UNIT 2 NARCISSISTIC PERSONALITY DISORDER

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2.0 INTRODUCTION

In our social interactions we sometimes come across to such persons who are in love with the self and give too much importance to it. They have great expectations of social favours and constant attentions for others. They feel that they are very special in brilliance, power and, beauty and take advantage of others. They consider themselves somehow different from others and deserving special treatment. They exhibit extreme self-importance, inability to empathize with others and heightened sensitivity to criticism. Self-involvement and lack of empathy characterise this personality disorder. In narcissistic personality disorder this tendency is taken to its extreme. Narcissistic personality disorder is a pervasive disorder characterised by self-centeredness, lack of empathy, and an exaggerated sense of self-importance. In the present unit we will discuss the nature, diagnostic features, causes, and treatment of narcissistic personality disorder.

2.1 OBJECTIVES

After completing this unit, you will be able to:

- Explain the meaning of narcissistic personality disorder;
- Understand the diagnostic features of narcissistic personality disorder;
- Describe the causes of narcissistic personality disorder; and
- Explain the treatment and prognosis of narcissistic personality disorder.

2.2 NARCISSISTIC PERSONALITY DISORDER

Sigmund Freud (1856-1939) is credited with the promulgation and presentation of a first coherent theory of narcissism. He described transitions from subject directed libido (*The psychic and emotional energy associated with instinctual biological*

drives. According to Freud, all behaviour is motivated by the desire to feel pleasure. That motivation is organised and directed by two instincts: sexuality (Eros), and aggression (Thanatos). Freud conceptualised both these instincts as being powered by a form of internal psychic energy that he called the Libido. Libido is the pleasure principle, or basic psychic energy.) to object directed libido through the intermediation and agency of the parents. To be healthy and functional, the transitions must be smooth and unperturbed. Neuroses are the results of such perturbations.

Freud conceived of each stage of development linked to the next stage of development. Thus, if a child reaches out to his objects of desire and fails to attract their love and attention, the child will regress to the previous phase, to the narcissistic phase. The first occurrence of narcissism is adaptive.

It "trains" the child to love an object. It ensures gratification through availability, predictability and permanence. But regressing to "secondary narcissism" is maladaptive. It is an indication of failure to direct the libido to the "right" targets (to objects, such as the child's parents).

Secondary narcissism corresponds to the return of the libido to the ego , that is withdrawn from objects. Freud described this for the first time in relation to a state he called "paraphrenia," which corresponded to the schizophrenia identified by Bleuler. Withdrawal of the libidinal investment in objects, followed by a reinvestment in the ego, was considered responsible for two characteristic manifestations, that is,

i) lack of interest in the external world and

ii) delusions of grandeur.

If this pattern of regression persists and prevails, a "narcissistic neurosis" is formed. The narcissist prefers fantasyland to reality, grandiose self conception to realistic appraisal, masturbation and sexual fantasies to mature adult sex , and daydreaming to real life achievements.

Carl Gustav Jung (1875-1961) had a mental picture of the psyche as a giant warehouse of archetypes (the conscious representations of adaptive behaviours). Fantasies to him were just a way of accessing these archetypes and releasing them. Any reversion to earlier phases of mental life, to earlier coping strategies, to earlier choices is interpreted as simply the psyche's way of using yet another, hitherto untapped, adaptation strategy.

Actually, there is little difference between Freud and Jung. When libido investment in objects (esp. the Primary Object) fails to produce gratification, maladaptation results that is a default option is activated which is secondary narcissism. This default enhances adaptation, it is functional and adaptive and triggers adaptive behaviours. As a by product, it secures gratification.

We are at such peace when we exert reasonable control over our environment, i.e., when our behaviours are adaptive. The compensatory process has two results (i) enhanced adaptation and (ii) inevitable gratification. Perhaps the more serious division between them is with regard to introversion. Freud regards introversion as an instrument in the service of a pathology

As opposed to Freud, Jung regards introversion as a useful tool in the service of the endless psychic quest for adaptation strategies (narcissism being one such strategy). The Jungian adaptation repertoire does not discriminate against narcissism. To Jung

it is as legitimate a choice as any. But even Jung acknowledged that the very need to look for a new adaptation strategy means that adaptation has failed. In other words, the search itself is indicative of a pathological state of affairs. It does seem that introversion per se is not pathological (because no psychological mechanism is pathological per se). Only the use made of it can be pathological.

Jung distinguished introverts (those who habitually concentrate on their selves rather than on outside objects) from extroverts. Not only was introversion a totally normal and natural function in childhood, it remains normal and natural even if it predominates the mental life.

Pathological narcissism is exclusive and all pervasive. Other forms of narcissism are not. Hence though there is no healthy state of habitual, predominant introversion, it remains a question of form and degree of introversion. Often a healthy, adaptive mechanism goes awry. When it does, as Jung himself recognised, neuroses form.

Freud regards Narcissism as a point, while Jung regards it as a continuum (from health to sickness).

In a way, Heinz Kohut took Jung a step further. He said that pathological narcissism is not the result of excessive narcissism, libido or aggression. It is the result of defective, deformed or incomplete narcissistic (self) structures. Kohut postulated the existence of core constructs which he named: the Grandiose Exhibitionistic Self and the Idealized Parent Image.

Children entertain notions of greatness (primitive or naive grandiosity) mingled with magical thinking, feelings of omnipotence and omniscience and a belief in their immunity to the consequences of their actions. These elements and the child's feelings regarding its parents combine and form these constructs. The child's feelings towards its parents are reactions to their responses (affirmation, buffering, modulation or disapproval, punishment, even abuse). These responses help maintain the self structures. Without the appropriate responses, grandiosity, for instance, cannot be transformed into adult ambitions and ideals. To Kohut, grandiosity and idealisation were positive childhood development mechanisms. Even their reappearance in transference should not be considered a pathological narcissistic regression.

Kohut agreed with Freud that neuroses are conglomerates of defence mechanisms, formations, symptoms, and unconscious conflicts. He even accepted the unresolved Oedipal conflicts (ungratified unconscious wishes and their objects) as the root of neuroses. But he identified a whole new class of disorders: the self-disorders. These were the result of the perturbed development of narcissism.

It was not a superficial distinction. Self disorders were the results of childhood traumas quite different from Freud's Oedipal, castration and other conflicts and fears. These are the traumas of the child either not being seen (an existence, not affirmed by the Primary Objects, that is the parents) or being regarded as an object for gratification or abuse. Such children develop to become adults who are not sure that they do exist (lack a sense of self continuity) or that they are worth anything (lack of self worth, or self esteem). They suffer depressions, as neurotics do. But the source of these depressions is existential (a gnawing sensation of emptiness) as opposed to the "guilty-conscious" depressions of neurotics.

They are individuals whose disorders can be understood and treated only by taking into consideration the formative experiences in childhood of the total body mind self and its self object environment as for instance, the experiences of joy of the total self

feeling confirmed, which leads to pride, self esteem, zest, and initiative; or the experiences of shame, loss of vitality, deadness, and depression of the self who does not have the feeling of being included, welcomed, and enjoyed."

This is not to say that they do not change - rather, that they are capable only of slow change. Kohut and his Self-psychology disciples believed that the only viable constructs are comprised of self-selfobject experiences and that these structures are lifelong ones. Melanie Klein belived more in archaic drives, splitting defenses and archaic internal objects and part objects. Winnicott (and Balint and other, mainly British researchers) as well as other ego-psychologists thought that only infantile drive wishes and hallucinated oneness with archaic objects qualify as structures.

Narcissism. Karen Horney's Contributions

Horney is one of the precursors of the "Object Relations" school of psychodynamics. She said that personality was shaped mostly by environmental issues, social or cultural. She believed that relationships with other humans in one's childhood determine both the shape and functioning of one's personality. She expanded the psychoanalytic repertoire. She added needs to drives. Where Freud believed in the exclusivity of the sex drive as an agent of transformation, Horney believed that people (children) needed to feel secure, to be loved, protected, emotionally nourished and so on. She believed that the satisfaction of these needs or their frustration early in chlildhood were as important a determinant as any drive. Society was introduced through the parental door. Biology converged with social injunction to yield human values such as the nurturance of children.

Horney's great contribution was the concept of anxiety. Freudian anxiety was a rather primitive mechanism, a reaction to imaginary threats arising from early childhood sexual conflicts. Horney argued convincingly that anxiety is a primary reaction to the very dependence of the child on adults for its survival. Children are uncertain (of love, protection, nourishment, nurturance) and so they become anxious.

Defenses are developed to compensate for the intolerable and gradual realisation that dults are human. They are capricious, arbitrary, unpredictable and non dependable. Defenses provide both satisfaction and a sense of security. The problem still exists, even as the anxiety does, but they are "one stage removed". When the defenses are attacked or perceived to be attacked (such as in therapy) anxiety is reawakened.

The capacity to be alone develops out of the baby's ability to hold onto the internalisation of his mother, even during her absences. It is not just an image of mother that he retains but also her loving devotion to him. Thus, when alone, he can feel confident and secure as he continues to infuse himself with her love. The addict has had so few loving attachments in his life that when alone he is returned to his detached, alienated self.

This feeling state can be compared to a young child's fear of monsters without a powerful other to help him, the monsters continue to live somewhere within the child or his environment. It is not uncommon for patients to be found on either side of an attachment pendulum. It is invariably easier to handle patients for whom the transference erupts in the idealising attachment phase than those who view the therapist as a powerful and distrusted intruder.

So, the child learns to sacrifice a part of his autonomy, in order to feel secure. Horney identified three neurotic strategies: submission, aggression and detachment. The choice of strategy determines the type of personality, or rather of neurotic

personality. The submissive (or compliant) type is fake. He hides aggression beneath the facade of friendliness. The aggressive type is fake as well: at heart he is submissive. The detached neurotic withdraws from people. This cannot be considered an adaptive strategy.

Horney's is an optimistic outlook. Because she believes biology is only one of the forces shaping our adulthood, and culture and society being the predominant ones, she believes in reversibility and in the power of insight to heal. She believes that if an adult were to understand his problem (his anxiety) he would be able to eliminate it altogether. Other theoreticians are much more pessimistic and deterministic.

They think that childhood trauma and abuse are rather impossible to reprogramme, let alone erase. Modern brain research tends both to support this view and offer some solution. The brain seems to be plastic. It is physically impressed with abuse and trauma. But no one knows when this "window of plasticity" shuts. It is conceivable that this plasticity continues well into adulthood and that later "reprogramming" (by loving, caring, compassionate and empathic experiences) can remold the brain permanently. Yet others believe that the patient has to accept his disorder as a given and work AROUND it rather than attack it directly.

Our disorders were adaptive and helped us to function. Their removal may not always be wise or necessary to attain a full and satisfactory life. additionally, we should not all conform to a mold and experience life the same. Idiosyncracies are a good thing, both on the individual level and on the level of the species. The word "narcissism" comes from a Greek mythology in which a handsome young man named Narcissus sees his reflection in a pool of water and falls in love with it. Psychoanalysts, including Sigmund Freud, used the term narcissistic to describe people who show an exaggerated sense of self-importance and are preoccupied with receiving attention (Cooper & Ronningstam, 1992). Narcissistic personality disorder is one of a group of conditions called dramatic personality disorder. People with these disorders have intense, unstable emotions and a distorted self-image. Narcissistic personality disorder is further characterised by an abnormal love of self, an exaggerated sense of superiority and importance, and a preoccupation with success and power. However, these attitudes and behaviours do not reflect true self-confidence. Instead, the attitudes conceal a deep sense of insecurity and a fragile self-esteem. Some of the common traits of a narcissistic type person are:

- An inability to listen to others, and
- A lack of awareness of another person's deadlines, time frames, or interests.
- An inability to admit wrongdoing, even sometimes when presented with evidence of their 'wrong' behaviour.
- Coldness or overly practical responses to interpersonal relationships,
- A sense of distance or matter of factness emotionally.
- Can be prone to severe bouts of anger.
- Has the ability to write friends off forever, over one perceived or actual transgression.
- Pride in the accomplishments of children if they have them, often combined with an overly developed desire for control over their directions and activities.
- An above average interest in social class and importance may be seen.

It should be noted that narcissistic personality disorder exists as a diagnostic category only in *DSM-IV-TR*, which is an American diagnostic manual. The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision* (ICD-*10,* the European equivalent of *DSM)* lists only eight personality disorders. What *DSM-IV-TR* defines as narcissistic personality disorder, *ICD-10* lumps together with "eccentric, impulsive-type, immature, passive-aggressive, and psychoneurotic personality disorders."

Narcissistic personality disorder was introduced as a new diagnostic category in *DSM-III*, which was published in 1980. Prior to *DSM-II*, narcissism was a recognised phenomenon but not an official diagnosis.

At that time, narcissistic personality disorder was considered virtually untreatable because people who suffer from it rarely enter or remain in treatment. Typically, they regard themselves as superior to their therapist, and they see their problems as caused by other people's "stupidity" or "lack of appreciation."

More recently, however, some psychiatrists have proposed dividing narcissistic patients into two subcategories based roughly on age:

i) those who suffer from the stable form of narcissistic personality disorder described by *DSM-IV-TR*, and

ii) younger adults whose narcissism is often corrected by life experiences.

This age group distinction represents an ongoing controversy about the nature of narcissistic personality disorder whether it is fundamentally a character disorder, or whether it is a matter of learned behaviour that can be unlearned. Therapists who incline toward the first viewpoint usually pessimistic about the results of treatment for patients with narcissistic personality disorder.

2.2.1 Diagnostic Features of Narcissistic Personality Disorder

DSM-IV-TR specifies nine diagnostic criteria for narcissistic personality disorder. For the clinician to make the diagnosis, an individual must fit five or more of the following descriptions:

- He or she has a grandiose sense of self-importance (exaggerates accomplishments and demands to be considered superior without real evidence of achievement).
- He or she lives in a dream world of exceptional success, power, beauty, genius, or "perfect" love.
- He or she thinks of him or herself as "special" or privileged,
- He or she can only be understood by other special or high status people.
- He or she demands excessive amounts of praise or admiration from others.
- He or she feels entitled to automatic deference, compliance, or favourable treatment from others.
- He or she is exploitative towards others and takes advantage of them.
- He or she lacks empathy and does not recognise or identify with others' feelings.
- He or she is frequently envious of others or thinks that they are envious of him or her.

- He or she "has an attitude" or frequently acts in haughty or arrogant ways.

In addition to these criteria, *DSM-IV-TR* groups narcissistic personality disorder together with three other personality disorders in Cluster B. These four disorders are grouped together on the basis of symptom similarities, insofar as patients with these disorders appear to others as overly emotional, unstable, or self dramatising.

The other three disorders in Cluster B are antisocial, borderline, and histrionic personality disorders.

The *DSM-IV-TR* clustering system does not mean that all patients can be fitted neatly into one of the three clusters. It is possible for patients to have symptoms of more than one personality disorder or to have symptoms from different clusters. In addition, patients diagnosed with any personality disorder may also meet the criteria for mood, substance abuse, or other disorders.

People with narcissistic personality disorder have an unreasonable sense of self-importance and are so preoccupied with themselves that they lack sensitivity and compassion for other people (Gunderson, Ronningstam, & Smith, 1995). They are not comfortable unless someone is admiring them. Their exaggerated feelings and their fantasies of greatness, called "grandiosity" create a number of negative attributes. They require and expect a great deal of special attention. They also tend to use or exploit others for their own interests and show little empathy. When confronted with other successful people, they can be extremely envious and arrogant. Thus narcissistic personality disorder involves a pattern of self-centered or egotistical behaviour that shows up in thinking and behaviour in a lot of different situations and activities. People with narcissistic personality disorder would not (or can not) change their behaviour even when it causes problems at work or when other people complain about the way they act, or when their behaviour causes a lot of emotional distress to others (or themselves). This pattern of self-centered or egotistical behaviour is not caused by current drug or alcohol use, head injury, acute psychotic episodes, or any other illness, but has been going on steadily at least since adolescence or early adulthood.

2.2.2 Subtypes of Narcissistic Personality Disorder

Millon (1996) identified five subtypes of narcissist. Any individual narcissist may exhibit none or one of the following:

i) **Unprincipled narcissist including antisocial features:** Such an Unprincipled narcissist will be fraudulent, exploitative, deceptive and unscrupulous individual.

ii) **Amorous narcissist including histrionic features:** Such an Amorous narcissist will be an erotic, exhibitionist.

iii) **Compensatory narcissist:** This includes negativistic (passive-aggressive), avoidant features.

iv) **Elitist narcissist:** This is a variant of pure pattern. Corresponds to "phallic narcissistic" personality type.

v) **Fanatic type including paranoid features:** A severely narcissistic individual, usually with major paranoid tendencies and who holds onto an illusion of omnipotence.

Some have suggested the following subcategories of narcissistic personalities:

i) **Craving narcissists:** These are people who feel emotionally needy and undernourished, and may well appear clingy or demanding to those around them.

ii) **Paranoid narcissists:** This type of narcissist feels intense contempt for him- or herself, but projects it outward onto others. Paranoid narcissists frequently drive other people away from them by hypercritical and jealous comments and behaviours.

iii) **Manipulative narcissists:** These people enjoy "putting something over" on others, obtaining their feelings of superiority by lying to and manipulating them.

iv) **Phallic narcissists:** Almost all narcissists in this subgroup are male. They tend to be aggressive, athletic, and exhibitionistic; they enjoy showing off their bodies, clothes, and overall "manliness."

DSM-IV-TR states that 2% to 16% of the clinical population and slightly less than 1% of the general population of the United States suffers from narcissistic personality disorder. Between 50% and 75% of those diagnosed with narcissistic personality disorder are males. Little is known about the prevalence of narcissistic personality disorder across racial and ethnic groups. Like most personality disorders, narcissistic personality disorder typically will decrease in intensity with age, with many people experiencing few of the most extreme symptoms by the time they are in the 40s or 50s.

Narcissistic personality disorder is more prevalent in males than females. The high preponderance of male patients in studies of narcissism has prompted researchers to explore the effects of gender roles on this particular personality disorder. Some have speculated that the gender imbalance in narcissistic personality disorder results from society's disapproval of self centered and exploitative behaviour in women, who are typically socialised to nurture, please, and generally focus their attention on others.

Some are of the view that the imbalance is more apparent than real, and that it reflects a basically sexist definition of narcissism. Like most personality disorders, narcissistic personality disorder typically will decrease in intensity with age, with many people experiencing few of the most extreme symptoms by the time they are in the 40s or 50s.

2.2.3 Causes of Narcissistic Personality Disorder

While the exact cause of narcissistic personality disorder is unknown, researchers have identified some factors that may contribute to the disorder. Childhood experiences such as parental overindulgence, excessive praise, unreliable parenting, and a lack of realistic responses are thought to contribute to narcissistic personality disorder.

Although researchers today do not know what exactly causes narcissistic personality disorder, there are many theories, however, about the possible causes of narcissistic personality disorder.

For example, Kohut (1977) and Kernberg (1984) attempted to trace the roots of narcissistic personality disorder to disturbances in the patient's family of origin specifically, to problems in the parent child relationship before the child turned three.

Where they disagree is in their accounts of the nature of these problems. According to Kohut (1977), the child grows out of primary narcissism through opportunities to be mirrored by (i.e., gain approval from) his or her parents and to idealise them,

acquiring a more realistic sense of self and a set of personal ideals and values through these two processes.

On the other hand, if the parents fail to provide appropriate opportunities for idealisation and mirroring, the child remains "stuck" at a developmental stage in which his or her sense of self remains grandiose and unrealistic while at the same time he or she remains dependent on approval from others for self-esteem.

In contrast, Kernberg (1985) views narcissistic personality disorder as rooted in the child's defense against a cold and unempathetic parent, usually the mother.

Emotionally hungry and angry at the depriving parents, the child withdraws into a part of the self that the parents value, whether looks, intellectual ability, or some other skill or talent. This part of the self becomes hyper-inflated and grandiose.

Any perceived weaknesses are "split off" into a hidden part of the self. Splitting gives rise to a lifelong tendency to swing between extremes of grandiosity and feelings of emptiness and worthlessness. In both accounts, the child emerges into adult life with a history of unsatisfactory relationships with others.

The adult narcissist possesses a grandiose view of the self but has a conflict-ridden psychological dependence on others. At present, however, psychiatrists do not agree in their description of the central defect in narcissistic personality disorder; some think that the problem is primarily emotional while others regard it as the result of distorted cognition, or knowing.

Other theorists maintain that the person with narcissistic personality disorder has an "empty" or hungry sense of self while others argue that the narcissist has a "disorganised" self. Still others regard the core problem as the narcissist's inability to test reality and construct an accurate view of him- or herself.

According to sociologist Lasch (1978) narcissistic personality disorder is increasing in prevalence, primarily as a consequence of large scale social changes, including greater emphasis on short-term hedonism, individualism, competitiveness, and success. He further stated that the "me-generation" has produced more than its share of individuals with narcissistic personality disorder. Indeed reports confirm that narcissistic personality disorder is increasing in prevalence (Cooper & Ronningstam, 1992).

Some other theorists believe that narcissistic personality disorder results from extremes in child rearing. For example, the disorder might develop as the result of excessive pampering, or when a child's parents have a need for their children to be talented or special in order to maintain their own self-esteem. On the other end of the spectrum, narcissistic personality disorder might develop as the result of neglect or abuse and trauma inflicted by parents or other authority figures during childhood. The disorder usually is evident by early adulthood.

Some other theorists subscribe a bio psychosocial model of causation that is, the causes which are biological and genetic in nature, the social factors (such as how a person interacts in their early development with their family and friends and other children), and psychological factors (the individual's personality and temperament, shaped by their environment and learned coping skills to deal with stress).

This suggests that no single factor is responsible rather, it is the complex and likely intertwined nature of all three factors that are important. If a person has this personality disorder, research suggests that there is a slightly increased risk for this disorder to be "passed down" to their children.

2.2.4 Treatment of Narcissistic Personality Disorder

It is important to note that people with this disorder rarely seek out treatment. Individuals often begin therapy at the urging of family members or to treat symptoms that result from the disorder. So the therapy for the persons suffering from narcissistic personality disorder can be especially difficult because they are often unwilling to acknowledge the disorder. In addition, the tendency of these patients to criticize and devalue their therapists (as well as other authority figures) makes it difficult for therapists to work with them.

Narcissistic personality disorder treatment is centered around psychotherapy. There are no medications specifically used to treat narcissistic personality disorder. However, if the person has symptoms of depression, anxiety or other conditions, medications such as antidepressants or anti-anxiety medications may be helpful.

Psychotherapy helps the person learn to relate to others in a more positive and rewarding way. Psychotherapy tries to provide the person with greater insight into his or her problems and attitudes in the hope that this will change behaviour.

The goal of therapy is to help the person develop a better self-esteem and more realistic expectations of others. Medication might be used to treat the distressing symptoms, such as behavioural problems, that might occur with this disorder.

Several different approaches to individual therapy have been tried with narcissistic personality disorder patients, ranging from classical psychoanalysis and Adlerian therapy to rational emotive approaches and Gestalt therapy. The consensus that has emerged is that therapists should set modest goals for treatment with narcissistic personality disorder patients. Most of them cannot form a sufficiently deep bond with a therapist to allow healing of early childhood injuries. Other forms of psychotherapy that may be helpful for narcissistic personality disorder include:

i) **Cognitive behavioural therapy:** Cognitive behavioural techniques are often effective to help individuals change destructive thinking and behaviour patterns. The goal of treatment is to alter distorted thoughts and create a more realistic self-image. In general, cognitive behavioural therapy helps to identify unhealthy, negative beliefs and behaviours and replace them with healthy, positive ones.

ii) **Family therapy:** It is a type of group therapy in which the members of the family of the patient all participate in group treatment sessions. The basic idea is that the family, not just the individual patient has to alter behaviour to solve the problem. By bringing the whole family together in therapy sessions, joint efforts by all family members are made to explore conflicts. Communication among family members and problem solving help cope with relationship problems.

iii) **Group therapy:** Group therapy, in which client meets with a group of people with similar conditions, may be helpful by teaching him to relate better with others. This may be good for the client to learn about truly listening to others, learning about their feelings and offering support.

The goals are to help the patient develop a healthy individuality (rather than a resilient narcissism) so that he or she can acknowledge others as separate persons, and to decrease the need for self defeating coping mechanisms.

The first step toward developing a working alliance is empathy with the surprise and hurt that the patient experiences as a result of confrontations within the group. The external structuring that the group therapy provides can control destructive behaviour in spite of ego weakness.

In groups,

a) the therapist is less authoritative (and less threatening to the patient's grandiosity);

b) intensity of emotional experience is lessened and

c) regression is more controlled,

d) create a better setting for confrontation and clarification.

Because personality traits can be difficult to change, therapy may take several years. The short-term goal of psychotherapy for narcissistic personality disorder is to address such issues as substance abuse, depression, low self-esteem or shame. The long-term goal is to reshape the personality, at least to some degree, so that the person can change patterns of thinking that distort his self-image and create a realistic self-image.

Psychotherapy can also help the person to learn to relate better with others so that his relationships are more intimate, enjoyable and rewarding. It can help the person to understand the causes of his emotions and what drives him to compete, to distrust others and perhaps to despise himself and others.

Narcissistic patients generally enjoy the attention they receive through involvement in the treatment. Long-term outpatient involvement is critical to maintain a narcissistic patient's pro-social behaviour and sobriety. Therapists who strive to build narcissistic patients' strengths and who pay close attention to them in therapy will find them active participants in the recovery process.

2.2.5 Prognosis

The prognosis for younger persons with narcissistic disorders is hopeful to the extent that the disturbances reflect a simple lack of life experience. The outlook for long standing narcissistic personality disorder, however, is largely negative.

Some narcissists are able, particularly as they approach their midlife years, to accept their own limitations and those of others, to resolve their problems with envy, and to accept their own mortality.

Most patients with narcissistic personality disorder, on the other hand, become increasingly depressed as they grow older within a youth-oriented culture and lose their looks and overall vitality.

The retirement years are especially painful for patients with narcissistic personality disorder because they must yield their positions in the working world to the next generation.

In addition, they do not have the network of intimate family ties and friendships that sustain older people

2.3 LET US SUM UP

The word "narcissism" comes from a Greek mythology in which a handsome young man named Narcissus sees his reflection in a pool of water and falls in love with it. The term narcissistic is used to describe people who show an exaggerated sense of self-importance and are preoccupied with receiving attention.

Narcissistic personality disorder is characterised by an abnormal love of self, an exaggerated sense of superiority and importance, and a preoccupation with success and power.

Narcissistic personality disorder exists as a diagnostic category only in DSM-IV-TR. DSM-IV-TR specifies nine diagnostic criteria for narcissistic personality disorder. For the clinician to make the diagnosis, an individual must fit five or more of the following descriptions:

A grandiose sense of self-importance (exaggerates accomplishments and demands to be considered superior without real evidence of achievement).

He or she lives in a dream world of exceptional success, power, beauty, genius, or "perfect" love.

He or she thinks of him- or herself as "special" or privileged.

He or she demands excessive amounts of praise or admiration from others.

He or she feels entitled to automatic deference, compliance, or favourable treatment from others.

He or she is exploitative towards others and takes advantage of them.

He or she lacks empathy and does not recognise or identify with others' feelings.

He or she is frequently envious of others or thinks that they are envious of him or her.

He or she "has an attitude" or frequently acts in haughty or arrogant ways.

The exact cause of narcissistic personality disorder is unknown.

Researchers have identified some factors that may contribute to this disorder.

Childhood experiences such as parental overindulgence, excessive praise, unreliable parenting, and a lack of realistic responses are thought to contribute to narcissistic personality disorder.

Although researchers today do not know what exactly causes narcissistic personality disorder, there are many theories, however, about the possible causes of narcissistic personality disorder.

For example, Kohut (1977) and Kernberg (1984) attempted to trace the roots of narcissistic personality disorder to disturbances in the patient's family of origin. Specifically, to problems in the parent-child relationship before the child turned three.

At present, however, psychiatrists do not agree in their description of the central defect in narcissistic personality disorder.

Some think that the problem is primarily emotional while others regard it as the result of distorted cognition, or knowing.

Some maintain that the person with narcissistic personality disorder has an "empty" or hungry sense of self while others argue that the narcissist has a "disorganised" self. Still others regard the core problem as the narcissist's inability to test reality and construct an accurate view of him- or herself.

Some other theorists believe that narcissistic personality disorder results from extremes in child rearing.

Some other theorists subscribe a bio-psychosocial model of causation - that is, the causes of are likely due to biological and genetic factors, social factors (such as how

a person interacts in their early development with their family and friends and other children), and psychological factors (the individual's personality and temperament, shaped by their environment and learned coping skills to deal with stress.

People with this disorder rarely seek out treatment. Individuals often begin therapy at the urging of family members or to treat symptoms that result from the disorder. So the therapy for the persons suffering from narcissistic personality disorder can be especially difficult because they are often unwilling to acknowledge the disorder. In addition, the tendency of these patients to criticize and devalue their therapists (as well as other authority figures) makes it difficult for therapists to work with them. Narcissistic personality disorder treatment is centered around psychotherapy. There are no medications specifically used to treat narcissistic personality disorder. Several different approaches to individual therapy have been tried with narcissistic personality disorder patients, ranging from classical psychoanalysis and Adlerian therapy to Rational-Emotive approaches and Gestalt therapy. Other forms of psychotherapy that may be helpful for narcissistic personality disorder include cognitive behavioural therapy, family therapy, and group therapy.

Goal of Therapy in Narcissistic Personality Disorder

Because personality traits can be difficult to change, therapy may take several years. The short-term goal of psychotherapy for narcissistic personality disorder is to address such issues as substance abuse, depression, low self-esteem or shame.

The long-term goal is to reshape your personality, at least to some degree, so that you can change patterns of thinking that distort your self-image and create a realistic self-image.

The prognosis for younger persons with narcissistic disorders is hopeful to the extent that the disturbances reflect a simple lack of life experience.

The outlook for long standing narcissistic personality disorder, however, is largely negative.

Some narcissists are able, particularly as they approach their midlife years, to accept their own limitations and those of others, to resolve their problems with envy, and to accept their own mortality.

2.4 UNIT END QUESTIONS

1) Prepare a clinical picture of narcissistic personality disorder.
2) How does narcissistic personality disorder differ from borderline personality disorder?
3) Discuss the diagnostic features of narcissistic personality disorder.
4) Discuss the causes of narcissistic personality disorder.
5) Explain the treatment and prognosis of narcissistic personality disorder.

2.5 GLOSSARY

Cognitive-behavioural therapy : Group of treatment procedures aimed at identifying and modifying faulty thought processes, attitudes and attributions, and problem behaviours.

Craving narcissists	:	These are people who feel emotionally needy and undernourished, and may well appear clingy or demanding to those around them.
Empathy	:	Ability to understand and to some extent share the feelings and emotions of another person.
Gestalt therapy	:	Type of therapy emphasising wholeness of the person and integration of thought, feeling, and action.
Manipulative narcissists	:	These people enjoy "putting something over" on others, obtaining their feelings of superiority by lying to and manipulating them.
Narcissistic personality disorder	:	Personality disorder involving a pervasive pattern of grandiosity need for admiration, and a lack of empathy.
Paranoid narcissists	:	This type of narcissist feels intense contempt for him or herself, but projects it outward onto others. Paranoid narcissists frequently drive other people away from them by hypercritical and jealous comments and behaviours.
Passive aggressive personality disorder	:	Personality disorder characterised by a pattern of negative attitudes and passive resistance in interpersonal situations.
Personality disorders	:	Characterised by enduring maladaptive patterns for relating to the environment and oneself, exhibited in a wide range of contexts that cause significant functional impairment or subjective distress.
Psychoanalysis	:	Method used by Freud to study and treat patients.
Psychotherapy	:	Treatment of mental disorders by psychological methods.
Phallic narcissists	:	Phallic narcissists tend to be aggressive, athletic, and exhibitionistic; they enjoy showing off their bodies, clothes, and overall "manliness."
Rational-Emotive therapy	:	A cognitive-behavioural approach that seeks to identify and eliminate irrational beliefs that may cause maladaptive behaviours.

2.6 SUGGESTED READINGS

Carson, R., Butcher, J.N., & Mineka, S. (2005). *Abnormal Psychology and Modern Life* (3rd Indian reprint). Pearson Education (Singapoer).

Durand, V. K. & Barlow, D. H. (2000). *Abnormal Psychology: An Introduction.* Stamford: Thomson Learning.

Sarason, I.G. Sarason, B.R. (1996). *Abnormal Psychology: The Problem of Maladaptive Behaviour*. New Jersey: Prentice Hall Inc.

References

American Psychiatric Association (1980). *Diagnostic and Statistical Manual of Mental Disorders.* 3rd edition. Washington, DC: American Psychiatric Association.

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders.* 4th edition, text revised. Washington, DC: American Psychiatric Association.

Cooper, A.M. & Ronningstam, E. (1992). Narcissistic personality disorder. In A. Tasman & M. B. Riba (Eds.) *Review of Psychiatry* (Vol.11, pp. 80-97). Washington, DC: Psychiatric Press.

Gunderson, J. G., and Ronningstam, E. (2001). Differentiating narcissistic and Antisocial Personality Disorders. *Journal of Personality Disorders, 15,* 103-109.

Gunderson, J. G., and Ronningstam, E. & Smith, L. E. (195) Narcissistic personality disorder. In W. J. Livesley (Ed.), *The DSM-IV personality disorders* (pp. 201-212). New York : Guilford Press.

Kernberg, O. E. (1984). *Severe personality disorders.* New Haven, CT: Yale University Press.

Kohut, H. (1977). *The restoration of the self.* New York: International University Press.

Lasch, C. (1978). *The culture of narcissism: American life in an age of diminishing expectations*. New York: W. W. Norton.

Millon, T. (1996). *Disorders of Personality: DSM-IV-TM and Beyond*. New York: John Wiley and Sons. p. 393.

World Health Organisation (1992). *ICD- 10 classification of mental and behaviour disorders: Clinical descriptions and diagnostic guidelines.* Geneva.