Handout 3: Work With Survivors of Narcissistic Abuse: SE & beyond

Many survivors have been in therapy for years without the dynamic ever being named. Recognition — and a clear clinical stance — can be the turning point in their healing.

1. BEFORE ANY TECHNIQUE: WHO DO WE NEED TO BE?

For someone whose reality has been systematically questioned and whose needs were used against them, the therapeutic relationship is often the first safe space in a very long time. The consistent presence of a safe, attuned therapeutic relationship in itself is healing.

These clients will know whether we are truly present or just performing it. What they need is not the composed professional — but a real human being: vulnerable, imperfect, honest. Someone willing to take responsibility and do repair when necessary. These are important corrective experiences.

2. WORKING WITH SURVIVORS OF NARCISSISTIC ABUSE — SE & BEYOND

These clients arrive in profound dysregulation: chronic hyperarousal, freeze, or oscillating between both. Most are highly functional on the outside — but that functioning comes at an enormous cost. Next to other we use basic SE principles, as well as the SIBAM model for orientation.

Regulation first	Our own regulated nervous system is the most powerful tool we have.
Titration	“What is the smallest step I could take?” — not the right step, the smallest one. Small steps, they tend to flip into overwhelm quickly.
Orientation	“Where are you right now? What do you see?” Simple, grounding, concrete. These clients experience a lot of urgency, and often project catastrophic scenarios into the future.
Small questions	Instead of “How are you?” (potentially opening the emotional floodgate) ask: “How was your morning?” or “Where do you feel that?” Contained, manageable, body-directed.
Resources	What brings her back to herself? What brings joy? Helps settle activation.
Radical acceptance	The narcissist’s behavior will not change. Helping clients move from hope that it will to acceptance that it will not is liberating.
Boundaries around her own behavior	Not directed at the narcissistic person — those don’t work. Boundaries around own responses: reading messages only once a day. Canned responses: “I’ll come back to you later.” “I agree to disagree.”

A lot of earth	Walking, swimming, gardening — simple, physical, grounding activities. The body cannot only be a place we visit in therapy. Over time, it needs to become a home.
Rebuilding identity	Cultivating authentic sense of self, separate from the roles they played in the relationship. Discover own desires, interests and values. Find a renewed sense of purpose.
Generosity towards self	Many of these clients are their own harshest critics. Introduce a different inner voice — not toxic positivity, but genuine kindness: the compassion we would offer a dear friend, turned inward.
Name the dynamic	Language and context are medicine. Helps understand that the problem resides in the abuser's pathology. The shift from self-blame to understanding is a huge step, a big moment of clarity and relief.
Avoid the trap	Narcissistic behavior can be fascinating in its darkness. It is tempting to be outraged together, to analyze. Validate — but then redirect.
Redirect attention	From the toxic person to oneself. Over time: from 80% on the external chaos to 80% on self. Exploring: „What do I want my life to look like?" Rebuilding meaningful social connections. Staying focused on the narcissist keeps clients bound inside the narcissistic hypnosis.
Restoring sense of safety	Help to release stored tension, regulate physiological responses, find safety within the body.

3. WHAT THIS WORK ASKS OF US

Take a clear stand	Neutrality in the face of abuse is abandonment. We are in the client's team. Not by losing our clinical ground, but by fully standing on the side of her/his dignity, freedom and healing.
Be the visionkeeper	Hold the image of his/her resilience and authentic expression — even when she/he cannot hold it herself. Their capacity for joy, connection, aliveness and wholeness. We offer it back to the client, again and again.

This work can be harder on us as clinicians than we might expect. Counter-projections are real here — we may find ourselves over-identifying, over-protecting, or subtly doubting. The narcissist's narrative can pull at us too. Progress often feels like one step forward, two steps back. Underneath all of that, there is profound grief — for the years lost, for the person she thought she knew, for the future that was stolen, for the loss of self. Supervision and our own inner work are not optional. They are clinical necessities.