

Borderline Personality Disorder Patient and
Family Educational Initiative Webinar
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Narcissistic Personality Disorder - In young people

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Narcissism – What does it mean?

- Pejorative label
- Healthy self-esteem
- Opposite to altruism
- Clinical diagnosis vs cultural trend
- A spectrum disorder
- Self-deficit, vulnerability
- Aggressive destructiveness
- Exaggerated sense of self-importance

Normal Healthy Narcissism

- Positive mature self-esteem, self-confidence
- Self-preservation and self-regard
- Sense of self-agency, self-direction, control
- Normal sense of entitlement and deserving
- Affect regulation – self-conscious emotions
- Empathic ability – cognitive and emotional
- Wisdom, humor
- Creativity

Narcissism

From healthy to pathological #1



Heightened narcissism

- Charisma, leadership, power
- Status, fame, wealth
- Competitiveness, performance
- Confidence, assertiveness

Stone 1998

Narcissism

From healthy to pathological #2



Lowered narcissism

- Masochism, martyrship,
- Passive-aggressive
- Insecurity, low standards
- Self-denial
- Avoidance
- Sense of being a failure, expecting to fail
- Undeserving
- Emptiness, boredom

Narcissistic Personality Disorder



DSM 5 Section II: Trait Model

Grandiose/self-importance

Grandiose fantasies

Special and unique

Require admiration

Entitlement

Exploitive

Lack of empathy

Envious

Arrogant, haughty

The DSM 5 proposal –

A. Impairment in personality functioning

1. Impairment in Self-functioning
 - a) Identity
 - b) Self-direction
2. Impairment in Interpersonal functioning
 - a) Empathy
 - b) Intimacy



B. Pathological Personality Traits

NPD in DSM 5, Section III – The alternative Hybrid Model – Dimensions #1

1. Identity:

- @ excessive reference to others for self-definition and self-esteem regulation;
- @ exaggerated *self-appraisal may be inflated or deflated*, or vacillate between extremes;
- @ emotional regulation mirrors fluctuations in self-esteem.

2. Self-direction:

- @ goal-setting is 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.

NPD in DSM 5, Section III – The alternative Hybrid Model – Dimensions #2

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 underestimate of own effect 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*.

NPD in DSM 5, Alternative Section III

B: Both of the following pathological personality traits:

1. **Grandiosity** (an aspect of Antagonism):

- @ feelings of entitlement, either overt or covert;
- @ self-centeredness;
- @ firmly holding to the belief that one is better than others;
- @ condescending toward others.

2. **Attention seeking** (an aspect of Antagonism):

- @ excessive attempts to attract and be the focus of the attention of others;
- @ admiration seeking.

Beyond the diagnostic criteria

Features and functional fluctuations

- Compromised ability to recognize, tolerate and process emotions, especially rage, shame and fear
- Hyper-vigilance and hyper-sensitivity
- Need for control/fear of losing control
- Perfectionism
- Aggressivity; critical, resentful, retaliating
- Avoiding and dismissive interpersonal patterns
- Underlying narcissistic trauma
- Potential suicidality

Roepke, Vater 2014; Ronningstam 2012, 2013; Pinkus 2011;
Ronningstam, Weinberg 2010; Kernberg 1992; Maldonado 2006;

Multifactorial etiology in NPD

- **Inheritance:** Hyper vigilance, aggressivity

(Torgersen, Myers, Reichborn, et al 2012)

- **Attachment patterns:**

Dismissive, avoidant, anxious, can't classify

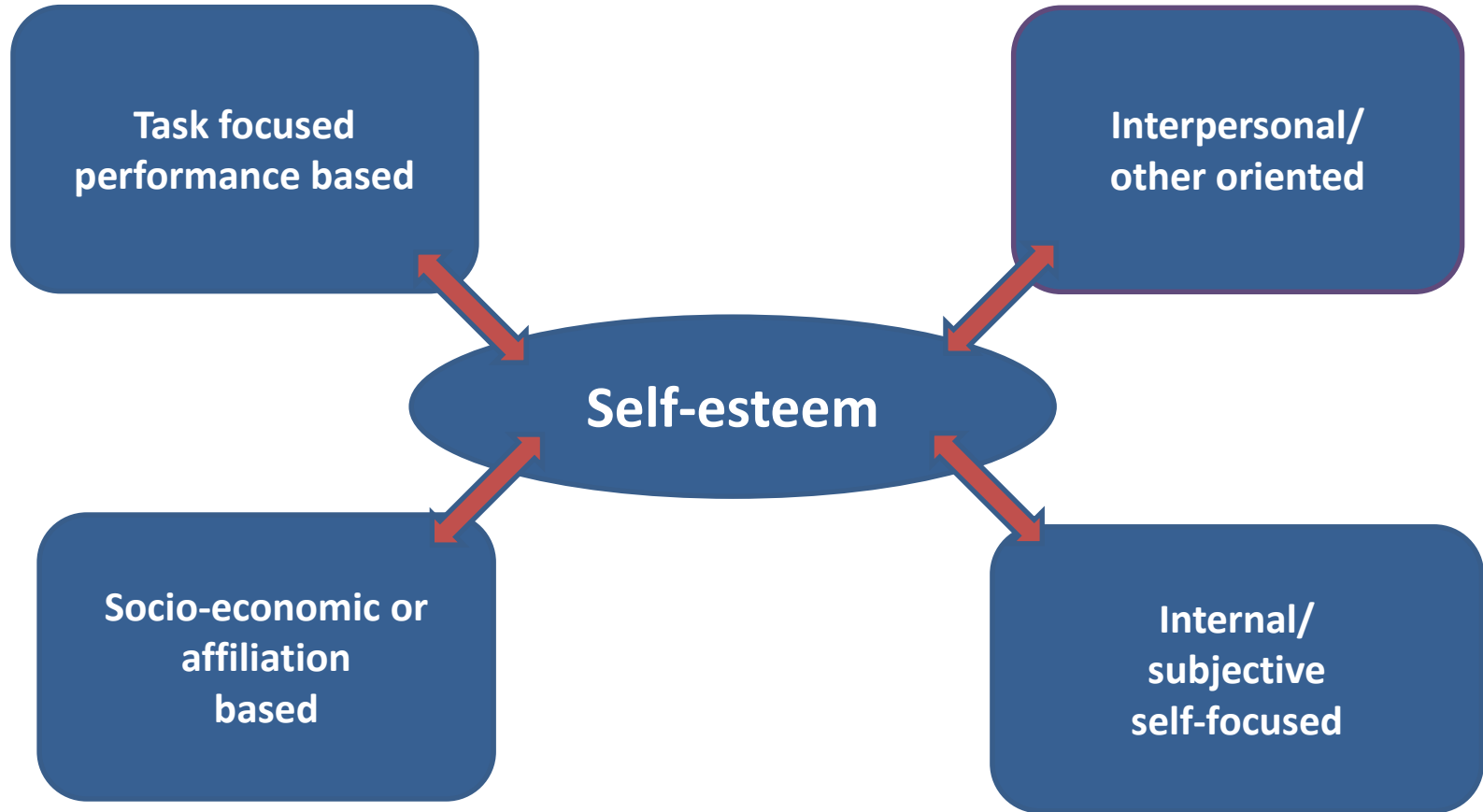
(Diamond, Clarkin, Levy, et al 2014;
Diamond Meehan 2013; Meyer, Pilkonis 2011)

- **Psychological trauma**

(Simon 2002; Maldonado 2006)

- **Age inappropriate role assignments** (P. Kernberg 1998)

Self-esteem regulators



Self-esteem fluctuations

Instability and fluctuations in self-esteem are one of the core disturbances in NPD

- hypersensitivity to criticism and ego threats that lower self-esteem co-occur with self-aggrandizing and self-attributions that sustain and enhance self-esteem
- can be context dependent so that the person can feel confident and in control in one situation, and insecure and insufficient in another.
- co-occur with emotion fluctuations, i.e., positive affects, such as joy and excitement, related to high self-esteem, and negative affects, such as shame, aggression and envy, related to low self-esteem
- co-occur with reactivity (dominance, criticism hostility) that serves to enhance self-esteem and grandiosity and protect from self-doubt, feelings of inferiority and insufficiency.

Perfectionism

- A trait, to BE or FEEL perfect, can either be self-oriented or other-oriented, or required from outside
- A self-presentation, interpersonally enacted and tied to hiding and concealing something non-perfect.
- Perfectionist self-promotion = actively enhancing own perfectionism
- Protective forms of perfectionist self presentation, non-disclosing and non-displaying of imperfections
- A vulnerability factor deeply internally hidden.

(Hewitt Habke et al 2008)

Narcissistic patients often connect “doing something perfect” with “being or appearing perfect”

Vulnerability and self-devaluation

Co-existing with and underlying self-enhancement and grandiosity, and contributes to self-esteem fluctuations

Can often be bypassed or unnoticeable due to a sustaining, confident or high functioning surface presentation.

Some people with NPD are more openly vulnerable, insecure and shame-ridden

Associated with:

- low tolerance and hypersensitivity for attention from others
- hyper-vigilant readiness for criticism or failure
- intense reactions, especially shame-driven aggressive reactions
- low tolerance for others' as well as own intense feelings
- intense shame, envy and rage, accompanied by self-criticism and self-hatred, or by the perception of not measuring up or losing control in interpersonal situations
- can become overtly noticeable in the context of ultimatums or failures, or when feeling trapped with no way out

(Pincus 2011; Pincus & Lukowitsky 2010)

Alexithymia

- Refers to the inability to feel and identify own feelings, either due to unawareness or to incapacity to distinguish physical and affective states, or because of lack of words for emotions
- This inability or deficit contributes to difficulties identifying, understanding and processing others' feelings.
- When this is accompanied by verbal fluency and plasticity, and with a cognitive ability to identify emotions in others (cognitive empathy) and talk about emotions it can be challenging to figure out and differentiate between what the person says verbally versus what he/she indeed feels or sense emotionally/internally and psychophysiologicaly.

(Krystal, 1998; Fan, Wonneberg, Enzi, et al., 2011).

Compromised empathic functioning in narcissistic individuals

Compromised, but *not* a lack of empathic capability can result in a range of interpersonal responses to others' needs and reactions:

- total ignorance,
- avoidance or dismissive responses
- aggressive responses,
- extraordinary attentiveness and care in contexts where such engagement also is associated to self-enhancement and possible benefits.

Empathic functioning

Motivational based

disengagement - need for control or self-enhancement

engagement - concordant with positive self-esteem or self-enhancement

Deficit based

disengagement - impaired emotion recognition or tolerance of others or own feelings => shame driven withdrawal, self-criticism or loss of control

engagement - tuned in, engaging and inviting but unable to fully relate and respond

Range of empathic functioning in narcissistic individuals

- Narcissistic people 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 feelings, while those who tend to mirror themselves in the light of others may perceive others' success as an opportunity for self-enhancement.
- Those who readily feel *contempt* can find others' defeats and losses despicable and secure their own superiority or perfectionism in the comparison between self and the other.
- Some can empathize when asked for advice or being confided in

Narcissistic emotional trauma

Caused primarily by an *internal* self-experience or by the *subjective* perception and experience of an external event that threatens the continuity, coherence, stability and wellbeing of the self

Such triggering experiences can include:

- inability to live up to personal standards or perfection, or to fulfill life goals,
- maintain internally supportive attachments or internalized others
- handle generational losses or shifts, aging, illness, or perceived losses of opportunities in life
- can challenge or damage supportive or sustaining experiences and functions of the self and others.

Sense of failing competence with loss of self-esteem, standards and self-worth, or loss of affiliation and connections to others, become overwhelming, intolerable, and even terrifying.

Efforts to organize, understand and find meaning in the experience fall short

(Sloan 1998; , Moldonado 2006; Gerzi 2005)

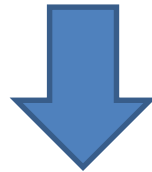
Narcissistic challenges in late teens and young adulthood

- Competence/attraction and competition
- Dependence versus independence
- Sense of identity – knowing, not knowing, searching, avoiding, being preoccupied
- Affiliation and belongingness –
- Friendships and dating - facing differences
- Loneliness, being an outsider

Addiction in adolescence/young adulthood

The role of narcissism

Heightened narcissism in adolescence:
grandiosity, entitlement, impulsivity,
self-centeredness, sensation seeking,
aggression (reactive and relational), conduct problems



Idealization of substance
Failure in normal prosocial development
Increased risk for SUD

Co-occurrence of NPD and SUD

NPD can be:

- a predisposing factor to addiction
- a secondary consequence to addiction

NPD and SUD can also be reciprocal and mutually increasing each other.

This distinction is important for choice of treatment strategy and focus.

The person struggling with PN or NPD, Sum-up

- Confident, arrogant, insensitive or charming façade; interpersonally self-promoting
- Shifting and conflicting sense of self: self-enhanced, vulnerable, insecure and inferior.
- Perfectionism and exceptionally high standards and aspirations for themselves.
- Excessively self-critical and judgmental.
- Strong reactions to perceived threats to self-esteem, such as humiliation, defeats, criticism, failures, or perceived envy from others

BPD traits in NPD

BPD, although easily overwhelmed by own emotions, has better capacity for emotional empathy and can share experiences with others

(Harari et al., 2010; Lynch et al., 2006; Wagner & Linehan, 1999)

NPD traits in BPD

NPD traits in BPD can have a stabilizing effect, and add more resilience and defensiveness to BPD

Perfectionism, aspirations, high standards in narcissistic- borderline patients can be a motivating factor to distance, remain focused and in control, with higher sense of agency and sustaining self-regulation

Self-destructive preoccupation in narcissistic-borderline patients

Narcissistic capacity for higher impulse control is attached to a borderline preoccupation with self-destructiveness

Controlled, self-destructive preoccupation serve both to conquer inner feelings of badness as well as to maintain superior control., a superior experience of balance between control and destructiveness.

NPD patients' reasons for seeking treatment

- Ultimatum or requirements from family, employers, or courts.
- Dissatisfaction with life; unable to reach or pursue goals or aspired accomplishments.
- Acute crises; vocational, financial or personal failures or losses.
- Mental disorder; acute or gradual onset of bipolar disorder, substance abuse, PTSD, or major depression.
- Suicidality; acute serious suicidal preoccupation; having survived a lethally intended suicidal effort.

Explaining the NPD diagnosis

NPD is about self-esteem and fluctuations between feeling OK or good, in charge and control, competent and appreciated by self and others, and feeling insecure, ashamed, afraid, humiliated, or rejected.

NPD is also about how each individual handle these types of challenges – make efforts to sustain or enhance self-esteem, to handle inferiority and self-doubt, interpersonal disapproval or humiliation, or difficult life situations.

People with NPD have interpersonal problems and encounter collisions, misunderstandings and criticism, because they can come across as self-sufficient, entitled, arrogant, critical, aggressive, dismissive, manipulative, and strong-minded.

People with NPD also have intense internal struggles with perfectionism and high aspirations, insecurity, self-criticism or self-hatred, shame, fear of failures and losses, and they often struggle with deep loneliness.

Treatment of NPD #1

Initial Psychoeducation

- strengthen narcissistic patients' sense of internal control and agency
- decrease fear of the unknown and of loss of control, and of incomprehensible feelings and mental processes.
- support the patients' motivation and courage to further engage in treatment, to understand the purpose and to explore deeper emotions and conflicts.

Treatment of NPD #2

Dialectical behavioral therapy, DBT

- 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.

Treatment of NPD #3

Schema-focused therapy

- combines cognitive, behavioral, experiential and transference-based techniques to work with schema modes
- focuses on changing the patient's intimate relationships,
- address typical narcissistic cognitive distortions such as “black-or-white” thinking, being devalued and deprived by others, and perfectionism.

Treatment of NPD #4

Transference focused psychotherapy, TFP:

- attends to the patients' narcissistic defensiveness, underlying aggression, enactment of entitlement and grandiosity
- active and interactive exploration,
- flexible and adaptable to the range and level of narcissistic pathology.

Treatment of NPD #5

- *Psychopharmacological treatment*
- beneficial for comorbid Axis I disorder, such as bipolar disorder, major depression or anxiety disorder.
- NPD patients are hypersensitivity to side effects,
- No specific pharmacotherapy has proved to be effective for pathological narcissism and NPD.

