INTRODUCTION
NARCISSISTIC PERSONALITY DISORDER

Elsa Ronningstam, PhD

Studies of narcissistic personality disorder (NPD) and development of treatment strategies and interventions for NPD have over the past few years grown significantly. From having been a somewhat "mystified" character pathology, intermittently considered untreatable, or alternatively mostly known for causing extreme negative distress in therapists who attempted to treat patients with this condition, we are now reaching a different and more hopeful era. Inspired by a conference on NPD organized two years ago by the Borderline Personality Disorder Training Institute, now the Gunderson Personality Disorder Training Institute, under the leadership of Dr. Lois Choi-Kain at McLean Hospital and Harvard Medical School, I decided to initiate this Special Issue of the *Journal of Personality Disorders*, dedicated to pathological narcissism (PN) and NPD. The conference was especially valuable as it aimed to inform about progress in our understanding and treatment of patients with PN or NPD.

This is an exciting development as this range of conditions often has been somewhat generalized and superficially explored. Several things have contributed to advancing studies and treatment of NPD. First and foremost is the fact that NPD remained in the 2013 revision of the Diagnostic and Statistical Manual of Mental Disorders (*DSM-5*) personality disorder Section II, and was also included in the Alternative (hybrid) Model for Personality Disorders (AMPD) in Section III (American Psychiatric Association, 2013). In particular, the combined dimensional and trait conceptualization of NPD opened the door to new integrated diagnostic perspectives, including both internal and interpersonal functioning. The AMPD also incorporates fluctuations in self-esteem, the interactive intersection between self-esteem and emotion regulation, and impaired empathic ability (not a lack thereof) as central characteristics in the diagnostic dimensions for NPD. This approach to diagnosing PN and NPD allows for a more dynamic, interactive, and stepwise understanding of these patients. It invites further studies of developmental and neuropsychological underpinnings of PN and NPD, and foremost, it is informative and applicable to a broader and more individually adjusted choice of therapeutic strategies.

Second, evidence of PN and NPD from research studies is now increasingly based in studies of subjects clinically diagnosed with NPD. This has

From Department of Psychiatry, Harvard Medical School, Boston, Massachusetts.

Address correspondence to Elsa Ronningstam, McLean Hospital, AOPC Mailstop 109, 115 Mill St., Belmont MA 02478. E-mail: ronningstam@email.com

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contributed to a consolidation of NPD defined in psychiatric, as opposed to social or personality psychological terms. Narcissism, a consolidating part of general personality functioning, ranges from healthy and exaggerated to pathological, including high and low functioning NPD, as well as severe forms with malignant or psychopathic functioning. In addition, the pathological conditions can also be affected by different comorbid conditions. Consequently, there is an increasing ethical, scientific, and professional need to specify the territory of PN and NPD as a psychiatric disorder in people who indeed struggle with this condition and its sometimes severe consequences, and who also want or need to engage in treatment and change.

Third, the growing bulk of neuroscientific studies of NPD and conditions related to or impacting PN can provide important information about underpinnings of narcissistic pathology, which affect in particular patients' interpersonal sensitivity, emotion regulation, and empathic functioning. Traditionally, the striking interpersonal features of NPD have invited conclusions about these patients' personality functioning that often have missed important underlying contributing factors related to deficits, emotion intolerance, hyper vigilance, control, etc. All these add to fluctuating functioning in individuals with PN or NPD with significant reactivity, insecurity, vulnerability, or avoidance underneath a surface of competence or persistent self-enhancement. Similarly, these patients' often eloquent cognitive and verbal interaction can be strikingly opposite to their internal, often overwhelming or relentless subjective experiences, which they can be unwilling or even unable to convey. All of these factors have a major influence on choices and development of treatment interventions.

Fourth, several therapeutic approaches are now available for patients with NPD, including adjustments of evidence-based psychotherapy such as transference-focused psychotherapy and mentalization-based treatment, both primarily developed for borderline personality disorder. Adjusting the principles of traditional psychodynamic or psychoanalytically oriented psychotherapy to the specific range of functioning and challenges in the treatment of NPD has been of major importance. In addition, there are other significant efforts to include NPD in modalities developed for treatment of personality disorders, i.e., schema-focused therapy (Behary & Dieckmann, 2011), metacognitive therapy (Dimaggio & Attina, 2012), and clarification-oriented psychotherapy (Sachse, 2019); all include strategies specifically tailored to NPD. This is a very promising development, especially as it provides opportunities to study and understand both long-term and in-depth interpersonal and internal subjective patterns in patients with significant PN or NPD while in treatment. It also opens the possibility to incorporate developmental aspects such as attachment patterns, temperament, psychological trauma, compromised emotion regulation, and role assignments, which all can contribute to narcissistic personality functioning with its specific range of interpersonal and self-regulatory patterns. Together they form the foundation for evaluating and adjusting treatment strategies and interventions focusing on the specific nature of narcissistic character functioning.

The contributors of the 10 articles included in this Special Issue have each and in various ways addressed and commented on one or more of these

four new major developments in studies and treatment of PN and NPD. In particular, continuing to bridge the gap between these patients' internal processing and their interpersonal relational functioning is crucial for increasing our understanding, and for developing treatment strategies that can address the obstacles and promote the conditions for change in narcissistic personality functioning.

The first article, by Lee and colleagues, presents a very timely and important study of oxidative stress, which showed an elevation of the oxidized form of guanine, 8-OH-DG, in NPD, a biomarker of oxidative stress burden that relates to interpersonal hypersensitivity. As this was also found in borderline personality disorder (BPD), it suggests a neurobiological relationship between NPD and BPD. These findings invite further research and understanding of the impact of medical health problems, and in particular of life-related stressors that are specifically challenging for NPD.

The second article, by Fjermestad-Noll and colleagues, confirms the co-occurrence of self-oriented and socially prescribed perfectionism, shame, and aggression in patients diagnosed with NPD and comorbid depression. The results challenge some previous theories and observations about the mediation and moderation of this trajectory, in particular the interactive co-occurrence of shame-based aggression in NPD. Consequently, the study highlights the difference between using trait-focused measures only versus measuring traits when the subjects are engaging in challenging task-focused situations.

The following three articles address specific issues when identifying and treating patients with NPD. Tanzilli and Gualco looked at clinicians' responses, i.e., countertransference, and the impact on the therapeutic alliance when treating three subtypes of adolescent NPD patients, grandiose, fragile, and high-functioning/exhibitionistic. This study points to the range of interpersonal patterns between patient and treating clinicians, as well as to the accompanying quality of the therapeutic alliance in the moment. The results further highlight the importance of attending to the alliance and relationship between patient and therapist, and tailoring interventions based on the individual patient's specific NPD subtypes and narcissistic patterns.

Maillard and colleagues identified the process of change in clarification-oriented psychotherapy (COP) for NPD, a most timely and relevant topic, given the need for evidenced-based strategies and specific interventions that also attend to the therapist's assessment and understanding. Changes in content, process, and relationships in patients were measured. Patients' improvements were noticed in increased centrality of content and quality of relationships, as well as in reduced avoidance. In addition, the therapists' attention to the patients' internalized representations and accompanying emotions as expressed in interpersonal relations contributed to symptom reduction. Therapists' understanding of patients' problems early in treatment can help guide the choice of interventions.

Ronningstam's article focuses on NPD patients' cognitive emotional as well as relational internal processing, which influence narcissistic functioning, especially self-regulation, reactivity, and awareness of self and others. Underpinnings such as temperament, attachment, internalized object relations, and neuropsychological aspects of emotional and interpersonal processing

significantly contribute to the external patterns of PN and NPD, especially noticeable in interpersonal interactions and relations. Reviews of results from empirical studies and the connection between components of internal processing, external features, and dimensions are integrated with guiding therapeutic interventions and strategies.

The diagnostic evaluation of NPD is discussed by Caligor and Stern, who integrate the clinical features outlined in the object relations theory (ORT) model with the diagnostic dimensional criteria for NPD included in the *DSM-5* Section III AMPD. They outline a classification model for personality organization with core structural features. This is a very timely and important endeavor that attends to the need for a broad-spectrum diagnostic approach to NPD as opposed to the trait-focused model, i.e., an approach that evaluates the pathological grandiose self-structure and levels of personality functioning across dimensions of severity.

The following articles focus on treatment of NPD. Based on studies and their own clinical experiences, Weinberg and Ronningstam suggest a pragmatic change-oriented treatment approach to NPD that identifies a number of effective treatment strategies aimed at developing the patient's sense of agency and motivation for change. The guidelines also outline some of the common ineffective approaches and interventions to NPD that often contribute to stalemates, alliance ruptures, and disagreements with sudden drop-out from treatment. Strategies are outlined both for promoting patients' change, the Dos, and for preventing obstacles and common mistakes, the Don'ts, in the treatment of NPD.

Crisp and Gabbard discuss general psychodynamic interventions to the specific characterological features and functioning in NPD. The authors strongly advocate for the necessity to tailor the psychotherapy to the patient in the treatment of NPD, rather than to adhere to general psychodynamic principles or generic techniques. They suggest an affirmative approach to patients' resistance with attention to their fragile self-esteem and self-integrated symptoms, with flexibility and attention to patients' self-focus and intolerance of transference interpretations.

The next two articles describe adjustments to NPD of evidence-based and empirically validated psychotherapies originally delineated for BPD. Diamond and Hersh outline the adaption of transference-focused psychotherapy (TFP) to patients with NPD or narcissistic traits (TFP-N). With its focus on transference, this adjusted modality attends to the interpersonal patterns between therapist and patient in the here and now to identify the internalized and split-off object-relation dyads, especially related to grandiosity and vulnerability. After an initial contracting phase, the dominant self-object-affect dyads and their fluctuations and defensive functions are identified. In the later phase, the developmental origins of these patterns and their contribution to pathological narcissistic functioning are explored.

In the article by Drozek and Unruh mentalization-based treatment (MBT), also originally developed for BPD, has been adjusted to treat pathological narcissism, i.e., MBT for PN. Studies of parenting styles and children's accompanying attachment patterns have identified inhibited mentalization in PN, especially related to affect. The authors outline MBT strategies of specific

importance for PN, i.e., empathic validation, clarification of specifically challenging life situations, and exploration of affects, both the patient's own and his or her perceptions of others. Mode specific interventions and strategies directly geared towards explicit PN patterns are outlined. Understanding the mental states of self and others has been proven to result in functional improvements.

Three commentators inspired by these articles have each provided additional unique perspectives. Pincus points to the complex nature of narcissistic pathology and the necessity of recognizing the multifaceted dynamics and presentations in self and interpersonal functioning. Huprich highlights essential distinctions between vulnerable narcissistic and depressive personality disorders, which easily can be overlooked in diagnosis and treatment. Choi-Kain applies general psychiatric management (GPM) to NPD, which originally was developed for BPD, and points to the need for a pragmatic approach to NPD that can be used by clinicians in a broader range of treatment settings.

In sum, the collection of articles in this Special Issue points to recent significant developments in the study and treatment of PN and NPD, as well as to ongoing efforts to acknowledge and integrate the fundamental complexity and range of perspectives on this pathological character functioning. This is a work in progress that hopefully can continue to initiate more well-anchored guidelines for identifying, understanding, and treating patients struggling with this condition.

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