

## The Wounds Beneath Narcissistic Defences: *A Compassionate Trauma-Informed Approach*

A Two-Evening Clinical Workshop with  
Kathy Steele

Zoom Webinar

16 & 17 September 2026, Wednesday & Thursday

**Times:**

6:00 pm – 9:00 pm, London UK

1:00 pm – 4:00 pm, New York, USA

CPD hours: 6



Location: Online streaming only

(all our webinar tickets now include complimentary access to a video recorded version for 1 year or 3 years, depending on the ticket type)

There are few clinical encounters more emotionally destabilising than this one.

The client who enters the room with certainty, superiority, grievance, or contempt — and somehow leaves the therapist doubting their own competence, warmth, generosity, or even humanity. The client who demands specialness while rejecting closeness. Who longs to be understood while attacking the very relationship that might make understanding possible.

One moment the therapist is idealised. The next, subtly diminished. Dismissed. Tested. Punished for disappointing an impossible internal expectation.

Before long, the therapist may find themselves asking:

*Why do I feel so defensive with this client? Why am I suddenly trying so hard to prove my value? Why do I feel manipulated, controlled, or emotionally shut out?*

And perhaps most difficult of all:

*How do I remain compassionate without becoming permissive, intimidated, or emotionally withdrawn?*

**These are the moments when narcissistic defences stop being an abstract diagnostic category and become a live relational force inside the therapy room.**



And where the real clinical work begins.

### **Beyond the Label: Narcissism as Survival Strategy**

"Narcissist" has become one of the most overused and emotionally loaded words in contemporary culture.

Social media discourse frames narcissistic individuals as simply toxic, exploitative, or incapable of change. Much clinical discussion focuses primarily on external behaviours: entitlement, control, grandiosity, manipulation, emotional volatility, relational aggression.

But beneath these defences often lies something far more fragile: a profoundly unstable sense of self organised around shame, humiliation, unmet attachment needs, emotional neglect, and the terror of vulnerability.

From a trauma-informed perspective, narcissistic defences are not random personality traits.

They are survival adaptations.

Ways of maintaining psychological coherence in individuals whose early relational environments left them unable to safely depend on others without risking engulfment, humiliation, invisibility, abandonment, or emotional annihilation.

Grandiosity may defend against collapse. Contempt may defend against shame. Control may defend against helplessness. Entitlement may defend against profound deprivation.

Kohut's foundational self-psychology work helped illuminate why. The child who received inadequate mirroring, idealisation, or attunement from early caregivers develops a fragmented, unstable self.

That self requires constant external regulation. The grandiosity that emerges in adulthood is not self-love. It is a dissociative defence against the experience of being fundamentally defective, invisible, or unlovable.

Schore's subsequent work on right-brain affect regulation deepened this picture: the narcissistically organised individual often shows significant disruptions in the neural systems responsible for shame regulation and interpersonal attunement — disruptions laid down in early dyadic interactions with caregivers who were themselves unable to attune, or who used the child as a regulatory object rather than responding to the child's own experience.

The wound beneath the grandiosity is often far more fragile than therapists initially realise.

But understanding that wound does not make the clinical work easier.

In many ways, it makes it more demanding.

### **Why Confrontation Makes It Worse**

Here is the clinical finding that changes everything about how this work is approached.

Tangney's research on shame versus guilt draws a distinction with direct therapeutic consequences. **Guilt — I did something bad — is relationally repairable. It moves toward the other. Shame — I am bad, I am defective, I am exposed — attacks the self at its core and produces one of three responses: withdrawal, avoidance, or aggressive externalisation.**



**All three are immediately recognisable in narcissistic presentation.**

And this is why confrontation — however accurate, however carefully framed — so reliably fails with these clients. Confronting narcissistic behaviour triggers shame. Shame triggers the defensive structure the therapist is trying to address. The wall goes up harder. The therapeutic alliance fractures. The client attacks, withdraws, or simply doesn't return.

The therapist has done everything correctly. And the intervention has made things worse.

A compassionate trauma-informed approach inverts this entirely. Rather than confronting the defence, it asks: what wound is this protecting — and what would this person need to experience, perhaps for the first time, to believe that the wound no longer requires quite such fortification?

That is a question with a clinical answer.

### **When the Therapeutic Relationship Becomes the Battlefield**

Clients organised around narcissistic defences often bring some of the most difficult relational dynamics into psychotherapy.

The therapist may be idealised and then abruptly devalued. Subtly controlled through approval or withdrawal. Placed under impossible expectations. Blamed for relational disappointments. Emotionally pushed away the moment genuine closeness emerges.

A gesture of empathy may be experienced as patronising. A boundary may be experienced as humiliation. Curiosity may be interpreted as criticism. Compassion may evoke contempt.

Therapeutic impasses can develop quickly — not because the client doesn't want help, but because dependency itself may feel profoundly dangerous.

Across two evenings, Kathy Steele explores how narcissistic defences emerge from relational trauma and developmental disruption, and how therapists can work effectively with these clients without collapsing into power struggles, appeasement, over-accommodation, emotional withdrawal, or retaliatory countertransference.

### **Four Presentations. One Underlying Architecture.**

Most narcissism training offers clinicians a single type. This training offers four — and the distinctions matter clinically.

**Overt narcissism** is the culturally familiar presentation: entitlement, dominance, imperviousness, the demand for special treatment. The shame is deeply buried and the defences heavily fortified. This client rarely presents voluntarily for therapy.

**Covert narcissism** is far more common in the therapy room and far more frequently misread. Hypersensitivity to perceived slight, shame-driven withdrawal, oscillation between grandiosity and collapse, profound difficulty tolerating any experience of ordinariness. Often arrives with a depression or anxiety presentation. Often leaves with the original wound untouched.

**Communal narcissism** is perhaps the least recognised and clinically most interesting. The individual whose grandiosity is organised around being exceptionally caring, giving, or self-sacrificing — and whose narcissistic



injury arrives when that identity is not sufficiently recognised or reciprocated. These clients often present as wounded altruists. The defence is particularly difficult to name without appearing to attack something apparently virtuous. And yet without naming it, genuine therapeutic movement rarely occurs.

**Psychopathic narcissism** involves the most severe dissociation from empathic capacity and the greatest relational risk in the therapeutic encounter. Working here requires a specific framework for limit-setting, self-protection, and managing the particular countertransference this presentation produces.

Across all four: the same underlying architecture.

The same fragmented, shame-saturated self. The same early failure of attunement. The same defensive organisation built to ensure that the original wound is never exposed again.

Rather than reducing these styles to personality labels, Kathy will examine the underlying deficits and regulatory disturbances that sustain them across all presentations: profound shame sensitivity, emotion dysregulation, unstable self-organisation, impaired mentalising, cognitive rigidity, and chronic vulnerability to perceived criticism or rejection.

### **Why Narcissistic Clients Evoke Such Powerful Reactions**

Few clients evoke stronger countertransference than those organised around narcissistic defences.

Therapists may feel intimidated, criticised, enraged, emotionally drained, inadequate, manipulated, contemptuous, frightened of getting it wrong, pulled toward appeasement or excessive reassurance.

These reactions are not incidental.

They are part of the relational field.

Kathy approaches countertransference not as therapist failure but as essential clinical information — signals that illuminate the client's internal world, relational expectations, and defensive organisation.

Drawing on structural dissociation theory — the model she co-developed with Ellert Nijenhuis and Onno van der Hart — she understands narcissistic presentation in terms of dissociated self-states performing distinct protective functions. The grandiose presentation is not the whole person. It is a dominant self-state whose function is to maintain social presentation and regulate unbearable shame.

Underneath it, segregated and defended, are the emotional self-states carrying the original wound — states that have never been safely reached precisely because the defensive system has never had sufficient reason to stand aside.

With characteristic clarity and compassion, she will help participants understand why narcissistic clients can make therapists feel unusually small, ineffective, or emotionally controlled; how shame dynamics become enacted interpersonally; and how therapists become recruited into cycles of idealisation, withdrawal, rescue, defensiveness, or retaliation.

### **The Clients Therapists Quietly Dread**

Many experienced clinicians can admit privately what is difficult to say publicly:

Some narcissistic clients evoke dread before the session has even begun.



The therapist braces. Monitors themselves carefully. Feels relief when the session ends.

And alongside this may come guilt: *Shouldn't I be more empathic? More patient? Less reactive?*

This workshop creates space for honest clinical reflection on the emotional burden of this work.

Because therapists who cannot acknowledge their own reactions become far more vulnerable to enactment.

**And therapists who can recognise, regulate, and understand those reactions are far better equipped to remain genuinely therapeutic under pressure.**

### **Compassion Without Collusion**

**One of the greatest misconceptions in trauma-informed work is that compassion requires endless accommodation.**

It does not.

Effective treatment with narcissistic defences requires a stance that is simultaneously empathic and firm: able to recognise the terror beneath the defence while still maintaining accountability, relational boundaries, and therapeutic integrity.

This workshop explores how therapists can validate vulnerability without reinforcing destructive behaviour; set limits without humiliating the client; challenge distortions without triggering collapse or retaliatory rage; and maintain genuine collaboration without becoming submissive, punitive, or emotionally withdrawn.

The goal is not confrontation for its own sake. Nor is it passive empathy.

It is the creation of a therapeutic relationship strong enough to survive shame, disappointment, rupture, and defensive attack — without collapsing under them.

### **Is This Training for You?**

If you work with adults, you are almost certainly already working with narcissistic organisation — whether or not it has been named as such.

This training is not designed for clinicians seeking an introductory overview of narcissistic personality traits. It is designed for those who have already encountered these clients in the room — who have felt the particular confusion, exhaustion, or self-doubt this work produces — and who want a clinically rigorous framework for understanding what is actually happening and what to do about it.

Not a checklist of behaviours to manage. Not a protocol for difficult clients.

A genuine clinical understanding of the wound beneath the defence — and the relational conditions under which that wound can, slowly and carefully, begin to be reached.

No single modality is assumed. The framework Kathy offers integrates across trauma-informed, psychodynamic, attachment-based, and somatic approaches. What is assumed is clinical seriousness — and a willingness to examine your own reactions alongside your client's.



If you have ever found yourself managing a therapeutic relationship rather than working within it — appeasing when you should be present, backing away when you should be steady, feeling something you can't quite name and didn't expect — this training was built for that experience.

### **Across These Two Evenings, We Will Explore:**

◆ Narcissism as a trauma-based survival adaptation rather than a personality label ◆ The developmental and attachment experiences that contribute to narcissistic defences ◆ Overt, covert, communal, and psychopathic narcissistic presentations — and their different clinical implications ◆ Shame, fragility, and self-state instability beneath grandiose presentation ◆ Why confrontation reliably fails — and what to do instead ◆ Emotion dysregulation, impaired mentalising, and controlling interpersonal strategies ◆ Why narcissistic clients evoke unusually intense countertransference ◆ Common therapeutic impasses and enactments — and how to resolve them ◆ How therapists become pulled into rescue, appeasement, defensiveness, or retaliation ◆ Compassionate but firm approaches to limits, confrontation, and accountability ◆ Practical interventions for working with narcissistic defences across clinical presentations

### **What You Will Learn**

By the end of this training, participants will be able to:

- Identify the childhood and attachment experiences associated with narcissistic defensive structures — and explain why these defences made developmental sense
- Recognise and differentiate overt, covert, communal, and psychopathic narcissistic presentations, including the types most commonly misread in clinical practice
- Understand the shame architecture underlying narcissistic organisation — and why confrontation activates rather than resolves it
- Describe their own countertransference responses — including disgust, contempt, appeasement, and rescue impulses — and work with them as clinical information rather than obstacles
- Employ practical interventions for setting compassionate, firm therapeutic limits without triggering shame escalation or defensive withdrawal
- Recognise and repair therapeutic impasses before they become treatment endings
- Foster genuine mentalisation and accountability in clients whose defensive organisation has historically made both extremely difficult

### **About Kathy Steele**

Kathy Steele, MN, CS, is one of the most respected figures in contemporary trauma therapy. A recipient of the Pierre Janet Writing Award and the Lifetime Achievement Award from the International Society for the Study of Trauma and Dissociation, she is co-author of *The Haunted Self: Structural Dissociation and the Treatment of Chronic Traumatization* and *Treating Trauma-Related Dissociation* — works that have shaped clinical practice internationally.

Her teaching is known for its rare combination of intellectual rigour, clinical precision, and profound humanity. She brings to difficult material — the kind that unsettles even seasoned clinicians — a clarity that makes the previously unnavigable feel workable.

Participants who attended her previous nscience trainings will recognise the quality immediately. Those coming to her work for the first time are in for something genuinely rare.

**This is not a workshop about excusing narcissism.**



**Nor is it a workshop about demonising it.**

It is a workshop about understanding what happens when profound vulnerability becomes organised into defensive superiority — and how therapists can remain compassionate, boundaried, and clinically effective inside one of the most emotionally demanding forms of therapeutic work.

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