

Pathological Narcissism Fact Sheet (<http://www.jacobsmallphd.com>)

Pathological narcissism is poorly understood, unkindly judged and stigmatized, and not effectively treated by most clinicians. The DSM improperly focuses on observable behaviors of NPD (Narcissistic Personality Disorder), to the neglect of the underlying personality dynamics that define the disorder. A trained PD specialist can best treat NPD, if and when the patient is ready to look at the source of their suffering, and commit to acknowledging their serious illness, in order to work toward wellness. Here are some basic concepts that describe key features of pathological narcissism and its treatment.

- Unstable self esteem, oscillating between grandiose/arrogant and depressed/inadequate self states. One or another may predominate in a particular patient.
- Patient's prototypical emotion regulation strategy: idealization/devaluation (self and others unrealistically divided into 'better than' and 'less than').
- Omnipotent control – "I must control you because I see my disowned destructiveness in you."
- Impaired empathy, reflective ability, perspective taking, and ability to offer love based on mutuality
- Pathology plays out most intensively in close relationships (spouse, kids, parents).
- Relationships marked by unrealistic demands and expectations, coercion, and emotional superficiality
- Identity diffusion: weak, vulnerable, underdeveloped self experience, protected by a grandiose, 'false self.'
- Intolerance for imperfection, rigid world view.
- Experience of victimization ('everyone treats me poorly'), even when the patient is actively mistreating others, with impaired awareness of this tendency to externalize.
- Intense rejection sensitivity, leading to interpersonal conflicts.
- Prone to 'narcissistic injury' – insult, anger, and hurt, leading to rage and extreme, all or nothing behavior, threats, impulsivity, and hostility.
- Denial of internal emotional struggle – 'my problem is that everyone else treats me poorly.'
- Vulnerability avoidance – feelings devalued, seen as a waste of time, a sign of weakness.
- NPD presentations are not limited to the most familiar grandiose/arrogant subtype. Other subtypes include: depressed/depleted, obsessive/perfectionistic, and withdrawn/rejection sensitive.
- Because NPD patients don't see themselves as ill, they often enter therapy because they are pressured by loved ones or threatened by the loss of marriage, job, or legal freedom.
- Antireflective, dismissive attitude to therapy, attacks on the therapist as incompetent, never good enough.
- Noncompliant with therapy. Often, a history of several courses of failed therapy.
- Recommended treatment, in the best case scenario, is usually an intensive Transference Focused Psychotherapy (TFP), twice a week, for approximately 3-5 years.
- TFP is a structured, targeted, psychodynamic psychotherapy that involves a combination of confrontation of pathological grandiosity, encouraging the honest owning of vulnerability and weakness. The therapist's ability to contain and digest intense negative feelings helps the patient understand that mutuality may be more rewarding than defensive isolation.
- TFP therapists undergo rigorous specialized training. NPD often cannot be effectively treated by clinicians who have not undergone specialized training in personality disorder diagnosis and treatment.
- Patient's family must support the treatment by learning to set healthy boundaries, supporting the therapy, no matter how much the patient attacks the therapist, and presenting a united front of 'you must continue therapy,' in order to reduce patient splitting and attacks to the therapy frame.
- Poor therapy prognostic indicators: unwillingness to accept the frame of treatment, significant paranoia, ego syntonic (pleasurable) aggression (i.e. high levels of sadism).
- When NPD is diagnosed, the patient has a sobering choice to make: commit to intensive psychotherapy or relinquish the possibility of a healthy live, work, and love life. This choice is non-negotiable and will not change if it is avoided by the patient or his/her family. Patients often pull family into unwittingly sabotaging treatment.
- Successful treatment of NPD is slow going and never guaranteed. The best case scenario is slow, steady progress toward emotional and interpersonal health. Patient's and family member's expectations must be realistically managed accordingly. Psychotherapy must become the highest priority in the patient's life.