If they're in a dangerous, violent situation, they need to get out. Safety comes first.

Sometimes narcissists are not dangerous. Sometimes it's a psychological abuse.

But some are, but not all, you're right. Most of them are critical and they ignore their partner, but some can be abusive and violent. It may be a strong type of emotional deprivation, or they become

critical; they might use constant threats to leave the relationship. Is it a kind of mental abuse? Sure. If this is what you mean by a psychological, mental, emotional abuse? Yes, it can be very abusive and have dangerous emotional consequences, and if someone would have come to the shelter looking for safety or a way out because the emotional abuse was making them so depressed—perhaps feeling suicidal or just feeling like they couldn't get well, couldn't work, couldn't function—then the best thing for them to do may be to leave the relationship or even leave it for a while to heal themselves... Of course, it's not always easy to leave.

And sometimes they know they should but they don't do, they feel like they can't do, because there is what you have just said...

Yes, I think because often times their own schema activation is so strong and they have internalized messages in their mind that say: "I'm a failure... It's my fault..."

The problem with this is that there's no one prototype in relationships where narcissism is an issue. We see the self-aggrandizing sides of the narcissist that are very tough... fighters, right? We see detached sides that shut down and self-soothe, self-stimulate, and disconnect. We see a lonely vulnerable part underneath.

Narcissists can be partnered with a variety of different-types of people: those who have self-sacrifice issues, partners who have borderline pathology, partners who feel very defective or have abandonment issues. So, there is not an absolute "one size fits all", despite the fact that there are some predictable patterns, for example a partner that meets the narcissist's "checklist" of expectations.

I have mentioned the case of the woman who wants to leave but can't, because of psychological reasons. Like: I feel I'll become alone, I am afraid, I feel guilty for him...

So you describe schemas like self-sacrifice and abandonment...

If in this case you refer her for psychotherapy, in the couple relationship she takes the role of the "wrong" person, the one who needs to change...

But she may benefit from some changes too... she will also need to connect with her own vulnerable side, and work toward fortifying the sturdier adult part of herself *for herself*, not only to empathize with "the narcissist's" vulnerability. This helps in making choices that *she wants to make* and *she needs to make*. A lot of women going to psychotherapy, when living with a narcissist and starting to get clearer and healthier, look at the relationship and start imagining: "Maybe I don't want this anymore. Maybe I am worthy of being loved in a healthy and reciprocal way." And that's when the narcissist gets up and may become more motivated to go to treatment because there's leverage—a meaningful consequence. He sees a woman who's healthy and a little stronger – one who he might actually lose, and he may become scared. His partner doesn't use it as manipulation it's just what becomes real for her... If she is still willing to give it time, and with leverage, and the right therapist for the narcissist, things might work! But, unfortunately we don't have a lot of therapists who are willing/or feel competent enough to work with narcissists, so it usually falls apart.

But, with help, a partner may be able to get healthier, and she may re-evaluate her relationship and choose to end it. I had a patient who came to realize (from her healthy mode): "Yes, I don't really

want to be here, and I know it's lonely but I'm ok, I have good friends, I've got lots of things I love to do..." and she meant it. It's not always about being detached. Some may do the work and choose to stay in the relationship for now, maybe next week they'll choose something else, but at least they're choosing from a healthier mode. I want to get them to a healthier mode no matter what... whether they are with the narcissist, or they are alone... no matter what. I want them to be in a healthy position, so they can make their own choices freely... you know... in terms of what they deserve, what every human deserves.

What were your most significant experiences when you were running the shelter?

Well... that was a long, long time ago, it was an internship during graduate school, and right after graduate school, I accepted the job as director of the shelter for about a year and a half.

I guess the most significant experience to me was that no one is immune to abuse. There were women who came from all different walks of life, they would show up at that shelter in need of a safe place... and I guess it helped me to appreciate the enormity of the problem, that it wasn't just a problem of the poor, or a problem of the minorities, it was a problem for *women*.

I'm an advocate for stopping the violence against women, and stopping human trafficking and pornography. I'm a big believer in protecting women from exploitation, and at the same time an expert in narcissistic men.

I do think that it has to begin with more public awareness of these issues and with good parents that educate little boys to feel unconditionally loved, that they don't have to be so powerful, and that they must not try to dominate women... that they learn to respect themselves, respect women and respect other people.

While working at the shelter, I was also impressed with how powerful and strong these women were in spite of all the danger they lived with... how incredibly resourceful they were, even while carrying so much internal and external suffering.

It's hard to change... I was often asked the question: "What does it take for them to really change... to leave these men?" "Why do some women seem to be able to leave abusive relationships and others keep going back?" (We saw some women who would come back and forth into the shelter many times.) For some, the change would happen when the children were more directly impacted by the abuse. For others it was just a matter of time or getting the right help. It was a tough but powerful learning experience for me.

And you were so young...

I was in my twenties! It was hard...

At that time the research on the subject was very limited...

We didn't even have a formal law against it, it was only in the civil courts, it wasn't even in the criminal courts. We were fighting for it to go into the criminal courts, because back then it was only a civil offence handled by the family courts... and most of the judges were men, many who would roll their eyes and say: "Oh, this is ridiculous." When a restraining order was overruled by a judge in our county the woman was killed the next week by the man who was permitted to go back into the house. It was so devastating, so frustrating, and very sad. The laws are more rigid now, but there was

nothing to protect a woman back then, I mean there were restraining orders, but... they held no real consequence, and so there was no real leverage... no way to bring about changes...

Part 2: Tips on self-disclosure

How would you theorize your teaching technique?

Well, the teaching technique is... I guess I would say I'm really passionate about schema therapy and so my goal is always to make sure that both my enthusiasm and my passion for the theory and the application of the model get clearly conveyed to the audience... I want my participants to have an experience of how Schema Therapy works, along with an appreciation for the theory and the strategies. Almost anyone can talk about theory and strategies, but if you really believe in it and want others to grasp it, you need to deliver the information just as a good schema therapist would do... in a way that's *real*...making it come alive. This is why I use a lot of demonstrations. I demonstrate the patient, I demonstrate the therapist, I demonstrate the struggles. My teaching technique includes an empathic appreciation for the fact that the human condition is complex. Schema therapists act as re-parenting agents—the role is important, difficult, challenging, and rewarding. We are often treating patients who have a very *wounded child* part of themselves... I want therapists to know that I appreciate how hard the struggle is...and I don't want to just demonstrate perfect situations in treatment. I want to show them the struggle, I want them to be able to know that we all have to be able to respect the fact that this is hard even though it might sound easy when someone says: "*Just be yourself, be real, be honest, be open! You know, help your patients to feel your caring like a good parent or caregiver.*" It sounds easy but not when so many therapists have been trained to be distant, neutral, blank slates (*tabula rasa*), you know... a blank screen. In schema therapy it's important to stress the helpfulness of being a more genuine person.

That leads us to the topic of self-disclosure: how do you teach trainees, beginners, the limits of self-disclosure?

The basic rule is just to remember that whatever you are going to share it should be for the benefit of the patient. There's nothing that we need to share with the patient that isn't going to benefit them. So, my patients aren't going to benefit if I suddenly start acting as a friend, because a parent isn't a friend... a good parent would share information that they think is appropriate for a child to hear, so when I'm speaking to a patient, even though I'm looking at an adult, I'm looking deep within at a little child, one that's troubled or struggling. And if I want that little child to feel safe to come out and connect with me, then I can only share things that I know the little child is prepared to hear. So the general rule for self-disclosure, in our model, is that you only self-disclose if you believe it is relevant to the needs of the patient. It's not about us. Sometimes it may also fortify empathy— adding to the capacity to show us like representatives of their real world, in other words. I can react to something they're saying to me, like a narcissist might do, in a critical way. I could react to it like a real human instead of just talking about it theoretically. I could react to it and say: "Wow, that's pretty harsh, that hurts my feelings." Like a good parent might say to a child but without becoming overwhelmed, without falling apart, and without assassinating the child's character. And, I can appreciate the relevance of my reaction to their needs because it's probably a representation of what it is like for other people in their life. So I take my own reaction and I try to imagine with them what it is like for other people who aren't trained to understand them. Therefore, self-disclosure can also come in the form of a reaction, as well as sharing something about you that connects with the patient's experience. But, again, it has to be relevant to their needs—that's the helpful rule, the guiding principle. We teach our trainee-therapists that if it is not relevant to your patient's needs, then there's something else going on that may require further exploration, and self-therapy perhaps.

So what happens if the client asks you more and more about your experience as s/he hears you're willing to share

something of your own...

That's about setting limits, like you would do with a child. There are certain things a child isn't prepared to know, it is not helpful for them to know, it is not appropriate for them to know. If you are a good parent, there are certain parts of your experience, of your personality, that you protect your child from... it may not be age- appropriate, and it may not be relevant. Patients may start asking for a lot of really personal information about my life (it's natural to be curious because human beings simply are curious), but some humans, especially narcissists, believe that the more information they have, the more they can control the situation. They want to control it (not to hurt you necessarily but) to protect the self. So, they may be very intrusive, and ask a lot of questions. But, my answers would just be honest, and I might say: "I appreciate your curiosity, and I also understand that you are used to people doing what you ask of them, but this information is simply not relevant to your therapy", and given the fact that my role is one of an advocate (limited re-parenting) and good caregiver for your vulnerable side, it wouldn't be appropriate for me to share this with you, that's something that would be shared maybe with a friend, and I'm not a friend. It doesn't truly meet your needs. But if you can make the best case for why you feel this information would help you, in terms of meeting your most important needs, I'm happy to listen and give consideration to your request." We put it back to the patient to make the best case why it's important that you know about my sex life or my home situation, etc. They usually can't, because they're just curious or they're experiencing a lack of control. Understanding a narcissist's struggles with intimacy allows me to posture: "If you're trying to tell me that you have a struggle with intimacy, and you want to know if I know what that feels like, because it'll make you feel more understood by me, then I can appreciate why this information feels important to you." I can say: "I know this is difficult for you. I can appreciate it... being human means we all have our struggles in the world of human relationships in similar and differing ways." But the specific details of my private life aren't relevant to your needs nor to your healing."

Do you have friendly relationships with your clients after therapy?

B: No... some of my patients will ask... "Could we be friends when therapy's done?" And, just like my own daughter who is 27 years old - I tell them: *"I'll always be her mother, not her friend. And I will always reserve a space in my heart, and in my place, as long as I am here, for you... as your therapist who holds the space like a parent (within certain limits). I'll be here for that most precious part of you. And while I respect you as an adult, admire you as an adult, and can even imagine you being a good friend, I can't do that, because it would forfeit the opportunity to be there for the vulnerable part of you, and that's the way I will always hold you within me... that's my relationship with you."*

Thank you for these clarifications about such an important topic.

Wendy, you have been very, very, generous, thank you so much!

I appreciate your interest in the subject, you are a delightful person, Piera.

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