Couples Work When Partners Present With Narcissistic and "Neurotic" Traits

1. Safety and suitability screen

Interview each partner privately about safety before beginning conjoint work. Ask behaviourally specific questions about fear, threats, physical or sexual harm, coercive control, stalking, isolation, monitoring, financial control, and retaliation after disagreements or disclosures. Assess substance use, suicidality, threats to others, and access to weapons as relevant. IPV can include psychological abuse and coercive control, not only physical assault. acog.org1

- Does either partner fear consequences for speaking openly in therapy? ☐ No ☐ Yes ☐ Unclear
- Is there coercion, intimidation, stalking, threats, or violence? ☐ No ☐ Yes ☐ Unclear
- Can each partner freely consent to therapy and disagree without retaliation? ☐ Yes ☐ No ☐ Unclear
- Are acute risks or conditions requiring stabilization present? ☐ No ☐ Yes ☐ Unclear
- Safety plan, consultation, referral, or separate care needed: _____

Clinical decision:
☐ Proceed with conjoint work and ongoing safety checks
☐ Begin with individual assessment/stabilization; reassess conjoint work later
☐ Do not conduct conjoint sessions at this time; prioritize individual support, safety planning, and appropriate referral

When fear, coercive control, or significant risk is present, ordinary couples exercises may increase danger or provide material that can be used against a partner. Prioritize confidential assessment, safety planning, and specialist consultation; do not assume a communication-skills intervention is appropriate. Decisions about any specialized conjoint intervention require relevant expertise and careful risk assessment.

2. Working formulation: describe the cycle, not a “problem partner”

Area	Partner A	Partner B
What each says they want from therapy		
Strengths, values, and protective factors		
Stressors, trauma history, or context to consider		
Observable behaviours during conflict		
Emotions/needs that may be underneath those behaviours		
What each does next in response		
Impact on the other partner and the relationship		

Shared cycle (one sentence):

“When _____ happens, Partner A tends to _____; Partner B tends to_____; this leaves each feeling _____ _____ and the conflict _____.”

Possible individual concerns to assess—not presume:

☐ Anxiety, depression, trauma symptoms, substance use, sleep/health issues
☐ Emotion regulation or impulse-control difficulties
☐ Shame, sensitivity to criticism, entitlement, or difficulty considering another perspective
☐ Perfectionism, rumination, reassurance-seeking, or conflict avoidance
☐ Other: _____

3. Treatment-method menu

Choose methods based on the couple's goals, safety, readiness, and therapist competence—not on labels alone. Methods can be integrated, but explain the rationale and monitor whether the approach is helping.

Method	Individual focus	Conjoint focus / possible use
Emotionally Focused Couple Therapy (EFT__	Help each partner identify primary emotions, attachment concerns, and protective responses.	Map and de-escalate the negative cycle; support clearer expression of needs and responsive listening. Consider only when both can participate safely and tolerate emotional work.
Behavioural or cognitive-behavioural couple therapy (CBCT)	Identify unhelpful interpretations and behaviours; practice emotion regulation, problem-solving, and communication skills.	Set concrete goals; rehearse listening, time-outs, repair, and negotiated behaviour changes. Useful when the couple wants structured, observable skills.
Integrative Behavioural Couple Therapy (IBCT)	Explore each partner's triggers, reactions, and change goals	Combine acceptance of enduring differences with targeted behaviour change; reduce polarization around recurring conflicts.
Gottman-informed interventions	Identify individual escalation cues, flooding, and repair behaviours.	Assess conflict patterns; practice de-escalation, repair attempts, friendship/connection, and shared goals. The model uses an assessment phase followed by a tailored intervention plan.
Mentalization-based approach (MBT-informed)	Practice curiosity about one's own and others' mental states; distinguish assumptions from what is known.	Slow down misinterpretations and support perspective-taking: "What might each of us be feeling or intending?" MBT is being adapted for pathological narcissism, but evidence is preliminary.
Schema-focused / psychodynamic individual work	Explore longstanding relational expectations, shame, defences, and recurring patterns; build a more flexible sense of self and accountability.	Use conjoint sessions selectively to translate insights into observable relational change; avoid turning the couple session into unstructured blame or interpretation. Specialized competence and supervision are important.

4. Individual treatment targets alongside couples work

For a partner showing narcissistic-style patterns, if supported by assessment:

- Build awareness of triggers such as criticism, shame, perceived disrespect, or loss of control.
- Practice pausing before responding; identify impact without collapsing into blame or self-attack.
- Strengthen perspective-taking and curiosity about the partner's experience.
- Set measurable behavior goals: fewer insults/interruption episodes, honoring boundaries, takingresponsibility, and making repairs.
- Maintain clear therapeutic boundaries; monitor therapist reactions and seek consultation/supervisionwhen useful. societyforpsychoth erapy.org1

For a partner showing anxiety-prone or "neurotic"-style patterns, if supported by assessment:

- Address rumination, catastrophizing, reassurance cycles, perfectionism, or avoidance as relevant.
- Practice self-soothing, direct requests, tolerating uncertainty, and boundary-setting.
- Support independent coping and a realistic appraisal of relationship safety.
- Do not frame reasonable fear or vigilance in response to harmful behavior as merely anxiety.

For both partners: clarify individual goals, screen for co-occurring concerns, and coordinate care only with informed consent and within confidentiality limits.

5. Conjoint-session structure and practice

Opening check-in: Each partner gets uninterrupted time to answer:

1. What is one thing I want us to understand today?
2. What emotion or concern is underneath it?
3. What would help me feel heard, while keeping this conversation respectful?

Speaker–listener practice *(only when safe and appropriate)*__

- Speaker: "When _____ happened, I felt _____. What I'm asking for is_____."
- Listener: "What I hear you saying is _____. Did I get that right?"
- Switch roles. The listener reflects before responding or disagreeing.
- Therapist pauses the exercise if there is intimidation, contempt, escalation, or pressure to disclose.

Repair practice:
“When I _____, the impact may have been _____. I take responsibility for_____. Next time I will _____ _____.”

6. Goals and review

Write goals in observable terms and review them regularly.

Goal	How we will notice progress	Review date
Example: Reduce escalation during disagreements	Each partner can pause, return to the topic, and avoid insults or threats	

Review questions: Are both partners able to speak freely? Is there more accountability and less harmful behavior? Are agreed changes occurring outside sessions? Has safety changed? If conjoint work is unsafe, coercive, or stalled, reconsider the format, treatment goals, and referrals.