

<b>Type</b>	<b>Narcissistic</b>
<b>General Core theme</b>	<p><b>Arrogant/entitled</b> <b>oblivious, thick-skinned, overt</b> overt sense of entitlement, devalues most people, strikes observers as vain and manipulative or charismatic and commanding.</p> <p><b>Depressed/ Depleted</b> <b>hypervigilant, thin-skinned, covert, shy</b> ingratiatingly, seeks people to idealize, easily wounded, chronic envy of others seen as in a superior position.</p> <p><b>Disorder of the Self</b> <b>a deficit state</b> - core difficulty with identity and self-esteem <b>inner sense of and /or terror of insufficiency, shame, weakness, and inferiority.</b></p> <p><b>Pathogenic hypotheses:</b> Compensation for early disappointments vs. fixation on normal infantile grandiosity</p>
<b>Drive, affect, Temper-ament</b>	<p>Constitutionally <b>more sensitive to un verbalized emotional messages</b> - infants that are preternaturally attuned to unstated affects, attitudes, and expectations of others. Either an innately strong aggressive drive or an innate lack of tolerance for anxiety about aggressive impulses (they may be scared of their own power). Gifted children treated as <b>narcissistic extensions.</b></p> <p><b>Emotions</b></p> <p><b>Shame</b> (ugliness, helplessness, impotence) sense of being seen bad or wrong</p> <p><b>Envy (guilt)</b> -if I feel deficient and I perceive you as having it all, I may try to destroy what you have by deploring, scorning, or criticizing it.</p> <p><b>Fear (anxiety)</b> afraid of falling apart, of precipitously losing their self esteem or self-coherence and abruptly feeling as nobody rather than somebody.</p> <p>Deny remorse and gratitude</p> <p><b>Feel humiliated to ask for help</b></p>
<b>Defenses</b>	<p><b>Idealization/devaluation</b> dominant defenses other realistic aspects are overridden by concerns about comparative prestige.</p> <p><b>Perfectionism</b> grandiose outcome/depressive outcome demands for perfection/chronic criticism in self or others; <b>inability to find joy amid the ambiguities of human existence.</b></p> <p><b>Identification with prestige positions</b> preceded by idealization.</p>
<b>Object relations</b>	<p><b>No capacity to discriminate between genuine feelings and efforts to please or impress others.</b></p> <p>Valued not for what they really were but because of the function they fulfilled makes the child feel that if his or her real feelings are found out rejection and humiliation will follow fosters the development of a <b>false self.</b></p> <p>Family atmosphere of constant evaluation.</p> <p><b>Stunted capacity to love</b> - Their need of others is deep but their love of them is shallow!</p> <p>Goals to love w/o idealizing; to express genuine feelings w/o shame.</p>
<b>Self</b>	<p><b>Needs external affirmation in order to feel internal validity.</b></p> <p><b>Constant need of self-objects</b></p> <p>Self experiences: vague falseness, shame, envy, emptiness or incompleteness, ugliness and inferiority</p> <p><b>Compensatory counterparts:</b> self-righteousness, pride, contempt, defensive self-sufficiency, vanity and superiority.</p> <p><b>The sense of being good-enough is not a part of their internal categories.</b></p> <p><b>Fear (anxiety)</b> afraid of falling apart, of precipitously losing their self esteem or self-coherence and abruptly feeling as nobody rather than somebody.</p> <p>Sense that their identity is too tenuous to hold together and weather some strain <b>fear of fragmentation</b> hypochondriac and morbid fear of death.</p> <p>Avoidance of feelings and actions that express awareness of either personal fallibility or realistic dependence on others.</p>

<p><b>Transf/ Countertr</b></p>	<p><b>Transference</b>  <b>Instead of projecting a discrete internal object (i.e. parent) the narcissist projects either the grandiose or the devalued self.</b>  - devalue/idealize in powerful ways  - lack of interest in transference explorations they are so ego-syntonic so that they are inaccessible to exploration they really believe that the therapist is second rate/wonderful  - efforts to make these reaction Ego-alien will fail at the beginning</p> <p><b>Countertr.</b>  Sense of having been obliterated, being ignored as a real person.  Boredom, irritability, sleepiness, and the vague sense that nothing is going on in the treatment.  Occasionally, the sense of grandiose expansion.  <b>Tendency to confront non-empathically.</b>  <b>Tendency to bemoan the patient for the bad deal he got from others.</b></p>
<p><b>Therapeutic implications</b></p>	<p>Patience is a primary requisite in treating narcissistic patients <b>acceptance of human imperfections</b> the therapist should embody a nonjudgmental, realistic attitude towards his own frailty.  <b>A narcissistic person actually needs the therapist more than do people without significant self-esteem deficits.</b>  <b>Kohut</b> sees narcissism developmentally maturation went along normally and ran into some difficulties in the resolution of normal needs to idealize and deidealize analogy a plant whose grow was stunted by too little sun and water at critical points need to give plenty of sun and water as it will finally thrive <b>benign acceptance of idealization/devaluation and unwavering empathy</b> subtype of supportive therapy (according to Kernberg) suitable for frail (depressed-depleted) narcissistic persons towards the psychotic end.  - therapist s acknowledgement of errors lack of empathy is devastating for a narcissist apology confirms the patient s perception of mistreatment (validation) and sets an example of maintaining self- esteem while admitting to shortcomings.  <b>Kernberg</b> structurally something went awry very early a plant that has mutated into a hybrid aberrant parts should be pruned tactful but insistent confrontation of grandiosity and the systematic interpretations of defenses against envy and greed.</p> <p>Constant mindfulness of the person s latent self-state injury of patient s self esteem may lead to termination.</p>
<p><b>Differen-tial diagnosis</b></p>	<p><b>Narcissistic personality vs. narcissistic reaction</b>  Circumstances that undermine the sense of self-esteem may lead to a secondary narcissistic disturbance characterized by use of narcissistic defenses (omnipotence, devaluing, idealization i.e., the medical student who sounds opinionated, hypercritical, and idealizes a mentor).</p> <p><b>Narcissistic vs. Psychopathic</b>  Both character types reflect a subjectively empty internal world and a dependence on external events to provide self-esteem.  Most sociopathic people do not idealize repetitively, and most narcissistic ones do not</p>

depend on omnipotent control.

Many people have aspects of both character types, and self-inflation can characterize either one.

Kohutian approach to narcissistic personalities based on empathy would not work for psychopathic as they see sympathetic demeanor as a mark for weakness. The approach advocated by Kernberg centering on the confrontation of the grandiose self would be more respectfully assimilated by a psychopathically organized person.

#### **Narcissistic vs. Depressive**

The more depressive narcissistic person can easily be misunderstood as having a depressive personality. The narcissistically depressed people are subjectively empty, whereas characterologically depressive persons are subjectively full of critical and angry internalizations.

#### **Narcissistic vs. Obsessive compulsive**

The attention to details may be part of the narcissistic quest for perfection. When narcissistic patients that are hungry for empathic mirroring and affirmation of self are treated as OC that struggles for control and guilt over anger and fantasized aggression the outcome is usually bad.

#### **Narcissistic vs. Hysterical**

The need for distinction comes more often for women.

Because hysterically organized people use narcissistic defenses they are readily misinterpreted as narcissistic characters. Women whose hysterical presentation includes a considerable exhibitionistic behavior and a pattern of relating with men in which idealization is quickly followed by devaluation may appear to be narcissistic but their concerns about self are gender specific and fueled by anxiety more than shame. Outside certain highly conflicted areas they are warm, loving and far from empty.

Therapeutic requirements are contrasting: hysterical patients thrive when the attention is focused on object transference; narcissistic ones require appreciation of self-object phenomena.