

NARCISSISTIC PERSONALITY STYLE AND DISORDER

THE NARCISSISTIC PERSONALITY TYPE IN A NUTSHELL

“The essential feature of *NARCISSISTIC PERSONALITY DISORDER* is a pervasive pattern of grandiosity, need for admiration, and lack of empathy.”¹

The usual understanding of the narcissistic individual is that they are “full of themselves.” This, however, may be a simplistic estimation. The personality issues are much more complex than that.

A CLOSER LOOK

Many would immediately write off the narcissistic individual as a person obsessed with themselves. They seem self confident and self assured. Outwardly, that is certainly the case. But there is more to the outward confidence of the narcissistic individual that needs to be considered.

The narcissistic individual has a fractured ego. Their childhood experience involved some significant interaction that never fully allowed them to structure their own ego independent of the maternal object. This could have been due to insufficient maternal nurturing or it could have been the result of over nurturing by the mother. Either way, the individual never learned to separate themselves fully from the maternal object.

Thus, the individual must function in their intrapersonal and interpersonal relationships in a manner that continually seeks the approval of others. They need others to reaffirm that they are indeed worthy of nurturing. This translates in the “real world” into behaviors that look like blatant self-promotion simply for the purpose of letting others know that they are special people.

All the while the narcissistic individual has a void inside of themselves. They are unsure of themselves and even though they present a “front” of being the greatest, they sorely doubt that fact deep inside. For this reason, the most likely trigger for a crisis associated with the narcissistic personality is anything that will bring about a defacing of their control over their “manufactured” special person. When they encounter environmental situations that result in them doubting themselves and their personal value, they will likely face a crisis. If that crisis looms for too long, it may have significant manifestations in *Axis I Disorders*.

¹ American Psychiatric Association: *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FOURTH EDITION, TEXT REVISION*. Washington D.C., American Psychiatric Association. 2000, p. 714.

THE BOTTOM LINE

The therapist must understand that the strong and self-assured person that they see in the office is not the “real” person that exists buried deep inside this individual. Deep inside is a very insecure and frightened individual. This person may likely face a significant personal crisis when they begin to admit to themselves that they are not a “beautiful swan” but simply one of the many “ugly ducklings.” That is a prospect that will cause considerable insecurity – maybe in a long-term crisis.

This crisis is brought on by the fact that the ego of the individual is fractured. It never fully separated from the maternal object. Those issues must be resolved and the treatment section of this report should give the therapist some direction in helping the client to face their greatest fears.

TECHNICAL DSM-IV-TR CRITERIA FOR DIAGNOSIS OF A FULL PERSONALITY DISORDER

The official DSM-IV-TR diagnostic criteria for *NARCISSISTIC PERSONALITY DISORDER* are:²

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
4. Requires excessive admiration.
5. Has a sense of entitlement i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations.
6. Is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends.
7. Lack empathy: Is unwilling to recognize or identify with the feelings and needs of others.
8. Is often envious of others or believes that others are envious of him or her.
9. Show arrogant, haughty behaviors or attitudes.

[The therapist is reminded that the above criteria must be (1) a pervasive pattern, (2) and must begin by early adulthood. If those main criteria cannot be met, a personality disorder cannot be diagnosed (technically). If many of the other criteria are present, the therapist should understand that the personality style has drifted toward undesirable and maladaptive behaviors associated with the disorder. Treatment techniques described below should be used to move the personality toward style rather than disorder.]

² *DSM-IV-TR*, p. 717.

DIFFERENTIAL DIAGNOSIS

There are a number of other disorders that contain similar characteristics to *NARCISSISTIC PERSONALITY DISORDER*. This list contains some of those disorders. The therapist is encouraged to research these similar disorders using the DSM-IV-TR.

HISTRIONIC PERSONALITY DISORDER, ANTISOCIAL PERSONALITY DISORDER, BORDERLINE PERSONALITY DISORDER. The most significant difference between these three disorders and *NARCISSISTIC PERSONALITY DISORDER* is that *NARCISSISTIC PERSONALITY DISORDER* is excessively grandiose regarding self while the others do not contain that element.

OBSESSIVE-COMPULSIVE PERSONALITY DISORDER. *NARCISSISTIC PERSONALITY DISORDER* lacks self-criticism. Self-criticism is a component of *OBSESSIVE-COMPULSIVE PERSONALITY DISORDER*.

SCHIZOTYPAL/PARANOID PERSONALITY DISORDER. *NARCISSISTIC PERSONALITY DISORDER* does not contain suspiciousness and social withdrawal as a characteristic while those traits are present in the other two disorders.

MANIC/HYPOMANIC EPISODES. Mood change and functional impairments are a significant component in *MANIC/HYPOMANIC EPISODES*. Those elements are not present in *NARCISSISTIC PERSONALITY DISORDER*.

PERSONALITY CHANGE DUE TO MEDICAL CONDITION. Dual diagnosis can be made. *NARCISSISTIC PERSONALITY DISORDER*, however, must exist before the diagnosis of the medical condition.

CHRONIC SUBSTANCE ABUSE. Dual diagnosis can be made. *NARCISSISTIC PERSONALITY DISORDER*, however, must exist before the diagnosis of substance abuse.

COMMONLY ASSOCIATED AXIS I DISORDERS

There are a number of *DSM-IV Axis I Disorders* that are commonly associated with the *NARCISSISTIC PERSONALITY TYPE*. The therapist should be aware of each of these *Axis I Disorders* and screen for them, if such screening seems appropriate.

DYSTHYMIC DISORDER. *Dysthymic Disorder* contains many of the same elements as *Major Depression*. One of the main differences is the prolonged nature of the depressive symptomology (existing over at least a two-year period). Although the symptoms may be less severe, they include a depressed or “blue” mood. The tendency of the *NARCISSISTIC PERSONALITY TYPE* toward *Dysthymic Disorder* may be related to their constant need for admiration and their lack of empathy.

MAJOR DEPRESSIVE DISORDER. A *Major Depressive Episode* is also a distinct possibility for the *NARCISSISTIC PERSONALITY TYPE* due to the same reasons for the *Dysthymic Disorder*.

ANOREXIA NERVOSA. *Anorexia* appears with the *NARCISSISTIC PERSONALITY TYPE* more frequently than normal. The reasoning for this is not clear. It may be associated with the need for self-promotion and the need for admiration.

SUBSTANCE-RELATED DISORDERS. *Substance Disorders* may be elevated among the *NARCISSISTIC PERSONALITY TYPE* due to the constant stresses of self-focus.

THE NARCISSISTIC PERSONALITY CONTINUUM

All personality flows on a continuum from order to disorder – from function to dysfunction. Internal and external stressing events are the “triggers” that motivate a personality that is functioning in an orderly fashion to move toward disorder. Since each personality is different, not all stressing events hold the same impacting “value” for each person. A stressor that might cause significant personality disruption in one person might not effect another at all.

Each clinically recognizable *Personality Disorder* has its corresponding *Personality Style*. The goal of the therapist should be to move a disordered personality from a state of disorder to a state of homeostasis – the corresponding *Personality Style*.

According to Sperry,³ the optimally functioning *NARCISSISTIC PERSONALITY STYLE* contains nine elements. Correspondingly, there are nine elements that indicate the breakdown of each of those nine optimally functioning elements. As an individual “trades off” each of the optimally functioning elements for a maladaptation, they are moving closer to a clinical assessment of full *NARCISSISTIC PERSONALITY DISORDER*. The effort, therefore, must be to establish and maintain the optimally functioning elements of the *NARCISSISTIC PERSONALITY STYLE* without allowing for diminution toward more maladaptive traits.

³ Sperry, Len, M.D., Ph.D. *HANDBOOK OF DIAGNOSIS AND TREATMENT OF DSM-IV-TR PERSONALITY DISORDERS* (Second Edition). Brunner-Routledge. New York, NY. 2003. P. 153.

Sperry's continuum includes the following nine elements:

Optimal Functioning	Maladaptation
<ul style="list-style-type: none"> • Although this person is emotionally vulnerable to negative assessments and feelings of others, they can handle these with style and grace. • This individual is shrewd in dealing with others, using the strengths and advantages of others to achieve their own goals. • This individual energetically sells themselves, their ideas, and their projects. • This person tends to be an able competitor who loves getting to the top and staying there. • This individual can visualize themselves as the best or most accomplished in their field. • This person believes in themselves, their abilities, and their uniqueness but does not demand special treatment. • This individual accepts accomplishments, praise, and admiration gracefully and with self-possession. • This person possesses a keen awareness of their thoughts and feelings. • This individual expects others to treat them well at all times. 	<ul style="list-style-type: none"> • This person reacts to criticism with feelings of rage, stress, or humiliation (even if those feelings are not outwardly expressed). • This person is interpersonally exploitive, taking advantage of others to achieve their own ends. • This person has a grandiose sense of self-importance. • This individual believes that their problems are unique and that those problems can only be understood by other special people. • This person is preoccupied by fantasies of unlimited success, power, brilliance, beauty, or ideal love. • This person has a sense of entitlement and unreasonable expectations of especially favorable treatment. • This individual requires constant attention and admiration. • This person has a lack of empathy and an inability to recognize and experience how others feel. • This person is preoccupied with feelings of envy.

THE NARCISSISTIC PERSONALITY STYLE UNDER STRESS

The following behaviors will likely manifest when an individual with a *NARCISSISTIC PERSONALITY TYPE* faces a triggering event. In the case of the *NARCISSISTIC PERSONALITY TYPE*, triggering events will center around some significant self-evaluation exercise. This exercise will likely be associated with a significant life-event. That life event does not need to be a negative event in order to trigger a crisis: any event may trigger an event (e.g. loss of job, loss of relationship, graduation from school, birth of a child, etc). These are some of the probable manifestations associated with a crisis:

- Depressive symptomology is likely, including *Dysthymic Disorder* and a *Major Depressive Episode* (especially in significant crisis situations).
- Substance abuse issues.
- Over working issues.
- Consistent irritability, anger, or potential rage (especially illogical “placement” of hostilities).
- Self isolation. Since the tendency of the narcissistic individual is to believe that no one understands them, they may isolate themselves during crisis situations.
- The individual may strike out at others with apparently unwarranted attacks.
- Morbid attempts to control both situations and other people.
- Apathetic withdrawal.
- Self devaluation.
- Somatic symptoms due to the stress of a crisis situation. The narcissistic individual tends to internalize issues.
- In extreme and prolonged crisis situations wherein the client feels “trapped” and unable to see any resolution to the crisis that has forced self evaluation, psychosis may be a result. This might be a *Brief Psychotic Reaction* or a more prolonged episode such as *Delusional Disorder*.

DISORDER ETIOLOGY AND TRIGGERS

Etiology is the study of causes and origins for a malady. The list of etiological causes and origins for this personality type have been compiled from accepted psychological research. Each personality type also has a number of triggers that will likely be associated with movement from optimal functioning toward maladaptation. While this list of triggers is not all-inclusive, this list does contain the most commonly accepted reasons that trigger a maladaptive episode in an individual with a *NARCISSISTIC PERSONALITY TYPE*.

PSYCHOSOCIAL ETIOLOGY OF THE NARCISSISTIC PERSONALITY TYPE

The formulation of personality (and, consequently, the potential for disorder) occurs during child development. No parent and no family environment is perfect. Thus, the imperfections of that home environment will lead to the development of some personality “skew.” That skew is called a personality style.

In cases where the home environment was significantly maladaptive, traumatic, or damaging to the psyche of the child, the potential for development of a full-blown personality disorder increases with the onset of early adulthood.

The following list contains likely issues that arose during childhood that precipitated the formulation of the *NARCISSISTIC PERSONALITY TYPE*. Many of these issues will not be cognitively accessible to the client and there is a likelihood that many of these issues will be denied by the client. In spite of client denial (which is very common) these are the most commonly accepted reasons for the development of the *NARCISSISTIC PERSONALITY TYPE*.

The therapist must recognize the difference between an optimally functioning personality style and a personality that is moving (or has moved) toward disorder. The personality that is not in a state of disorder but skews toward the personality style may

contain a few of the events from this list, some items may be repressed, or less severe family behaviors that follow the same “theme” may have existed (but not necessarily with the same intensity).

The therapist should not “automatically” assume that each of these items was a reality in the person’s home of origin. This list should be used for investigation and exploration in order that the therapist might understand the dynamics of the home of origin.

- Maternal over gratification. This is the primary cause of narcissistic tendencies. The over gratification likely occurred quite early in life (infancy) and continued on throughout childhood. The oral stage is the most likely point of beginning for the over gratification since the narcissistic individual seems to have a significant issue with self-gratification. There are also issues of “object love” involved.
- Selfless, unconditional maternal love. While unconditional love sounds like a “good idea,” it is not functional in real life. This creates expectations in the child that are devoid of realism. This overindulgence often creates a feeling of “specialness” in the individual. Consequently, they will feel weak and exploited when their adult environment does not provide what they need.
- Frustration experience failure. The maternal caretaker did not provide consistent and appropriate maximum frustration experiences for the child. The child, instead, was given what they wanted prior to maximum frustration. Maximum frustration is a key element in the development of self and the ability to differentiate between self and others. When a child is frustrated (at the appropriate age) the child will “invent” ways to get what they need for themselves. For example, the child who has learned to crawl wants a toy that is across the room. The child will likely cry and point to the toy. The proper means of parenting is for the parent to encourage the crawling child to go get the toy themselves. The frustration experience will encourage the child to develop their own logical resolutions to their needs. The parent who continually responds to the desires of a child (that the child can fulfill themselves) will risk fragmentation of the child’s ego. This will result in the adult “crying” for others to continually get what they themselves should be providing for themselves.
- Family behavior patterns to investigate at the disorder level include selfless, non-contingent love and adoration;⁴ “worship” of the child; exaggerated and distorted love; adoration not accompanied by genuine self-disclosure; isolation from “clashes” with reality; and, the threat of disappointing the one who is adoring the child.⁵

[The above list does not contain biochemical considerations associated with the etiology of the *NARCISSISTIC PERSONALITY TYPE*. The therapist should understand that there may be

⁴ This behavior goes beyond the normal time frame associated with the oral stage. The behavior patterns may be engendered outside of the home with another relative like a grandparent, if there is sufficient interpersonal contact with the individual.

⁵ Some of these family behavior patterns are indicated with a full disorder. In the case of a stable and optimally functioning personality style, the therapist may not locate these family behavior patterns, the behaviors may be repressed, only a few behaviors may exist, or less severe family behaviors that follow the same “theme” may be indicated.

biochemical issues associated with this disorder. Those issues are best addressed by a medical doctor or a Psychiatrist.]

DISORDER TRIGGERS

The following list contains the most common triggers that precipitate a crisis event or a full disorder in someone with a *NARCISSISTIC PERSONALITY STYLE*.

Self Evaluation. The *NARCISSISTIC PERSONALITY TYPE* is a self-focused personality type. As long as the individual is in control of their environment and the effects that their environment has on them they will not usually experience a crisis. However, when situations that are out of their control occur, the individual with the *NARCISSISTIC PERSONALITY TYPE* may experience a crisis.

TREATMENT COURSE FOR NARCISSISTIC PERSONALITY ISSUES

The following is a summary of treatment objectives when a therapist is dealing with a *NARCISSISTIC PERSONALITY TYPE*. As is the case with any client engagement, when the therapist feels that they are not capable of dealing with a specific case, the case should be referred to another therapist. Also, in the event that a therapist takes on a specific case and after an appropriate time period does not see progress, the case should also be referred.

POTENTIAL MALADAPTIVE DEFENSE MECHANISMS

While it is possible for any individual in crisis to use any of the maladaptive defense mechanisms, there are maladaptive defense mechanisms that certain personality styles “favor” over others. The therapist should thoroughly research all defense mechanisms that the client might be using.

There are eleven major defense mechanisms that are commonly used by individuals with the *NARCISSISTIC PERSONALITY TYPE*. Eight of those involve some type of image distortion and may indicate a significant problem leading toward psychosis (any defense mechanism above Level #2).

Intellectualization. The client uses excessive abstract thinking, intellectual reasoning, or generalizations to control or minimize emotional discomfort. [Level #2 – Mental Inhibitions Level]

Isolation of Affect. Separation of ideas from feelings originally associated with them. Only the cognitive elements remain. [Level #2 – Mental Inhibitions Level]

Repression. The client expels disturbing wishes, thoughts, or experiences from consciousness. The emotions may remain. [Level #2 – Mental Inhibitions Level]

Devaluation. The client attributes grossly exaggerated negative qualities to themselves or to others. [Level #3 – Minor Image Distortion Level]

Idealization. The client attributes grossly exaggerated positive qualities to others. This will be done by the narcissistic individual in an effort to gain approval or to get another individual to cooperate with them. [Level #3 – Minor Image Distortion Level]

Omnipotence. The client behaves or speaks in such a manner that they project the image to others that they possess special abilities. There is a distinct projection that they are superior to others. [Level #3 – Minor Image Distortion Level]

Projection. The client falsely attributes to another person their own unacceptable feelings, impulses or thoughts. This is a protective measure to prevent the erosion of self. [Level #4 – Disavowal Level]

Rationalization. The client conceals their true motivations for their own thoughts, actions, or feelings through the elaboration of reassuring or self-serving but incorrect explanations. [Level #4 – Disavowal Level]

Projective Identification. The client projects their feelings, impulses, or thoughts onto another person (as in normal projection). Eventually, those feelings, impulses, or thoughts are fulfilled by the person on whom they are projected. This is an effort by the narcissistic individual to control others. [Level #5 – Major Image Distortion Level]

Apathetic Withdrawal. The client withdraws from any attempts to deal with internal or external stressing events. The narcissistic individual will experience this if they are unable to resolve emotions associated with a self-evaluation crisis. [Level #6 – Action Level]

Psychotic Distortion. The client engages in internal efforts to reshape the external world with hallucinations and delusions. This is the creation of a new reality. This will usually only happen to the narcissistic individual if they are unable to resolve a self-evaluation crisis of substantial nature. [Level #7 – Level of Defensive Dysregulation]

THE TREATMENT PROCESS

Prior to Therapeutic Intervention

The first course in treatment for the *NARCISSISTIC PERSONALITY TYPE* is to get a broader conceptualization of the individual. In cases of significant personality dysfunction or maladaptation, there are undoubtedly family structure and home of origin issues that are important. Thus, the *Foundations Assessment* is a vital tool for the therapist to administer prior to actual therapeutic intervention. The client's current levels of anxiety and depression are also important. Therefore, either *QuikTest* or the *Personal Crisis Inventory* should be administered. The *Addictions and Dependency Scale* may also be an important tool since it will reveal a broad range of both addictions and codependent behaviors.

The therapist should begin by reviewing all Assessment results. That includes review of other elevated personality styles included in this report. In all likelihood, the therapist will find that more than one personality type will be elevated above the 50% threshold. This is

not abnormal.⁶ Each personality type that is elevated should be analyzed and cross-correlated. The therapist should look for common elements among all of the elevated personality types. Those elements that are common to all personality type elevations will likely be significant issues for the client

Objectives of Therapy

During the initial interview phase of therapy the therapist must determine the reason that the client has been presented to therapy. Current home issues should also be discussed. The potential for *Axis I Disorders* should be considered during the interview. Finally, prior to the actual treatment phase of therapy, the therapist should conduct an investigation of the client's home of origin. This information should be gathered in hopes of correlating the results of the *Foundations Assessment* and the personality type elevations.

In the clinical population, the prevalence of *NARCISSISTIC PERSONALITY DISORDER* is only between 2 and 16 percent. Yet, a very large percentage of the American population exhibits significant narcissistic traits. These individuals may be prone to "black and white" expressions and beliefs.

The core of the disorder is a stunted development of the whole self (the ego). This is called a *narcissistic wound*. Thus, the narcissistic individual must always be doing something to promote themselves. This is not because they are "in love" with themselves, but it answers the belief that if they don't, they will fall to a worthless status very quickly. This, again, is due to the fractured ego. Their ego is only supported and reinforced by external factors.

When feelings of inferiority are present, the client may tend to judge others. They may be manipulative or may tend to dominate relationships. This is to prevent the continual feelings of inferiority. They must bring others down to the level at which they recognize themselves.

The client generates the automatic thought that if they are not "special" then they are inferior or even worthless. This "specialness" is designed to cover up their inferiority feelings. This often creates very intense internal emotional states. Sometimes those emotional states are projected outwardly. Without special recognition from those around them, the individual may feel completely inferior.

This individual's feeling of deep interpersonal rejection, disappointment or inferiority is generated from the injury to the ego in childhood. When the individual feels persistently vulnerable over a significant period of time, they will often experience a *Major Depressive Episode*, *Dysthymic Disorder*, or somatic complaints.

The somatic symptoms and complaints may present themselves in therapy. This is especially true in cases of significant personal assessment or personal questioning on the part of the client. When the client is involved in a significant environmental situation that causes them to "doubt" the special structure that they have surrounded themselves with, the emotional conflict that is generated may not be allowed to surface in its true form. If it

⁶ If an individual displays four or more elevated personality styles, this may present a problem. The therapist should understand that the more personality styles the individual displays, the more the personality tends to become disassociated from a unified and consistent core. A personality that contains more than three personality types will likely score on the *DSM Personality Cluster* score in the *MARET COUNSELING AND ASSESSMENT PERSONALITY STYLE ANALYSIS*. The therapist should carefully examine those results.

did, the individual might be forced to face their fractured ego head-on. Since that is too intense of an emotional situation, the emotional issues may surface in somatic complaints. Those somatic complaints may include chest pains, muscle and bone pains, headaches, dizziness, stomach ailments, or a wide variety of other generalized physical issues. The therapist should have the client consult a medical doctor when these somatic complaints arise since real physical factors need to be ruled out. Somatic symptoms are likely associated with the narcissistic wound.

If a medical doctor rules out a physical cause for the somatic issues, the therapist may find the somatic symptomology very useful in therapy. The therapist should investigate the specifics of the crisis situation in which the client is engaged. The therapist should be able to locate the exact break in the ego. At that point, the therapist may be able to help the client restructure their thinking so that the ego can be restructured. The therapist is forewarned that this will be a very emotionally charged event for the client. If considerable care and attention is not given to the client, there is a significant possibility of *Axis I Disorders* developing.

The therapist must realize that with a fractured ego the client will be hypersensitive to criticism. The client will also be opposed to change. They have established what they feel is a viable means of dealing with their inferiority. Since the therapy process itself represents change, the narcissistic individual will have only a limited capacity to develop a working relationship with the therapist. Anything more than that will represent too significant of a threat. Disclosing weaknesses and shortcomings is alien to the narcissistic person.

Therefore, behavior modification exercises may be the most appropriate place to start any therapy process. This process will be easier for the individual to deal with. Allowing the narcissistic individual to be involved in the formation of goal setting in therapy is also useful. This reduces the fear that the individual doesn't know where the therapist is going with the sessions. The therapist must get the client to agree on specific treatment objectives. When the client has a sense of ownership in the treatment process, they are more likely to continue.

Initial therapist should focus on the underlying symptoms associated with any *Axis I Disorders* that are present. Reduction of anxiety and depressive symptomology is essential to therapy productivity.

The client is reluctant to engage in self-evaluation because it threatens to activate the core negative belief of inferiority. The narcissistic individual promotes their "special" status to protect themselves from consciously expressing their perceived status of inferiority. The therapist must realize that the individual will likely leave therapy quickly and unexpectedly if they begin to consciously recognize their inferiority. They are not equipped to deal with the humiliation of inferiority. Prolonged negative emotions will leave the client powerless and inadequate. This may be another reason for them to leave therapy unexpectedly.

The initial efforts of the therapist must be to increase the self-esteem of the individual. This is essential for further treatment since somewhere in the process the individual will need to encounter their feelings of inadequacy and inferiority. It may also be helpful for the client to engage in some type of behavior that does not involve their own self-advancement. This may involve working as a volunteer somewhere. They must also learn to totally relax and separate themselves from "doing." The narcissistic individual will

sometimes be absorbed in work, hobbies, or other interests that do not allow them the “down time” to simply enjoy other people. Having fun for the sake of having fun is something that is foreign to these individuals. They need to have fun.

The following are all issues that should be explored some time during the therapy process. The therapist will not always find issues in each of these areas, but exploring these areas will root out many of the client’s issues:

- The therapist must explore the client’s understanding of success. The client will likely have an ultraistic concept of success.
- The therapist may generally use role-playing as a key element in therapy. The individual will not like role playing in the beginning since there is too much lack of control during the interaction on their part. Nevertheless, this is a useful tool for the therapist.
- The issue of boundary awareness must be discussed. Where does the individual start and where does the individual stop? They must realize the rights of others and respect those rights.
- The therapist should intensively explore the individual’s concept of self-worth. This should only be done after a solid working relationship is developed between the client and the therapist. The client will likely present themselves in a very good light. They will use personal accomplishments as the key to their worth. The therapist must continue to discuss the concept of self-worth until the therapist discovers the true sense of worth that the client has concerning themselves. Restructuring self-worth is essential to healing since the client will likely feel that they are worthless without the external input from others. Self worth must be internalized inside of the client in spite of their personal accomplishments and the opinions of others.
- As hard as it is, the therapist must explore the missing elements in the ego of the individual. The therapist must devise ways to instill those missing components within the individual so that the fractured ego can be reconstructed. As the client moves toward recognition of being self-contained and self-sufficient without the need for affirmation from others they are moving forward. This will be indicated by the loss of their “specialness” and the recognition of the true value of everyone who is “different” from them.
- The client may have an automatic thought that some people are of lesser “value” than others. These individuals will likely be people who are not involved in making them special. They will not have a desire to focus on those people. The therapist may wish to explore homework with the individual that forces them to observe others that are totally outside of their sphere of influence. In this exercise, the client should intensively think about the value of those individuals independent of the value of the client themselves. The therapist may assign the client to go visit a homeless shelter (even working with the homeless for a short period of time). If the therapist can get the client to recognize the human value of people that are outside of themselves, they can then move that toward the client recognizing their own self-value and self-worth separated from those that are more “important” to the client.
- It has been emphasized that the client needs to be “special.” Deep inside, they believe that they are inferior to others and they have an incessant need to cut off any

recognition of their own inferiority. The therapist must get the client to recognize their own faults and limitations. In this same context, the therapist must get the client to recognize that their faults and inferiorities are acceptable – even though the client will think they have to “do better” to eliminate these issues. Accepting personal limitations is usually not acceptable to the narcissistic individual. When the therapist brings the narcissistic individual to this point, they have made considerable headway toward healing.

- Every narcissistic individual must continually work to prove that they are a “beautiful swan.” They cannot accept anything else. They are constantly searching for the maternal nurturance that they never separated themselves from. Considerable healing has been accomplished when the individual forfeits the desire to be a “beautiful swan” and realizes that is acceptable to just be one of the “ugly ducklings.” This factor eliminates the need to be recognized as “special.”

Dangers of the Therapeutic Process

There are significant obstacles and potential dangers associated with the therapeutic process for the *NARCISSISTIC PERSONALITY TYPE*. These include the following:

- In extreme cases wherein the client faces a crisis of personal evaluation that they cannot resolve or gain control over, there is the possibility of self-destructive behavior including suicide or suicide attempts. This is related to the “loss of self” in the crisis.
- Decompensation into psychosis or significant *Axis I Disorders* in extreme cases where resolution of personal evaluation cannot be resolved or is out of the control of the individual.

Successful Completion of Treatment

Termination of treatment for the *NARCISSISTIC PERSONALITY TYPE* is indicated when the therapist has moved the individual substantially or completely to the optimal functioning side of the personality structure.

The key elements that must be accomplished are:

- The client has forfeited their sense of entitlement. This individual must realize that they are bound by the rules and norms that govern normal social interaction.
- The client must learn to lean on others for emotional support.
- The belief that the client is in some way defective, bad, unwanted, or inferior must be reconciled. This effort on the part of the therapist may take some time and may involve research into the client’s home of origin issues. Those issues may be significant in both the cause and the cure of this issue.
- The client must substantially relax their desire to meet unrealistically high standards. The therapist should understand that these standards are in place to help the client avoid criticism and to be accepted by others.

- The client must learn self-control and frustration tolerance. The therapist will need to research the exact self-control mechanisms that are malfunctioning in the client. There may be issues of substance abuse, over working, or a number of other issues related to self-control. It is advisable for the therapist to administer the *Addictions and Dependency Scale* to determine both abuses and behaviors associated with those abuses.

Copyright © 2006. *MARET Systems International*. All rights reserved. This document may be used for internal office-related counseling efforts. It may not be printed and distributed for purposes other than therapeutic interventions and education. This document may not be distributed to others in any way including by email without written permission from *MARET Systems International*. Visit our web site at www.maretsoftware.com.

This document is a small portion of the MARET Educational Series textbook titled *UNDERSTANDING PERSONALITY STYLE AND DISORDER FOR PASTORAL COUNSELING*. The textbook is highly recommended for pastors who engage in counseling. It is available for purchase on the MARET web site or from Amazon.com.