

# History and treatment of narcissistic personality disorder



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## History of Narcissistic Personality Disorder

Historically, narcissism was associated with someone who had sexual perversions or excessive masturbation issues. There was a Greek myth in which a beautiful young man named Narcissus made of the Gods angry and she cursed him to fall in love with his own image; this is where Narcissism gets its name. (Wade & Tavris, 2008) Havelock Ellis, was the first to use the term “ narcissus-like”, in 1898, referring to excessive masturbation. (Wikipedia, 2010) Sigmund Freud was the one who brought it to the for-front of the early psychiatric society. He was the first to acknowledge Narcissistic Personality Disorder as a psychiatric disorder. Narcissistic Personality Disorder was added to the Diagnostic and Statistical Manual of Mental Disorders in 1980, in the edition known as DSM III-TR. (Science Daily, n. d.)

## Etiological Differences

Narcissistic Personality Disorder is more relevant in men. Almost 75% of people diagnosed with NPD are male. There are no ethnic distinctions. The onset of Narcissism was believed to begin in infancy, childhood and early adolescence, commonly caused by abuse or trauma from a parent or authority figure, but it was exacerbated by the onset of aging. (Vaknin, n. d.)

## Symptomatology

Symptoms include but are not limited to: grandiosity, need for admiration and sense of entitlement, may feel overly important, exaggerate achievements, demand praise and admirations, may have fantasies of unlimited power and success, love or beauty, they think that they are only

understood by people who are like them, and most often think they are superior in some way to everyone else, arrogant, has a sense of entitlement, shows no empathy, takes advantage of others to make themselves better, jealous of others, but believes everyone is jealous of themselves. They set unrealistic goals, have a fragile self-esteem, are easily hurt and rejected, but appear tough minded and unemotional. Because of an underlying inferiority, they overcompensate and are angry at others who have more or receive praise, respect or attention. (Heffner, 2004) (Mayo Clinic Staff, 2009) (Vaknin, n. d.) Five or more symptoms must be present to diagnose someone with narcissism. (Vaknin, n. d.) No cardinal symptoms are recognized. However, grandiosity is usually present in most all cases of NPD.

### Biology of the Disorder

There are no specific regions of the brain that are associated with this disorder. There does not appear to be neurotransmitter abnormalities either.

### Treatment

According to the Mayo Clinic, there are three treatments usually associated with narcissism. They include: cognitive behavioral therapy, family therapy, and group therapy. Cognitive therapy is designed to help one identify their negative thoughts and actions and replace them with positive ones. Family therapy brings the whole family together to explore problems at home and tips to resolutions. Group therapy works with a group of people with the same issues and everyone talks about their issues with the hope of learning from others mistakes. (Mayo Clinic Staff, 2009) Medications may be

prescribed, but they are usually used to treat symptoms the patient may be <https://assignbuster.com/history-and-treatment-of-narcissistic-personality-disorder/>

suffering from along with the narcissism, for example, mood disorders.

(Vaknin, n. d.) The prognosis is poor. (Vaknin, n. d.)(Heffner, 2004) It does not appear that any treatment is better for helping those with NPD. There is no recorded cure.

### Application

Modifying a treatment plan for someone with NPD would be difficult. One of the modifications would include excessive praising for following procedures, taking their medication and complying with doctors orders since they need praise. Another modifier would be to make them feel overly important in their treatment, by listening to their opinions and praise their ideas. Do not discourage or make them feel unimportant in their own care.

### Research

Treatments for NPD are virtually no-existent. So no research articles regarding treatments were found. However, in an article titled Refining the Construct of Narcissistic Personality Disorder: Diagnostic Criteria and Subtypes, research was done to expand the Narcissistic Personality disorder into sub-types.

The research was a correlation study. The information gathered was based on a series of questions the researchers prepared for Psychologists in order for them to answer about their specific patients. There was nothing to be controlled or manipulated so it was not an experiment. Nor was there one specific person studied as with the case studies. The hypothesis, there are

more specific subtypes for the diagnosis of NPD than what is listed in the MSD-IV.

The participants were psychiatrists and psychologists with at least 5 years of post-training experience, drawn from the membership registers of the American Psychiatric Association and the American Psychological Association. The research designed included a list of criteria: patients they reported on had to be at least 18, could not have a MSD-IV diagnosis, and had to have some sort of personality pattern that was caused by distress or dysfunction. Their patients could not be psychotic and had to be well known to the clinician. There were a total of 1, 201 patients whose clinicians participated in the study. (Russ, Shedler, Bradly, & Westen, 2008)

The clinicians then completed a number of tasks: a form to determine demographics, diagnostic and etiological variables, the Shedler-Westen Assessment Procedure-II, an Axis II criterion checklist, and finally a personality disorder construct rating chart. The tasks were completed and scored, each test with its own set of values linked to a score. (Russ, Shedler, Bradly, & Westen, 2008)

It found that 225 patients fit the DSM-IV criteria for NPD based on the axis II checklist (five or more diagnostic criteria checked), 122 of the patients fit the DSM-IV criteria based on the personality disorder rating chart, and another 101 received the diagnosis of NPD based on both tests. Narcissism is much more complex than the DSM-IV criteria suggest. (Russ, Shedler, Bradly, & Westen, 2008)

Since Narcissistic Personality Disorder is the least studied personality disorder, more needs to be done to help win the fight against this disease. Because NPD it is so broad, Treatment is usually not effective. More research needs to be done to subtype the disorder with the hopes of finding some sort of relief treatment. The next research study could be an experiment with 100 individuals who were diagnosed using DSM-IV guidelines. Randomly ask them questions to decide which subtype they would fit. From that subtype, each subject could participate in group as well as individualized therapy and medicinal therapy for their specific type. Placebos and the latest medication can be used as well as different types of therapy to see what each subject responds to best. Because the techniques and medication will be different from patient to patient, maybe there will be a way to subtype and hopefully correctly diagnosis and treat people suffering from narcissistic personality disorders.