

## "The Client Who Plays to Win" Machiavellianism, Clinical Seduction, and the Therapist's Ground

A Clinically-Focused workshop

Dr Martin Smith

Zoom Webinar

16 November 2026, Monday

**Times:**

6:00 pm – 9:00 pm, London UK

1:00 pm – 4:00 pm, New York, USA

CPD hours: 3



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)

*"He was the most engaged client I had ever worked with."*

He arrived with a referral, a diagnosis, and a ready-made story — coherent, sympathetic, just self-aware enough to signal he was doing the work. He asked thoughtful questions about the process. He remembered my name, used it often. He said, in our second session, that he had seen several therapists before, and that none of them had understood him the way I already seemed to.

I noted the flattery. Filed it. Continued.

Over the following weeks, something settled into the room that I struggled to name. He was never demanding. Never aggressive. He simply — led. Which areas we explored. Which feelings were worth staying with. Which interpretations landed, and which I came to sense — before offering them — were unlikely to be welcome. He was not in crisis. He was in charge.

And I had not noticed the handover.

Later, sitting with the session notes, a single question kept returning:

*Did I follow the client — or did I get led somewhere?*

**The Invisible Transfer of Control**



Machiavellianism is the most under-recognised of the Dark Triad personalities — and in many ways, the most clinically dangerous.

Where narcissism announces itself through entitlement and the need for admiration, and psychopathy through its striking absence of affect, Machiavellianism operates through precision. It reads the room, reads the therapist, and adjusts — not because the client is calculating in any crude sense, but because strategic interpersonal management is simply how they move through the world.

In the consulting room, this creates a particular kind of problem.

**The high-Mach client does not present as difficult. They present as ideal. Engaged, reflective, articulate, appreciative. They offer exactly enough self-disclosure to appear open, while carefully controlling what is actually revealed. They make the therapist feel seen — because being seen by the therapist is useful.**

**Dr Martin Smith will draw on 25 years of clinical and training experience to map how this dynamic develops, why it is so difficult to detect, and what happens in the therapist's internal world when the work is quietly — and successfully — being managed.**

### **What Machiavellianism Actually Is**

In contrast to narcissism and psychopathy, which have their origins in clinical literature, Machiavellianism is a non-clinical construct — taking its name from Niccolò Machiavelli, whose 16th-century work described the manipulative interpersonal strategies he believed necessary for the pursuit of power.

Research by Christie and Geis in the 1970s was the first to operationalise it as a personality variable. What they found was striking: **those who scored high on the Machiavellian scale — high Machs — related to others in a fundamentally different way.** Not with overt hostility or visible grandiosity, but with emotional distance, strategic flexibility, and a consistent orientation toward personal advantage.

### **The high-Mach individual is:**

- Interpersonally skilled but affectively detached
- Charming without genuine warmth
- Capable of long-term strategic thinking while presenting as spontaneous
- Adept at reading and exploiting others' emotional states — not because they share them, but because they can map them
- Characterised by alexithymia: they live, in a sense, in an emotionally vacant world — and their apparent emotional attunement is a performance

Unlike the narcissist, who needs to be admired, the Machiavellian needs to win. The distinction matters clinically — and it shapes everything about how they engage with the therapeutic relationship.

### **The Language of Machiavellian Control**

One of the most important contributions of Martin's work is the identification of what he terms the *pressure and pivot points* of Machiavellian language: the specific verbal strategies through which control is established and maintained.

These include:

**Engaging flattery** — genuine-sounding admiration that creates obligation and lowers the listener's defences

**Permission manipulation** — the assumption of consent: "*I knew you'd understand,*" "*I'm sure you'd agree*" — framing the therapist's agreement as already given



**Time-bound pressure** — urgency that forecloses reflection and demands immediate response

**Selective disclosure** — the appearance of openness that is, on closer inspection, a performance of openness

**Subtle covert aggression** — intimations of displeasure or withdrawal that discipline the therapist without overt confrontation

**Self-promotion wrapped in humility** — the construction of a self-image that invites admiration while appearing to deflect it

Participants will work with a clinical case study drawn from Martin's practice, identifying these language patterns in real-time dialogue — developing the capacity to hear what is being communicated beneath the charm.

### **What the Therapist Feels — And What It Means**

The first clinical instrument in this work is the therapist's own internal state. High-Mach clients do not tend to trigger alarm. They trigger comfort, interest, a quiet sense of competence. The therapist feels engaged, valued, occasionally flattered. These are not incidental sensations — they are the mechanism.

And yet the internal experience is rarely simple. Beneath the comfort, something else can begin to stir:

*Am I over-interpreting this? Am I being unfair to the client? Or is something in the interaction shaping the work in ways I'm not fully seeing?*

These are not failures of skill. They are the natural consequence of working in a relational field where influence operates at the edges of awareness — and where the therapist's own professional values can become the very point of entry.

Dr Martin Smith will help participants understand how these internal signals function as diagnostic information. The slight over-pleasure of feeling understood. The faint reluctance to challenge. The sense — never quite articulable — that you are working within parameters you did not set. These are the signs that the room has already changed hands.

**The clinical task is not to become suspicious of all warmth, nor to pathologise engagement. It is to develop what Martin calls *distance interest* — a quality of attention that stays genuinely present without becoming recruited. Warm enough to work. Grounded enough to remain.**

### **Why It Matters for Victims, Too**

**The majority of clients who present with Machiavellian dynamics in the consulting room are not high-Mach themselves — they are the targets.**

Survivors of relationships shaped by Machiavellian control present with a distinctive and often misread clinical profile. They are frequently confused, self-doubting, hypervigilant. They tend to over-explain and over-justify. They have often been systematically repositioned — over months or years — as the unreasonable one, the oversensitive one, the one who couldn't take a joke.

**Their presenting problem frequently sounds, on first hearing, like anxiety or depression. The controlling relationship that shaped it is often not named at all — because the client themselves may not yet have language for what happened to them.**



**Martin will outline the impact factors — the distinctive residue left by sustained Machiavellian control — and offer clinical frameworks for helping survivors recover self-trust, rebuild identity, and begin to distinguish their own perceptions from those that were installed by someone else.**

### **Holding Ground Without Losing Warmth**

The central clinical challenge in working with high-Mach clients is not detection — it is response.

**Once recognised, this dynamic does not call for confrontation or exposure.** Both are likely to be met with smooth redirection, strategic retreat, or — if the therapist has miscalculated — a well-managed rupture that positions the therapist as the one who overstepped.

What is required is something more precisely calibrated: the capacity to remain genuinely engaged while internally unrecruited. To decline, quietly and consistently, the role that is being offered. To bring curiosity to what lies beneath the strategy — because beneath the control, there is almost always something the high-Mach client cannot afford to feel.

Martin will offer concrete, clinically grounded engagement strategies — not as a formula, but as a set of orientating principles for staying present in work that is, by design, designed to disorient.

### **Key Learnings**

- Understand Machiavellianism as a distinct personality construct within the Dark Triad, and why it demands a different clinical lens than narcissism or psychopathy
- Recognise the characteristic presentation of high-Mach clients — including why they often appear as unusually engaged therapeutic subjects
- Identify the specific language patterns through which Machiavellian control operates in clinical conversation
- Use countertransference — particularly the experience of comfort, flattery, and subtle constraint — as a primary diagnostic tool
- Develop the clinical stance of *distance interest*: genuine engagement without recruitment
- Recognise and respond to clients who are survivors of relationships shaped by Machiavellian control
- Understand the core control strategies operating through these dynamics and how they manifest in therapeutic, relational, and professional contexts
- Leave with practical engagement frameworks that preserve clinical ground without rupturing the working alliance

*The client who plays to win does not arrive wanting to be caught.*

*They arrive wanting to be understood. Appreciated. Confirmed.*

*The therapeutic relationship, for the high-Mach client, is not a space for transformation — it is a context to be managed.*

*And when it works — when the session moves, deepens, resolves — it looks like progress. It looks like attunement. It looks like good clinical work.*

*It is only afterwards that something feels slightly misaligned.*

***Join Dr Martin J. Smith for this clinically focused evening — and leave with the capacity to recognise, in the moment it happens, when the work is no longer entirely yours.***



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