What does attachment research tell us about Narcissistic Pathology?

The Attachment Behavioral System

- The presumed biological function of the attachment behavioral system is to protect a person from danger by assuring that he or she maintains proximity to caring and supportive others. These others became a person's attachment figures.

Bowlby *(1978; 1988)*

Believed that attachment theory and research would contribute to our understanding and treatment of severe personality disorders

Linked narcissistic disorders to **avoidant-dismissing internal working models of attachment** relationships deriving from experiences of attachment figures as consistently rejecting and/or emotionally unavailable

Predisposing the individual to “attempt to live his life without the love and support of others” and to be diagnosed “narcissistic”

(Bowlby 1988, pp. 124–125)

AQ: 1
AQ: 2

Attachment and Mentalization in Female Patients With Comorbid Narcissistic and Borderline Personality Disorder

AQ: au
AQ: 3

Diana Diamond
City University of New York and Weill Cornell Medical College

Kenneth N. Levy
Pennsylvania State University and Weill Cornell Medical College

John F. Clarkin
Weill Cornell Medical College

Melitta Fischer-Kern
Medical University of Vienna

Nicole M. Cain
Long Island University – Brooklyn

Stephan Doering
Medical University of Vienna

Susanne Hörz
Ludwig-Maximilians-Universitaet Muenchen

Anna Buchheim
University of Innsbruck

We investigated attachment representations and the capacity for mentalization in a sample of adult female borderline patients with and without comorbid narcissistic personality disorder (NPD). Participants were 22 borderline patients diagnosed with comorbid NPD (NPD/BPD) and 129 BPD patients without NPD (BPD) from 2 randomized clinical trials. Attachment and mentalization were assessed on the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1996). Results showed that as expected, compared with the BPD group, the NPD/BPD group was significantly more likely to be categorized as either dismissing or cannot classify on the AAI, whereas the BPD group was more likely to be classified as either preoccupied or unresolved for loss and abuse than was the NPD/BPD group. Both groups of patients scored low on mentalizing, and there were no significant differences between the groups,

Diamond, D., Levy, K. N., Clarkin, J. F., Fischer-Kern, M., Cain, N. M., Doering, S., Hörz, S., & Buchheim, A. (2014). Attachment and mentalization in female patients with comorbid narcissistic and borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment. 5*(4), 428–433. doi:10.1037/per0000065

treatment (Kernberg, 2007; Ronningstam, 2010). Several studies have shown particularly high rates of comorbidity of NPD with

Pincus, 2013), with rates up to 64% (Hilsenroth, Holdwick, Castlebury, & Blais, 1998). Grandiosity in particular predicted engage-

How This Study was Developed

Goal of current research:

- **To investigate attachment representations and mentalization in patients with severe narcissistic pathology (borderline patients with and without co-morbid narcissistic personality disorder; NPD/BPD vs. BPD)**

- **By reexamining data from two international randomized clinical trials (TFP vs. DBT vs. STP, Cornell-NY;** Clarkin et al., 2007; Levy et al, 2006; **TFP vs. ECP;** Doering et al., 2010; Buchheim et al, 2014*)*

- **Comparable data sets in two studies (e.g. participants, procedures, assessment instruments); Cross sectional data at admission to study; longitudinal data on change in attachment and mentalization later**

Adult Attachment Interview

(AAI; George, Kaplan and Main, 1998)

- **A semi-structured interview to assess the individual's representations of self in relation to attachment figures (i.e. internalized object relations)**
- **Designed to "surprise the unconscious."**
- **Rated for Adult Attachment Classification and Reflective Function (RF).**
- **Modes of discourse, defense and affect regulation**
- 18 questions asked in set order with standardized probes
- Given at the beginning of treatment and at one year

Adult Attachment Interview Classification System

(Main & Goldwyn, 1986)

NPD / BPD

Secure (F)

Free and autonomous states of mind with respect to attachment

Ready access to attachment related memories articulated in a coherent organized way.

Preoccupied (E)

Enmeshed states of mind with respect to attachment figures with whom one remains emotionally entangled.

Oscillation between positive and negative valuations.

Dismissing (D)

Devaluing or idealizing states of mind with respect to attachment with little corroborating evidence.

Unable to unwilling to recall attachment memories.

Cannot Classify (CC)

Oscillation between two or more opposing attachment states of mind.

(dismissing + preoccupied) throughout the interview.

Shift in attachment strategy from mother to father

Unresolved for Loss or Abuse (U)

Lapses in the monitoring of reasoning and discourse in response to questions about loss and abuse.

Organized

Disorganized

Previous Research has Linked NPD with:

Dismissing/ Avoidant Attachment

- **In clinical (PD) samples** (Barone, 2003; Bender, 2001; Fonagy et al, 2006; Rosenstein & Horowitz, 1996; Westen et al, 2006; Levy et al, 2006)
- **In non-clinical samples** (Dickinson & Pincus, 2003; Levy, 2003; Popper, 2002)

Preoccupied/ Anxious Attachment

- **In clinical (PD) samples** (Barone, 2003; Bender, 2001; Fonagy et al, 2006; Hamilton, 1987; Levy et al, 2006)
- **In non-clinical samples** (Dickinson & Pincus, 2003; Smolewska & Dion, 2005; Otway & Vignoles, 2006)

Disorganized Attachment (U and CC)

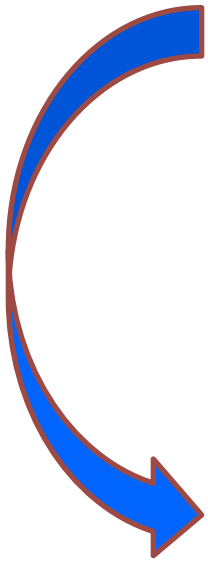
- **In clinical (PD) sample** (Diamond et al, 2003; Levy et al, 2006; Buchheim et al, 2014)

Dismissing AAI Narrative Show

- Active derogating dismissal or brittle idealization of attachment-related experiences
- A valorization of personal strengths and autonomy
- Cool contemptuous attitude towards attachment figures who are seen as foolish, inferior, contemptible
- Those with dismissing attachment have two conflicting sets of representations:
  - A dominant idealized or devalued model of self in relations to others
  - Model of self as unworthy based on experiences of rejection or lack of care (not consciously available)

(Main & Goldwyn, 1998).

Rigid Organization around the Grandiose Self in NPD Patients leads to



Deficits in Mentalization or the capacity to understand and represent mental states (i.e. beliefs, desires, motivations)

- Impairments in capacity for mentalization in the context of attachment relationships (RF) linked to insecure/disorganized AAI status)
  (Fonagy et al, 2002).

- NPD Individuals show deficits in emotional empathy; motivational or deficit based limits in cognitive empathy (theory of mind; mentalization)
  (Baskin-Summers, Krausemark, & Ronningstam, 2014; Ritter, 2011).

Reflective Function Scale

(Fonagy, Target, Steele, Steele, 1998)

-1 *(Negative)*	**Anti-reflective. Hostility or active evasion of reflection, Bizarre explanations for behavior**
1 (Absent)	**Disavowal, distorted/self-serving**
3 (Low)	**Low or questionable RF Naïve, simplistic or over-analytic; hyper-mentalization**
5 *(Ordinary)*	**Explicit reference to nature of mental states and how they relate to behavior**
7 (Marked)	**Marked; sophisticated understanding of mental states**
9 (*Exceptional)*	**Unusually complex, elaborate or original reasoning about mental states**

Change in Attachment Patterns and Reflective Function in a Randomized Control Trial of Transference-Focused Psychotherapy for Borderline Personality Disorder

Kenneth N. Levy, Kevin B. Meehan, Kristen M. Kelly, Joseph S. Reynoso, and Michal Weber
City University of New York

John F. Clarkin and Otto F. Kernberg
Joan and Sanford I. Weil Medical College of Cornell University

Changes in attachment organization and reflective function (RF) were assessed as putative mechanisms of change in 1 of 3 year-long psychotherapy treatments for patients with borderline personality disorder (BPD). Ninety patients reliably diagnosed with BPD were randomized to transference-focused psychotherapy (TFP), dialectical behavior therapy, or a modified psychodynamic supportive psychotherapy. Attachment organization was assessed with the Adult Attachment Interview and the RF coding scale. After 12 months of treatment, participants showed a significant increase in the number classified secure with respect to attachment state of mind for TFP but not for the other 2 treatments. Significant changes in narrative coherence and RF were found as a function of treatment, with TFP showing increases in both constructs during treatment. No changes in resolution of loss or trauma were observed across treatments. Findings suggest that 1 year of intensive TFP can increase patients' narrative coherence and RF. Future research should establish the relationship between these 2 constructs and relevant psychopathology, identify treatment components responsible for effecting these changes, and examine the long-term outcome of these changes.

Keywords: attachment, reflective function, borderline personality disorder, randomized controlled trial

Attachment theory and research have proven to be a powerful paradigm for studying development, personality, interpersonal relationships and psychopathology. In recent years, clinical writing about attachment theory has come full circle, back to Bowlby's original interests in clinical intervention, by noting the potential contributions that attachment theory can make to psychotherapy (Blatt & Levy, 2003; Diamond et al,. 1999; Eagle, 2003, in press; Farber, Lippert, & Nevas, 1995; Holmes, 1995, 1996; Levy & Blatt, 1999; Slade, 1999). There has also been a burgeoning research literature addressing the clinical implications of attachment theory for psychotherapy (Cryanowski et al., 2002; Dozier, 1990; Dozier, Cue, & Barnett, 1994; Fonagy et al., 1996; Mallinckrodt, Gantt, & Coble, 1995; Meyer, Pilkonis, Proietti, Heape, & Egan, 2001; Tyrrell, Dozier, Teague, & Fallot, 1999).

Recently, psychopathology researchers and theorists have begun to understand fundamental aspects of borderline personality disorder (BPD), such as unstable, intense interpersonal relationships, feelings of emptiness, bursts of rage, chronic fears of abandonment and intolerance for aloneness, and lack of a stable sense of self as stemming from impairments in the underlying attachment organi-

Kenneth N. Levy, Department of Psychology, Hunter College, and the Clinical Psychology Doctoral Program, Graduate School and University Center, City University of New York; Kevin B. Meehan, Joseph S. Reynoso, and Michal Weber, Clinical Psychology Doctoral Program, Graduate School and University Center, City University of New York; Kristen M. Kelly, Department of Psychology, Hunter College of the City University of

Barchas and Vita Rabinowitz for their respective institutional support. In addition, we acknowledge the technical assistance of Catherine Eubanks Carter, Kenneth L. Critchfield, Jill C. Delaney, Pamela E. Foelsch, Simone Hoermann, Maya Kirschner, and Joel McClough for their help in conducting assessments, and James Hull for organizing and maintaining the data. We also acknowledge the consultation of Peter Fonagy, Erik Hesse, Ar-

New York- Cornell N = 90

- RCT of TFP vs. DBT vs. STP
- One year
- **Improvements only in TFP (not DBT, STP) in**
  - Coherence of AAI narratives, Secure attachment
  - Reflective Functioning

- **Dismissing associated with Cannot Classify category (D with CC);**
- **Preoccupied with Unresolved category (E with U)**

- **Called for further investigation?**
- What about attachment patterns of NPD/BPD compared with BPD group?

Hypotheses of the Present Study

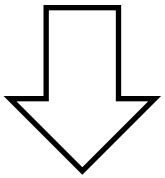
We expected patients with NPD/ BPD to :	We expected patients with BPD to:	We expected patients in both groups to:
• Be more likely to be classified as **Dismissing** or **Cannot Classify** on the AAI	• Be more likely to be classified as **Preoccupied** or **Unresolved** on the AAI	• Have low Reflective Function (RF)

No Significant Differences Between the Samples in:

- Total number of lifetime and current AXIS-I disorders
- AXIS-II disorders
- GAF scores
- Number of patients with NPD/BPD

Given the hypothesis that
the NPD/BPD patients would be more likely to be classified as **Dismissing** or **Cannot Classify**

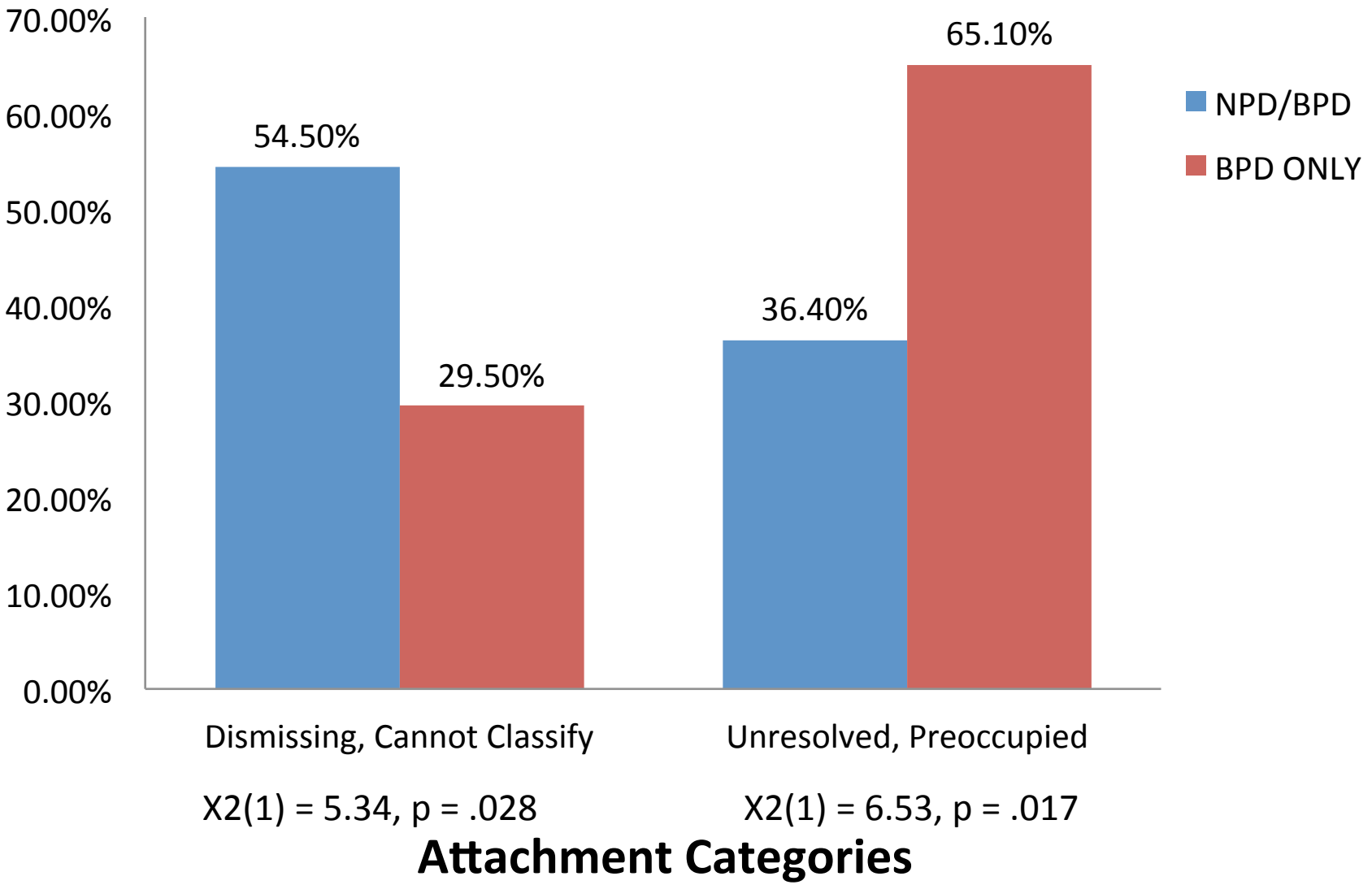
and that the BPD patients would be more likely to be classified as **Preoccupied** or **Unresolved**



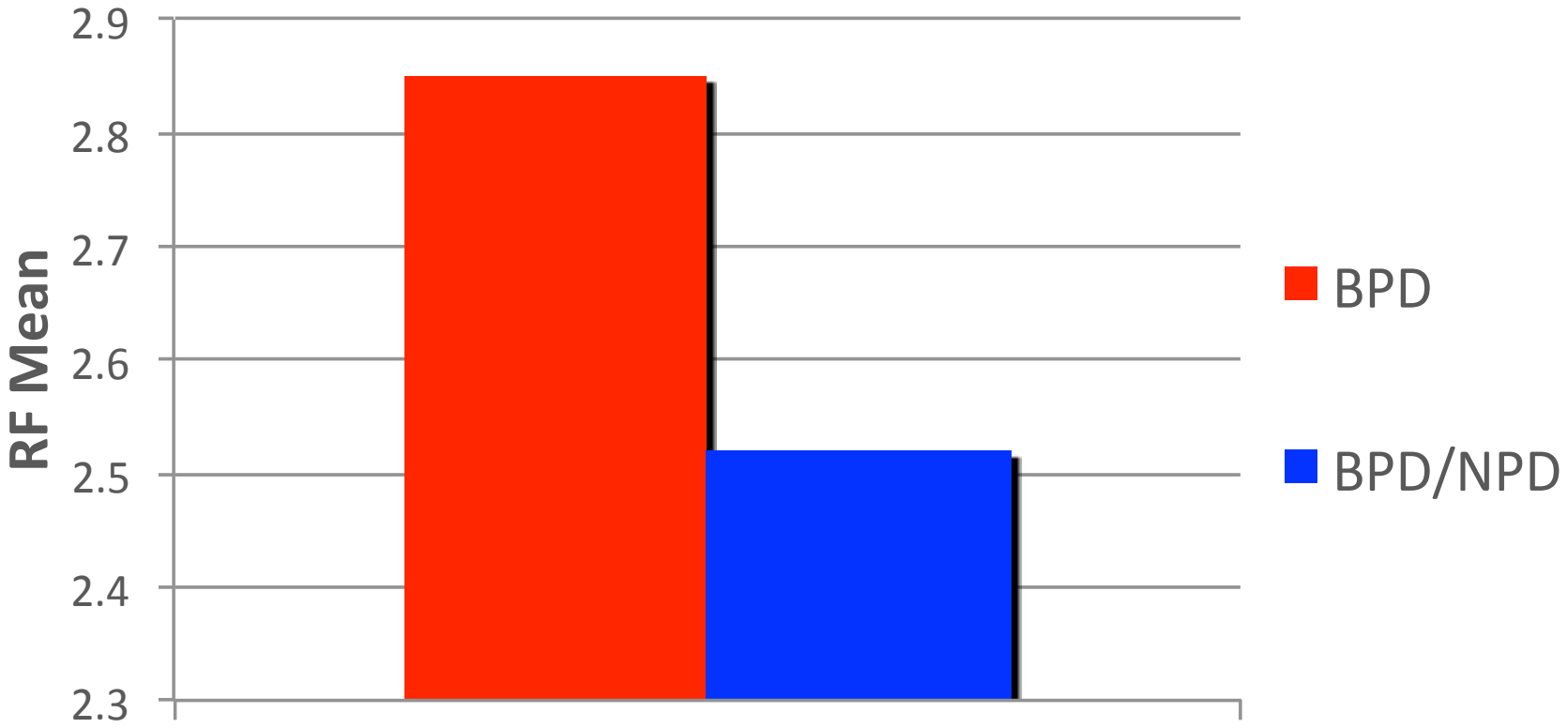
…we regrouped the attachment categories into **Dismissing** plus **Cannot Classify** versus all other AAI classifications for the NPD/ BPD group

and the **Preoccupied** plus **Unresolved** categories versus all other AAI classifications for the BPD group.

% of NPD/BPD and BPD classified in the Dismissing/Cannot Classify and Unresolved/Preoccupied Attachment Groups



Low RF in NPD/BPD and BPD groups
(no significant difference as expected)



BPD (n = 129)	BPD/NPD (n = 22)
2.85 (1.12)	2.52 (1.38)

t (147) = -1.21, p = .228 (n.s.)

SUMMARY OF FINDINGS
As expected we found…

NPD/BPD group more likely to be classified as

- **Dismissing**

(Devaluing or Idealizing of attachment) OR

- **Cannot Classify**

(oscillating among opposing attachment strategies).

BPD group more likely to be classified as

- **Preoccupied**

(angrily entangled in past attachment relationships), OR

- **Unresolved**

(focal but drastic collapse in the monitoring of discourse or reasoning) when talking about loss or abuse *(Hesse, 2010, p. 570)*.

AAI Time 1: Dismissing State of Mind

"I only say it's a weak bond because when you're asking me about remembering about my mother, it's difficult for me to remember…cause I don't remember bonding with my mother…. I swear to God it was like being with a schoolmaster. That's what it feels like."

Described her mother with an attitude of cool, active devaluation and derogation, alternating with inability to recall in any significant detail autobiographical memories to support her general description; restricted narrative

AAI Time 1: Preoccupied State of Mind

"I don't know, I didn't feel bonded to him…..I don't remember my father. I swear to God I don't….I remember he kind of joked around with us….you know, especially with me, and I know that- I don't know if this makes sense….I don't know, like the concept of dad and father. you don't understand what that means. And my father would like play with me, or tickle us, tickle me, whatever….And I would run away scared, but I felt some sort of a sexual thing– I know it sounds weird….I know I felt this feeling of wanting to masturbate-- this is the truth, and I told this to Dr. K. (former therapist) *at a really, really, really, really early age….so I felt this sort of sexual thing with my father, and I was scared of him."*

Description of father shows current preoccupation involving anger and fear; Discourse is incoherent and confused; uncontained narrative

So you want me to say adjectives. That's not a fair question, because you know, I mean of course I'm going to say loving and kind, because I love them, I mean, I did –

Do you want to say that, then?

Cannot Classify State of Mind on AAI for NPD/ BPD

You know what? You better erase loving. Cause I don't remember that. I just know I loved her, but I don't remember that, like being in a loving relationship. It was more like I'm the teacher, you're the student, do as I say,' that type of thing. It was controlling, I would say. So, you erased loving, right?

Well, I want to say it, because, I mean, is there anyone who doesn't feel love for their parent? Or you know I mean you feel something, you know? I mean, I did love them, you know? I mean I– but– you want to know how -