Neuroscience, narcissism and the body: Some clinical implications

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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)
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
- Xenophobias 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

The Angular Gyrus

Affective

Relational
Domain 1 Here and now relating to the other

Domain 2 The Default Mode Network

Hobson’s triangle

Infant World

Mental

Insula

The External environment Perception

The Internal environment Visceral sensation Affect (Panksepp)

Somatic
Symbolisation and the brain

- Affect as the raw material for emotional feeling
- Panksepp (1998)
- Basic Emotion Command Systems (BECS)
<table>
<thead>
<tr>
<th>BECS</th>
<th>Anatomy</th>
<th>Neurotransmitters</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEEKING</td>
<td>Mesolimbic Mesocortical pathway</td>
<td>Dopamine</td>
<td>Energetic exploration to find resources to satisfy appetite.</td>
</tr>
<tr>
<td>PANIC</td>
<td>PAG to the Anterior Cingulate Cortex</td>
<td>Opiates, Oxytocin</td>
<td>Separation distress circuits.</td>
</tr>
<tr>
<td>FEAR</td>
<td>PAG to amygdala</td>
<td>Glutamate,</td>
<td>Fear of attack by persecutors.</td>
</tr>
<tr>
<td>RAGE</td>
<td>PAG to Medial amygdala</td>
<td>Substance P, GABA, Ach.</td>
<td>Hot: Fight flight Cold: Predatory</td>
</tr>
<tr>
<td>PLAY</td>
<td>PAG Thalamus and Parietal Cortex</td>
<td>Opiates</td>
<td>An endogenous urge for ‘Rough and Tumble’</td>
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</table>
The Insula and emotional feeling

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

Affect
Visceral Sensation
Hormones

Interoception
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

Brain: Lateral View

- Inferior Parietal Lobule
- Supramarginal Gyrus
- Angular Gyrus
- The Fronto-parietal Cortex and Mirror Neurone System (Domain 1)

Back  Front
Triangulation in the interpersonal world: From egocentricity to allocentricity

Primary intersubjectivity

Secondary intersubjectivity (Trevarthen)

Autistic Spectrum Disorder

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.

Diagram:
- "Mother" with "No obstacle to access".
- "Father" with "All that separates from or blocks access to mother".
- "Infant" connected to both "Mother" and "Father".
- "Otherness and difference projected" connected to "Father".
- "No Intercourse" connected to "Infant".

Diagram outlines the triangular relationships and the role of projection in the infant's experience.
The inferior parietal lobule

Angular Gyrus


- 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

- **Relational**
  - Domain 1: Here and now relating to the other
  - Domain 2: The Default Mode Network

- **Hobson’s triangle**
  - Infant → Other → World

- **Mental**
  - The External environment
  - Perception

- **Insula**
  - The Internal environment
  - Visceral sensation
  - Affect (Panksepp)

- **Somatic**
  - The Angular Gyrus

Projective identification in narcissism

- Rey 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

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<tr>
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<th>Claustrophobic state: State of self and other in phantasy</th>
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<td><img src="image.png" alt="Diagram" /></td>
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- **Acquisition (Acquisitive PI)**
- **Disavowal (Attributive PI)**
### The Relational Affective Formulation

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Britton: Triangular space

- 'Mother'
  - No obstacle to access

- Infant

- 'Father'
  - All that separates from or blocks access to mother

- Otherness and difference projected
  - No Intercourse
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

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

3. Right Frontoparietal Cortex: e.g. Narcissism

2. Insula: e.g. Anorexia Nervosa

4. Psychoanalytic Defences: Narcissism

1. Subcortical Pathways: Basic Emotion Command Systems e.g. ASD

- Abstract thought
  - Symbolic Play
  - Language
- Angular Gyrus
  - Abstraction

- RELATIONAL
  - First Person position taking: (Subjectivity)
  - Third Person position taking: (Objectivity)
- Domain 1: Right FPC, MNS Prosodic communication between self and other
- Domain 2: CMS. Default Mode - Conscious elaboration of self and other in phantasy.
- Psychoanalytic defences: Positive and negative hallucination and hatred of otherness.

- Insula
  - Interception
    - Visceral sensation
  - Affect
    - Basic Emotion Command systems

- AFFECTIVE
## The Relational Affective Formulation: Substance misuse

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# Eating disorders and The ‘one foot in each camp’ defence

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<td>Only Love</td>
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<td>aggressive</td>
<td>(like) love</td>
<td>(hate) love</td>
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<tr>
<td>Re separation</td>
<td>Confusion</td>
<td>Confusion</td>
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<tr>
<td></td>
<td>20 lbs Loss</td>
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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
