

# Neuroscience, narcissism and the body: Some clinical implications

Dr Susan Mizen MBBS FRCPsych

Exeter

# The Relational Affective Model

- Service Development: Funding
- Severe and complex disorders
  - Neuroscience and Psychoanalysis

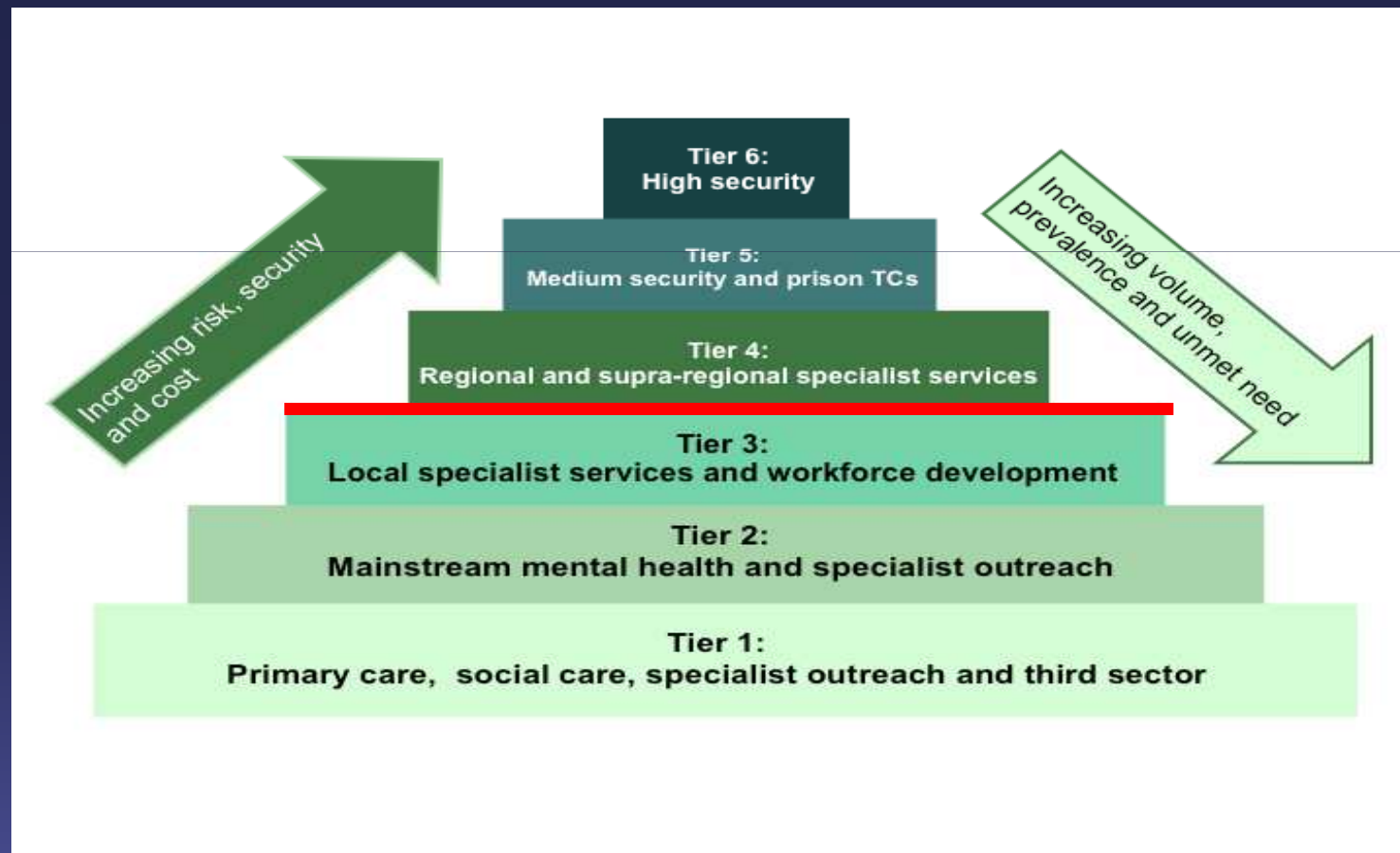


- Characterise the disorder

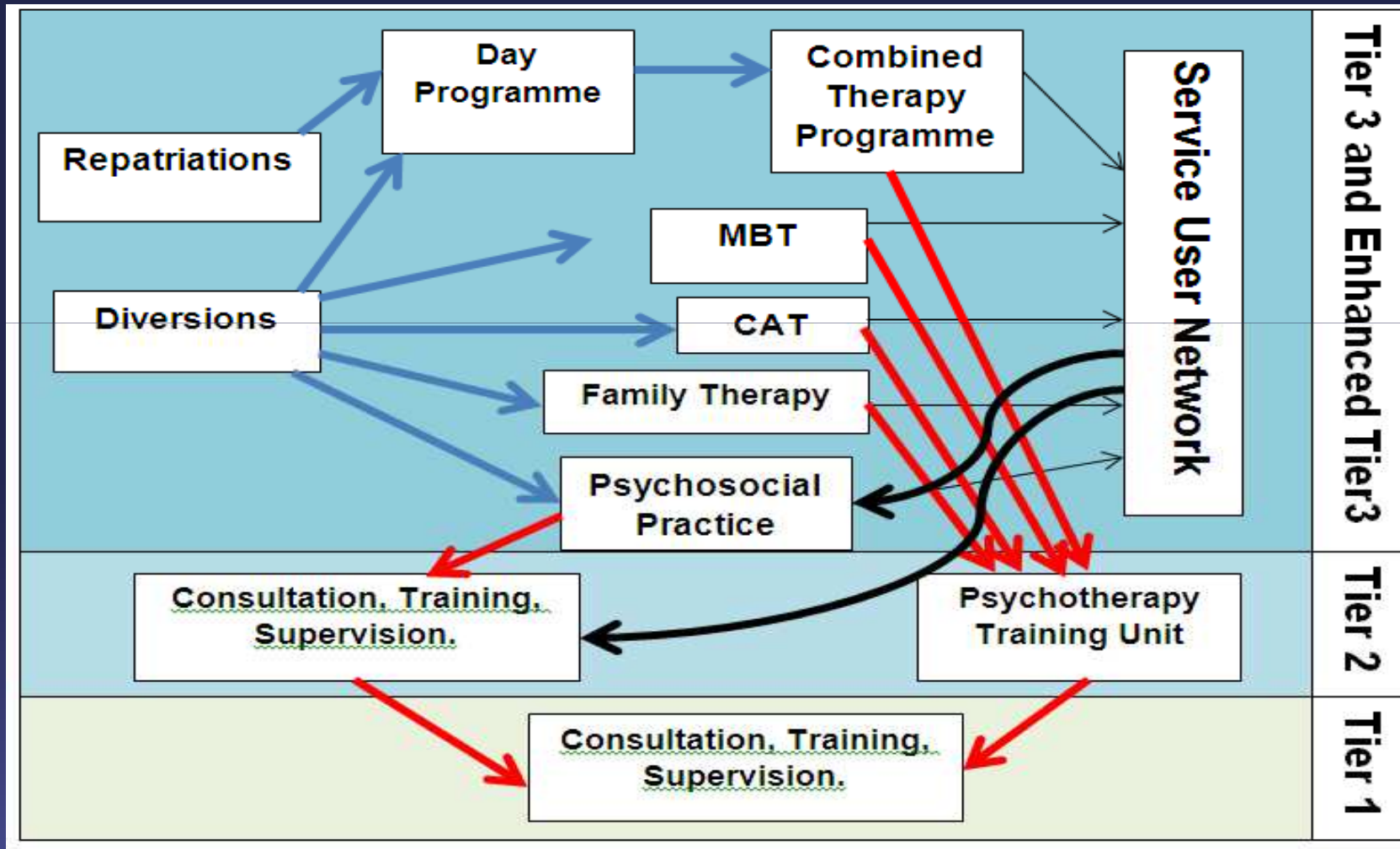


- Treatment innovation

# Claustro-agoraphobia: The system replicates the disorder



# Cost saving: Investment in Therapy and Training



# Cost savings (PD)

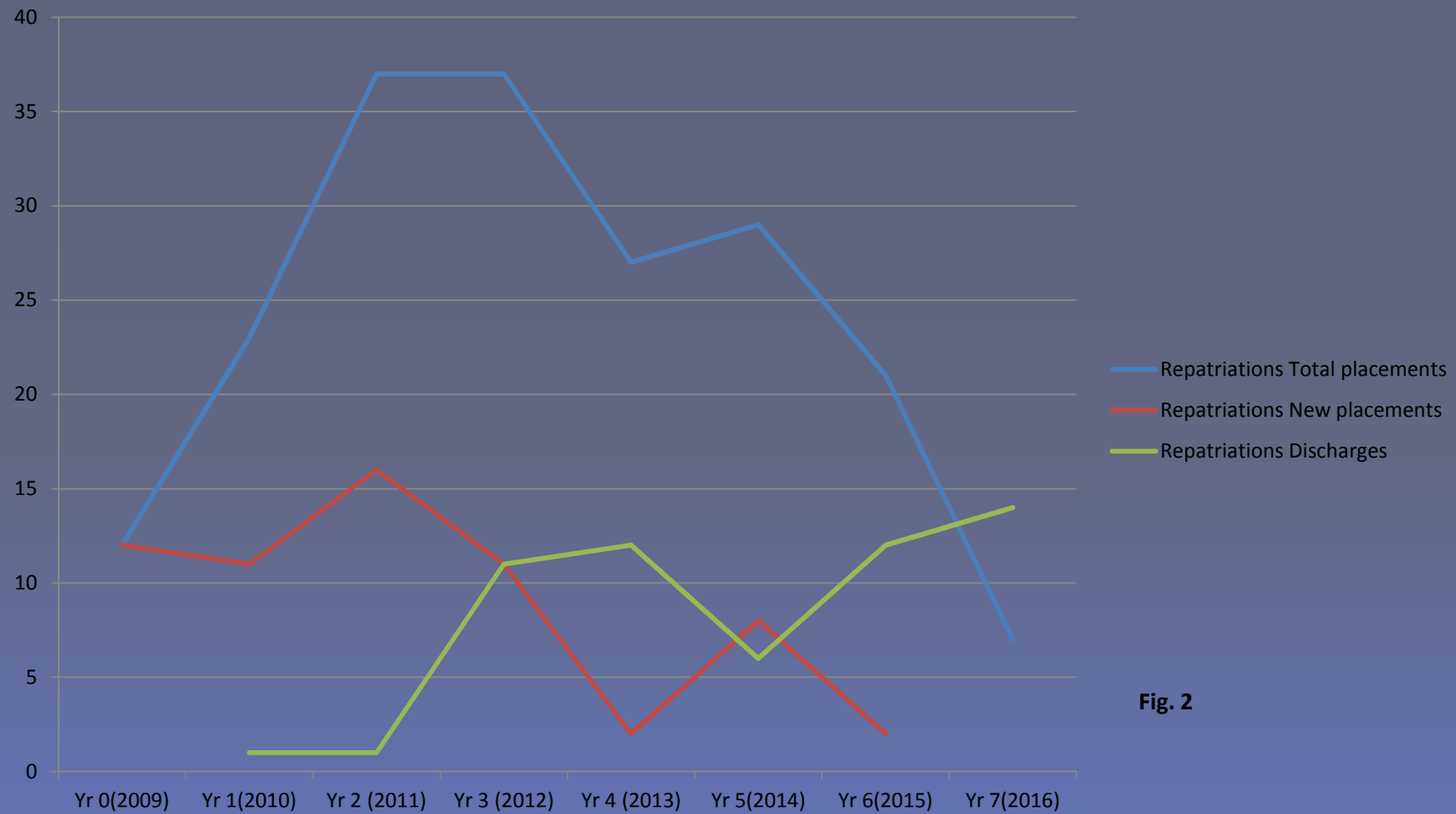


Fig. 2



# Severity and Complexity

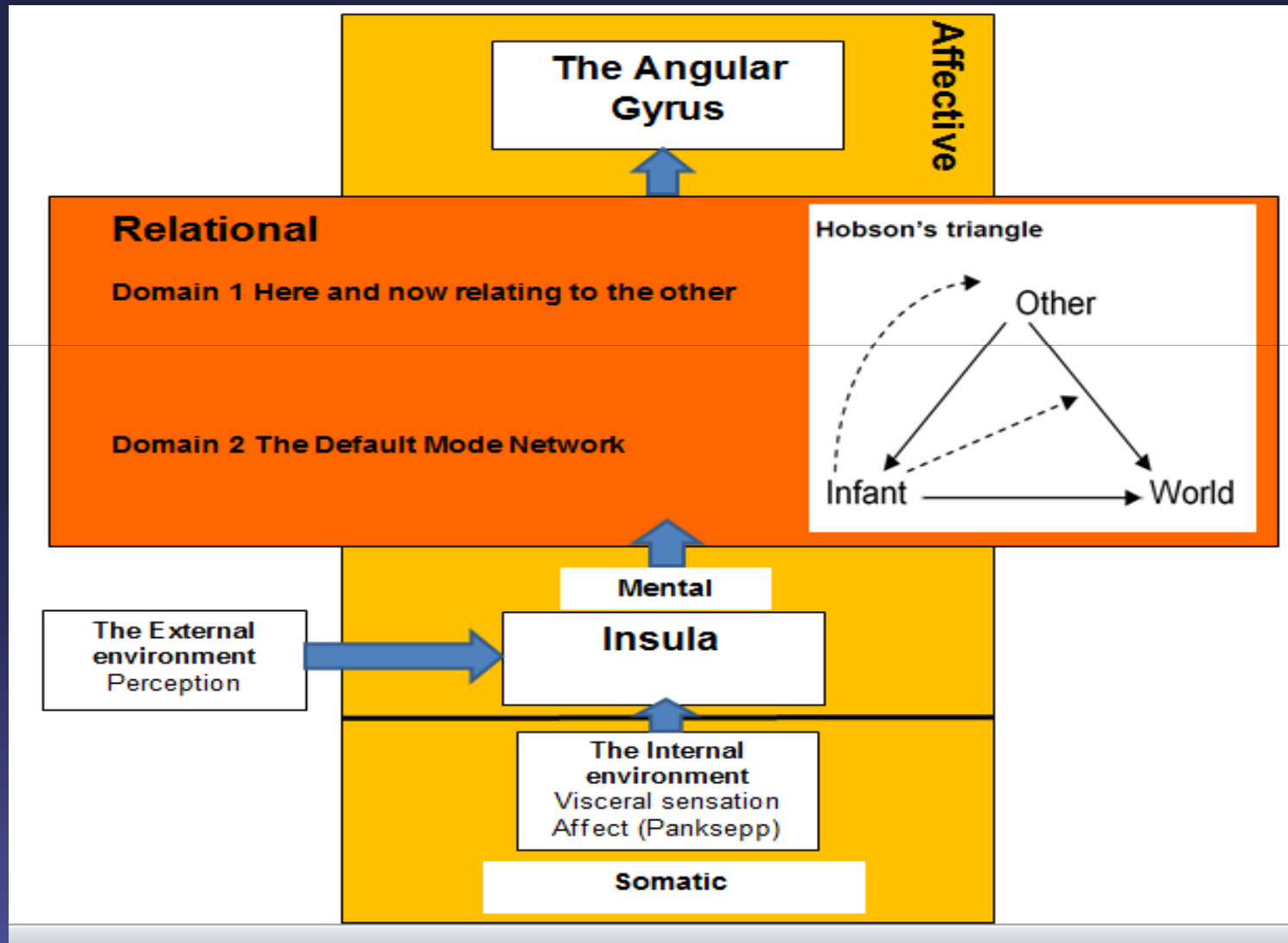
- Severity = Risk
- Complexity
  - Personality disorder
  - Eating disorder
  - Somatisation
  - Autistic Spectrum Disorder
  - Substance misuse
- Failures in symbolisation



# The Relational Affective Model: Concepts

- Symbolisation and the brain
- Projective Identification in narcissism
- Xenophobia and psychic atopia
- What neuroscience tells us about how the mind relates to the body in narcissism
- Failures of symbolisation in autism, anorexia, somatisation and personality disorder

# Affect, relating and symbolisation





# Symbolisation and the brain

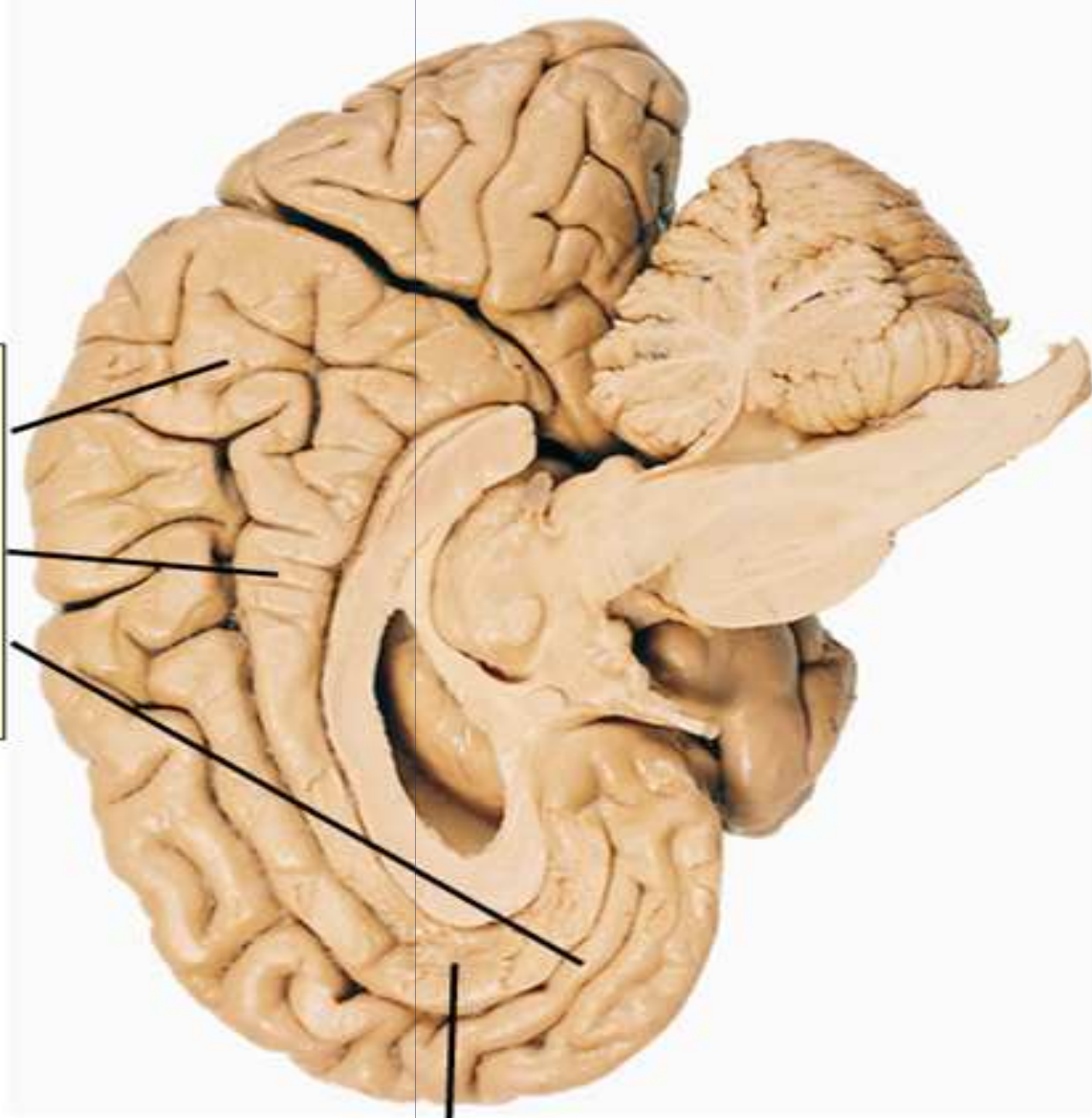
- Affect as the raw material for emotional feeling
- Panksepp (1998)
- Basic Emotion Command Systems (BECS)



## Brain: Medial view

The Default Mode Network

Domain 2



Anterior  
Cingulate Cortex

Front

Back

# The Anatomy and Biochemistry of Panksepp's BECS

<b>BECS</b>	<b>Anatomy</b>	<b>Neuro-transmitters</b>	<b>Function</b>
<b>SEEKING</b>	Mesolimbic Mesocortical pathway	<b>Dopamine</b>	Energetic exploration to find resources to satisfy appetite.
<b>PANIC</b>	PAG to the Anterior Cingulate Cortex	<b>Opiates</b> <b>Oxytocin</b>	Separation distress circuits.
<b>FEAR</b>	PAG to amygdala	<b>Glutamate,</b>	Fear of attack by persecutors.
<b>RAGE</b>	PAG to Medial amygdala	<b>Substance P,</b> <b>GABA, Ach.</b>	Hot: Fight flight Cold: Predatory
<b>PLAY</b>	PAG Thalamus and Parietal Cortex	<b>Opiates</b>	An endogenous urge for 'Rough and Tumble'

# The Insula and emotional feeling

Exteroception

Insula

“My feeling about that thing at this moment in time” (Craig 2009)

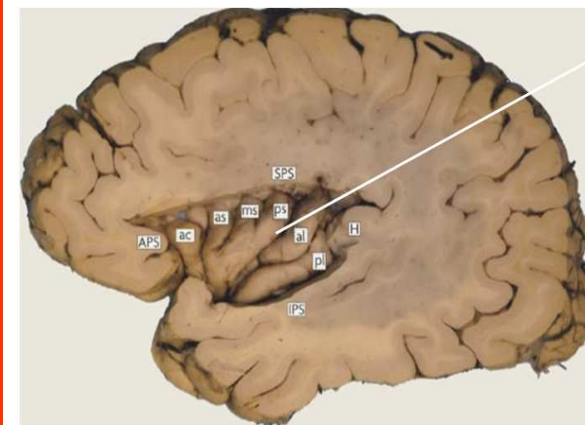
Affect

Visceral Sensation

Hormones

Interoception

Brain: Section through Right Hemisphere



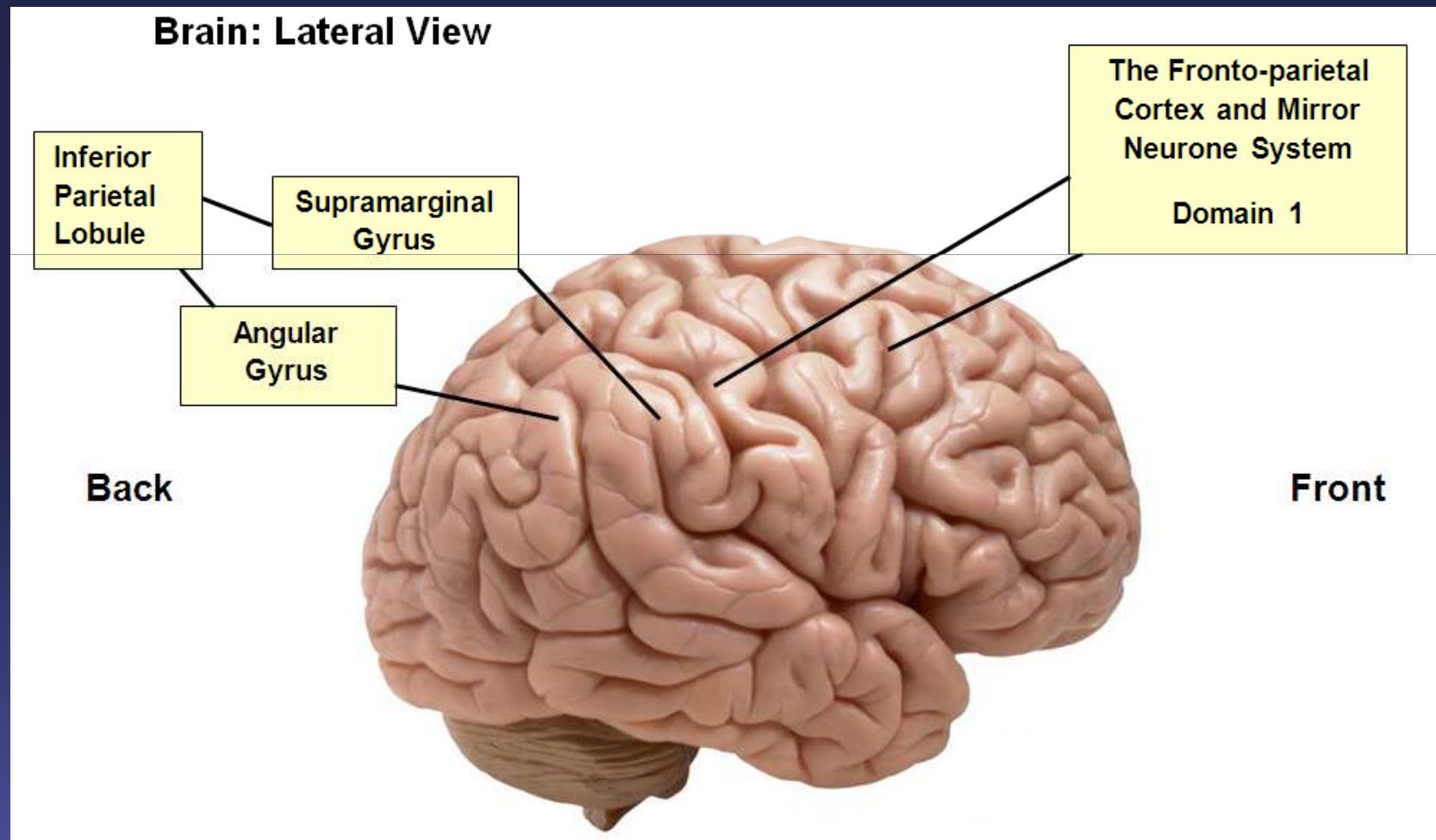
Insula



# Symbolisation: The Relational Axis

- The relationship with the external world
- Internal world object relationships and psychodynamic defences

# Self and other in the brain: the external relational world



# Triangulation in the interpersonal world: From egocentricity to allocentricity

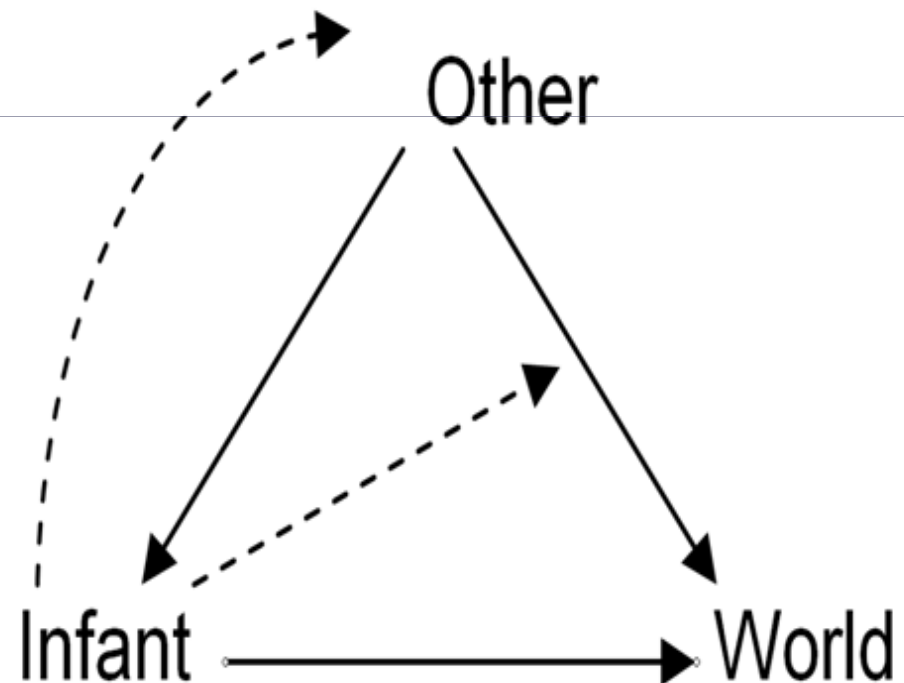
Primary intersubjectivity

Secondary  
intersubjectivity  
(Trevarthen)

Autistic Spectrum  
Disorder

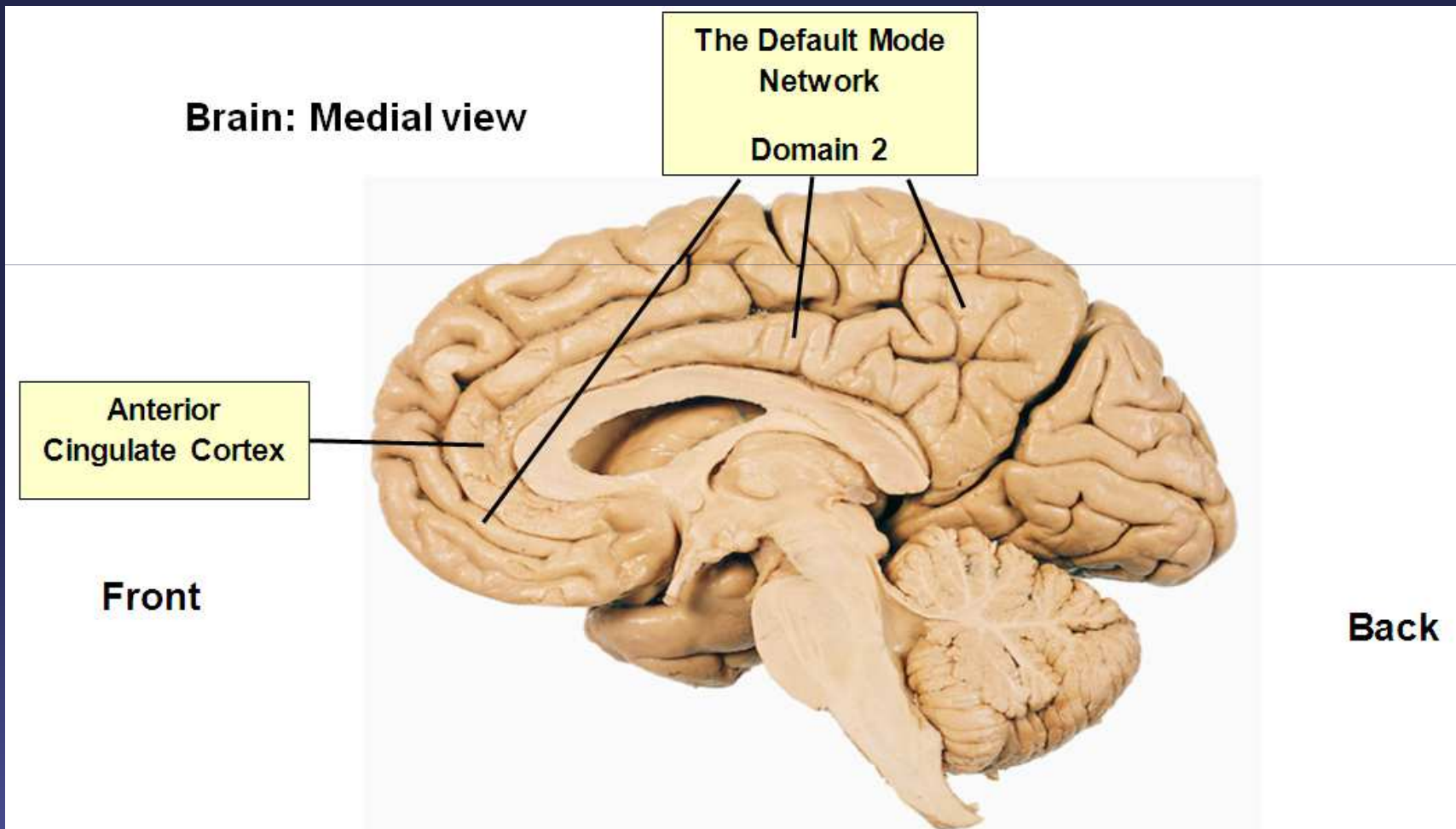
(Ruby and Decety (2004)  
Hobson (2002)

## Hobson's triangle





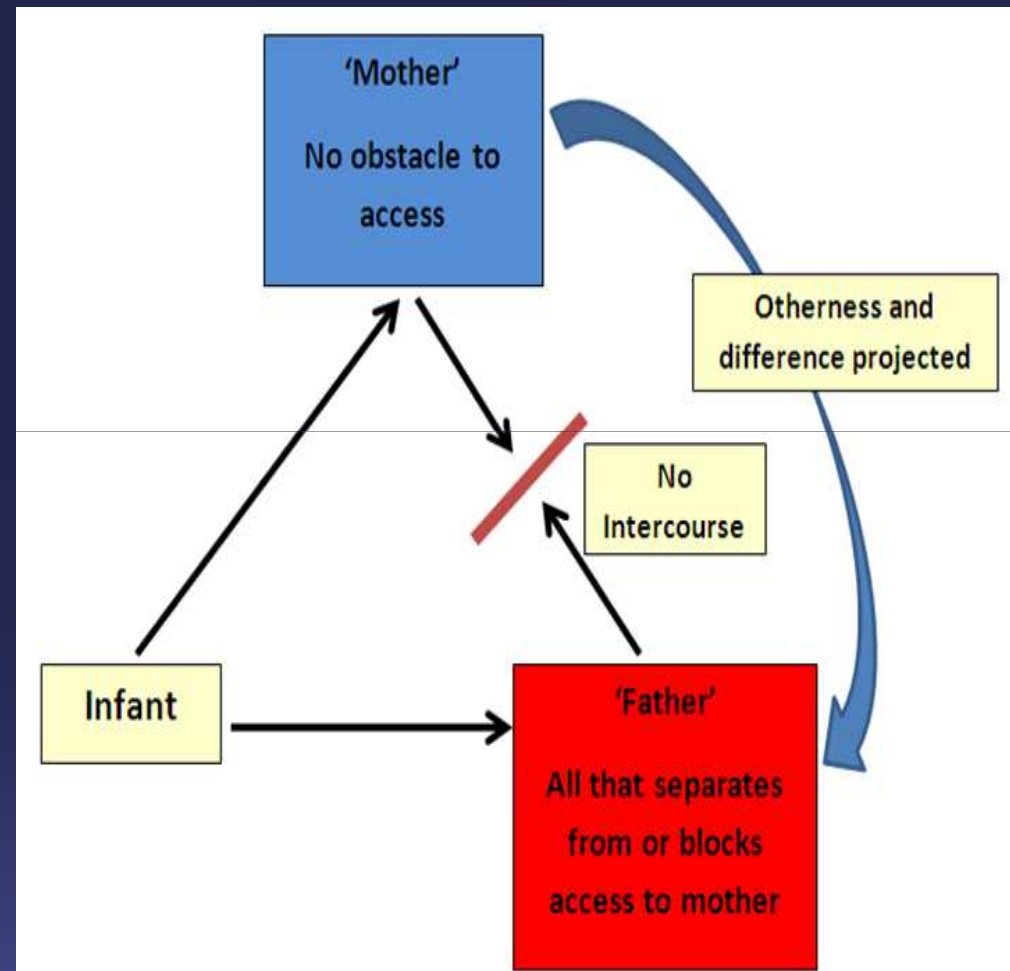
# Self and other in the brain: internal relational processing





# Triangulation in the internal world: Britton and Triangular Space

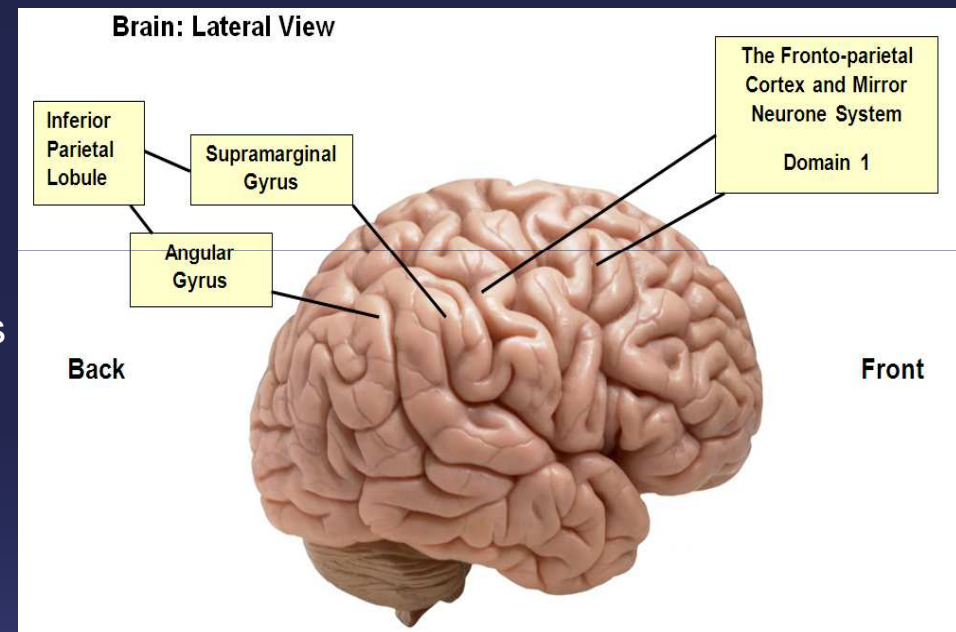
The elaboration of external world experience in phantasy, contributed to by unconscious internal object relations



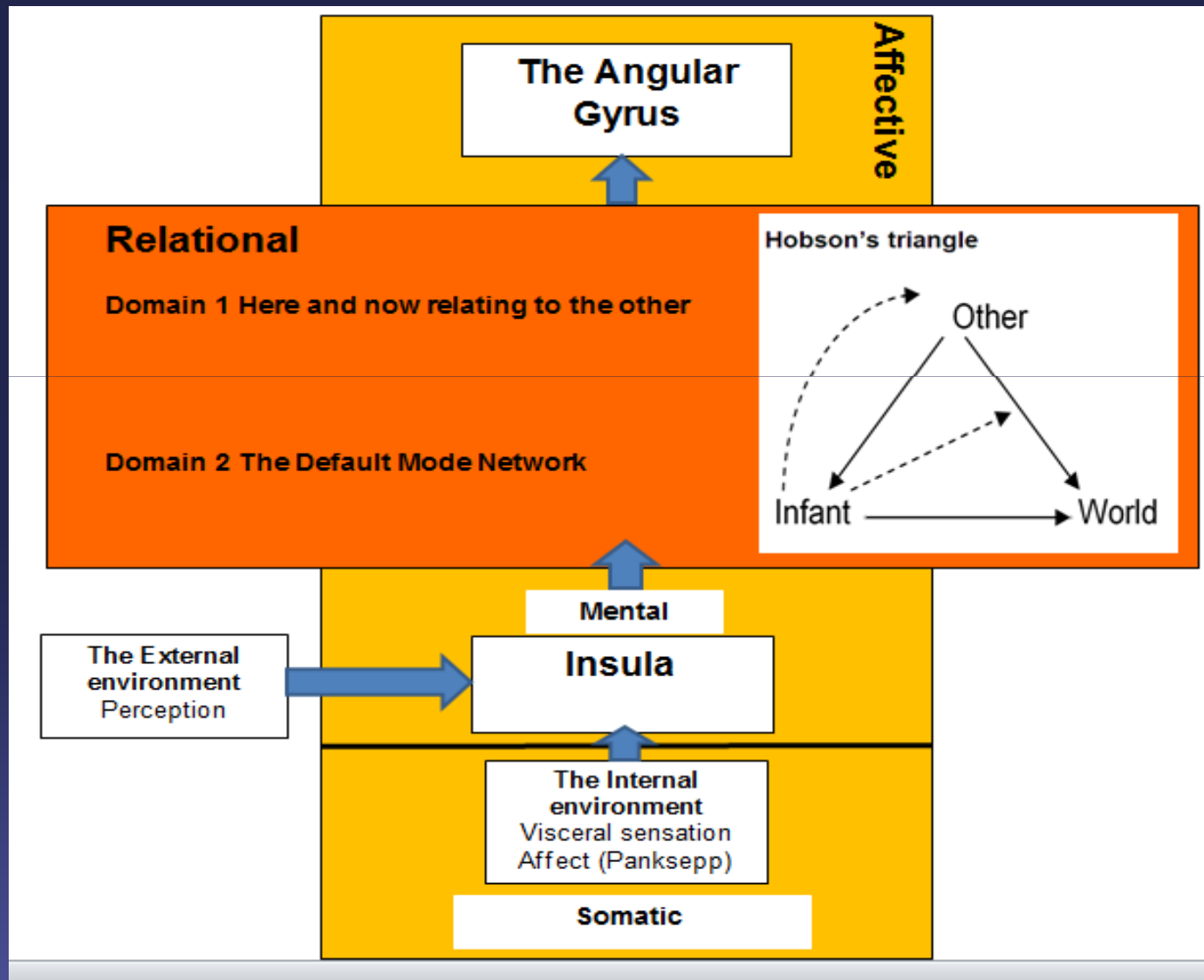
# The inferior parietal lobule

## Angular Gyrus

- Semantic language, symbolism, metaphor and abstract thought (Luria, 1973, Ramachandran 2001).
- Unique to humans; evolved the supramarginal gyrus which integrates sensory and motor domains into actions required for tool use (Ramachandran 2003)
- The cross modal synthesis required for the manipulation of tools and the manipulation of ideas - an evolutionary progression.
- The angular and supramarginal gyri are active in rapid eye movement (REM) sleep. Solms (1995)



# Summary: Affect, relating and symbolisation





# Projective identification in narcissism

- Key states:
  - *“The infant, in a state of absolute dependence, must come to terms with the reality that the other is at once needed, good and separate”.*
- Where this cannot be negotiated, either separateness or need are defended against by acquisitive and attributive projective identification. (Britton)

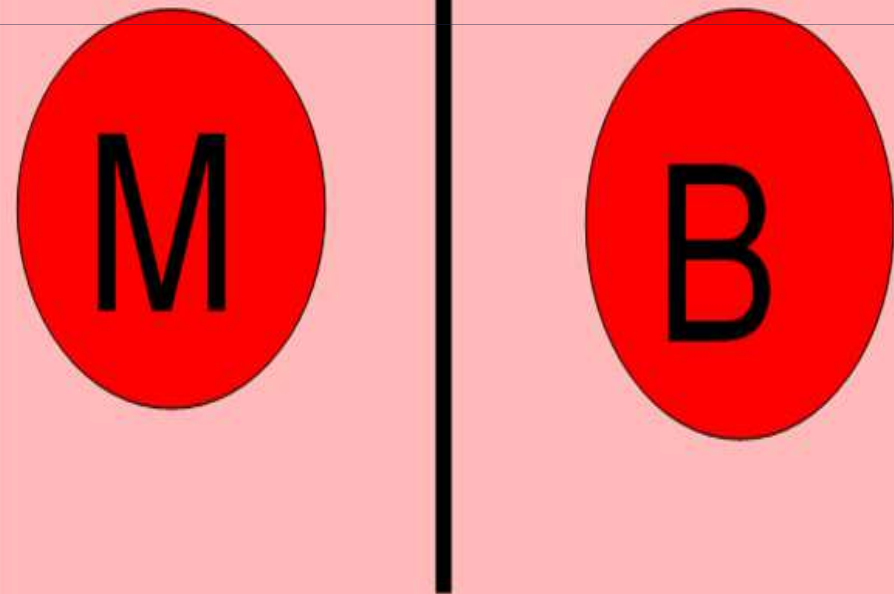
# Self and other states

Agoraphobic state: State of self and other in phantasy



Acquisition (Acquisitive PI)

Claustrophobic state: State of self and other in phantasy

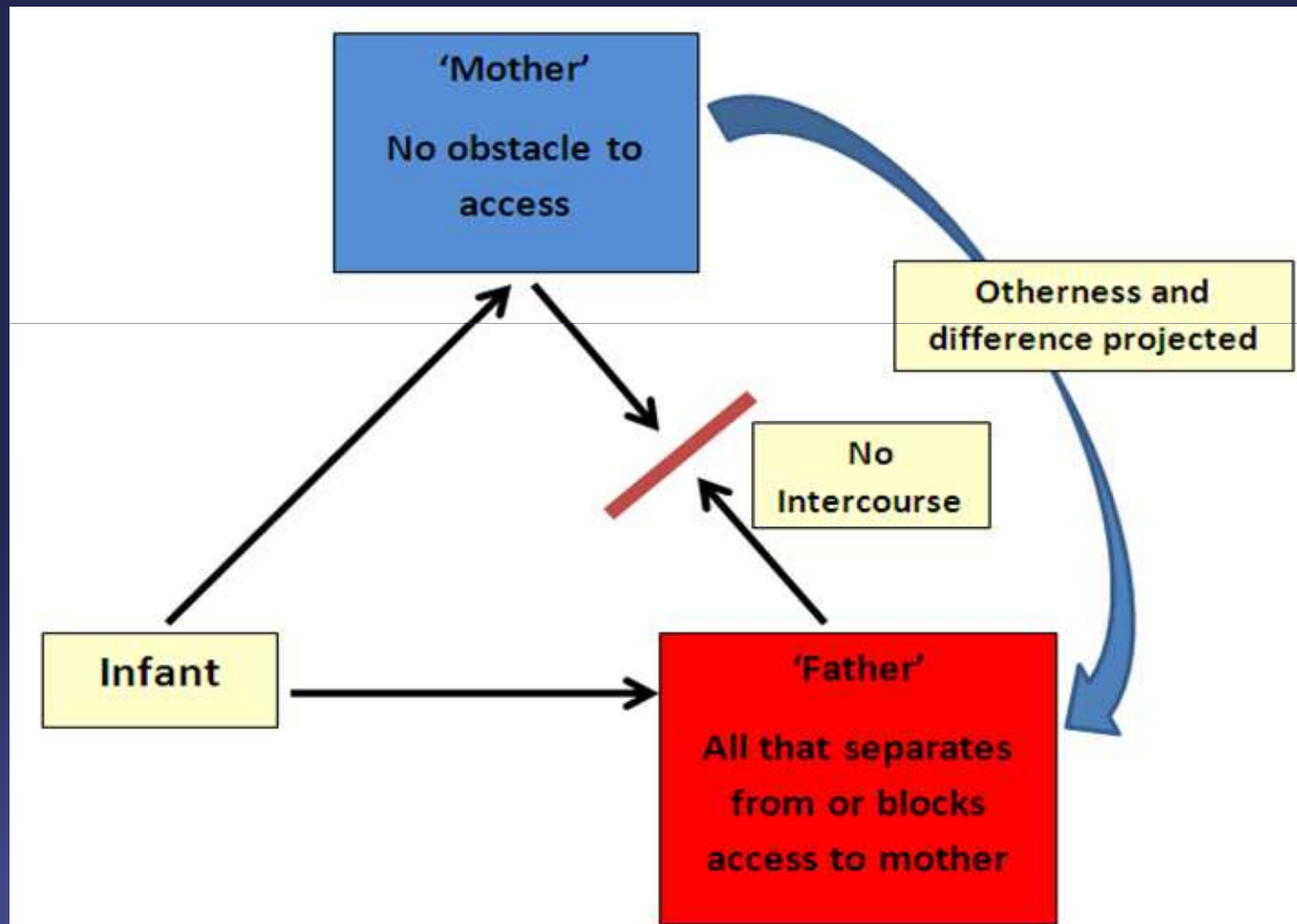


Disavowal (Attributive PI)

# The Relational Affective Formulation

	<b>Agoraphobic State</b>	<b>Claustrophobic State</b>
<b>Splitting</b>	<b>Only Love</b>	<b>Hatred of love</b>
<b>Separation</b>	<b>Only want to be with</b>	<b>Only want to be apart</b>
<b>Object relationship</b>	<b>Inside the object</b>	<b>Outside the object</b>
<b>Pattern of dependence</b>	<b>Malignant regression</b>	<b>Pseudo-independence</b>
<b>Dominant Anxiety</b>	<b>Trapped</b>	<b>Dropped 'Fear of falling forever'</b>
<b>Aggression</b>	<b>Attack on the possibility of separation</b>	<b>Attack on the possibility of connection</b>
<b>Affect</b>	<b>Schizoid state mimicking depression</b>	<b>Elevated mood.</b>

# Britton: Triangular space





# Narcissism and the brain

- **The right hemisphere syndrome as defence**
  - Anosognosia and Confabulation
  - Somatoparaphrenia
  - Misoplegia
- **The caloric test**
- **The presence of the therapist**
- **The third person perspective**
- Anosognosia as motivated unawareness: The 'defence' hypothesis revisited. Oliver H. Turnbull, Aikaterini Fotopoulou and Mark Solms  
Cortex 61 (2014) 18-29.





## Mr C

- *Mr C presented as aloof, egocentric and imperious, oblivious to the world around him except insofar as it affected his own wellbeing. He appeared unable to see things from the other person's point of view, eschewing social convention. He only took the initiative to address a complaint. He took nothing in and never expressed gratitude, seeming to have withdrawn into a cocoon of self-sufficiency, and yet, he was simultaneously very needy and demanding. He was hypochondriacal and intolerant of frustration of any kind, expressed mostly to the nursing staff, whom he treated as though they were combined into one big mother, whose function was to meet his personal needs immediately. His intolerance of frustration was also expressed towards his arm and his rehabilitation regime. He expected and demanded to make a total and complete recovery. He seemed to harbour an intense need to regress, to be looked after and cared for, and yet consciously abhorred dependence and vulnerability of any kind. He closely resembled 'his majesty the baby', in a word he was narcissistic.*

# Xenophobia and psychic atopia

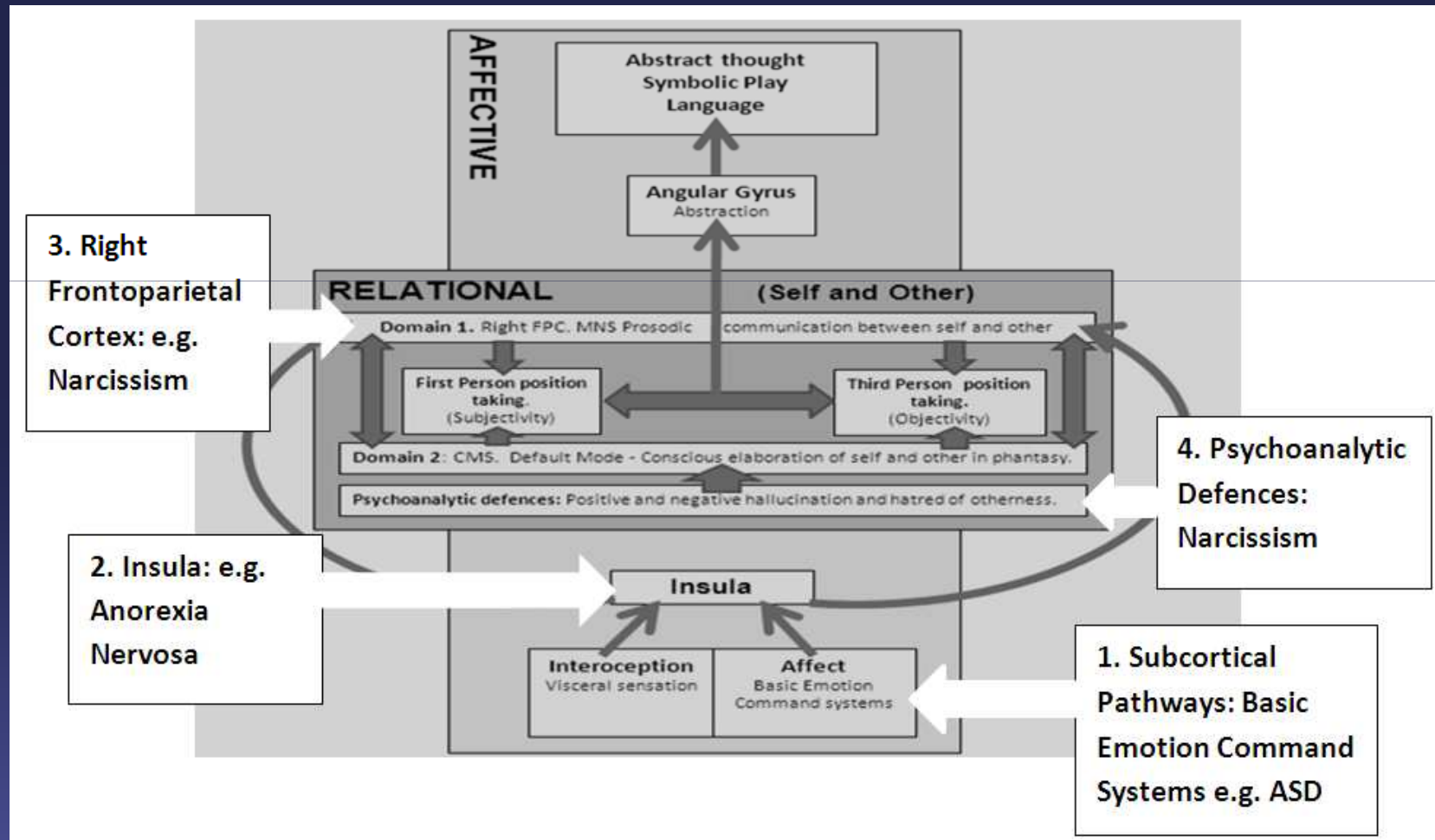
- Ramachandran: Apotemnophilia and Acrotomania



# What neuroscience tells us about how the mind relates to the body in narcissism

- The boundary of self is redrawn so that those parts of the body the person is in control of are considered 'self' and loved. Those which are not are treated as 'other', part of the external world and hated.
- That part which is out of control is related to in the same way as other people in the external world
- The boundary of the self is fluid, under the influence of neurological body maps and the dominant anxiety.
- The self is experienced as territory. Objects which are not experienced as part of the self, within that boundary are experienced as foreign and must be got rid of.
- In narcissistic disorders unwanted parts of the self are disavowed and attributed to either the body as a whole or parts of the body which must then be got rid of or brought under control so that they are felt to belong to the self.

# Failures of symbolisation



# The Relational Affective Formulation: Substance misuse

	<b>Agoraphobic State</b>	<b>Claustrophobic State</b>
<b>Splitting</b>	<b>Only Love</b>	<b>Hatred of love</b>
<b>Separation</b>	<b>Only want to be with</b>	<b>Only want to be apart</b>
<b>Object relationship</b>	<b>Inside the object</b>	<b>Outside the object</b>
<b>Pattern of dependence</b>	<b>Malignant regression</b>	<b>Pseudo-independence</b>
<b>Dominant Anxiety</b>	<b>Trapped</b>	<b>Dropped 'Fear of falling forever'</b>
<b>Aggression</b>	<b>Attack on the possibility of separation</b>	<b>Attack on the possibility of connection</b>
<b>Affect</b>	<b>Schizoid state mimicking depression</b>	<b>Elevated mood.</b>

# Eating disorders and The 'one foot in each camp' defence

	Agoraphobic State		Claustrophobic State
Libidinal vs. aggressive Re separation	Only Love (libidinal) Or wh Ins	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Bodily Physical Concrete Unconscious</b> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Disembodied Internal Conscious</b> </div>
Position re object		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Weight Loss</b> </div>	
Relation to dependence Catastrophic Anxiety	Malignant regression Trapped	<div style="background-color: yellow; padding: 5px; text-align: center;"> <b>P U B E R T Y</b> </div>	pseudo-independence dropped 'Fear of killing forever' attack on the possibility of connection
Use of aggression	Attack on the possibility of separation		Elevated mood.
Affect	Schizoid state mimicking depression		

# Psychiatric management

- a theoretically informed pathway
- (gatekeeping) pathway design and care planning for the individual
- use of the mental health act
- monitoring physical healthcare and setting boundaries in accordance with the therapeutic model
- Safeguarding and capacity
- Risk assessment



# Principles of team work

- Working to the same formulation
- Different modalities and models using the same mutative factors
  - Psychosocial practice
  - Group Analysis
  - Individual Therapy
  - Family therapy
  - Formulation based multiagency working.
  - Applying the formulation to other models
    - CAT
    - MBT



# Mutative Factors

## Mutative factors in a psychodynamic pathway

1. Containment
2. Holding regression and flight
3. Translation of concrete modes of relating to symbolic
4. Working with the spatial aspects of experience
5. Splitting and then Integration
6. Linking
7. Triangulation
8. Mirroring
9. Working with transitions and endings



# Future developments

- Combining physical and psychotherapeutic treatments
  - Naloxone and ASD
  - Buprenorphine and suicide
- Deficit, defence and personalised packages of care

# References

- Mizen, C. S. (2014a) Narcissistic disorder and the failure of symbolisation- A Relational Affective Hypothesis. *Medical Hypotheses: Volume 83, Issue 3, Pages 254-262*
- Mizen, C. S. (2014b) Towards a Relational Affective Theory of Personality Disorder *Psychoanalytic Psychotherapy 28: 4.357-378*
- Mizen, C. S. (2015) Neuroscience, mind and meaning: an attempt at synthesis in a Relational Affective Hypothesis. *Psychoanalytic Psychotherapy 29: 4. 363-381*