ROMANIAN ACADEMY

SCHOOL OF ADVANCED STUDIES OF ROMANIAN ACADEMY

DOCTORAL SCHOOL OF PHILOSOPHY AND PSYCHOLOGY

Doctoral Thesis Summary

INVESTIGATING DYSFUNCTIONAL CORE TRAITS OF NARCISSISTIC PERSONALITY AND DEVELOPING A GOOD PRACTICE GUIDE IN THE THERAPY OF THIS TYPE OF PERSONALITY

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2024

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INTRODUCTION

Narcissism is a term often invoked nowadays, not only in clinical circles, but especially in everyday life, where we almost witness an abuse of narcissistic labeling of some people. Therefore, the clear definition and correct use of the term narcissism falls under the responsibility of mental health professionals, who can contribute to: destigmatizing false narcissists, avoiding diagnostic misuse, demystifying narcissism and positioning it appropriately in the current socio-cultural context.

The doctoral thesis started, first of all, from the need to understand the deep cognitive, emotional and relational mechanisms of narcissism, identified during the clinical practice at the office.

Second, underlying the thesis was the paucity of research evidence on narcissism published in the literature, evidence that would help in the didactic training of clinical psychologists and psychotherapists. The topic of narcissism, although very fascinating for professionals and the general public - and often discussed - is not necessarily understood, utilized and clinically approached in an appropriate manner.

There is, on the one hand, a lot of popularizing literature, so-called practical psychology, abundant in information about narcissism, and on the other hand - psychiatric treaties and grounded studies on this disorder, with solid theoretical, conceptual, practical and applied theoretical anchors. But even these anchors sometimes vary widely, influenced by the perspectives of researchers who have investigated narcissism or treated narcissistic distress over time.

The integration of all perspectives of research and practice, sometimes strongly contrasting, sometimes complementary in some aspects, but divergent in others, is an extremely challenging and nuanced process, which requires a consistent analytical approach, coupled with a fine discrimination of the conceptual spheres of the field.

By identifying this need for a synthesis of perspectives and building on it, this doctoral dissertation can thus be an important aid for researchers in further studies on narcissism, as well as for clinical psychologists and psychotherapists who deal with narcissistic symptomatology in their work.

The approach taken by this research aimed at three levels: 1. analysis and systematization of theoretical and practical contributions on narcissism, based on a clear axiological criterion,

namely taking into account the scientific literature providing evidence; 2. providing four consistent examples of narcissism manifestation, from own psychotherapeutic activity, associated with the related psychotherapeutic approach and 3. quantitative, nomothetic exploration of the particularities of narcissism.

The doctoral thesis provides research evidence on narcissism and at the same time advances flexible and functional intervention protocols for Romanian practitioners. Moreover, the substantiated knowledge and the therapeutic protocols were the main pillars of the intervention guide designed in this thesis, which can be used in case of decompensation of narcissistic disorder, since in general only decompensated narcissists end up seeing the psychologist or psychiatrist.

Part I of the thesis, "*Narcissistic Personality Disorder - at the confluence of psychological and psychiatric practice based on research evidence*", comprising of two chapters, examines: maladaptive patterns of personality disorders causing marked individual and interpersonal distress; prevalence of personality disorders; characteristics of narcissistic personality disorder; explanatory theories of narcissism and its origins; neurobiological correlates of narcissism; differential diagnosis and psychopharmacology; and, last but not least, interpersonal dysfunctions of narcissism. Also in the first part of the thesis are presented the psychotherapies that have proven to be effective in working with disharmonic personalities, namely: transference-focused psychotherapy, mentalization-based therapy, dialectical-behavioral therapy, schema therapy, cognitive-analytic therapy, and training for predictability of emotions and problem solving.

The second part of the thesis, "*Investigating the dysfunctional core traits and coping modalities of narcissistic personalities*", contains three studies:

► Study 1, "*Psychotherapy of narcissism - four representative cases*" aimed at testing psychological interventions, with the elaboration of an eclectic, predominantly cognitivist (schema therapy) psychotherapeutic protocol, in four cases whose common denominator was the negative psychological impact of narcissistic symptoms in daily life, at individual, relational and professional level. The cases were presented in extenso: 1. Vulnerability to illness as an agent of change in narcissism; 2. Anger and anxiety-depressive disorder as factors favoring narcissistic decompensation; 3. Complex trauma as an etiopathogenic factor in narcissism; and 4. Emotional deprivation in narcissism;

►*Study* 2, "*A Quantitative Approach to Narcissistic Personality*", focused on: early maladaptive schemas as personality core traits, possible etiologic factors in the development of

narcissistic personality, and the main coping strategies used by narcissistic personality in managing problems and stress. The main difficulties were both to find numerically sufficient groups of narcissists for group characterizations and to choose the most appropriate instruments to detect narcissistic symptomatology and to individualize/differentiate it from other personological comorbidities. A suite of possible etiological factors in the development of narcissistic personality and some of the stress coping strategies of these individuals were identified, and the results are consistent with those of other researchers who have studied narcissistic personality and its dysfunctions in much smaller groups (given the rarity of these study participants).

►*Study* 3, "*Towards a guide of good psychotherapeutic practices in narcissistic disorder*", was a natural, practical-applicative end of the thesis. It entailed, on the one hand, a rigorous documentary analysis of other guidelines and procedures in the field, and on the other hand - the integration of own research results obtained in the studies presented above, in the form of recommendations for researchers, clinicians and psychotherapists.

PART ONE - NARCISSISTIC PERSONALITY DISORDER - AT THE CONFLUENCE OF PSYCHOLOGICAL AND PSYCHIATRIC PRACTICE BASED ON RESEARCH EVIDENCE

CHAPTER 1. MALADAPTIVE PERSONALITY PATTERNS

In the latest version of the Diagnostic and Statistical Manual of Mental Disorders DSM V (American Psychiatric Association, 2013), personality disorders have been portrayed as pervasive patterns of thoughts, emotions, and behaviors that deviate significantly from cultural norms and create dysfunction in the individual's life.

ICD 11 (World Health Organization, 2019) introduced a different perspective in the diagnosis of personality disorders, categorized according to their severity (mild, moderate or severe), specifying domains of maladaptive traits that affect functioning in intra- and interpersonal relationships. These include: negative affectivity, detachment, dissociality, disinhibition, anankastia. The new approach made it possible to understand the severity of disorders along a spectrum, which facilitated their clinical approach (Bach *et al.*, 2022).

Personality disorders are complex nosographic entities that are characterized by difficulties in diagnosis and effective therapeutic approach, both psychotherapeutic and pharmacological. The aim of their research and understanding is an applied one, with several therapeutic goals: decreasing individual psychological distress, reducing the negative impact of dysfunctional behaviors on society, preventing functional and social deterioration of affected individuals (Bateman *et al.*, 2015).

Summarizing the above, it can be concluded that personality disorders are not the result of mental, somatic or substance use disorders, but patterns.

Prevalence of narcissistic personality disorder

The prevalence of narcissistic personality disorder has been estimated between 0.6 and 6.2% of the general population (American Psychiatric Association, 2013) or between 2.3 and 35.7% in the clinical population (Torgersen, 2012).

Explanatory theories of narcissism

Theories of narcissism lie at the confluence of several sciences. The clinical theories (grandiose and vulnerable narcissism), social psychology of personality (narcissism as a trait) and theories of psychiatric diagnosis (the foundation of the symptomatological complex of narcissistic personality disorder) are in the foreground, and theories of organizational psychology, for example, the analysis of organizational and decision-making behavior of managers, are in the background (Campbell & Miller, 2011).

For more than 45 years, clinical theories of narcissism have emphasized two contrasting aspects of this disorder: narcissistic grandiosity and the vulnerability that lies behind it. However, the criteria used in psychiatric diagnosis continue to focus on traits of the grandiosity-exhibitionism axis and exclude traits on the vulnerability-sensitivity-exhaustion axis. It is this ignoring of narcissistic vulnerability/sensitivity that has led, according to some researchers (Zeigler-Hill, Green, Arnau, Sisemore, & Myers, 2011), to diagnostic difficulties for narcissistic personality disorder. Thus, patients who did not fit the grandiose-focused diagnostic criteria were excluded from statistics on the prevalence of the disorder in the population. The reality that narcissistic personalities can also be found in the clinical field in other, more vulnerable and hidden, forms has been ignored.

In a unified sense, clinical and psychotherapeutic practice define narcissistic personality in a broader, more comprehensive sense, considering narcissism as a disorder that lies rather on a spectrum, on an axis that runs from so-called healthy, functional narcissism to pathological narcissism, which is malignant (Malkin, 2016).

The origins of narcissism

Various psychological orientations have hypothesized about the roots of narcissistic personality. Most hypotheses have focused on discovering the link between narcissism and the environment in which the child has developed, including the child's relationship with parents.

The origins of narcissism have also been covered extensively in Wendy Behary's book (2022), who described several developmental scenarios for the adult with narcissistic personality disorder, bringing together several theories and clinical insights.

Table 1. The origins of narcissism according to Wendy Behary (2013)

The spoiled child	Upbringing takes place in an environment that favors superiority and privilege, either by direct demands from the child or by modeling such behavior. The child is given lax limits and is not encouraged to tolerate discomfort, frustration.
The dependent child	The environment is over-protective. Parents try to minimize the child's exposure to discomfort. They act for and in the child's place and prevent the child from developing autonomy. The child grows up feeling incompetent and helpless, entitled to everything. Fears humiliation and failure in social environments outside the home.
The lonely and deprived child	Love is given to the child conditionally, based on performance. Parents have very high expectations of their child, demanding perfection. Some parents want to realize their unfulfilled dreams and desires through their child.
Mixed origins	This spoiled-dependent child's family has a belief of superiority and helps their child excessively without encouraging healthy autonomy. As an adult, he expects to be accepted as he is, without any effort on his part.
	This deprived-dependent child seeks protection from feelings of shame, inadequacy and loneliness. He is hyper-sensitive to criticism and dependent on the opinion and admiration of others. As an adult, they may use avoidance activities to reduce emotional discomfort (pornography, gambling, overwork). In relationships, they may adopt a tyrannical and malicious attitude or become completely detached (to the point of running away from relationships).

In the research on the origins of narcissism, we observe the presence of a predominant empirical support of social learning and psychodynamic theories, outlining the idea that the different facets of narcissism develop from different causes, but the strongest imprint on the disorder remains the child's developmental framework.

Neurobiological correlates

From an intrapersonal perspective, a neuroscientific finding is that in grandiose narcissism the functioning of the person is marked by hypervigilance in the face of perceived threats to the ego. In narcissists, stress reactions, sometimes very strong, occur as a result of the subjective perception of these types of threats, which shows the very basic tendency within this disorder, namely the activation to reject Ego-terrorism actions (Cascio, Konrath, & Falk, 2015; Cheng, Tracy, & Miller, 2013; Edelstein, Yim, & Quas, 2010; Jauk, Benedek, Koschutnig, Kedia, & Neubauer, 2017; Reinhard, Konrath, Lopez, & Cameron, 2012; Sommer, Kirkland, Newman, Estrella, & Andreassi, 2009). The higher the level of narcissistic grandiosity, the lower individuals'

reactivity to stressful stimuli, if they have no personal relevance, other studies have shown (Kelsey, Ornduff, Reiff, & Arthur, 2002; Sylvers, Brubaker, Alden, Brennan, & Lilienfeld, 2008).

The level of interpersonal functioning, with an emphasis on reactions to others, was also examined by neurophysiological measures. Low values of biological correlates associated with empathic relationships have been found in narcissism (Fan *et al.*, 2011; Scalabrini *et al.*, 2017).

Intrapersonal and interpersonal narcissistic functioning are represented by similar neural networks, imaging studies have revealed. The dorsal anterior ciangulate cortex, part of the salience network, was more activated in intrapersonal processing in individuals who scored high on grandiose narcissism when they sensed or predicted a threat to the self (Cascio et al., 2015; Jauk et al., 2017).

Differential diagnosis and psychopharmacology

In general, clinical narcissism is defined around the idea of grandiosity, and from this perspective it can be considered an extreme form of grandiose narcissism (Miller *et al.*, 2014; Pincus & Lukowitsky, 2010). The diagnosis of narcissistic personality disorder, however, does not take into account the vulnerability that may accompany an extreme grandiose presentation, as previously shown, although outward grandiosity may be merely a facade or mask under which a fragile self is hidden (Akhtar, 1989). Likewise, excessive self-centeredness does not necessarily indicate deficiencies in understanding others, but may highlight a low interest in developing skills in understanding others (Baskin-Sommers, Krusemark, & Ronningstam, 2014; Bilotta *et al.*, 2018; Marissen, Deen, & Franken, 2012; Ritter *et al.*, 2011).

The differential diagnosis of narcissistic personality disorder is made with other personality disorders, namely antisocial, histrionic and borderline personality disorder (Widiger *et al.*, 1991)as well as bipolar disorder, substance use disorders, depressive and anxiety disorders (Simonsen & Simonsen, 2011).

As far as psychopharmacology is concerned, it should be noted that there is no psychiatric medication specifically indicated for narcissistic personality disorder. In fact, all psychopharmacological studies for the medication treatment of personality disorders are few in number and with inconclusive results (Silk & Feurino, 2012). Ripoll *et al.* (2011) identified that those with decompensation would be given psychotropic medication more frequently than any

other diagnostic group. In narcissists, medication is used to manage associated symptomatology, i.e. depression, anxiety or sleep disturbance. It is most often administered early in interventions, as an adjunct to psychotherapy (Sperry, 1995).

Table 2. A summary of diagnostic features for narcissistic personality disorder (Ronningstam, 2020)

Diagnostic features	Dimensions	Key features
A grandiose sense of self-importance	**Identity** Over-reporting to others for self-definition and self-esteem regulation. Inflated or deflated evaluations of self or oscillation between the two. Emotional regulation that reflects fluctuations in self-esteem.	General tension/concern
Preoccupied with fantasies of success, power, glamour, beauty and ideal love		Inflated and deflated self-esteem
It considers itself special and unique, believes that it can only be understood and associated with high-ranking individuals and institutions		Central affects
Claim excessive admiration		Shame, humiliation, contempt, envy
A sense of entitlement, unrealistic expectations of receiving favors and special treatment, but also obedience to his demands.	**Self-regulation** Goal setting is based on the idea of gaining the approval of others. Personal standards unreasonably high (sees self as exceptional), or too low (based on a sense of entitlement). Often unaware of own motives	Pathological beliefs about the self. *I have to be perfect to be okay*
Exploitative in relationships, using them for personal gain		
Lack empathy, unwilling to recognize and empathize with the emotions or needs of others		Pathological beliefs about others. *Others enjoy wealth, power, fame and beauty: the more of these things I have, the better I will be*
Envious of others or often believing that others are envious of him/her		
Conceited, arrogant attitude and behavior	**Empathy** Low ability to recognize or identify with the needs and emotions of others. Overly attuned to others' reactions only when they are perceived as having relevance to self. Underestimating or overestimating your own impact on others. **Privacy** Superficial relationships that serve to self-regulate self-esteem. Reciprocity constrained by low interest in the experience of others and emphasis on own gains **Traits: grandiosity** - feelings of entitlement expressed overtly or covertly; self-centered; firm belief that some are better than others; condescending to others; **attention-seeking -** excessive attempts to get attention and stay in the spotlight; admiration-seeking.	Central modes of defense. Idealization and devaluation
Source:NarcissismThe Diagnostic and Statistical Manual of Mental Disorders (5th ed.), Section II (American Psychiatric Association, 2013)	Source:NarcissismThe Diagnostic and Statistical Manual of Mental Disorders (5th ed.), Section III (American Psychiatric Association, 2013)	Source: Psychodynamic Diagnostic Manual: PDM-2 (2nd ed.). New York.(Lingiardi & McWilliams, 2017)

CHAPTER 2. PSYCHOTHERAPIES OF DISHARMONIC PERSONALITIES

Individuals with personality disorders tend to have a shorter lifespan (Fok *et al.*, 2012) and reduced quality of life (Cramer, Torgersen, & Kringlen, 2006). They experience difficulties with emotional regulation and exhibit impulsive behaviors, which predisposes them to suicide risk, accidents, premature illness, and other negative consequences of risk behaviors (Gabbard, Lazar, Hornberger, & Spiegel, 1997).

Several therapeutic orientations are available for the treatment of personality disorders, seven of which have established themselves as having proven clinical effectiveness: transference-focused psychotherapy - TFP (Clarkin & Kernberg, 2006)mentalization-based psychotherapy - MBT (Bateman & Fonagy, 2016) Dialectical Behavioral Therapy - DBT (Linehan, 1993)schema-centered psychotherapy - ST (Young, Klosko, & Weishaar, 2006) cognitive analytic psychotherapy CAT (Ryle, Leighton, & Pollock, 1997) cognitive psychotherapy for personality disorders - CBT (Davidson, 2007) and Training System for Emotional Predictability and Problem Solving - STEPPS (Blum et al., 2008).

PART TWO - INVESTIGATING THE DYSFUNCTIONAL CORE TRAITS AND COPING MODALITIES OF NARCISSISTIC PERSONALITIES

STUDY 1. PSYCHOTHERAPY OF NARCISSISM - FOUR REPRESENTATIVE CASE STUDIES

Objectives and Hypotheses

This study had two objectives: to investigate the dysfunctional core traits of the narcissistic personality and to highlight the psychotherapeutic challenges in the relationship with narcissistic individuals, with the identification of the most effective techniques that can be used in their case.

The following hypotheses were formulated:

1. The dysfunctionality of the narcissistic personality can be predicted by the existence of early maladaptive schemas that appear together, defining a maladaptive core of schemas, specific to this personality type;
2. The narcissistic personality has a relational basis reflected in a specific early bonding with parents perceived as less affectionate;
3. Narcissistic people have developed maladaptive coping, which maintain their symptoms;
4. Building a solid therapeutic relationship favors addressing the affective comorbidities of the narcissistic personality.

Participants

Four clients were enrolled in the study, based on informed consent, who had been referred to the individual psychology office. Each had a diagnosis of narcissistic personality disorder or significant narcissistic personality traits (according to DSM V), as confirmed by scores on the OMNI-IV Personality Disorder Inventory. Both their narcissistic characteristics and the difficulties specific to this personality type, namely: dysfunction in interpersonal relationships, placing responsibility for problems outside themselves, feelings of entitlement and low empathy, were important in the selection.

The group consisted of two women and two men, aged between 40 and 55, with higher education and holding managerial positions at work. The psychotherapy was spread over a period of 2 years - between 80 and 100 psychotherapy sessions, carried out almost weekly.

Materials and methods

The study consisted of three phases: *initial assessment, psychotherapeutic intervention* and *final evaluation*.

The initial assessment included a clinical interview, which was necessary both to identify the difficulties that led to the request for psychotherapy services and to make a presumptive diagnosis. The following questionnaires were administered:

► OMNI-IV *Personality Disorders Inventory* (Guess, 2006);

►*Young Schemes* Questionnaire - *YSQ-S3*;

► *Strategic Approach to Coping Scale (SACS)*;

► *CERQ cognitive-emotional coping questionnaire*;

► *Parent Bonding Inventory (PBI)*;

►*Early Adverse Experiences* Questionnaire (ACE).

Results

In order to investigate the effectiveness of psychotherapy on narcissistic symptomatology, the Reliable Change Index was used (Jacobson & Truax, 1991). In three of the four clients, the decreases in scores on the narcissism scale of the OMNI-IV test showed an optimal level of confidence in durability, which is consistent with other data in the literature (Dimaggio et al., 2017). Positive developments could also be noticed in the feedbacks provided by clients, both during the psychotherapeutic process and at its end.

The tendency of all clients, when faced with difficulties, was to use maladaptive coping mechanisms. Their own emotional needs remained totally neglected, and the goals they set for themselves moved further and further away from resolution, creating a cycle of disappointment and hopelessness.

The case histories revealed that all clients had at least one parent who was perceived as emotionally cold and uncaring towards the child. This was also reflected in therapeutic relationships.

The relationship with the parents had particular implications for the development of clients' early maladaptive patterns. In all cases presented, there was toxic frustration of relational needs in childhood, leading to the development of emotional deprivation, mistrust/abuse, and defectivness/ shame schemas. The secondary schemas developed varied quite widely, but the presence of entitlement/grandiosity, subjugation, approval seeking and recognition schemas were noted.

The first hypothesis of the present study was thus confirmed, according to which *narcissistic personality dysfunction can be predicted by the existence of early maladaptive schemas that appear together, defining a maladaptive core of schemas specific to this personality type*.

At the same time, there were also sufficient arguments to confirm the second hypothesis, that *narcissistic personality has a relational basis reflected in a specific early bonding with parents perceived as less affectionate*.

In terms of cognitive-emotional coping, three of the four clients tended to self-blame, ruminate, catastrophize and blame others. Only two of them used refocusing on planning as a coping strategy with motivational and adaptive potential. The strategic approach to coping did not have a common denominator for clients - only two tended to seek social support under stress. The third hypothesis of the study, that *narcissistic individuals have a proponderance of maladaptive coping, which maintains their symptomatology*, was also confirmed.

The predominant presence of overcompensation coping modes in all clients, as well as the grandiosity schema (manifested when the psychotherapist tried to access their vulnerability), were likely to challenge the therapist's own dysfunctional schemas and modes. From these challenges a problematic relational dynamic can arise, with negative impact on the therapeutic process (Semeniuc, Sterie, Soponaru, Butnaru, & Gavrilovici, 2023). Therefore, it is important for psychotherapists to be aware of this possibility and stay as much as possible in the healthy adult mode, protecting their own vulnerable child mode through anchoring strategies in the present (Sterie, 2024).

The fourth hypothesis of the study, according to which the *building of a solid therapeutic relationship favors the approach of affective comorbidities of narcissistic personality*, was validated by the results obtained in two of the cases.

Conclusions

The objectives of Study 1, i.e. *to investigate the dysfunctional core traits of the narcissistic personality* and *to highlight the psychotherapeutic challenges in the relationship with narcissistic individuals, with the identification of the most effective techniques that can be used in their case*, were achieved.

Psychotherapy for clients with narcissistic personality disorder has proven effective. Some of their life problems were resolved, their functionality and interpersonal satisfaction increased. The therapeutic relationship played a crucial role in the success of psychotherapy. The ability of the psychotherapist not to personally interpret inappropriate remarks of overcompensating modalities and keeping him or her in place in using empathic confrontation were key elements of progress.

The maladaptive core traits of the narcissistic personality, understood in terms of schemas, modes and coping mechanisms, can contribute to a better understanding of the functioning of the narcissistic personality and to reducing the stigma attached to clients, the feelings of shame that can trigger the activation of maladaptive coping. The study of these nuclei by psychotherapists can contribute to a balanced, correct, empathic, but at the same time vigilant and confrontational clinical attitude, the aim of which is to strengthen the functional personological mechanisms while reducing the dysfunctional ones.

Research limitations

The case study method has, of course, its limitations. The small number of participants in this study does not allow generalizability of the results, but only provides a superior understanding of the difficulties of narcissistic personality and interpersonal antagonism that can arise in dealing with such clients.

Another limitation is the type of psychotherapy. The psychologist's therapeutic orientation and working style are always subjective variables, which may influence both the course of psychotherapeutic activity and the quality of the therapeutic relationship. The predominant use of schema therapy in this study does not allow generalization of the conclusions to other psychotherapeutic modalities.

The third limitation relates to the study participants. They chose to seek psychotherapy, which from the outset sets them apart from other people with similar personality characteristics who never access such services. As a result, the study cannot make predictions about how people with narcissistic characteristics who do not wish to seek therapy might respond to some of the techniques suggested in the study.

STUDY 2. A QUANTITATIVE APPROACH TO NARCISSISTIC PERSONALITY

This study comprises two linked quantitative research studies, namely:

► **Early maladaptive schemas as personality nuclei: Possible etiological factors in the development of narcissistic personality** and

► **The main coping strategies used by the narcissistic personality to manage problems and stress.**

Tools used

The same instruments presented and described in the previous study were used

Data analysis

All data analysis was performed using R (Version 4.4.0; R Core Team, 2024).

Univariate descriptive analysis was performed in order to analyze the assumption of univariate normality for the scalar variables. The internal consistency of the scales was checked using Cronbach's α coefficient, and finally, linear and multinomial logistic logistic linear regression models were constructed and analyzed and parameters were estimated. Comparisons were also made between the means of the sample populations to identify statistically significant differences between individuals professionally diagnosed with narcissism and those without diagnosis.

Participants and procedure

Data were collected online from a total of 285 participants, aged between 20 and 61 years (M=37.62, SD=8.57), 74.39% female, based on psychiatrists or psychologists' diagnosis, 14.74% were narcissistic. In terms of OMNI-IV scores, of those administered the inventory, 12.98% had high narcissism scores, 32.63% - medium scores and 9.12% - low scores (total 54.73% diagnosed).

EARLY MALADAPTIVE SCHEMAS AS PERSONALITY CORE TRAITS: POSSIBLE ETIOLOGICAL FACTORS IN THE DEVELOPMENT OF NARCISSISTIC PERSONALITY

Purpose and hyphotheses

The main aim of this first research sequence was to investigate the dysfunctional core traits of the narcissistic personality, expressed as early maladaptive patterns and the resulting coping mechanisms, with the identification of possible etiological factors involved in the development of narcissistic personality.

The research **hypotheses** were:

-H1. Narcissistic personality structures can be predicted by early maladaptive schemas: emotional deprivation, mistrust/abuse, defectivness/shame, subjugation, unrelanting standards, entitlement/grandiosity, insuficient self-control, approval/recognition seeking;

-H2. Individuals with narcissistic structure tend to more intensely evaluate parenting style as controlling compared to normal individuals;

-H3. The difference between the evaluation of parental parenting styles is statistically significantly higher in narcissistic personalities, compared to normal ones;

-H4. The frequency of early adverse experiences in narcissistic personalities is significantly higher compared to normal individuals;

-H5. Early adverse experiences are statistically significantly associated with the development of schemas: emotional deprivation, mistrust/abuse, defectivness/shame, subjugation, unrelenting standards, entitlement/grandiosity, insuficient self-control, and approval/recognition seeking;

-H6. Early adverse experiences are statistically significantly associated with the predominant choice of maladaptive coping styles.

Results and discussions

The group diagnosed by the specialists as being composed of *narcissists* was characterized, in the primary analysis, by high scores on the variables of maladaptive schemas, namely Unrelanting Standards, Emotional Deprivation, Mistrust, Defectiveness, Subjugation, Entitlement and Insufficient self-control.

Comparing the sublots of participants - those diagnosed with narcissism with those not diagnosed by specialists, the latter being considered *normal* -, the scores were clearly in favor of the former, with significant differences, in the following early maladaptive schemas: Mistrust/Abuse (exaggerated suspiciousness), Defectiveness/Shame (intolerance of exposure and criticism), Entitlement (dominance in the adjudicating benefits), and Approval seeking (inhibition of actions, feelings, and communication to maintain social appearances).

In the secondary correlational analysis, the next analysis in terms of level of complexity, although many significant associations were established between variables, they were negatively associated with Narcissism.

In this surprising situation were: Emotional Deprivation (positively associated with Mistrust/Abuse, Subjugation, Unrelenting Standards, Entitlement, Insufficient Self-Control, and Approval Seeking, Mistrust/Abuse (positively associated with Defectiveness/Shame, Subjugation, Unrelenting Standards, Entitlement, Insufficient Self-Control, Approval seeking), Defectiveness/Shame (positively associated with Subjugation, Unrelenting Standards, Entitlement, Insufficient Self-Control, Approval seeking), Subjugation (positively associated with Unrelenting Standards, Entitlement, Insufficient Self-Control, Approval seeking).

The entire correlation matrix was characterized by low intensity correlations, with a few exceptions of medium level correlations (Mistrust/Abuse with Defectiveness/Shame and Mistrust/ Abuse with Entitlement, and Approval seeking with Unrelenting Standards).

The primary and correlational analyses, although they contributed to a suggestive psychological profile of the studied group, were not at all convincing in testing the hypothesis H1, according to which *narcissistic personality structures can be predicted by early maladaptive schemas*.

As a result, a linear regression model was tested to see which maladaptive schemas function as predictors of narcissism. Highlighted were: *Approval seeking* and *Entitlement*, an increase in which leads to a decrease in narcissism, and *Subjugation* - any increase in its score increases the narcissism score.

Taking into account the cumulative results, somewhat incompletely satisfactory, of the previous analyses - results obtained with the help of validated clinical scales and on appropriate methodological and statistical bases -, the idea was outlined that among the participants included in the group, diagnosed by specialists with narcissistic personality disorder, there would be cases that would not fully meet the criteria for narcissistic personality disorder, but only certain visible and accentuated features of this psychopathological area.

Subsequently, the suspicion has been raised of errors in the diagnosis of the specialists who helped to make up the group of narcissists, by enrolling clients in the case of psychologists, or their own patients in the case of psychiatrists. Without denying the clinical experience of these specialists, it is possible that the group thus constituted included, in addition to the major narcissists with classic symptoms described in the DSM-V or ICD-10, some people who have only a few narcissistic traits comorbid with other psychiatric pathologies or only maladaptive-narcissistic traits in their own right.

Under these conditions, we proceeded to analyze the concordance of the specialists' diagnosis with the results obtained on the OMNI-IV inventory, a powerful instrument, able to separate narcissism from other personality disorders. Thus, two subgroups of narcissists were constituted in order to construct a multinomial logistic regression model, in which the dependent variable was represented by the group of people diagnosed by specialists as having narcissism.

In the multinomial model, a 1-point increase in the Emotional Deprivation score increased the odds of inclusion in the narcissistic category by 8%.

We then proceeded, additionally, to use the factors of the maladaptive schemas as dependent variables, following the effect of the narcissism diagnosis (Student t-tests).

On the one hand, increased scores on Mistrust/Abuse, Subjugation, Insufficient self-control and self-discipline reduced the chances of inclusion in the narcissistic category, while on the other hand, increased scores on Defectiveness/Shame, Unrelenting Standards, Entitlement and Approval seeking increased the chances of inclusion in the narcissistic category.

The H1 hypothesis was thus confirmed only for some of the early maladaptive schemas.

Hypothesis H2, according to which individuals with narcissistic structure tend to evaluate more intensively the parental style as controlling, compared to normal individuals, was not verified in the mean scores obtained by the two groups.

Narcissism was not associated with any of the parenting styles perceived by the child: Caring - Male, Caring - Female, Overprotective - Male and Overprotective - Female, although some of these variables did correlate significantly with each other. As a result, the linear regression model in which parenting styles were used to predict narcissism was not a plausible one in the present case.

Hypothesis H3, according to which the difference in the rating of parental parenting styles is statistically significantly higher in narcissistic personalities compared to normal personalities, was not confirmed. The difference in parenting style ratings was calculated for two main factors, caring and overprotectiveness, by subtracting the score of the mother (assumed to be more caring and protective) from the score of the father, the two variables functioning as predictors of narcissism. However, analyses showed that the linear regression model was not plausible.

Narcissism was also not associated with Adverse Childhood Experiences. Thus, the fourth hypothesis, H4, that the frequency of early adverse experiences in narcissistic personalities is significantly higher compared to normal individuals, was also not supported by the data.

On the other hand, in own research, Early Adverse Experiences were statistically significantly and positively associated with all indicators of maladaptive schemas, namely with Mistrust/abuse, Defectiveness/ Shame, Subjugation, Unrelenting Standards, Entitlement, Insufficient Self-Control, etc. In the linear regression model, Emotional Deprivation and Defectiveness/Shame were found to be the most significant predictors of Adverse Experiences, with increasing Deprivation score leading to higher Adverse Experiences score and increasing Defectiveness/Shame score leading to lower Adverse Experiences score.

This partially confirmed hypothesis H5, which hypothesized the existence of associations between Adverse Experiences and the development of maladaptive schemas, for two of the schemas, namely Emotional Deprivation and Defectiveness/Shame.

In the narcissistic group, the variables 'Rumination', 'Refocusing on planning' and 'Positive reappraisal' had low emphasized scores, whereas 'Catastrophizing', 'Blaming others' and 'Adverse experiences' had high emphasized scores.

Early adverse experiences were negatively associated only with Positive Refocusing (thinking about pleasant things related to an event), with the other variables showing positive associations.

Hypothesis $H_{6,}$ according to which early adverse experiences are statistically significantly associated with the predominant choice of maladaptive coping styles, was thus partially confirmed, as these experiences correlated with both maladaptive coping mechanisms (Rumination, Catastrophizing, Blaming others) and adaptive coping mechanisms (Refocusing on planning, Putting into perspective, Acceptance).

And between them the CERQ variables displayed a constellation of statistically significant associations across the group studied. Self-blaming was positively associated with Rumination, Catastrophizing, but not associated with Acceptance, Refocusing on planning or Blaming others.

Acceptance was positively associated with Rumination, Refocusing on Planning, Positive Reappraisal, and Putting into Perspective, but was not associated with Catastrophizing, Blaming Others, and Adverse Experiences. Rumination was positively associated with Positive reappraisal and Refocusing on planning. Positive Refocusing was positively associated with Positive Reappraisal, Putting into Perspective and negatively associated with Catastrophizing and Adverse Experiences. Refocusing on planning was positively associated with Positive reappraisal and Perspective-taking and negatively associated with Catastrophizing and Blaming others, etc.

Adverse experiences were only negatively associated with Positive Refocus, but their only predictor from the regression model was not this Positive Refocus, but Planning Refocus.

Conclusions

The variables included in the research showed more of an intradimensional correlation, within the scales that brought them together, than an interdimensional correlation, i.e. with variables of different scales.

Some hypotheses have been confirmed in their entirety, by progressively increasing the complexity of the statistical fitting, by dividing the group of narcissists into two sublots, etc., others have been only partially confirmed, and others have been rejected, but all the results that were obtained - and especially the difficulties encountered - may constitute important evidence for research in narcissism.

The suspicion of errors in specialist diagnosis, raised throughout this research sequence, was the most difficult obstacle. One may suspect a multidetermined causality of the error - on the one hand would be the insufficiently consolidated nosographic status of this multifaceted disorder, and on the other hand the use in clinical diagnosis of unlicensed or low diagnostic value samples. In the case of participants with consolidated psychiatric diagnoses of narcissism, the dose of uncertainty could have been just as high, in the absence of the application of established tests by the psychiatrists who examined the patients. The use of the OMNI-IV Inventory, capable of discriminating between narcissistic disorder and other personality disorders, proved to be a life-saver in this context.

These findings do not negate the clinical experience of the psychiatrists and clinical psychologists who contributed to the narcissistic participants, nor the pictures obtained in the primary and secondary/correlational analyses, which correspond both to narcissism and its particularities and to the results obtained by other researchers.

The diagnostic suspicion concerns only the failure of nosographic discrimination between clinical narcissism and non-clinical narcissistic attributes. Sometimes the latter may only be related to the environment in which the individual functions.

On the other hand, it is vital that all diagnostic psychiatrists and psychotherapists use validated tests, adapted to the local population, with which to detect individuals truly symptomatic for certain disorders and to highlight the particularities of their symptomatology.

Noting the association between the patterns of Defectiveness/Shame, Unreleneting Standards, Entitlement and Approval seeking and Narcissism, psychotherapeutic interventions will aim to identify and deconstruct faulty self-beliefs, which may be masked by grandiosity, the pursuit of very high standards and the appearance of adopting desirable behaviors.

THE MAIN COPING STRATEGIES USED BY THE NARCISSISTIC PERSONALITY TO MANAGE PROBLEMS AND STRESS

Aim and hypothesis

The main aim of the second research sequence was to investigate the main coping strategies used by the narcissistic personality in managing problems and stress.

The following hypothesis was formulated**:**

H_7. Narcissistic personalities use significantly different coping strategies than normal people.

Results and discussions

In the second research sequence, the main coping strategies used by narcissistic personalities in coping with problems and stress were studied and hypothesis H7 was tested, according to which narcissistic personalities use significantly different coping strategies, expressed behaviorally/actionally and cognitively-emotionally, compared to people without such a diagnosis and considered normal.

Thus, in the narcissistic group, Self-blame was positively associated with Social Relatedness, a sign that this disorder represents a strange and paradoxical mixture of intrapersonal adjustment difficulty coexisting with adaptability to social demands (based on self-sufficiency and self-efficiency).

At the same time, social bonding, in which the narcissist joins others to cope with the situation, can lead to their subjugation in order to achieve his goals and fulfill his desires for fantasy, wealth and unlimited success.

Acceptance, signifying thoughts of resignation in the face of what has happened, was positively associated with Social Relating and Prudent Action, which involves a logical analysis of the consequences in order to minimize possible damage caused by others.

Rumination was positively associated with Assertive Acting, Social Relating, Seeking Social Support and Prudent Acting and negatively associated with Antisocial Acting (pursuing

one's own interests at the expense of the interests of others), revealing the narcissistic hypervigilance and internal contradictions of this personality.

Positive refocusing (turning attention away from the stressful event and shifting it to pleasant things) was positively associated with: Assertive Action (which involves confronting problems head-on, honestly and openly), Prudent Action (taking all necessary steps for self-protective purposes), Instinctive Action (based on intuition) and Avoidance (self-interested withdrawal based on a judgment of expediency).

Refocusing on planning (signifying the steps to be taken to cope with the stressor) was positively associated with Social Relating, Seeking Social Support, thus with two dimensions of prosociality (not caring for the narcissist) and with Prudent Action (making sure that everything will go perfectly), and negatively with Avoidance (withdrawing from the goal path) and with Antisocial Action.

Catastrophizing (exacerbating the negative consequences of an event to a level of terror) was positively - and contradictorily - associated with: Assertive Acting (pursuing problem solving, not withdrawing from danger), Avoidance (reducing effort), Indirect Acting (manipulating the situation for one's own benefit), Antisocial Acting (harming others to fulfill one's own self-interest) and Aggressive Acting, and negatively with Narcissism. Blaming others was positively associated with Narcissism, and Assertive Action (pursuing one's own interests without harming others) was negatively associated with Narcissism.

In the research sequence, two linear regression models, corresponding to the two instruments used CERQ and SACS, were then tested to estimate the strength of the predictors. The only statistically significant predictor was *'blaming others'*, with a one-point increase in the score on blaming others resulting in a 1.21 point reduction in narcissism.

Again, a similar methodological and procedural impasse as in the previous research was suspected, which raised suspicion that narcissistic personality disorder was not correctly diagnosed by specialists, and similar steps were followed.

The multinomial logistic regression model used as dependent variable the group of people diagnosed by specialists as having narcissism, in order to analyze the concordance between the diagnosis given and the results obtained on the OMNI IV inventory.

On the CERQ variables, compared to baseline (no diagnosis), increased scores on self-blame, acceptance, rumination, positive refocusing reduced the chances of inclusion in the narcissistic category.

All of these dimensions are related to a certain self-acceptance, a self-conscious vulnerability, as well as a defensive-de-depressive withdrawal. Yet the narcissist is, by excellence, an offensive person, with a self-esteem that does not undergo consistent fluctuations except when he is injured or when his interests are damaged.

In terms of refocusing on planning, positive reappraisal, and perspective-taking, increased scores increased the chances of inclusion in the narcissistic category. On putting into perspective (signifying thoughts that minimize the seriousness of the event when compared to other events), a one-point increase in score increased the odds of inclusion in the narcissistic category by as much as 15.23%. This may illustrate a hallmark of narcissism, oriented towards reaching higher and higher goals despite all obstacles and interpersonal dangers, appealing to ignoring the emotional plan in order to maintain commitment to the goal pursuit.

Increasing the score on catastrophizing reduced the odds of inclusion in the narcissistic category, while increasing the score on blaming others by one point increased the odds of inclusion in the narcissistic category by 14.06%, a sign that a strong narcissistic strategy remains the attribution of responsibility for failures to others (with the associated reduction in feelings of shame and delegation of responsibility).

For the second instrument, compared to the baseline **(**no diagnosis), increased scores on assertive action, seeking social support, instinctive action, and avoidance reduced the odds of inclusion in the narcissistic category, whereas increased scores on social relating, cautious action, indirect action, antisocial action, and aggressive action increased the odds of inclusion in the narcissistic category.

It is typical of the narcissist that, as he confronts stressors, he strategically and somewhat exacerbated employs certain behavioral coping strategies in order to subjugate others and bring them along the path he has set for himself. Thus, attempts to turn to others for problem solving, cautious actions (preventing any injury to the grandiose self), attempts at manipulation (specific to indirect action), will ultimately be followed by aggressive and antisocial actions, all in pursuit of the personal goal.

Few studies have investigated coping strategies in narcissism. For this reason, in the present study it was decided to investigate both cognitive-emotional coping strategies (CERQ) and behavioral coping strategies (SACS).

In a similar study, narcissists' preference for using task-oriented coping strategies and prosocial strategies, such as seeking social support, was revealed (Birkás, Gács, & Csathó, 2016), which has been explained by their tendency to cement their social status through the use of social influence (Jonason & Webster, 2012).

Another association was that between grandiose narcissism and hostile and dominant type responses, when the expectations of grandiose narcissists are not met, whereas vulnerable narcissism was associated with a more behavioral disengagement coping style (Fernie, Fung, & Nikčević, 2016).

Some of the findings from these studies were also reflected in this research sequence.

Hypothesis H7 thus proved to be a plausible hypothesis, with blaming others, antisocial action and, marginally, instinctive action representing coping strategies associated with narcissism.

Conclusions

The interdimensional associations between the scales of the two instruments used can help to understand the dynamic associations between cognitive-emotional and behavioral coping strategies in the case of the narcissistic person. These strategies complement each other, painting a correlational picture useful for understanding the links between the subjective, intrapersonal, interpersonal and action levels. Even if some behavioral strategies are less characteristic of people with narcissism, they may be justified by the cognitive-emotional strategies behind them, by the very fabric of the duplicitous and unscrupulous narcissistic personality which, in the aim of self-affirmation, may act to the detriment of others.

Some of the research evidence provided in this study on the use of unexpected coping strategies may seem surprising, but should be interpreted in the clinical context of the overall symptomatology. They suggest the high degree of complexity of the narcissistic phenomenon, from which the difficulties of specialists to make correct diagnoses also derive.

The differences in the results between the sublot diagnosed by specialists and the sublot whose diagnostic confirmation was made using OMNI-IV, is a proof of the need to use standardized instruments that confirm and support, through scores, the clinical observations of specialists.

Clinicians and psychotherapists have access to details about the symptomatology and life history of their clients, which helps them to better understand the multifactorial determinants of narcissistic symptomatology. However, the richness of this often paradoxical material may lead them to insufficiently consolidated diagnostic conclusions. This important shortcoming can be prevented by the use of validated instruments that support and complement clinical data.

The observation of the correlations between the focus on planning, positive reappraisal, perspective-taking and narcissism indicates the need to observe the real consequences of dysfunctional behaviors enacted at the interpersonal level. Focusing on these aspects in psychotherapy is likely to create discomfort for the narcissist and trigger coping mechanisms such as cautious action, indirect action, antisocial and aggressive action, which the narcissist may use to cope with the discomfort.

STUDY 3. TOWARDS A GUIDE TO GOOD PSYCHOTHERAPEUTIC PRACTICE IN NARCISSISTIC DISORDER

There is currently no specific guideline dedicated to narcissistic personality disorder as defined in the DSM-V (American Psychiatric Association, 2013). The development of such a tool requires, on the one hand, performance in symptomatological discrimination (narcissistic phenomenon is multifaceted and composite, as has been shown, manifesting itself in several forms - grandiose, vulnerable, pathological), and on the other hand, it requires numerous studies, providing consistent research evidence on medications, conceptual-methodological frameworks of approach, psychotherapies, etc. But narcissists rarely end up in psychiatric hospitals or psychotherapy to be enrolled in studies, representing very rare subjects.

Table 3. Guidelines of psychotherapeutic approach to narcissistic personality

Therapeutic Objectives	**Proven techniques in research**	**Tailoring interventions**	**The psychotherapeutic model used**
Lower self-inflation	Explanatory insight techniques	Putting one's own characteristics into perspective and questioning why a person is the way they are.	Addressing maladaptive schemas and coping associated with narcissism.
Decreased self-centeredness/increased empathy	Activating orientation towards others and the degree of connection felt	Mindfulness training focused on compassion. Actively looking for common characteristics/expressions between therapist and client to emphasize what creates the connection. Actively seeking shared experiences between the client and the people with whom they have difficulties. Participating in group therapy and finding common stories and similarities with other group members. Similar case story and materials using indirect techniques to activate self-compassion and reduce feelings of shame.	Increased mentalizing capacity. Using experiential techniques and affective bridges to create links between cognitive-emotional and behavioral levels. Using indirect techniques such as therapeutic storytelling, metaphors, anecdotes and humor to target and reframe feelings of shame and inadequacy.
Reducing worry to build a grandiose self-image	Using mindfulness techniques. Reduced sensitivity to ego-threatening experiences.	Construct exercises that support self-affirmation - consistent with the presence of the social affirmation and recognition/desirability seeking schema in narcissists. Narcissists can be supported and encouraged to begin the session by telling about the things they are proud of (serves to build rapport). The focus is on their core values and how these are used in the pursuit of their own goals. Empathic confrontation, which involves both pointing out dysfunctional or self-sabotaging behaviors and offering insight into how they formed and were relevant in the past.	Exercises for gaining feelings of personal control and effectiveness. Validating achievements, taking responsibility, using active listening and a collaborative relationship. Confronting self-critical messages and increasing understanding for intrapsychic processes (understanding triggers, interpretations and coping strategies used). Empathic support in moments of vulnerability, to rewrite childhood experiences.

CONCLUSIONS

►On the **nosographic status of narcissistic personality disorder and its forms of manifestation**

Narcissistic Personality Disorder is characterized by arrogant attitudes, an exaggerated sense of self, a sense of being special and deserving of special treatment, as well as perpetual entitlement, lack of empathy and exploitative behaviour. It can be seen as the extreme end of a multifaceted continuum of narcissistic phenomena, ranging from normal to pathological. Pathological narcissism comprises several forms of manifestation, also called phenotypes: grandiose and vulnerable narcissism, the first manifesting overtly and the second - masked. The existence of this variability plays a major role in the difficulties in synthesizing and reconciling research findings with those from clinical psychiatric practice or from the areas of social and personality psychology concerned with narcissism. Insufficient nosographic consolidation of the status of this disorder may in turn explain both its low prevalence and the higher rates of diagnosis of narcissism by specialists than the rates of diagnosis obtained by psychometric instruments.

The fact that different specialists and researchers understand narcissism in different ways makes it difficult to refer to a single frame of reference. The lack of a theoretical-methodological framework supported by solid research evidence even leads to a weakening of the narcissistic phenomenon's nozographic credibility and to a decrease in the quality of services provided to people with narcissism. In addition, this uncertainty may entail increased risks of stigmatization, for narcissists who are not narcissistic, and the application of subjective treatments, unsupported by conclusive empirical evidence.

►On the **most effective therapies for narcissistic personality disorder**

Although narcissism is highly comorbid with depressive and anxiety disorders (leading to suicide risk) and substance abuse, there are no specific pharmacological treatments for narcissism per se - treatments are only aimed at the pathology/decompensation of co-occurring disorders.

On the other hand, psychotherapeutic interventions for narcissism are also not founded on a solid research base. Although there are various recommendations for addressing narcissism, they are not supported by research evidence.

However, practitioners argue that metacognitive therapy, mentalization-based therapy, schema therapy, cognitive-behavioral therapy, psychoanalytic, transference-focused, and dialectical-behavioral therapy all work in addressing narcissism. They emphasize the special role of the therapeutic relationship in dealing with narcissistic patients and the difficulties clinicians encounter with the countertransferential phenomenon.

It seems that an important factor in the success of the intervention would, in fact, be the psychotherapist's ability not to enter into a battle with the maladaptive coping mechanisms of his narcissistic clients, but to create a sufficiently solid alliance in which the clients do not feel ashamed and feel safe. Essentially, therapists explore their maladaptive coping modalities and test healthier coping alternatives.

► On the casuistics of narcissistic disorder, the importance of psychometric risk assessment of narcissistic decompensation and the best applicable psychotherapeutic techniques

In approaching those with narcissistic personality disorder, it is the solid psychometric assessment which, together with the clinical interview, forms the basis from which to understand the problem, both for clients and therapists.

For narcissistic disbelievers, discussing the results step by step, putting them in the context of their life - and in relation to the therapeutic goals - can increase the chances of engagement in therapy and help to contract a long-term therapeutic process.

Although communicating with narcissistic people requires a lot of tact and patience in order not to activate dysfunctional coping mechanisms, mirroring them in an accurate manner, as well as the therapist's authentic attitude towards psychotherapy and even towards the narcissist, are elements that increase the narcissist's trust in the therapist and in the service he/she delivers. As shown in the case studies, the therapeutic journey with narcissists can be challenging but also rewarding.

► On the psychotherapy guidelines for narcissistic personality disorder.

The investigation of the dysfunctional core traits of the narcissistic personality, undertaken within the framework of this doctoral thesis, has organically led to the elaboration of a guide of recommendations for specialists working with this category of clients.

Among the recommendations in the guide is the use of scientifically validated methods, both in assessment and intervention, applied in a relational manner tailored to the specific needs of the narcissistic client. The application of the recommended techniques cannot be divorced from the therapeutic relationship in which they are used, because the success of any psychotherapy depends on the psychotherapist-narcissist relationship.

► Personal contributions

In the light of the above, it can be concluded that narcissism is a multifaceted disorder, understood and theorized differently by mental health specialists. Only through the integration of different conceptual and practical-methodological perspectives can an adapted and functional approach to narcissism be discussed.

The present paper aimed to clarify the etiopathogenetic aspects of narcissistic personality disorder, investigating both its possible origins (early adverse experiences, perceived parenting styles) and their manifestation through early maladaptive schemas specific to narcissists and maladaptive cognitive-emotional and strategic-behavioral coping mechanisms. An integrated understanding between personal historical aspects and present manifestations is very important for an effective psychotherapeutic approach to narcissistic issues.

The novelty of this work is the investigation of this narcissistic continuum and the various coping mechanisms activated by narcissistic individuals, which brings a better conceptual and psychotherapeutic understanding of the field of personality disorders.

By using tools to investigate the cognitive-emotional and strategic-behavioral aspects, the link between the intrapersonal and interpersonal levels of narcissistic people was highlighted and some possibilities of therapeutic intervention were outlined.

Another element of originality of the work is the rarity of the group studied, too few narcissists reaching psychiatrists or psychologists and, of these, too few agreeing to participate in such research.

► Future directions for action

In future studies dedicated to narcissism, it is advisable to investigate the multifaceted multifaceted aspects of this nosographic condition, using validated and calibrated instruments on the Romanian population. It is also important to take into account the high degree of comorbidity that narcissism presents with other disorders, as well as the particular aspects that lead narcissists to seek psychotherapy or to be part of studies (in order to reduce selection bias).

In this context, the desire of narcissists to maintain an impeccable image in front of others should also be emphasized, which can frequently lead to phasing of test results. As a result, it is recommended that further studies in this area should combine quantitative and qualitative research, the latter having the advantage of capturing elements of authenticity and vulnerability of these individuals.

At the same time, for better monitoring of long-term psychotherapy, regular testing of clients is recommended to capture the evolution of certain maladaptive traits and the consolidation of positive parameters of interest.

A correct psychotherapy, with evident progress in the maladaptive areas of the narcissistic person and with benefits reflected in his/her daily life, could lead to an increased awareness of the need for psychotherapy by the narcissists themselves. Also, making connections between the behavioral aspects that are obvious to narcissistic individuals and their less obvious consequences (at the intrapersonal and interpersonal levels) may increase narcissists' motivation for psychotherapy and for change to improve the overall quality of their lives.

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