



# NPD Basic

A brief overview of identifying, diagnosing and treating Narcissistic Personality Disorder

Elsa Ronningstam, Ph.D.



NEA.BPD Thanks Dr. Ronningstam for making this information freely available.  
NPD Basic is posted on the NEA.BPD website and can be downloaded free of charge as a running document or 20 page booklet

@Copyright National Educational Alliance for Borderline Personality Disorders.  
Second Edition February 2016

## Table of content

Page	
4	Narcissism – from healthy to pathological Narcissistic Personality Disorder
5	NPD in DSM 5
6	NPD – An alternative model
	The narcissistic patient
7	Recognizable individual variations
8	Internal struggle and reactivity Vocational functioning
	Explanations of some narcissistic traits and facets
9	Grandiosity – vulnerability Perfectionism – self-criticism - shame Compromised empathy
10	Suicidality
11	Prevalence, age and gender Co-occurrence with other disorders
	NPD and borderline personality disorder, BPD
12	NPD and antisocial personality disorder, ASPD
13	NPD and bipolar spectrum disorder NPD and substance use disorder, SUD
14	Treatment
15	Psychoanalytic treatment <i>Transference focused psychotherapy, TFP</i> <i>Intensive psychoanalytic psychotherapy</i> <i>Psychoanalysis</i>
	Cognitive behavioral treatment <i>Schema-focused therapy</i> <i>Metacognitive interpersonal therapy, MIT</i> <i>Cognitive and behavioral therapy, CBT</i>
16	Dialectical behavioral therapy, DBT
	Additional modalities <i>Psychoeducation</i> <i>Group therapy</i> <i>Psychopharmacological treatment</i>
	Conclusions
18	Literature on Narcissistic Personality Disorder
19	Movies characterizing narcissistic personalities

## Narcissism – from healthy to pathological

Narcissism refers to feelings and attitudes towards one's own self. It is the core of self-esteem, affects and relationships. Normal narcissism involves healthy, stable self-esteem and positive self-regard. It is based in a sense of agency, mastery, and inner control of thoughts, feelings, actions and impulses. In addition, self-preservation and normal entitlement, i.e., survival and protection of one's own self and territory are also expressions of normal narcissism. This is reflected in ability for close intimate relationships as well as tolerance of divergences and disagreements.

Pathological narcissism differs from normal healthy narcissism foremost because of dysregulation in self-esteem. People struggling with pathological narcissism make efforts to enhance themselves to protect and support a grandiose but fragile self, and to avoid inferiority caused by negative experiences and feelings, especially when related to the self. Emotion regulation is compromised by difficulties in tolerating, processing and modulating feelings, specifically anger, shame, and envy. Interpersonal relationships are used primarily to protect or enhance self-esteem at the expense of mutual interactions and intimate relationships.

Pathological narcissism can be expressed in temporary reactions and traits or in a stable, enduring personality disorder. Both pathological narcissism and narcissistic personality disorder, NPD, can co-occur with areas and periods of high functioning, sense of agency and competence, or with intermittent qualities, capabilities, social affiliations or interpersonal closeness. When the level of pathological narcissism is less severe, triggered in certain situations, or limited to a set of specific character features, it is referred to as narcissistic disturbance or narcissistic traits. The diagnostic term NPD refers to a stable long-term characterological functioning that meets the DSM 5 criteria for NPD or any other comprehensive diagnostic description. Independent of the level of severity, pathological narcissism can either be overt, striking and obtrusive, or internally concealed and unnoticeable.

## Narcissistic Personality Disorder

NPD has not been associated with societal urgency or notable public or mental health costs. Nevertheless, NPD has still met increased recognition as an urgent and complicated mental condition, primarily linked to excessive conflicts in close relationships, marriages and families, or in social, work related or legal contexts. Striking characteristics of NPD usually contribute, i.e., self-enhancement and self-centeredness, with interpersonal insensitivity and competitive or provocative behavior, along with compromised ability for commitment, collaboration and mutuality. Significant internal suffering has also been recognized, although it may not be noticeable to others. Some people with NPD can present with compromised sense of ethics and accompanying manipulative, deceitful, corruptive or exploitive behavior.

NPD has a genetic origin with inherited hypersensitivity, low frustration tolerance and compromised emotion regulation, especially aggression. Early interactions between child and caregiver are influenced by overstimulation and under- regulation that result in problems with self- esteem and self- regulation. Caregivers' own self- esteem regulation can cause them to assign roles and expectations that reach beyond the child's own personality and normal developmental tasks. Consequently, fluctuations in the child's experience of how he/she is perceived affect the formative understanding and perception of both self and others, and more specifically, of their expectations in relationship to others. Dismissive, preoccupied or avoidant attachment patterns are associated with development of pathological narcissism and NPD.

#### **NPD in DSM 5**

NPD is diagnostically defined in the DSM 5 (APA 2013) as a pervasive pattern of grandiosity, need for admiration, and lack of empathy, with interpersonal entitlement, exploitiveness, arrogance, and envy.

#### **The nine criteria are:**

- DSM 1. Grandiose sense of self-importance (e.g. exaggerates achievement and talents, expects to be recognized as superior without commensurate achievements);
- DSM 2. Fantasies of unlimited success, power, brilliance, beauty, or ideal love;
- DSM 3. Belief in being "special" and unique and can only be understood by, or should be associated with, other special or high-status people (or institutions);
- DSM 4. Requires excessive admiration;
- DSM 5. Sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations;
- DSM 6. Interpersonally exploitive, i.e., takes advantage of others to achieve his/her own goals;
- DSM 7. Lacks empathy; is unwilling to recognize or identify with the feelings and needs of others;
- DSM 8. Envious of others or believes that others are envious of him/her;
- DSM 9. Arrogant, haughty behaviors or attitudes.

Five out of nine of these criteria need to be present to meet the diagnosis of NPD.

The diagnosis of NPD in DSM has been criticized for being one-sided and relying primarily on external socially and interpersonally provocative features. As such, it has failed to capture the full range of narcissistic personality pathology, including internal experiences of vulnerability and inferiority. Instead the diagnosis has primarily emphasized characteristics related to grandiosity and external, interpersonal functioning. Important aspects of the patient's internal distress and painful experiences of self-esteem fluctuations, self-criticism, insecurity and emotional dysregulation have not been included. In other words, the DSM diagnosis has not been considered informative and guiding, neither for patients nor for clinicians and psychotherapists who

have been increasingly unwilling to use it. Patients also strongly oppose being “labeled” NPD, conceiving it as unfair and prejudicial.

Both clinical and empirical studies have confirmed that emotional distress, interpersonal vulnerability, a sense of inadequacy, and fear, pain, avoidance, and anxiety are important features of narcissistic personality functioning. These features co-occur with the more typical self-enhancing and self-serving strivings. Additional characteristics frequently found in patients with NPD are perfectionism and high standards, with self-criticism, and feelings of inferiority and insecurity. In addition, compromised empathic ability, chronic envy, shame, rage, boredom and emptiness can co-occur with hypervigilance and emotional reactivity.

### **NPD – An alternative model**

In addition to the personality trait diagnosis, a proposed hybrid model with diagnostic dimension and traits combined is included in DSM 5, Section III (APA 2013, pp 767-768). This diagnostic model identifies specific difficulties and impairments in personality functioning, i.e., in identity and self-direction related to self, and empathy and intimacy in relationships to others. In addition there are specific personality traits that signifies each personality disorder. The typical features of NPD include variable and vulnerable self-esteem, attempts to regulate self-esteem through attention and approval seeking, and overt or covert grandiosity.

Moderate or greater impairment is found in the following areas of personality functioning:

1. **Identity:** Excessive reference to others for self-definition and self-esteem regulation; exaggerated self-appraisal -- inflated or deflated, or vacillating between extremes; emotional regulation mirrors fluctuations in self-esteem.
2. **Self-direction:** Goal-setting based on gaining approval from others; personal standards are unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement; often unaware of own motivations.
3. **Empathy:** Impaired ability to recognize or identify with the feelings and needs of others; excessively attuned to reactions of others, but only if perceived as relevant to self; over- or underestimates own effects on others.
4. **Intimacy:** Relationships largely superficial and exist to serve self-esteem regulation; mutuality constrained by little genuine interest in others' experiences and predominance of a need for personal gain.

Two personality traits identify NPD:

1. **Grandiosity:** Feelings of entitlement, either overt or covert; self-centeredness; firmly holding to the belief that one is better than others; condescending towards others.
2. **Attention seeking:** Excessive attempts to attract and be the focus of the attention of others; admiration seeking.

This new diagnostic model is more clinically meaningful and informative for both clinicians and patients. It is more descriptive and captures a broader range of narcissistic personality functioning, including fluctuations and variations in severity of

pathology. Still a proposed model for diagnosis of personality disorders this model will be guiding continuing research on identifying pathological personality functioning and disorders.

## The narcissistic patient

Patients with pathological narcissism or NPD can come across quite differently; there is no real standard prototype. Some are professionally successful, consistently high-functioning, and socially well-connected. Others can present with functional fluctuations or specific impairment, either with severely disabling narcissistic traits and character functioning or with accompanying mental disorders, such as mood disorder (major depression, dysthymia, bipolar disorder), substance use disorder, or eating disorder. Still others can have occasional criminal behavior, and those with more severe malignant narcissism can have antisocial or psychopathic behavior such as violent revengefulness, exploitation and hostility.

Fluctuations in pathological narcissism and changes towards worsening as well as improvement in narcissistic personality functioning are often influenced by real life events (e.g., vocational, social, interpersonal/marital, medical, or financial ). Such events can be perceived or experienced as threatening or corrosive in ways that escalate pathological traits and functioning. Alternatively, they can also be experienced as supportive and encouraging or even corrective, leading to stabilized self-esteem and decrease in pathological narcissistic functioning.

People with pathological narcissism or NPD may have strengths and abilities in certain areas, i.e., in their professional or social lives, or in certain types of relationships that they find supportive of their self-esteem and interpersonal functioning. However, they can still present with severe vulnerabilities and pathological narcissistic patterns in other areas: in intimate relations, parental roles, or in their moral and ethical standards or behavior. Consequently they can experience themselves differently in different social or interpersonal contexts. The same person may feel confident and competent or act in a dominant and assertive way in one setting, and in another feel shy and avoidant, or insecure, easily humiliated, and struggling with feelings of envy or resentment. In addition, certain circumstances and experiences can evoke or aggravate narcissistic traits in response to threatening or traumatic experiences. Some experiences can be perceived as traumatic because they take on a subjective frightening meaning, which consequently can threaten the person's self-esteem, and sense affiliation, coherence, stability and well-being.

### **Recognizable individual variations**

When people with pathological narcissism or NPD seek treatment they can present in many different ways. Some match the typical expectation of a narcissistic personality by being self-promoting, self-absorbed and interpersonally provocative. Others effectively hide their narcissistic characteristics and can initially be friendly and tuned in, but gradually turn distant and aloof. Some present with corrupt and antisocial traits;

while others take pride in their high moral and ethical standards. Some are boastful, assertive, and arrogant; others can be modest and unassuming with an air of grace; and yet others can present as perpetual failures, while constantly driven by unattainable, grandiose aims. One can be charming and friendly, another shy, quiet and vulnerable, yet another domineering, aggressive, and manipulative. Some are intrusive and controlling; others are evasive and avoidant. Some can openly and bluntly exhibit most extreme narcissistic features and strivings, but still hide more significant narcissistic personality problems. Others are perfectionists driven by high standards, and extremely demanding both of themselves and others. Absence of symptoms and experiences of suffering can be a paradoxical blessing for some people with NPD. Others, however, can struggle with severe internal suffering, including harsh self-criticism, self-doubt, fear, shame, insecurity, and rage. While some can give well-informed and accurate accounts of their pathological narcissistic functioning, others may be totally oblivious of their problems and reasons for seeking treatment.

Nevertheless, the common indications of narcissistic personality functioning include self-enhancement and self-esteem fluctuations, vulnerability, inferiority, and fear of failing and losing control. Some may be aware of their limitations in interpersonal relationships, with compromised empathic functioning and intense reactions to threats to self-esteem, sense of agency and control. Others tend to mainly externalize and blame others.

### **Internal struggle and reactivity**

In contrast to coming across as confident, arrogant and insensitive, people with pathological narcissism and NPD tend to struggle with a shifting and conflicting sense of self. Underneath a more noticeable self-praising or self-enhancing outward facade they can be excessively self-critical and judgmental. Some struggle with perfectionism and exceptionally high standards for themselves and sometimes for others too. Strong reactions to perceived threats to self-esteem, such as humiliation, defeats, criticism, failures, or others' envy, are common. Such reactions can include intense feelings that are either openly expressed or hidden (anger/hostility, envy, shame or fear), mood shifts (irritability, anxiety, depression, or elation), or deceitful or retaliating behavior (aggressive, antisocial, or suicidal behavior). Strong reactions reflect fluctuations in self-esteem, which can alter between states of overconfidence, superiority and assertiveness, and states of inferiority, insecurity and incompetence (grandiosity and vulnerability). In addition to not knowing their own motivations, people with NPD can also have a compromised sense of identity and not knowing who they really are. Their sense of self-agency is influenced by a need for internal control, a sense of self-sufficiency and avoidance of threats or challenges to self-esteem, with a reluctance or inability to rely on others. People with NPD can be both vulnerable and insensitive to others' feedback and input for self-definition. Self-enhancement and self-preoccupation serve as protective armor, shielding or hiding low self-esteem, harsh self-criticism, insecurity, inferiority, shame, loneliness, detachment, and fear.

### **Vocational functioning.**

The ability to work, and to remain devoted to work both in times of success as well as during challenges and setbacks, are significant indications of agency and sustainable



competence that can be present in higher functioning people with NPD. Some have exceptional abilities in creativity, innovation or leadership. Others present with temporary achievements and a history of occasional or irregular accomplishments, or a one-time top achievement under favorable circumstances, all of which can indicate an actual or potential capability that is hampered by narcissistic fluctuations or vulnerabilities. However, such fleeting achievements can for some people with less sustaining capability be the results of favorable temporary circumstances that support self-enhancing and self-serving behavior.

## Explanations of some narcissistic dimensions and facets

### **Grandiosity – vulnerability**

Grandiosity has long been considered the core trait and the most outstanding characteristic for NPD. However, studies have shown that not only is grandiosity reactive and dependent upon mental state, but it also co-occurs and fluctuates with vulnerability. Grandiosity can be spurred by experiences that concur with ideals, aspirations, and perfectionism. Similarly, interpersonal experiences can affect grandiose aspects of self-esteem depending upon whether they are perceived as potentially supportive or threatening. A continuous search for others' approval or admiration is typical, as is the use of interpersonal self-regulatory strategies such as taking advantage of others, expecting special treatment, or blaming others for failures. In the context of self-esteem and self-regulation, grandiosity signifies different self-enhancing patterns that are central to pathological narcissism and NPD. Vulnerability, on the other hand, can relate to insecurity, shame proneness, underlying psychological trauma, or general inconsistency or unreliability of own capability and thinking. The grandiosity - vulnerability range is often accompanied by an uncompromising "black or white", "either - or" thinking, especially related to "success or failure", and "winning or losing" which add to internal insecurity, self-condemnation and fear.

Sudden threats to self-esteem or to more favorable self-images can temporarily increase defensive grandiose thoughts and behavior, such as fantasies and aspirations, competitive or bragging behavior, and hostility or devaluation of others. Alternatively, such threats can also cause sudden fluctuations or a loss of self-esteem with shame, fear, and detachment. Grandiosity can be challenged by brief depressive reactions or depressive disorder causing a more self-critical and humble attitude. Moving from late adolescence to adulthood with experiences of more realistic demands and achievements can involve another challenge to grandiosity. Likewise, aging and facing retirement with accompanying changes and limitations can also cause increase in defensive or enhancing pathological narcissism.

### **Perfectionism – self-criticism - shame**

Perfectionism with high standards and ideals have long been considered a significant part of narcissistic personality functioning. Some readily talk about their perfectionism, while others are more hesitant and keep it secret. Perfectionism has several forms and meanings; i.e., the mandate to *feel* or *be* perfect, a requirement coming either from

oneself or from outside. This can contribute to vulnerable self-esteem and to various problems in relationships and accomplishments, leading to shame, self-criticism and hyper-vigilance. Perfectionism can also relate to self-presentation, i.e., to *appear* perfect to others. This becomes more interpersonally problematic as it involves hiding and concealing everything that is non-perfect. Especially it can lead to a reluctance to recognize or admit own imperfections and to seek help. The connection between perfectionism and achievement, i.e., the perfect performance, like getting an A+ on a paper or winning a prestigious award, can become an unconditional measure of self-worth. Closely accompanying perfectionism is self-criticism. Attention to one's own shortcomings can lead to the risk of exposing imperfections, with failure to meet expectations, and the risk of facing others' negative judgment. This can make interpersonal situations extremely threatening. Self-criticism can also be an ongoing inner judgmental process, leading to self-deprivation and feelings of severe insecurity and inferiority.

Shame feelings can be intrusive, tormenting and sometimes paralyzing, but they can also be hidden, bypassed, and not felt or identified at all. Alternatively, they can be expressed in chronic low self-esteem, feeling undeserving, bad or worthless, or in aggressive behavior, rage outbursts, and suicide. Shame in the context of perfectionism is a painful response to facing imperfect or unacceptable aspects of oneself as they could be perceived by others in social interpersonal contexts. This can even be experienced as traumatizing by the individual.

### **Compromised empathy**

Empathy refers to the ability to recognize and understand the emotional state of others, and to identify and feel their feelings and needs. Recent research has identified empathy as a complex process involving both internal psychological, interpersonal, and neuro-cognitive factors. Empathy is an important part of self- and self-esteem regulation, and crucial for the ability to manage interpersonal relationships. Studies have shown that people with NPD can notice and understand others' internal states and feelings but may not be able to emotionally engage and respond to them. In other words, people with pathological narcissism or NPD have compromised and fluctuating empathy, but they do not lack empathy. Self-centeredness, emotional dysregulation (insensitivity or difficulties tolerating, and processing some of one's own emotions), self-esteem dysregulation, or difficulties feeling care and concern can contribute to their compromised empathy. They may be able to appropriately empathize under certain circumstances, when feeling in control or when their self-esteem is unchallenged or promoted. Some can empathize more with others' positive feelings and success-related experiences than with others' negative feelings or defeats, and vice versa. Those influenced by envy can be unable to tolerate others' positive events and experiences, while those who tend to mirror themselves in the light of others may perceive others' success as an opportunity for self-enhancement. Similarly, those who readily feel contempt can find others' defeats and losses despicable, and hence chose to secure their own superiority or perfectionism in the comparison between self and the suffering other. Some are able to empathize under certain circumstances, i.e., when asked for advice by a friend who has marital problems, but be unable to relate to their own marital problems as pointed out by the spouse.

In sum, compromised empathic functioning in individuals with pathological narcissism or NPD can cause interpersonal conflicts, fluctuating or low self-esteem and underlying insecurity. The perception of others' feeling states can evoke overwhelming powerlessness, disgust, shame, or loss of internal control, and trigger strong aggressive, critical or dismissive reactions or emotional and/or physical withdrawal. The narcissistic individual him/herself may or may not be aware of such a deficit.

## Suicidality

People with narcissistic personalities are particularly vulnerable to suicide. Studies have suggested that challenges to self-esteem and to the sense of internal control are major contributing factors. Grandiosity and vulnerability, fluctuating self-esteem, intense emotional reactions to threats to self-experience, and limitations in interpersonal relationships are other contributing personality factors. In contrast to patients with borderline personality disorder, BPD, those with NPD do not engage in deliberate self-harm. In addition, they can have suicidal thoughts and impulses in the absence of depression as a psychiatric condition and as a feeling state.

Narcissistic vulnerability, i.e., the susceptibility to feel shame, humiliation, anger, or rage, as well as being sensitive to failure and defeat, make certain kinds of stressful life events more life-endangering. Such events, which are considered particularly pernicious for people with narcissistic vulnerability, can include: legal or disciplinary problems, changes or losses in professional, vocational or personal affiliations, physical illness, financial problems, and aging and age-related transitions and limitations.

Suicidal ideations can serve emotional and interpersonal self-regulatory functions and the patient with NPD may ascribe a personal subjective meaning or function to suicide. Sometimes the idea of suicide can protect against threats or defeats, represent an illusion of mastery, control, or indestructibility; or it can serve as a means to attack or destroy the imperfect aspects of the self. Some can have life-sustaining suicidal ideations that can function as a way to control and process unbearable feelings or conditions. These ideations can actually help preserve connections to life and promote the incentive to stay alive. Paradoxically, for people with such chronic preoccupations, the thought and awareness of their ability to end their own lives can have an organizing and structuring effect, and in some cases, make their lives livable and even enjoyable.

## Prevalence, age and gender

The prevalence of NPD has been estimated to up to 6% in general population, up to 17% in clinical population, and between 8.5 % - 20% in outpatient private practice. Some studies have found NPD to be more common and disabling in men, while others have found NPD equally prevalent in both men and women. Pathological narcissism and features of NPD are more frequent among people in their late teens and early twenties, due to the specific developmental challenges in the transition from adolescence to adulthood. Such disturbances are usually corrected through

developmental life experiences and normally do not develop into adult NPD. NPD does not necessarily remit with advanced age. Middle age is an especially critical period for the development or worsening of NPD, and narcissistic pathology and personality disorder have also been found in elderly people. Similarly, cultural differences and facing acculturation and adjustment after migration can escalate defensive narcissistic reactions and pathological narcissistic traits.

## Co-occurrence with other disorders

### **NPD and borderline personality disorder, BPD**

NPD most often co-occurs with BPD, and the two disorders share emotion dysregulation, reactivity, and unstable relationships. Other similarities include sensitivity to criticism, aggressivity and entitlement. Borderline patients struggle with intolerance of aloneness, impulsive behavior and lapses in reality testing as major reactions to separateness or abandonment. Narcissistic patients on the other hand, have intolerance of threats to self-esteem, and intense reactions, including protective cognitive and interpersonal maneuvers and feelings of rage and shame, in response to such threats. However, while borderlines' reactivity is more consistently noticeable, the narcissistic reactions may be expressed in overt anger, or self-enhancing or self-serving behavior, but can also remain hidden or unnoticeable to others. In addition, studies of the pathogenesis of BPD have identified parental separations and losses, and experiences of abuse as significant for the development of borderline pathology. Comparable developmental challenges for NPD include parental projections, expectations and role assignments, psychological trauma, and inconsistency or imbalance between gratification (spoiling, idealization) and age-appropriate, reality anchoring challenges, limitations, and boundaries.

Narcissistic traits can co-occur in BPD and influence the borderline functioning and symptoms. Self-destructive preoccupation in narcissistic-borderline patients can be expressed in a particular combination of controlled, thrill-seeking or risk-taking self-destructive behavior that serve both to conquer inner feelings of badness as well as to maintain superior control. In other words, the narcissistic capacity for higher impulse control is attached to a borderline preoccupation with self-destructiveness, leading to a superior experience of balance between life and death, between control and destructiveness.

### **NPD and Antisocial Personality Disorder, ASPD**

NPD can co-occur with antisocial personality disorder, ASPD, and its variant psychopathy. In contrast to those with ASPD, people with NPD normally do not display recurrent antisocial behavior, but they can occasionally commit criminal acts in a state of rage, or be motivated by self-enhancement to reach potential gains or by avoidance of anticipated exposure and defeat. People with ASPD demonstrate more persistent and recurrent dishonesty, failures in moral and ethical behavior, callousness, disregard, manipulativeness, and risk taking. Exploitativeness in antisocial people is more likely to be consciously and actively related to material or sexual gain, while people with NPD

tend to passively or unwittingly take advantage of others as part of their self-regulation and self-enhancement. Impaired emotional empathic capacity is present in both disorders.

When narcissistic traits co-occur with ASPD and psychopathy, the combination of self-enhancement and compromised moral and ethical functioning can be reflected in drug and alcohol abuse, chronically unstable antisocial and criminal life style, impulsivity, and sensation seeking. Some people with NPD who present closer to the psychopathy range can be ruthlessly insensitive, entitled to be exploitative, charming and cunning, with manipulative and sadistic behavior.

### **NPD and bipolar spectrum disorder.**

Self-enhancement in NPD and mood elevation (hypomania) in bipolar disorders can appear similar, but they have distinctly different origins and phenomenology. Self-enhancement and heightened self-esteem in NPD represents a long-term pervasive characterological pattern, accompanied by intense reactions to perceived threats to self-regard. People with bipolar disorder have autonomous underlying mood shifts that, in elevated states, can cause temporarily inflated self-esteem. Patients with bipolar disorder in hypomanic and acute manic phases can exhibit some of the core characteristics of NPD, i.e., self-enhancement, self-centeredness, entitlement, insensitivity, and arrogant, boastful/ pretentious behavior. Notable differences are that NPD patients more actively pursue admiring attention, showing contemptuousness and critical devaluation of others, revengeful rage, and denial. In addition, there is no evidence of a narcissistic character structure or consistent features of pathological narcissism in bipolar patients when they are euthymic.

When bipolarity and pathological narcissism co-occur there can be an interactive progressive process so that events and experiences affecting narcissistic personality functioning can evoke mood swings, and those mood swings can have a major impact on narcissistic self-esteem and affect dysregulation. Consequently, in some people with NPD, mood elevation and the capability to integrate high energy and activity level can lead to periods of successful productive functioning, even resulting in valuable or even exceptional professional or creative achievements. In others, who feel their sense of control threatened by mood shifts, mood elevations can be extremely uncomfortable and even frightening.

### **NPD and Substance Use Disorder**

NPD can be a predisposing factor or a secondary consequence to SUD, but the two conditions can also be reciprocal and mutually escalating each other. In addition to serving a defensive function against intolerable feelings, substance use can paradoxically also have a sustaining and even enhancing effect on self-esteem, and sense of mastery and control in people with NPD. Similarly, substance use can also affect their ability to relate with improved interpersonal flexibility and tolerance. Some high functioning people with NPD and controlled substance dependency, foremost alcohol, can have the ability to hide and regulate their consumption. For long periods of time they may even be able to maintain professional competence and successful

careers while taking pride in hiding and controlling their addiction. However, substance use can for some people with NPD induce a sense of omnipotence with increased risk taking and immobilizing of regular judgment and self-preservation, which ultimately can be life threatening and leading to suicide.

## Treatment

The often symptom-free individual with NPD usually seeks treatment primarily because of acute crises caused by vocational or personal failures or losses, requests or ultimatums from family, employer, or court, or in the context of an increasing sense of dissatisfaction or meaninglessness in his or her own life. The level of motivation varies greatly depending upon the patient's experiences of urgency and ultimatum, and the absence or availability of outside sources of support that can help sustain that person's continuing narcissistic views and lifestyle.

Alliance building is challenging, as patients with NPD tend to be critical, avoidant or dismissive. Others can be tuned in, articulate and seductive. The therapist's observations of the narcissistic patients' functioning often do not concur with the patients' own experiences of themselves or formulations of their problems. Some aspects of narcissistic pathology can be more externally noticeable or provocative, but the patient may be unaware of, or incapable or unwilling to address such problems initially. On the other hand, the patient may readily identify and struggle with problems that are seemingly irrelevant or dismissed by others.

A flexible, collaborative, exploratory treatment approach, adjusted to the individual patient's functioning, motivation and degree of self-awareness and self-reflective ability, is strongly recommended. It is necessary to balance patients' urges to reject and devalue the therapist and drop out of treatment, with efforts to encourage and support them to face and reflect upon their own experiences and behavior. Reaching a mutual agreement and understanding of each individual patient's purpose for seeking treatment, goals and psychological ability for change, are the most important initial tasks. The therapist or clinician should focus on problems that are experienced as urgent and relevant for the patient and identify his/her own understanding and description of these problems. This can, with some patients, take many sessions, and be integrated with the building of a therapeutic alliance. Equally important is to adhere to a respectful, nonjudgmental, attentive, and task-focused therapeutic attitude. Keeping in mind that many striking narcissistic characteristics and patterns indeed can serve a protective function for the patient's brittle sense of internal control and self-esteem, can help guide and balance the therapist's approach and choice of focus and interventions.

The choice of therapeutic interventions and strategies should be adjusted to the individual patient's problems and functioning. The patient's motivation, curiosity, and ability to relate and reflect are factors to take into consideration, as well as external circumstances in the patient's personal, social or professional life that either support or intervene with treatment. Different modalities are available. Some are specifically tailored for NPD, others can be useful for some narcissistic patients but not for others.

**Psychoanalytic treatment:**

*Transference focused psychotherapy, TFP*, for NPD attends to the patients' narcissistic defensiveness, underlying aggression, enactment of entitlement and grandiosity, and sensitivity to envy, humiliation, shame and inferiority. It is appropriate for patients who can benefit from an active and interactive exploration, and for whom face-to-face interaction and eye-contact is important to counterbalance detachment and emotional disengagement. The strategy is flexible and adaptable to the range and level of narcissistic pathology, using a less interpretive technique with patients with more brittle personality structure.

*Intensive psychoanalytic psychotherapy* with two or three weekly sessions is indicated when patients have more severe narcissistic symptoms, or experience acute consequences of their symptoms, and whose characterological functioning requires a more active, interrelational, approach.

*Psychoanalysis* with four to five sessions per week over several years is recommended for highly motivated narcissistic patients with good capacity for free associations, insight, and interpersonal relatedness with high affect sensitivity and tolerance.

**Cognitive behavioral treatment**

*Schema-focused therapy* for NPD that combines cognitive, behavioral, experiential and transference-based techniques to work with schema modes. The treatment focuses on changing the patient's intimate relationships, including both the relationship to the therapist as well as other significant relationships. The goal of the treatment is to promote a healthy adult mode by helping the patient repair and regulate significant narcissistic moods. General cognitive and behavioral strategies combined with empathic confrontation and homework assignments are used to address typical narcissistic cognitive distortions such as "black-or-white" thinking, being devalued and deprived by others, and perfectionism.

*Metacognitive interpersonal therapy, MIT*, a manualized step-by-step treatment for NPD, begins with an autobiographical mode to achieve a shared understanding of the patients' problems, and then promotes recognition and awareness of their functioning and mental states, interpersonal relationship schemas, and indications of poor agency and acting. Change is achieved through support of reality and perspective-taking, and by identifying normal grandiosity, stimulating a critical distance to old behavior, and building new schemas for thinking, feeling and interpersonal relationships that promote agency and autonomy.

*Cognitive and behavioral therapy* largely designed for patients with BPD can be beneficial for some patients with pathological narcissism and NPD who are more behaviorally and action-oriented and need to gain control of thoughts and behavior. Three strategies, i.e. psychoeducation, validation and identifying "target behaviors" can be useful, especially in conjunction with psychodynamic psychotherapy as part of a

multimodal treatment plan. Note that some people with pathological narcissism and NPD may find these strategies too superficial, target-oriented, or even threatening and intrusive, and react with protesting, rebelling, or premature termination.

*Dialectical behavioral therapy, DBT* originally invented for patients with BPD, incorporates validation as an important therapeutic tool to promote self-identification and acceptance and potentially help to reduce feelings of shame, self-criticism and self-blame. Agreed upon symptoms or “target behaviors” are specifically attended to via a weekly scorecard that can provide clear evidence of progress of change. While this can be very challenging for some patients with NPD, for others the exploratory and skill-focused work can provide clear indications of problems and progress, and hence support the patient’s sense of internal control and self-agency.

### **Additional modalities**

*Psychoeducation*, adapted from principles for DBT, can improve the understanding of motivational incentives and of emotional and intrapsychic experiences. This can strengthen narcissistic patients’ sense of internal control and agency, and decrease fear of the unknown, of loss of control, and of incomprehensible feelings and mental processes. This can also help to support the patients’ motivation and courage to further engage in treatment, to understand the purpose and to explore deeper emotions and conflicts.

*Group therapy* can, in conjunction with individual treatment, provide corrective opportunities for addressing shame, self-sufficiency, dependency, non-relatedness and narcissistic fantasies. The group setting can gradually challenge and stimulate interaction with others and provide opportunities to learn and practice self-tolerance. The balance between individual and group interests can be difficult for the patients as well as for the group leader.

*Psychopharmacological treatment* can be beneficial for comorbid Axis I disorder, such as bipolar disorder, major depression or anxiety disorder. Notable is these patients’ hypersensitivity to side effects, especially those affecting their sexual and intellectual functioning, which can contribute to their non-compliance or refusal of such treatment. No specific pharmacotherapy has proved to be effective for pathological narcissism and NPD.

## **Conclusions**

Narcissistic personality disorder has received social attention mainly because of its interpersonal provocations, and its organizational or societal consequences. However, our knowledge and understanding of NPD are changing, especially of the individual behind the diagnosis. The co-occurrence of both coherent and deliberate overt self-enhanced functioning, with internal vulnerability and suffering has been verified in clinical as well as empirical studies. Most people with NPD struggle with fluctuating self-esteem, including both self-enhancement/grandiosity and vulnerability/inferiority. Similarly, empathic ability is present but compromised and fluctuating. New



perspectives on diagnosing personality disorders will also capture more clinically relevant psychological features and patterns beyond the typical external functioning, all relevant for NPD. More effective treatment strategies focus on alliance building, and on identifying and treating the individual core issues of pathological narcissism. Increased societal awareness about the nature and complexity of NPD is a work in progress that hopefully will help to reduce misunderstandings, condemnation, and prejudice, and make treatment more available and effective.

## **NOTES**

## Literature on Narcissistic Personality Disorder

### **Theory, research, diagnosis and treatment:**

- American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM 5). Washington, DC, Author.
- Campbell K, Miller J (Eds). The Handbook of Narcissism and Narcissistic Personality Disorder: Theoretical Approaches, Empirical Findings, and Treatments. Hoboken NJ, John Wiley & Sons, Inc., 2011
- Huprich S. Narcissistic patients and new therapists - Conceptualization, treatment and managing countertransference. Lanham, Maryland, 2008.
- Maccoby M. The Productive Narcissist. The Promise and Peril of Visionary Leadership. New York, Broadway books, 2007
- Maccoby M. Narcissistic leaders - who succeeds and who fails. Harvard Business School Press 2007
- Ogrodniczuk JS. (Ed). Understanding and Treating Pathological Narcissism. Washington DC, American Psychological Association, 2013
- Ronningstam E. Identifying and Understanding the Narcissistic Personality. New York, Oxford University Press 2005.
- Ronningstam E, Ed. Disorders of Narcissism - Diagnostic, Clinical, and Empirical Implications. Northvale, NJ, Jason Aronson, 2000

### **Guide books:**

- Brown NW. Working with the Self-absorbed. How to handle narcissistic personalities on the job. Oakland CA, New Harbinger Publications, Inc., 2002
- Brown N W. Loving the Self-Absorbed: How to create a more satisfying relationship with a narcissistic partner. Oakland CA , New Harbinger Publications Inc., 2003
- Brown NW. Children of the Self-absorbed. A grown-up's guide to getting over narcissistic parents. Oakland CA, New Harbinger Publications, Inc., 2008

## Movies characterizing narcissistic personalities

### American Movies

*Gaslight* - Charles Boyer, Ingrid Bergman  
*All that Jazz* - Roy Scheider  
*American Psycho* - Christian Bale  
*The door in the floor* - Jeff Bridges  
*Rick* - Bill Pullman, Aron Stanford  
*Shock to the system* - Michael Caine  
*The devil wears prada* - Meryl Streep

### British-American Movie

*Alfie* - Jude Law 2004

### British Movies

*The Kings Speech* - Colin Firth, Geoffrey Rush, Helena Bonham Carter |  
*Alfie* - Michael Caine 1966

### Norwegian Movie

*Headhunters* - Aksel Hennie, Synnøve Macody Lund (based on a novel by Jo Nesbø )

### French Movies

*Read My Lips* - Emmanuelle Devos and Vincent Cassel,  
*The Piano Teacher* - Isabelle Huppert and Benoit Magimel (based on a novel by Elfride Jelinek)

### German Movie

*Mostly Martha* by Sandra Nettelbeck, starring Martina Gedach

## National Educational Alliance for Borderline Personality Disorder, NEA,BPD

Mission: To raise awareness, provide education, promote research on  
borderline personality disorder and enhance the quality of life of those affected  
by this serious mental illness.

email: [neabpd@aol.com](mailto:neabpd@aol.com)  
[www.borderlinepersonalitydisorder.com](http://www.borderlinepersonalitydisorder.com)  
[www.neabpdblog.com](http://www.neabpdblog.com)  
[www.facebook.com/NEABPD](http://www.facebook.com/NEABPD)  
[twitter.com/neabpd](http://twitter.com/neabpd)