

## PATHOLOGICAL NARCISSISM

Giuseppe Stranieri, Luigia De Stefano & Anna Giulia Greco

Mental Health Department, Catanzaro, Italy

### SUMMARY

Thus, having become very famous in the cities of Aonia, the one (Tiresias) gave irrefutable responses to those who consulted him. The first to test the authenticity of his words was the blue Liriope, whom Cefiso had one day pushed into a bend in his current, imprisoned in the waves and raped. When she got pregnant, the beautiful nymph gave birth to a child who aroused love from birth, and called him Narcissus. Asked if the little boy would see the distant days of late old age, the soothsayer replied: "If he doesn't know himself." For a long time the prediction seemed meaningless, but then the outcome of things, the type of death and the strange passion confirmed it. from "The Metamorphosis" (Ovidio).

**Key words:** narcissism - personality trait

\* \* \* \* \*

### INTRODUCTION

The term Narcissism has a wide range of meanings, depending on whether it is used to describe a personality trait, a concept from Psychoanalytic Theory, a Mental Disorder.

In 1997 Andrew P. Morrison in his study of the feeling of shame distinguished between healthy narcissism and pathological narcissism. A certain amount of narcissism allows you to balance your needs in relation to others. Even Craig Malkin in his book "Rethinking Narcissism" (2016) reminds that there is a healthy narcissism and the so-called extreme, or pathological one, in which this balance is broken.

According to many authors, pathological narcissism is a personality structuring that originates in childhood, more precisely from what is called the "narcissistic wound", generally associated with feelings of shame and resentment.

### Traits and signs

David Thomas suggests that narcissists display most – sometimes all – of the following traits:

- evident concentration on oneself in interpersonal exchanges;
- lack of psychological awareness (see also insight, ego syntonic);
- difficulty with empathy, inability to see the world from the point of view of others;
- difficulty in distinguishing oneself from others, the others are seen as their "extension";
- exploitation of others for their own goals, with no consideration of the price of their action;
- vulnerability to shame or guilt;
- denial of remorse and gratitude;
- irritation towards people who do not admire them;
- flattery towards people who admire them;

- ostentation of one's successes;
- fiction of non-existent successes;
- ostentation or pretense of competence;
- haughtiness expressed with body language.

According to some authors, Narcissism is not so much characterized by the feeling of grandeur as by the fear of emptiness and lack of meaning. Characteristic sign of narcissistic people are fits of anger or tears when what they do is not perfect enough in their eyes, or when something questions their pride and self-love. Heinz Kohut first coined the term "narcissistic anger" to indicate these fits of anger, generally disproportionate to why they occur, which are motivated by wounded pride.

Resentment can lead the narcissist to live as an unfortunate and persecuted victim of others and life in general. This victim playing attitude has been described among others by Eric Berne (The Games People Play 1964) and Ronald Laing (Self & Others 1969). An example could be the mother who accuses her child of having "ruined her life" by coming into the world. The narcissist person living as a victim, typically feels authorized to demand some favourable treatment (*entitlement*) and manipulate his interlocutors to get what he wants.

Being sensitive to the feeling of shame, the narcissist tends not to take responsibility for his actions and can go so far as to deny the evidence. For example, he may deny having said or done a certain thing, insinuating that his interlocutor has memory lapses, that he is making things up, or that he is too stupid to understand what he "really" meant. This defense mechanism is called Gaslighting in technical jargon and is considered a form of psychological manipulation.

An important characteristic of narcissists people is projecting onto others weaknesses or defects they fear they have, this allows the narcissist to judge others negatively rather than himself.

## Family dynamics

Two types of narcissistic parent are identified:

- *Disinterested*: since the child does not provide him with continuous feedback of confirmation and flattery, the narcissistic parent loses interest in him, ignores him and neglects him, seeking satisfaction elsewhere. However, if the child is successful (e.g. good results at school), this becomes a kind of "trophy" that the parent displays in public. Salvador Minuchin spoke of "disengagement" to indicate the situation in which the family neglects the needs of the children.
- *Controlling*: the parent sees the child as weak, in need of help and protection. He is anxious, constantly "worries" about his child, constantly monitors and corrects him, at the same time asking for feedback on his "skill" as a parent. It is very difficult to respect the borders, even emotional ones. He cannot accept his child's autonomy and resorts to psychological manipulation if he tries to escape his control, for example arousing guilt. Salvador Minuchin spoke of entanglement to indicate a family tendency to care for each other where the boundaries between members are blurred.

Both types of narcissistic parent have a low tolerance for failure and may deny affection to their child if this does not meet their standards of perfection.

It can happen that the narcissistic parent has very strong preferences. The favourite child is called by psychologists the "golden child": it is the child with whom the parent identifies and who collects, in his eyes, all his own virtues. The golden child is invested with high expectations regarding his personal fulfillment, which serves to give prestige to the parent. The unwanted child on the other hand, is called the "scapegoat child": it is the child on whom the narcissistic parent projects all his flaws, who "does not make one right", and who seems predestined to be a total failure. While the golden child is surrounded by attentions, the narcissistic parent can exercise various forms of psychological or even physical violence on the scapegoat child. In the most dysfunctional families, the parent may instigate the golden child to mistreat the scapegoat child, who assumes the role of the family's "black sheep" (*triangulation*).

It may also happen that the child rebels against the expectations of the parent and for this reason shifts from the status of a golden child to that of a scapegoat.

According to Craig Malkin, a person who was raised by one or two narcissistic parents typically exhibits the following characteristics:

- the habit of continually self-criticizing (*self-blame*);
- a chronic fear of "disturbing", a difficulty in setting boundaries on what others can afford with him/her, a tendency to deny his/her own emotional needs (*echoism*);

- an insecure attachment style, which translates into a generalized anxiety, an emotional detachment, or an attempt to be accepted by adapting one's personality to the standards required by the parent;
- he/she may have one or more episodes that specialists call "need-panic" in which suddenly the ways in which one's needs were repressed no longer work, and the person "explodes";
- an extreme need for independence, to be yet understood as a form of avoidance of relationships.

According to Ramani Durvasula, additional characteristic traits are:

- pervasive anxiety;
- perfectionism;
- a tendency to depression;
- a poor ability to regulate emotions;
- potential eating disorder or substance addiction;
- above all, a poor sense of personal identity.

In addition to creating a codependent personality, the behaviour of a narcissistic parent can instill resentment and shame in the children, thereby arousing narcissism.

## The narcissist and the couple

The narcissistic partner can establish a toxic relationship, also called emotional dependence. A characteristic type of emotional dependence is the one that follows the three phases of "love bombing", "gaslighting" and abandonment:

- *love bombing*: courtship phase in which the narcissistic person skips steps, for example by proposing a marriage after a few days of mutual acquaintance;
- isolation, *gaslighting* and "triangulation": the person imposes on the partner a progressive isolation from friends and family as a condition to keep the relationship alive; at the same time he/she can devalue, diminish the partner and be seen in inappropriate behaviours with other women/men (triangulation), and then accuse the partner of "making things up" (gaslighting);
- abandonment: when the partner has lost his/her self-esteem, he/she becomes "uninteresting" for the narcissistic person, who quickly replaces him/her with someone else.

The dynamics can change greatly depending on the type and degree of severity of narcissism. We speak of codependency or con narcissism to indicate the behaviour of the partner who is in a relationship of emotional dependence with a narcissistic person. The most common case seems to be the one where the man is narcissistic while the woman is codependent.

In general, a tendency to replicate in adulthood behaviours that were internalized during the childhood is observed. For example, it can happen that a female

child neglected or abused by her father will look for “deviant” partners as an adult, while a male child ignored or abused by his mother may have controlling behaviour as an adult, and in the most serious cases, stalking ones.

### **Clinical aspects: apparent and hidden narcissism**

A first subdivision is the one between “apparent” narcissism or *overt* also called “grandiose” which is characterized by a high level of self-esteem and a low tolerance to criticism, without anxiety, with emotional detachment, and “hidden” or *covert* narcissism, which differs for its high sensitivity to criticism, *rumination* and low self-esteem, with anxiety and avoidance of relationships (can be confused with avoidant personality disorder).

The apparent or grandiose narcissist is characterized by a “You don't know who I am” attitude, while the hidden narcissist is characterized rather by the thought “I don't have the life I deserve”. Typically the hidden narcissist feels resentment towards a specific person or group of people, whom they hold responsible for this frustration (“*If only I'd had other parents, another education, other friends, fewer competitors ... I would have been extraordinarily successful*”).

When subjected to criticism, individuals with narcissism can generally react with anger, disdain, or insolence. This can sometimes lead to a form of social withdrawal that can hide the sense of grandeur. Especially in the case of the *overt* narcissist, interpersonal relationships can be short-lived and of poor entity due to the narcissist's inability to perceive the emotions of those in front of him and thereby offend the sensitivity of others.

The narcissist's behaviour can achieve high results, thanks to insensitivity to criticism and security, but intolerance to criticism and the constant need to feel admired can instead lead to failure. This can lead to depression: in a mild but chronic form, called dysthymia or “high functioning depression”, or in a more severe form called major depressive disorder. Conversely, long periods of grandiose feelings may be associated with a development of hypomanic mood.

### **Narcissistic Personality Disorder**

Narcissism does not always have the same severity, but rather lies on a “*spectrum*” from mild to severe forms. The most severe form is called narcissistic personality disorder: the affected person overestimates his abilities and has a pathological need for admiration.

This disorder is defined in the *Diagnostic and Statistical Manual of Mental Disorders DSM 5* as a constant pattern of inner experience and behaviour that markedly deviates from the expectations of the individual's culture, is pervasive and inflexible, begins in adolescence or early adulthood, is stable over time and causes discomfort.

### **Criteria of Narcissistic Personality Disorder (DSM 5)**

A pervasive pattern of grandiosity (in fantasy or behaviour), the need for admiration and lack of empathy, which begins in early adulthood and is present in a variety of contexts.

- Has a great sense of importance (e.g. exaggerates achievements and talents, expects to be considered superior without adequate motivation).
- Is absorbed in fantasies of unlimited success, power, charm, beauty, or ideal love.
- Believes he's “special” and unique and can only be understood by, or have to associate with other special or high-class people (or institutions). Requires excessive admiration.
- Has the unreasonable expectation of special favourable treatments or immediate satisfaction of their expectations. Takes advantage of interpersonal relationships (i.e. takes advantage of other people for his own purposes).
- Lacks empathy: is unable to recognize or identify with the feelings and needs of others.
- Is often envious of others or believes that others envy him.
- Shows arrogant, presumptuous behaviour or attitudes.

### **Diagnostic features**

The essential feature of Narcissistic Personality Disorder is a pervasive pattern of grandeur, the need for admiration and lack of empathy which begins in early adulthood and is present in a variety of contexts.

Individuals with this disorder have a great sense of importance. They routinely overestimate their skills and exaggerate their talents, often appearing boastful and presumptuous. They may recklessly assume that others place equal value on their efforts and may be surprised when they don't get the praise they expect and feel they deserve. Often an underestimation (devaluation) of the contributions of others is implicit in the exaggerated judgment of their own talents. They are often engrossed in fantasies of unlimited success, power, charm, beauty, or of ideal love. They can mull over the “delay” of admiration and privilege, and compare themselves favourably with famous or privileged people.

Individuals with Narcissistic Personality Disorder believe they are superior, special or unique, and expect others to recognize them as such. They tend to discuss their concerns with inappropriate and verbose details, while they are unable to recognize that others also have feelings and needs. They are often dismissive and impatient with others talking about their problems and concerns. These individuals may be oblivious to the pain their observations may inflict.

Many current studies divide narcissists into "benign" and "malignant". This subdivision is not recorded in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), but is considered useful in distinguishing cases in which the person with narcissistic traits is willing to harm others: in that case we speak of malignant narcissism. A person with malignant narcissism can become very dangerous.

## Psychoanalytic theories

### **Sigmund Freud**

Presents his first essay on narcissism in 1914 (*On narcissism*), he expands its meaning by introducing the concepts of *primary narcissism* and *secondary or protracted narcissism*.

Primary narcissism is initially for Freud, the intermediate stage between autoeroticism and alloeroticism (or phase of object love), in which the child invests all his erotic charge on himself before turning it towards other people. During the phase of primary narcissism the fulfillment is still autoerotic, but refers to a unified image of one's body or to a first draft of the Ego and it is no longer purely sexual. An arrest at the autoerotic stage would open up to schizophrenia. Freud later places this primary narcissism in a phase of life prior to any construction of the Ego, without any object relationship, as in intrauterine life and in protomental psychism.

### **Melaine Klein**

Agrees with this second version, understanding the relationship with one's own image as impossible in an environment devoid of relationships. In fact, according to Klein, even the newborn is capable of experiencing object relationships of love and hate and cannot create any image if deprived of them. Secondary or protracted narcissism on the other hand, is the concept of narcissism in adulthood, and refers as a term to the withdrawal on the Ego.

Klein also coined the term projective identification to indicate a defense mechanism typical of the narcissist and other psychopathologies.

### **Heinz Kohut**

Among the psychoanalysts closest to our days the American psychoanalyst Heinz Kohut must be counted as one of the greatest scholars of narcissism. Considered one of the main promoters of the most recent trends of thought within psychoanalysis, ranging from relational psychoanalysis to its other expression where the intersubjective element present in the relationship is accentuated even more, which is precisely intersubjective psychoanalysis and into which the concept of «narcissism as *quête du sens*» could be translated.

Kohut defines the narcissistic state of mind as a libidinal investment of the Self that has no pathological characteristics but represents an organization that ex-

presses an attempt to deal with those irregular maturational situations that inevitably occur in the childhood development, and which tend to idealize or counter-idealize the parental imago. According to Kohut, this operation gives birth to that love/hate and attraction/repulsion that characterize the Ego ideal, which has the task of managing the world of impulses, up to a maturation and a balance that brings out a different stage of development and promotes a careful reformulation of attitudes.

The principle of Kohutian mythology is this "idealized object" that contains its own idealized images of the Self and Self-objects.

### **Giorgio Sassanelli**

He relates to Kohut's thought and sees narcissism as the dimension of an area of the cohesive personality that participates in the creation of an organizing plot, or psychic connector, which supports and contains the mental experiences of the individual. Naturally, parallel to the cohesive structuring, a symbiotic and parasitic organization can develop in the child which can be responsible for defensive and anti-libidinal forms of narcissism itself that can lead to forms of sadism and destructiveness, in a sort of negative competition.

### **Otto Kernberg**

Distinguishes between normal narcissism that reflects a libidinal investment of the Self which promotes the integration of libidinal and aggressive components from the pathological one which tends to the libidinal investment of a pathological structure of the Self permeated by omnipotence and destructiveness.

### **André Green**

Differentiates narcissism starting from the anthropological categories of life and death in the original versions of Freudian Eros and Thanatos, but as regards the clinical path they tend to reduce its causal significance, therefore in serious pathologies we only find psychosis and borderline personality. Individual narcissism does not have a well-defined historical origin, it would be like having to discover any sign of exaltation and marking it negatively would already be a symptom of subculture. Basically, a therapeutic pedagogical approach is needed towards history too.

Narcissistic Personality Disorder is characterized by a pervasive pattern of grandiosity, a need for admiration, and a lack of empathy.

The estimates of the prevalence of this disorder vary from 2% to 16% in the clinical population and are less than 1% in the general population. About 50-75% of individuals diagnosed with Narcissistic Personality Disorder are male.

## **A clinical case: (Giuseppe Stranieri)**

Davide is a 47-year-old man who has been in psychotherapy for about ten years. Second-born of two chil-

dren, he lives with his parents, his mother is a teacher and his father a banking executive now both retired. Since he was a child he experienced troubles at school and intolerance to the rules, "I could not accept the impositions of the teachers", therefore unable to graduate despite his great computer skills. He describes his mother as a cold woman incapable of understanding him and his father as only concerned with appearing, conformist and indifferent. He never had a good relationship with his elder brother. He suffers from a sexual dysfunction which he says is one of the main causes of his malaise. For about 20 years, he has been taking therapy with atypical antidepressants and antipsychotics, which he says help him not that much, but he can't say why. He recently accepted a job as a social health worker, managing to be relocated in a laboratory, so as not to wear the nurse uniform that would disqualify him compared to his real abilities. He has had several romantic relationships, all of which ended badly like the last one a year ago, and like all the other times, he spends his days locked in his house with enormous anguish meditating on how to take his own life, which is difficult to do because he cannot bear physical pain... "That woman couldn't leave me, I gave her everything, she didn't understand what I'm really worth. By leaving me she humiliated me, I can't tolerate it". In the past, because of his sexual problem that others did not have, he was looking for something on the internet that would allow him to destroy the world. Very cultured, kind and polite, he asks for appointments for analysis sessions, clarifying each time that he does not want to change nor he wants to adapt, because to adapt is to be a loser, what he asks is to be helped to end it. He actually seeks a relationship with a person whom he believes to be good enough for him (the psychotherapist) who will not be able to help him anyway and will not allow him to know himself.

### **Therapeutic guidelines: (Luigia De Stefano)**

There is no consensus among psychologists regarding the possibility of treating narcissism. According to some, narcissism is de facto incurable because the narcissistic person by definition does not listen and does not want to change; furthermore, since he is sensitive to shame, it is counterproductive to tell a narcissist that he is a narcissist. According to other specialists, psychotherapy is more likely to work when we're talking about "benign" narcissism.

However, the problem lies in the fact that it is rare for the narcissistic person to resort to psychotherapy, as he is deeply certain of its worthlessness and hardly feels safe in therapy, as he fears that the therapist may "find out the truth" about him. Nevertheless, it may happen that the narcissistic person turns to the psychotherapist for other discomforts related to narcissism, such as anxiety, depression, anorexia, various types of addiction; in these cases it's important that the therapist

doesn't work only on the symptom that led the person to therapy, but on the problem at the origin of these illnesses. For example, the therapist can work on the feelings that are characteristic of narcissism, such as self-hatred, resentment and shame.

Some types of therapy that have been helpful with narcissism are:

- Narcissistic Personality Disorder is a condition which, due to its intrinsic complexity, is difficult to treat. Being so also because the large extent of the affected patients turn to the specialist for the treatment of symptomatological pictures (AP/depressive symptoms) that derive and almost exclusively represent the occurrence of the feared representation of a defective Self.
- Alcohol and substance abuse and/or eating disorders are common self-treatment.
- This shows how pharmacological therapy has little impact on the disorder itself, not so for the symptomatic evidence (social anxiety, hypochondria, depression, rabid impotence). In these cases SSRIs, anticonvulsants and mood stabilizers are useful.
- Risperidone (off-label) has proven itself useful both in depression associated with the disorder and in depersonalization from frequent comorbidities with Borderline Personality Disorder.
- The NPD treatment generally requires a psychotherapeutic path to which the narcissistic patient is usually not very compliant; for this reason it is very difficult to establish a significant therapeutic alliance, reducing the effectiveness of medium and long-term psychotherapy interventions.

### **Transfer-based**

#### ***(psychodynamic-oriented psychotherapy; Kenberg)***

Focus: here and now between patient and therapist with the transfer of attention and relational dynamics from the past to the present.

The therapist observes these dynamics and therefore presents them to the patient so that he can "cure" them.

### **Focus Therapy Method**

#### ***(cognitive-behavioral therapy integrated with experiential interpersonal psychoanalytic therapy)***

This therapy, developed in 1994 by Dr. Jeffrey Young, aims to help patients fortify the healthy part of their personality (the so-called Healthy Adult), so as to respond adequately to their emotional needs. In fact, at the basis of the NPD there would be emotional needs not met by the reference figures, this would determine early maladaptive patterns as a dysfunctional attempt to respond to the denial of the need through "limited reparenting". The therapist will try to satisfy the patient's emotional needs that were unsatisfied in childhood, respecting the healthy limits of a therapeutic relationship.

### **Interpersonal metacognitive therapy**

*(focuses on the therapeutic relationship as a heritage of sharing an alliance of trust and mutual respect between patient and therapist)*

On this basis the therapist:

- promotes the patient's self-reflexivity with access to the most intimate "states" such as thoughts and emotions;
- reconstructs dysfunctional patterns together with the patient, replacing them with adaptive ones;
- stimulates and promotes the Agency, that is the patient's ability to identify what he likes.

### **Contribution of individual authors:**

Giuseppe Stranieri conceived and designed the study and supervised all phases of the study;

Luigia De Stefano collected the data;

Anna Giulia Greco performed the statistical analysis.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

### **References**

1. Berne E: *The Games People Play*. ND Ed, 1964
2. *DSM 5: Masson Ed*, 2013
3. Freud S: *Introduction to narcissism*. Bollati Boringhieri, Italian Ed, 1914
4. Grin A: *Narcissism of life, Narcissism of death*. Cortina Raffaello, Italian Ed, 2018
5. Kenberg O: *Narcissism, aggression and self-destructiveness*. Cortina Raffaello, Italian Ed, 2016
6. Laing R: *Self and Others*. Routledge Ed, 1969
7. Malkin C: *Rethinking Narcissism*. Harvard Medical School, 2016
8. Sassanelli G: *Psychoanalysis and its Myths. La Psicoanalisi e i suoi Miti*. Borla Ed, 1997

Correspondence:

Giuseppe Stranieri, MD

Mental Health Department

Catanzaro, Italy

E-mail: giuseppe.stranieri.ekdq@cz.omceo.it