

PERSONALITY DISORDERS INSTITUTE

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Narcissism

- Normal narcissism:

- Integrated self experience
- Self-regard
- Pleasurable self affirmation
- Support basis

- Psychoanalytic formulation:

Freud: libidinal investment of self

André Green: libidinal and aggressive investment of self

- Pathological narcissism:
 - Infantile: non-specific
 - Narcissistic personality disorder
 - Descriptive features
 - Structural features
 - Unconscious dynamics
 - Clinical syndromes

Descriptive features:

- 1) Pathological grandiose self:
 - Self centeredness and entitlement
 - Over dependency on admiration
 - Fantasies of success and grandiosity; ambition
 - Avoidance of contrary realities
 - Bouts of insecurity

- 2) Envious and dismissive behaviors toward others:
 - Conscious and unconscious envy
 - Greediness and exploitiveness
 - Devaluation
 - Incapacity to depend
 - Lack of empathy, shallowness
 - Lack of commitments
 - Negative therapeutic reaction
 - Fragile idealization

3) Deficient value systems (“Superego pathology”)

- Incapacity to mourn
 - Severe mood swings
 - “shame” culture over “guilt” culture
 - Childlike values
 - Antisocial behavior
 - Ego-syntonic aggression
 - Paranoid orientation
- } malignant narcissism

4) Basic self state

- Emptiness and boredom; “meaningless life”
- Stimulus hunger
 - addictions
 - sexual exploits
 - danger seeking

- 5) Degrees of severity:
- 1) Mildest cases: limited social conflicts
 - 2) Middle range: typical pathology
 - 3) “Borderline functioning”: major breakdown in work, love, social functions, anti-sociality

Complications:

Sexual promiscuity and inhibition
Drug dependency and alcoholism
Social parasitism
Narcissistic suicidality

Structural features:

- Relevant for relations among symptoms
- Important for psychotherapeutic approaches

- 1) Borderline organization: identity diffusion
- 2) Secondary development of pathological grandiose self
- 3) “Absorption” of Ego Ideal: ideal self + object representation
- 4) Projection and dissociation of self-critique (“superego functions”)
- 5) Severe cases: aggressive infiltration of the grandiose self with antisocial potential

Psychodynamic Features:

- Conflicts around early aggression: commonality with borderline personality organization
- Etiology (general): genetic ———> temperamental
 - Insecure attachment
 - Abandonment — abuse
- Etiology (specific) – lack of normal dependency and loving care
 - admiration replacing love
 - Overstimulation, with parental splitting and devaluation
- Psychopathology of envy: “hatred of what is needed and denied spoiling”
- Projection of the devalued self aspects
- Need to maintain superiority
- Incapacity to depend
- Envy of the other gender
- “Negative narcissism” (André Green)

Defenses Against Dependency

- Distortion of free association
- Talking to oneself or to influence the analyst
- “Organization” of free association: “I’ll mention this later”
- Concern over “value” of the session
- Elaboration of analyst’s comments (“learning”), theory checking
- Complete “loss” of important issues explored (“I know; 1000 times the same”)
- Repetition of associative sequences without depth
- Incorporation of analyst’s theories

Defenses Against Dependency (continued)

- Stereotyped view of others; “frozen” family history
- Speculation on intentions behind analyst’s comments
- Indifference, and ignorance regarding analyst
- Brilliant or dramatic episodes with no patient
- Provocative acting out specific issues of last session
- Vending machine silences
- Countertransference in high and low level narcissistic patients
- Omnipotence, omnipotent control, and perversity
- Unloading “experiences to be “sorted out” by analyst

Clinical syndromes:

1. Timidity, anxiety, insecurity, sexual inhibition: the “shy narcissist”
2. Sexual promiscuity and incapacity to love (differentiate from masochism)
“Don Juan” pathology in men, and “cold exhibitionism” in women
3. “Thick skinned” and “thin skinned” narcissistic personalities
4. The “syndrome of arrogance” (Bion)
5. Narcissistic-masochistic structures (alternation of aggressive-paranoid-masochistic episodes)
6. Severe suicidality, self-mutilation, primitive negative therapeutic reaction
7. The “Dead mother syndrome”
8. Antisocial pathology:
 - narcissistic personality with antisocial features
 - malignant narcissism
 - antisocial personality proper

Prognosis:

- Antisocial behavior and total irresponsibility; incapacity to engage
- Secondary gain
- Severe aggression against self and others (perversity, litigation)
- Primitive negative therapeutic reaction
- Drug and alcohol dependency
- Extreme arrogance
- Hypochondriasis
- Severe destruction of social resources, versus age related increase of concern

Treatment:

- 1) Mild cases with specific symptoms: Supportive Psychotherapy, DBT
- 2) “Middle Range”: Psychoanalysis
- 3) Severe cases (overt borderline functioning) Transference Focused Psychotherapy. With contraindications: supportive psychotherapy

Comparative Psychodynamic Approaches

- Interpretation
- Transference Analysis
- Technical Neutrality
- Countertransference Utilization

<u>Psychoanalysis</u>	<u>TFP</u>	<u>DP PFP</u>	<u>Supportive</u>
+++	+++	++	+
+++	+++	++	(-)
+++	++	+	(-)
++	+++	++	++

General narcissistic transferences:

- Lack of dependence
- “Lack of transference”
- Dynamic of superiority \longleftrightarrow inferiority, envy, devaluation
- “Self-analysis” – cognitive learning
 - unconscious devaluation of therapist’s contribution
 - omnipotent control
 - envy and negative therapeutic reaction
 - perversity

Advanced stages: Breakthrough

- Activation of specific constituent object relations
- Primitive defenses and “borderline” quality
- Risk of severe acting out, disruption, painful envy
- Potential of severe depression
- Recovery of internal emotional life: love relations

Problems of specific clinical syndromes:

- “Thick skinned narcissists”**: • Analysis of extra transferential relations
- Systematic working through of superiority/inferiority in the transference
- “Thin skinned narcissists”**: • Alternation of sadistic, masochistic, and paranoid transferences
- Management of suicidal threats
 - Maintenance of frame
 - Intolerance of triangulation

Syndrome of arrogance:

- Analyze sadistic pleasure
- Tolerate countertransference
- Limit setting to acting out

Severe self-mutilation:

- Analyze double victim/perpetrator identification
- Protection of patient and frame within limits
- Assure safety of therapist
- Accept limits of treatability

“Dead mother” syndrome:

- Tolerate countertransference
- Patient working through of “dead scene”

Antisocial behavior:

- Clear limit setting
- External control if necessary
- Assurance of safety of therapist
- Systematic working through of “psychopathic transference”
- Tolerate negative countertransference
- Aggressive erotization risk

Common challenges for therapists:

- 1) Lengthy stage of pathological grandiose self dominance
- 2) Hatred in the countertransference
- 3) Continuous scanning of external reality: love and sex, work and profession, social life and destructivity
- 4) Destruction of time

- DSM 5: • Impairments in personality (self and interpersonal) functioning
- Impairment in self functioning
 - Problems in identity
 - Problems in self-direction

 - Impairment in interpersonal functioning
 - Lack of empathy
 - Lack of intimacy
- Pathological personality traits
- Antagonism, characterized by
 - Grandiosity
 - Attention seeking

(Missing: particular type of self structure; pathology of envy; types; antisocial features, but, recognizes subjective structure and not only external behavior)