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Commentary on The Management of Narcissistic Vulnerability: Three Case Studies Guided by Stephen Mitchell's Integrated Treatment Model

On Tone, Play, and Healing: Commentary on Riordan's Case Studies

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ABSTRACT

The clinical work reported by Riordan (2012) is discussed, with attention to prosody (tone) and other subjectively inferred aspects of his therapeutic style with narcissistically troubled clients. Consideration is also given to cultural contexts relevant to understanding the reported increase in narcissistic problems in contemporary patients, the personality and genuineness of the therapist as factors in psychological healing, and the role of play and playfulness in reducing the suffering of clients who rely on narcissistic defenses to compensate for a fragile, erratic, or unrealistic sense of self-esteem. The focus throughout is on the less specifiable, more artistic elements of the psychotherapy process.

Key words: narcissism;, narcissistic personality disorder; play; prosody; psychotherapy; case study; clinical case study

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Riordan's (2012) study is a welcome contribution to our understanding of a problem of central concern to practitioners. Since at least the 1960s, western psychotherapists (e.g., Kohut, 1978) have noted that narcissistic pathologies are increasing in both frequency and severity, and there is no evidence that the trend is slowing or reversing. In fact, it is arguable that in recent decades, narcissistic preoccupations have become, like water to the fish, ubiquitous enough to be invisible. It may be relevant that until clinicians protested *en masse* (see, e.g., Widiger, 2011), Narcissistic Personality Disorder was threatened with exclusion from the proposed DSM-5 on grounds that included the assumption that its features were common enough to be considered normal.

Yet narcissistic drivenness is a clinical phenomenon so pervasive, so painful to its sufferers, and ultimately so consequential to everyone involved with narcissistic others that it needs to be taken seriously and addressed from many angles of vision. Riordan's is an original perspective, one of particular utility to practitioners. In this response I comment on the contemporary contexts in which pathological narcissism thrives, on the stability of narcissistic trends in personality, on Riordan's creative application of Stephen Mitchell's ideas to the

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treatment of narcissistic problems, on the therapist's personality and genuineness, and on the role of play in therapy with painfully sensitive people who struggle repeatedly with threats and wounds to their self-esteem.

CULTURAL CONTEXTS

Almost two centuries ago, Alexis de Tocqueville noted an unforeseen consequence of large, egalitarian democracies, as he contrasted them with smaller, traditional, and class-based cultures: They make it hard for their citizens to relax and feel a sense of reasonable accomplishment. If everyone is equal, how does anyone feel special or significant? In our current global society, this strain on our sense of good-enough-ness has only increased since Tocqueville observed that Americans suffer a "strange unrest" or "secret inquietude," adding about what we now would call a meritocracy:

> When . . . a man's own energies may place him at the top of any one of [the professions], an easy and unbounded career seems open to his ambition and he will readily persuade himself that he is born to no vulgar destinies. But this is an erroneous notion . . . . The same equality which allows every citizen to conceive these lofty hopes renders all the citizens less able to realize them: it circumscribes their powers on every side, whilst it gives freer scope to their desires . . . . (Tocqueville, 1899, p. 622-623)

In other words, we crave without limit and rarely feel satisfied.

Anxieties about whether we matter as individuals, and grandiose, entitled strategies to allay such anxieties, had perceptibly increased by the mid-1970s to such an extent that Tom Wolfe (1976) dubbed that period the "Me Decade." When therapists in other countries share with me their observations about what they consider to be their own national character or most common personality patterns, I sometimes ask them how they would diagnose the modal personality style in the United States. They typically look a bit self-conscious and then mention narcissism. American problems in this domain seem to be an open secret.

Consumerism, the speed of change, mass culture and its step-child, celebrity culture, and technologies that promise transcendence over ordinary boundaries (such as limits on our beauty or power) all make it hard for individuals to maintain reasonable and realistic self-esteem, perhaps especially during adolescence and young adulthood, where Riordan's clients were situated. These days, everything is viewed as improvable. Limits, even the ultimate limit of death, are negotiable or up for reconsideration. Children are told they can grow up to be anything they want to be—on the face of it, a rather remarkable affront to common sense. Contemporary middle-class parental messages intended to foster a lifelong sense of being good enough may have only increased narcissistic problems of internal emptiness, anxiety, feelings of fraudulence, and a compensatory sense of entitlement. Therapists report that children who are repeatedly told they are wonderful or perfect or inherently deserving seem to grow up with crippling uncertainties about what Riordan helpfully frames as the problem of "what is enough."

Internally, narcissistic preoccupations contribute to a dead world in which one feels constantly on stage, under scrutiny, devoid of authentic connection (Kernberg, 1975). Externally,

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narcissistically motivated behaviors tend to evoke from others feelings of demoralization, distance, and scorn. The partners of narcissistic individuals often find themselves feeling lonely, unseen, and defeated in their efforts to make meaningful, open-hearted contact (McWilliams & Lependorf, 1984). There is something that rings both false and a bit pathetic, even when the individuals in question are powerful and famous, about the pretenses of those whose energies are so consumed by how they look to others that they are blind to the humanity of those in their audience (Rothstein, 1979).

We therapists want to help people with narcissistic difficulties but find that the task challenges our most assiduously honed abilities. Part of that problem may be our own narcissism. In contrast to modest and attainable goals with our narcissistic clients, such as helping them handle their narcissistic dynamics more positively, we are easily tempted into ambitious hopes for their radical transformation. Riordan has not made that error. He accepts who his clients are and tries to help them with what is possible for them, not what he wishes were possible. He helps Alex toward an increased capacity to love; he succeeds in increasing Brian's tolerance of the ways he is "ordinary," and his gentle treatment of Candace allows her to leave a high-status but soul-killing job. His work with these clients brought to my mind the old psychoanalytic chestnut, "You can change the economics but not the dynamics."

In other words, established personality patterns permit quantitative but not qualitative change. There is no evidence that a narcissistically driven person, psychologically organized around themes of superiority versus shame, can become, say, a depressive person, preoccupied with themes of attachment and guilt. Decades of clinical experience attest that individuals in therapy do not revamp their core psychological makeup (see Sandler & Dreher, 1996). Instead, they learn to understand it, reflect on it, have more choice in how they deal with it, and behave more considerately toward others as they get increased control over their worst inclinations.

Given the problems with relationship that stem from the difficulties of narcissistically preoccupied people, such changes are arguably even more valuable for them than for others. Veteran clinicians report that over the course of a successful therapy, the self-esteem of their narcissistic clients becomes increasingly less vulnerable (see Kohut, 1971, 1978; Morrison, 1986, 1989). Still, it never becomes as stable as the improved self-esteem of other patients who use treatment productively. As narcissistic individuals become more reflective and less driven, however, they become more comfortable with being themselves, they treat others better, and they like themselves better as a result.

If therapists can avoid being abruptly devalued and fired by narcissistic clients—a constant danger when working with them—we can help them significantly. If we can accept their idealization without feeding off it in the service of our own grandiosity, the slow process of de-idealization can do its healing work in the ways that Kohut (1971, 1978) described. If we can find adequately attuned ways to look unflinchingly and collaboratively at qualities that narcissistic clients do not want to see, they can eventually find the enduring satisfactions of honesty preferable to the fleeting pleasures of image-control, as Kernberg (1975, 1984) has emphasized and as Riordan has demonstrated. For example, he helped Brian to break the "spell of the Internet" (p. 38) and to imagine conversing with a real person about what he wanted sexually, even though his image of ideal bodies was clearly still part of what he wanted to play

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out in the sexual realm. If we can tame our fantasies about revolutionizing the internal worlds of narcissistic clients and feel grateful for small but significant changes, we can manage our own narcissistic equilibrium and take satisfaction in a difficult job well done. Although these are big "ifs," the value of even small improvements for a narcissistically obsessed client can be incalculable (Kernberg, 1984).

RIORDAN'S USE OF MITCHELL'S THERAPEUTIC SYNTHESIS

In his paper, Riordan (2012) both elaborates and exemplifies his personal version of the sensitivity demanded of clinicians treating narcissistic clients. He finds his therapeutic voice via his understanding of Mitchell's (1988) creative synthesis of Kohut and Kernberg. His reading of Mitchell reminds us of a truth that is difficult to remember when one is feeling relentlessly devalued or emptily idealized or irritated with being treated like a replaceable object, or bored with the toneless litany of the week's successes or failures: *These frustrating communicative patterns represent the narcissistic patient's best effort to connect*. Even with Candace, who seemed to me the hardest of his three clients to like, given her grandiose defenses and chronic devaluation of the therapist, Riordan was able to appreciate the connection-seeking aspects of her twinship transference. I think it is safe to say that many clinicians would experience her determination to see herself as so similar to her therapist as an irritating distortion of reality.

To this insight about the relational impulse behind the symptoms—the central import of Mitchell's extensive and seminal body of work—Riordan adds a distinctive empathic emphasis on how *burdened* the narcissistically motivated person feels by the driven pursuit of perfection. Such a focus permits therapists to find compassion in spite of the negative countertransferences that so often plague clinical work with such patients. One can see the therapeutic effects of this emphasis in Riordan's by-play with Candace, in which she imagines ditching her exhausting corporate job for her own small business. With compassion and the liberating sense of understanding something important, one can more easily find words to make a genuine connection with a highly defended person.

THE PERSONALITY OF THE THERAPIST

As I read the verbatim material, I could hear Riordan's tone—his curiosity, his laid-back vitality, his wry wit. The wit, of course, comes through in his case examples (e.g., his gently teasing Brian about considering himself to be the only competent lover on the planet), but having known him personally, I could "hear" the gently teasing voice in which he spoke. I found myself wondering if readers who have not met him would have as vivid a sense of how he works as a therapist. Reflecting on this question, I started to reflect on the importance to treatment of phenomena such as prosody, facial affect, body language, humor, and the therapist's overall genuineness. These qualities, so hard to capture even in transcribed materials (and so inadequately denoted in phrases such as "common factors"), are central to the therapist's art (Anstadt, Merten, Ullrich & Krause, 1997; Weinberger, 1995).

Seasoned clinicians integrate their knowledge of relevant theory and research with their own idiosyncratic personalities, as Riordan has done here. With respect to controversies about the treatment of narcissism, I have long suspected that the key differences between the ways

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Kernberg participates in treatment and the ways Kohut worked have more to do with their individual temperaments and sensibilities than with their respective theories of technique. I never met Kohut or heard him speak, but colleagues who knew him have often noted that he enjoyed being idealized. Hence, his technical advice to therapists to accept patients' idealization as a natural and benign developmental phenomenon seems to have been syntonic with who he was (see also Strozier, 2001).

My experience with Kernberg, whom I have known for many years, suggests that although he cares a lot about his ideas being taken seriously, he is notably uncomfortable with being idealized. I once tried to talk him into being an interviewee in a project investigating clinical wisdom, and he was clearly horrified at the idea of being held up as an icon of emotional intelligence. His advice to therapists to interpret idealization as a defense (usually against envy and/or shame) is consonant with his temperamental reluctance to be placed on a pedestal.

When I was first reading Kernberg's work, slogging through his dense prose trying to understand his technical recommendations, I found it hard to make the leap to what he actually said to patients. I understood the theory, but I found it difficult to translate it into a therapeutic conversation that I could imagine having myself. Later, I saw videos of his work that made it clear that he is very much himself in his therapeutic role; his interventions are thoughtful and theory-based, but they also come naturally to him. Witnessing his therapeutic persona on film made it possible for me to imagine how his overall approach could be integrated into my own quite different personality. As many have noted, Kernberg is not particularly warm and fuzzy as a clinician. And yet it was clear to me that his therapeutic presence brims with respect and concern. In the videos, one can see his patients absorbing his respect and using it to build the confidence and courage they need to change.

Similarly, the positive clinical outcomes reported by Mitchell, who was allergic to the very premise that the therapist "applies a technique" to a patient (personal communications; see also Bromberg, 2006), seem to me to have derived mostly from his deeply held curiosity, enthusiasm, and respect for others. He had an egalitarian and passionate voice, one that invited the other party to drop defenses, enjoy exploration, and find more authentic ways of experiencing the supportive relationship that clients seek. I think Riordan responded to that voice in Mitchell's writings and heard in it a tone with which he could identify and via which he could grow as a clinician. And it is Riordan's voice to which I reacted most viscerally when I was reviewing his work with Alex, Brian, and Candace.

The lenses through which we view narcissism—that is, our theories and their implicit imagery—affect our empathy and the tone we bring to the clinical challenge. How much one can identify with the internal world of one's client has an impact on one's therapeutic presence. Because of the evaluative countertransferences that narcissistically impelled clients tend to evoke in us, it is easy to embody a subtly judgmental attitude. To avoid that, one has to have a compassionate acceptance of one's own narcissism and potential narcissistic derangement. I think it was this subtle element of the therapeutic atmosphere that Linehan was trying to get at when she recently contrasted her view of borderline psychopathology, with which her own psychiatric history made it easy for her to identify, with that of Kernberg. She noted that whereas he seemed to see borderline patients as arsonists, she saw them as burn victims (Carey, 2011).

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PLAY

Given the chronic burden of their doomed pursuit of perfection, narcissistic people can make little room in their lives for relaxation and enjoyment. Consequently, the experience of play—of imaginative, spontaneous interaction without winners and losers or rankings of better and worse—can be deeply healing to them. The empathic playfulness of Riordan's work with his three narcissistically damaged clients was to me a striking feature of his therapeutic style. He mentions Alex's need "to play with his need to idealize," "to play with this illusion" (p. 170); he frames Brian's overall treatment around "the problem of play" (p. 173) and gets him to play specifically with his fantasies about the therapist (p. 177); and he notes that Candace's transference "needed to be played with" (p. 184) or else it would impede the treatment.

Although thinkers such as Erikson and Winnicott have made significant contributions to our understanding of the importance of play, especially to children, there has not been as much integration of this concept into the psychotherapy literature, especially the literature on adults, as seasoned therapists might feel we need. Many practitioners have commented to me informally on how the capacity of the client to laugh with the therapist, to suspend judgment in mutual enjoyment, and to participate in shared flights of imagination are major indications of therapeutic growth—perhaps especially for narcissistic clients. We need to study more transcripts and videos of real treatments to see whether such observations are supported by the evidence, but in the meantime, the anecdotal consistency is noteworthy (cf. Goldberg, 1974), and there is also some empirical support for this observation (Merton, Anstadt, Ullrich, Krause & Buchheim, 1996).

A recent contribution to our understanding of play is the research-based conclusion of the affective neuroscientist Jaak Panksepp (e.g., 2004; Panksepp & Biven, 2012) about its importance to healthy brain development. He reports that all young mammals, including human beings both male and female, spend a great deal of time in rough-and-tumble play. In fact, when they are prevented from this activity, there is a rebound effect the next time they get the chance to play: If they are kept in cages alone on Monday and released the following day, they will play twice as much on Tuesday. Consequently, Panksepp has come to view play as a need or drive.

Animals seem instinctively to know how to collaborate to keep their dominance-to-submission ratio around 50% for each animal in a play dyad; they interact within the general range of 60% : 40%. (If one animal is dominant more than 60% of the time, the behaviors and postures of both show a clear shift from play to dominance-submission modes of relating.) The consequences to the mammalian brain of regular rough-and-tumble play in childhood include increased capacity for focus and concentration. We seem to have evolved in such a way that optimal neural development requires this experience. Panksepp has hypothesized, in fact, that one reason we are seeing so much ADD and ADHD in recent decades is that human children's natural tendency toward exuberant physical engagement with each other has been thwarted by supervised play dates, scheduled lessons and activities, long exposure to television and computer screens, and, in many schools, the demise of recess.

Similarly, people with narcissistic problems may have played too little for their own good. One of Riordan's guiding intuitive assumptions seems to be that his clients need this developmentally critical experience. In his conversations with Alex, Brian, and Candace, one

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observes a self-righting process, from dominance-submission to mutuality, comparable to that of young mammals engaged in rough-housing. When, for example, Riordan picked up that Alex had experienced him as shifting from mutual play into dominance (identifying, in Benjamin's [1988] terms, a "doer-done to" moment), he inquired into whether he had offended him (p. 169). When Alex admitted that he had felt "scolded," Riordan was able to initiate a resumption of their more egalitarian collaboration, restoring the balance between him and Alex to within the range that is felt as playful. Alex spontaneously notes, after this brief and nicely processed narcissistic injury, "You asked me to *play with* some career ideas. And I did" (p. 170, italics mine).

We know less about the benefits to the brain of ongoing adult forms of play, but I suspect they are significant in maintaining neuropsychological health. So far as I know, all cultures that anthropologists have studied provide opportunities for adult recreation, in the form of such activities as singing together, playing music together, dancing together, putting on plays and other kinds of shows, and enjoying athletic contests and other competitions. All cultures have a place for laughter and humor, and all nourish some tradition of story-telling (Levi-Strauss, 2005). I have wondered for some time about what the consequences have been to us as a species of the slow shift that "developed" cultures have made with respect to play. We no longer tend to inhabit small communities in which we sing, make music, dance, put on shows, and play sports together; instead, we have become a spectator culture, in which we go to concerts, watch dance performances, and witness high-profile athletic events.

And in contemporary life, play is no longer always so playful. Activities such as sports are big business and are deadly serious. If I am right that we have gradually reduced our participation in small-scale amusements, in which ordinary people take pleasure together in ordinary ways, while increasing the portion of our time spent witnessing large-scale activities in which only the most extraordinary performers make the cut, we can see that the issue of play may be quite relevant to the widely reported increase in narcissism. I suspect, for example, that this shift has contributed to the frequency with which people struggle with Riordan's key question of "what is enough." If Carnegie Hall or the Olympics are the only goals one can envision, and if having a good time for its own sake is therefore unimaginable, how do we develop a reasonable sense of ambition? And how do we develop an ambition-free zone in which we can be ourselves with the confidence that we are simply "good enough"? All three of Riordan's patients struggled with such questions.

Riordan mentions the widespread clinical impression that people who become narcissistically organized tend to have been used as narcissistic extensions by their caregivers. For narcissistically driven individuals, all of life's challenges involve evaluation, even if in one's family that evaluation has been fawningly positive. They grow up being unrelentingly compared, either positively or negatively, to an impossible ideal that reflects their parents' narcissistic needs, and in that emotional context, everything they did was implicitly contextualized as serious and potentially consequential. Narcissistically impelled parents seem not to know how to delight in their children for who they are or to relax in the enjoyment of mutual pleasures. In households dominated by needs to support the parents' self-esteem, not only is there is no space for being average (or, God forbid, below average); there is also no space for being silly, for playing for its own sake, for savoring the ordinary and the quotidian.

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Narcissistic patients tend to create in the clinical dyad a similarly fraught atmosphere, treating therapists as they were treated by their caregivers; that is, as narcissistic extensions who are supposed to support their self-esteem with single-minded seriousness. These considerations bear on a critical aspect of Riordan's therapeutic work as it is reflected in the verbatim accounts of his conversations with his narcissistically damaged clients. He finds ways to help them to relax and be playful about issues that they have been in the habit of seeing as grave matters of better and worse, as accomplishments to be attained, as tests of their value as human beings.

When Alex experiences himself as "fishing for a grade" (p. 29), Riordan reframes his motive in the context of the normal human tendency to *wonder* about people one has come to care about. He deftly enters Candace's fantasy life, gently exposing the fact that her idea of a good time is the narcissistic triumph of defeating everyone else in a televised quiz show; after a little banter, she starts relishing the idea of starting her own small business. When Brian trashes his taste in clothes, Riordan simply rolls with his punches, seems to enjoy the vitality in the devaluation, and helps Brian elaborate a vivid fantasy about his therapist's imagined family. This last interaction ends with Riordan's challenge—a serious confrontation, but delivered with a light touch—to his client's narcissistic assumption that any two people trying to get along have to tell recurrent small lies to support each other's self-esteem.

THE ART OF PSYCHOTHERAPY

I have several reasons for responding to Riordan's study by emphasizing these more global, subjective, and impressionistic issues. The primary one is that the art of the therapist is a topic often neglected in contemporary analyses of psychotherapy (especially in discussions of its costs and overall value to individual patients and to our society at large), and in Riordan's work, one clearly sees the therapist as artist. Readers familiar with my own writing may recognize here my concern over some unintended consequences of pressures on therapists to apply specific "evidence-based" protocols to their clients, techniques grounded in research on discrete diagnostic categories. Scientist colleagues to whom such pressures make sense seem to view psychotherapy as a set of specifiable interventions, the kind that are most easily tested in randomized controlled trials of comparative outcome.

Specific interventions are certainly one aspect of psychotherapy, and an important one. Across orientations, most therapists I know appreciate any approach that increases our capacity to help the complexly troubled people who come to our offices. But patients consistently report, and outcome literature repeatedly attests (e.g., Blatt & Zuroff, 2005), that it is the person of the therapist and the quality of the relationship that make the most difference in therapy. These atmospheric factors are not impossible to study, but they are more difficult to operationalize, and they do not lend themselves to randomized controlled trials. Because of their importance, we need to be talking as much about them as about those procedures that can be manualized and investigated by RCTs. And we need to be studying, as Riordan did, videos and verbatim accounts of therapy as it happens in naturalistic settings. The appearance of this on-line journal, *Pragmatic Case Studies in Psychotherapy*, has been a welcome step in the direction of moving "from single case to database" (Fishman, 2005), as has been the recent establishment of a division for qualitative psychology in the American Psychological Association.

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Second, the art of therapy—including, pacing, tact, humor, when to support and when to confront—is most critical when we deal with characterologically entrenched patterns. Narcissistic tendencies are famously resistant to short-term and focused interventions. Empirical findings support what therapists have reported for many years; namely, that the majority of people (roughly 60%, according to Westen & Arkowitz-Westen, 1998) who come for treatment have significant personality-related issues. Shea, Widiger and Klein (1992) found that 30-40% of patients being treated for "depression" have DSM-diagnosable personality disorders, with personality comorbidity ranging as high as 87% depending on the sample. Those findings leave out what I assume is a significant proportion of clients who need to deal with personality issues even though their symptoms do not quite justify a DSM diagnosis of Personality Disorder. It is relevant that at least one of Riordan's patients (Brian) did not meet DSM criteria for Narcissistic Personality Disorder, and yet narcissistic suffering pervaded his experience of depressive affect.

It is rare in my clinical experience that patients come to treatment complaining of a circumscribed disorder, unconnected to their larger life patterns. It is even rarer that when they do, they find it easy to cooperate unambivalently with the delimited treatments that have been most extensively studied by randomized controlled trials. Like people who know they should diet or go more frequently to the gym, they often know what behaviors they need to engage in, but they lack the will to do so because of longstanding habits and fears that get in the way and must be slowly worked through—however one's theoretical orientation describes that process.

Third, and related to these concerns, I have been distressed lately about diverse initiatives, often promulgated in the worthy name of accountability, that implicitly redefine therapy from a healing relationship to a set of technical interventions. Some academic critiques imply that we therapists should see ourselves not as artful healers of the suffering person but as technicians skilled in a range of empirically derived methods for relieving the most overt symptoms of delineated disorders. The difference between being a healer and being a technician is subtle but profound, with multiple implications for the self-esteem and morale of clinicians. The art of helping a prickly person with an "*overburdened sense of self, …lack of sufficient regard from others, and …inability to know what is enough in life*" (p. 164, Riordan's italics) neither comes effortlessly to us as social beings nor can be captured in a manual.

This redefinition from healer to technician is implicit in the writing of many erudite but—in my view—insufficiently clinically empathic critics of the contemporary therapy scene (e.g., Lillienfeld, 2012). To me, it seems they make what philosophers call a "category mistake," in which clinical practice is tacitly equated with academic research, in that therapists are expected to do what is appropriate to a certain kind of outcome study (e.g., to attend to what is quantifiable, to manualize what we do, and to delimit treatment arbitrarily)—activities that are critical for RCTs but that may not capture central aspects of the therapy process.

Other pressures in the direction of what has sometimes been called the "industrialization of psychotherapy" (e.g., Norcross, 2002) derive ultimately from some of the same social forces that have been the breeding ground for our societal-level problems with narcissism. Our vast, consumerist culture has become dominated by the interests of insurance companies and pharmaceutical corporations, who have a stake in seeing "disorders" as discrete problems that require specific and focused applications, whether via medication or talk (see McWilliams, 2005,

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2011, in press). I appreciate the economic realities to which they are responding, but we also need to be honest about what is possible, perhaps especially in the case of patients who struggle with narcissistic issues. Narcissistic misery does not remit after a few sessions that target specific maladaptive behaviors. Fortunately, we have plenty of data supporting the overall effectiveness (e.g., Leichsenring & Rabung, 2008; Seligman, 1995; Shedler, 2010) and cost-effectiveness (e.g., Lazar, 2010) of longer-term, open-ended, and artful therapies that should be part of any conversation about what is affordable.

The invitation to comment on Riordan's study has given me an opportunity to urge contributors to the clinical literature to talk about more nuanced and ephemeral aspects of the therapy relationship, including tone and attitude—elements to which narcissistically driven clients are notoriously and problematically sensitive. In these areas, Riordan's voice has added a lot to the professional conversation; I have learned from his paper much that has been helpful to my own clinical work. I hope Riordan will continue to write about therapy with people whose self-esteem is under continual internal and external assault. Most of all, I have appreciated his thoughtful attention to both qualitative and quantitative description, the poetry as well as the prose of psychotherapy.

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