

Understanding Narcissistic Personality: A Brief Introduction

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Why have we been focusing on
Narcissistic Personality Disorder for the past years?

Readings - 1

- Diamond D, Yeomans FE, and Levy K, Psychodynamic Psychotherapy for Narcissistic Personality Disorder. *The Handbook of Narcissism and Narcissistic Personality Disorder: Theoretical Approaches, Empirical Findings, and Treatment*, Eds. Keith Campbell and Josh Miller, New York: Wiley, 2011
- Stern BL, Yeomans FE, Diamond D, & Kernberg OF. Transference-Focused Psychotherapy (TFP) for Narcissistic Personality Disorder. In, *Treating Pathological Narcissism*, Ogrodniczuk, J., (Ed.). American Psychiatric Press: Washington, DC, 2013
- Caligor E., Levy K., Yeomans F., Narcissistic Personality Disorder: Diagnostic and Clinical Challenges. *American Journal of Psychiatry*, 2015

Readings - 2

- Diamond D, Yeomans FE, and Stern BL, *Transference-Focused Psychotherapy for Narcissistic Personality Pathology*, Guilford Press, in press.

This book will be published in 2018 and will be our major text on NPD

Understanding Narcissism in the Context of Personality in General

Personality has to do with the enduring psychological patterns that *underlie* symptoms and complaints

■ The way we process the reality around us:
characteristic patterns of...

- thinking
- feeling
- motivation
- experiencing self & others
- coping
- attaching and relating

Personality

Personality involves:

- The perception of self and others, both cross-sectionally and longitudinally across situations
- Assessment of and adaptation to the environment

Ref: Kernberg & Caligor (2005). *A psychoanalytic theory of personality disorders*. In: Major Theories of Personality Disorders, 2nd Ed. Eds: Clarkin & Lenzenweger. NY, Guilford, 115-156.

Descriptive Features of Personality Disorders in General

- Personality traits are rigid
- Personality traits are extreme
- Personality traits are maladaptive
- Inhibition of normal behaviors
- Exaggeration of certain behaviors
- Chaotic alternation between inhibitory and impulsive behavior patterns
- Vicious circles develop - abnormal behaviors elicit abnormal responses

Key Structural Features of Personality and Personality Pathology

Identity

- Sense of self and sense of others

Defensive Operations

- Customary ways of coping with external stress and internal conflict

Reality Testing

- Appreciation of conventional notions of reality

Quality of Object Relations

- Understanding of the nature of interpersonal relations

Moral Functioning

- Ethical behavior, ideals and values

To simplify: focus on Identity

In personality disorders:

- The sense of self – and of others - is fragmented, distorted and superficial
- There is/are
 - difficulty “reading” others... and the self
 - a lack of continuity of experience
 - feelings of emptiness
 - the vicious circle of temperamental predisposition to emotional dysregulation and distortions in perception

The Change We Hope to Achieve with Treatment

- Identity consolidation
- More adaptive defenses (ways of managing stress and internal conflict)
- Increased modulation of emotions
- Better adaptation to the challenges of work and love

Brief Review of Object Relations Theory of Personality



The Object Relations Dyad

Dyads as Building Blocks of Identity

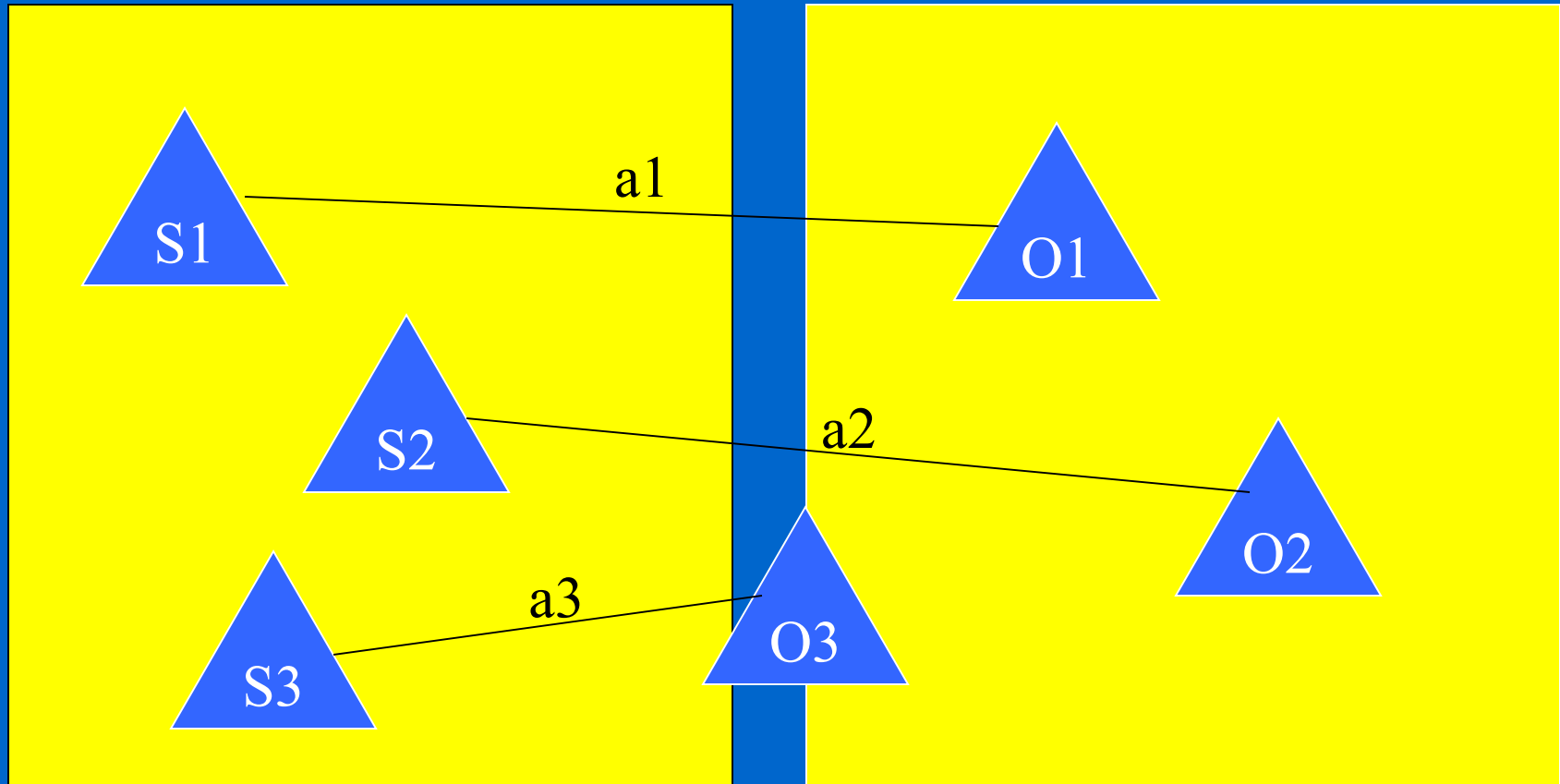
- Internalized relationship patterns - modified by fantasies and defenses
- Dyads influence how the mind processes interpersonal information:
 - The self's perception of and relation to self,
 - The self's perception of and relation to others.
(e.g. Abandoner-Abandonee dyad – Borderline;
Superior-Inferior dyad - Narcissist)
- Dyads of similar emotional charge group together

TRANSFERENCE

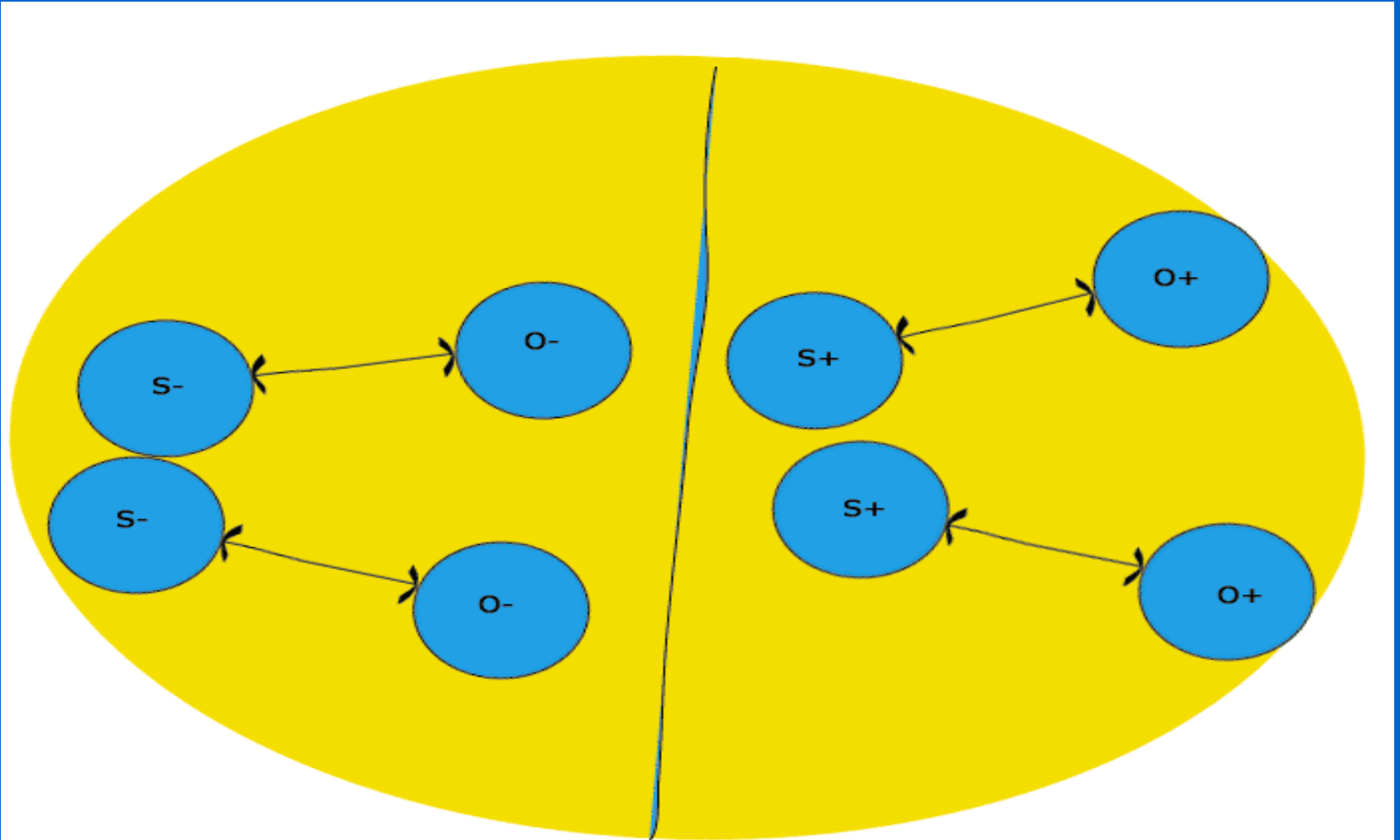
(seeing outside what is inside)

- Experience of Self

- ...and the other person

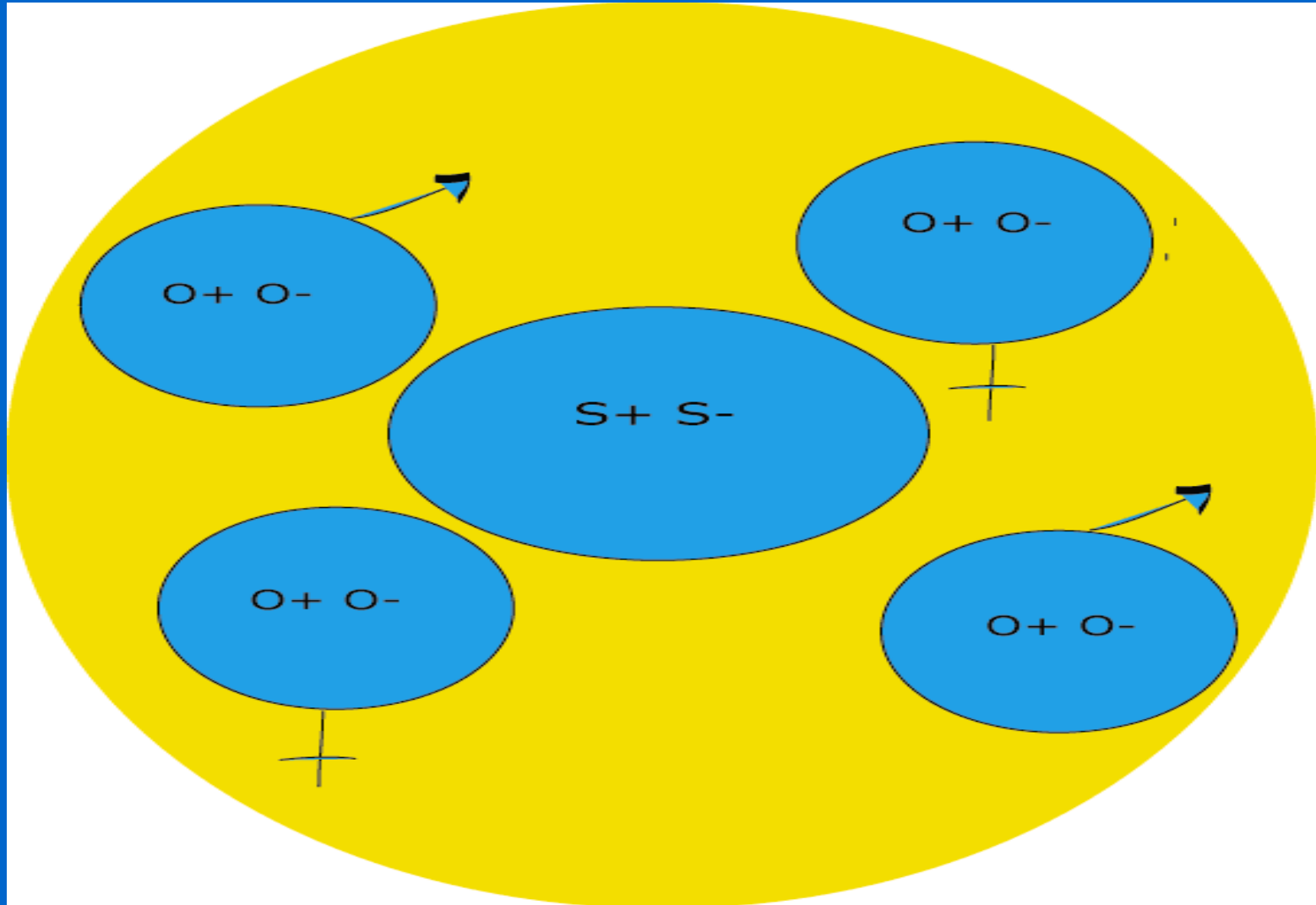


Split Mental Organization: Consciousness of all-good or all-bad Dissociative Ways of Coping



Integrated Organization:

Consciousness of complexity and richness of self and others



Patient's Internal World - BPD

S = Self-Representation

O = Object - Representation

a = Affect

Examples

S1 = Victim

O1 = Abuser-Persecutor

a 1 = Fear

S2 = Childish-dependent figure

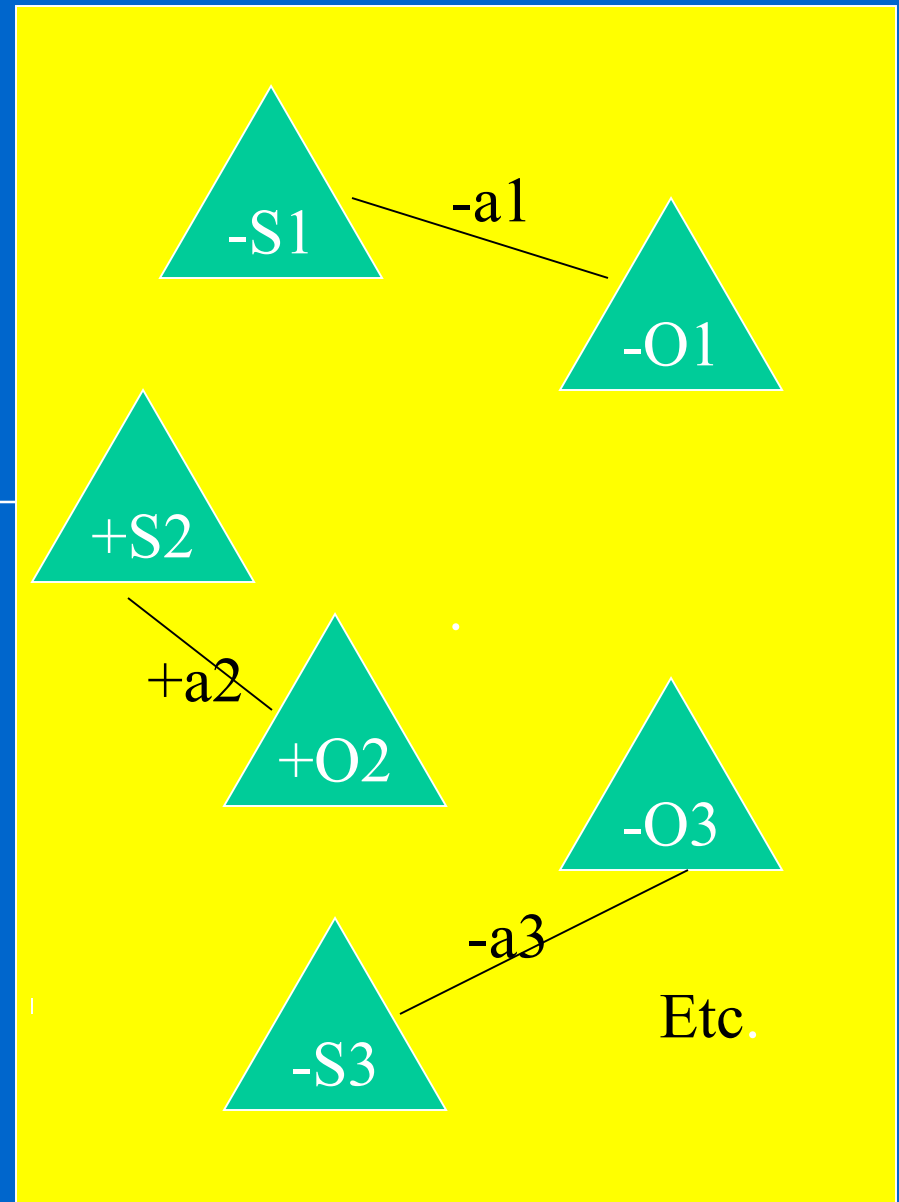
O2 = Ideal, giving figure

a2 = Love

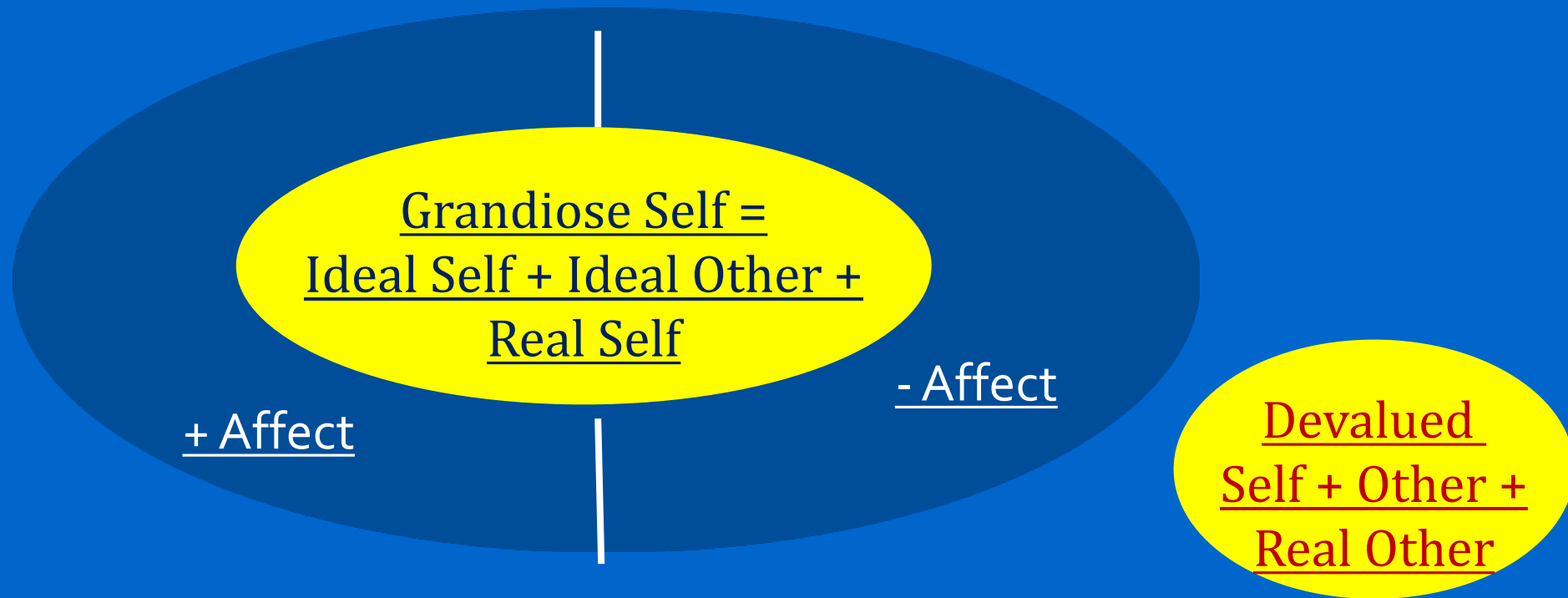
S3 = Powerful, controlling figure

O3 = Weak, Slave-like figure

a3 = Wrath



Patient's Internal World - NPD



- The sense of self is comprised of idealized representations
- Others are extensions of the self and serve a self-regulating function
- The grandiose self is not fully grounded in reality

The Grandiose Self and the Ego Ideal

- For most people, the “ego ideal” is what we aspire to
- For narcissists, if you’re not the “ego ideal”, you’re nothing
 - This can result in harshness and punitiveness

The DSM 5 Criteria for NPD do not describe the whole picture

- Grandiose sense of self importance
- Fantasies of success/power
- Believes self to be special and unique
- Requires excessive admiration
- Entitlement
- Interpersonally exploitative
- Lacks empathy
- Envious of others
- Shows arrogant, haughty behaviors

The DSM 5 Section 3 Alternative Model of PD's is better

- Impairments in personality self and interpersonal functioning
 - Impairment in self functioning
 - Problems in identity
 - Problems in self-direction
 - Impairment in interpersonal functioning
 - Problematic empathy
 - Lack of intimacy
- Pathological personality traits
 - Antagonism, characterized by
 - Grandiosity
 - Attention seeking

(Missing in this system: the particular type of self structure; pathology of envy; antisocial features, but it goes beyond just external behavior)

Object Relations View of NPD Structural Organization: the Pathological Grandiose Self -1

- In contrast to BPD, the Grandiose Self of the NPD patient has a *facsimile* of identity integration
- This Grandiose Self distinguishes NPD from other Personality Disorders
- It is a *compensatory* self structure – it defends against feelings of inferiority and emptiness
- It provides *some stability* of self functioning – but at a cost

NPD Structural Organization: the Pathological Grandiose Self - 2

- The Grandiose Self is superficial and distorted, rigid and brittle
- It requires constant external support and is vulnerable to abrupt discontinuity in response to environmental stressors
- Yet, because of grandiose self, NPD can have more stable sense of self and more stable functioning than other PDs of comparable severity.

The Grandiose Self, Reality, and Interpersonal Functioning

- The need to maintain the illusion that the self includes all that is ideal, and contains no negative elements, leads to a defensive withdrawal from genuine relationships and, to varying degrees, from reality – Clinical Examples
- Contact with the real world threatens the person's psychological equilibrium
 - FOR THE NARCISSIST, REALITY IS AN AGGRESSION
- It is not just self-esteem but the entire sense of self that is at stake

The Grandiose Self defends against anxieties, but there is a price to pay

- The grandiose self provides these protections but at the cost of sacrificing genuine connections with others and to some degree with reality

Principle Subtypes of Narcissism

Grandiose/"Thick-skinned" vs
Vulnerable/"Thin-skinned"

Why are Patients with NPD so difficult to treat?

- They shun relationships – and therapy is about working on a relationship
 - Dismissive Attachment Style in contrast to Preoccupied Attachment Style
- There is:
 - a tendency to provoke, control, devalue and disengage therapist which alternates with fragile idealization
 - a tendency to demand special treatment and privileges
- There is enormous fear of exposure related to feelings of inadequacy, dependency, loss of status and control

Working with the Pathological Grandiose Self

- Initially the grandiose self obscures specific object relation dyads
- The absence of transference **is** the transference
- Expect a long phase of containing the warded off affects in the countertransference
 - Do not retaliate or dissociate
- Early interpretations can be experienced as impingement, criticism or even attacks

Working with the Grandiose Self

- The therapist's neutral and accepting stance is both an implicit confrontation of a “superior-inferior” model of relating and an invitation to experience and reflect on a relationship that involves mutuality.
- As these issues are addressed, it becomes possible to interpret at a deeper level the anxieties and that have maintained the retreat into grandiosity,
 - Including anxiety about annihilation, aggression, abandonment and insignificance as the consequence of relinquishing grandiosity, allowing dependency, and engagement with therapist and own internal world.

Evolution of the NPD Structure as Therapy Advances

- As the grandiose self is analyzed and dismantled, more specific self and object representations appear
- Transferences become more chaotic and complex and the patient becomes more lively and related:
 - patient presents as more related with clinging dependency, longing for loving relationship, guilt about consequences of aggression and grandiosity; depression emerges
- Exploration of anxieties motivating splitting-based defenses helps promote normal identity integration

The Later Phases of Treatment

- Dissolution of grandiose self leads to distress and apparent chaos that can make the patient look worse before they get better
- There is alternation between investment in an interpersonal relation and retreat to grandiose self structure
- Patients confront the consequences of grandiose self: inability to live in reality, loneliness, broken relationships, lack of consistent investment in work
- Depressive transferences emerge with the awareness of negative aspects of the self; mourning for damage done to self and others; Depressive transferences are painful but can be worked through.

As Therapy Progresses...

- The patient gradually experiences a conflict between his refuge in the grandiose self and some awareness of how seeking the ideal has eclipsed the needs of the real self
- The relationship with the therapist often becomes the representative of the latter; a bridge to a real alternative to the “exquisite” grandiose isolation.
- The therapist must address the pain and sense of humiliation involved in this process with empathy and tact