

The Etiology and Treatments of Narcissistic Personality Disorder: A Systematic Review

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Abstract. Narcissistic personality disorder (NPD) is considered a very complex mental health disorder influenced by different genetic, neurobiological, and environmental factors. Neurobiologically, abnormalities in brain regions within the prefrontal cortex and limbic system contribute to difficulties in emotional regulation and empathy. The environmental factor easily predisposing them to it comes in the form of childhood trauma or over-spoiling by parents. NPD is often comorbid with other personality disorders, such as borderline personality disorder and antisocial personality disorder, which makes the diagnosis even more complex. The treatments of NPD include psychodynamic therapy, in particular, transference-focused psychotherapy, cognitive-behavior techniques such as schema therapy, and the newest, which includes mentalization-based treatment. There also is the enormous challenge of engaging patients with NPD in therapy, given the typical features of resistance, such as grandiosity and ignorance of the true self. Because of this, future research on NPD, especially early intervention and elaboration, has become the expected and focused direction.

Keywords: Narcissistic personality disorder, etiology, treatments, psychodynamic therapy, transference-focused psychotherapy.

1. Introduction

Narcissistic Personality Disorder (NPD) can be a complex mental health disorder, and its etiology involves the interaction of different parts of the brain. Because the growth environment and social environment will also have an impact on the cause of NPD, the current research has not clearly identified what causes the formation of NPD. The treatment of NPD is also complex because it is not based on drugs but by means of psychological treatment, and drugs are used as auxiliary treatment. Individuals with NPD demonstrate grandiose behavior patterns, require excessive admiration, and show a lack of empathy. According to the American Psychiatric Association, NPD causes distress and is exceedingly problematic because the disturbances will lead to tensions and difficulties either at work or in social settings for the person around the patient [1]. Today, where the development of psychology is quickly going on and evolving, people are starting to realize how important it is to understand and study NPD.

Campbell further asserts that the shift toward materialism and personal achievements within our culture has been likely to underlie the rise of narcissistic traits in Western society, making NPD a growing concern for the mental health profession [2]. As Campbell observes, this growth in narcissistic traits within Western culture is underpinned to a great extent by a cultural transition toward materialistic values and personal accomplishment. This valorization of wealth, fame, and outward success has seemed to surge both in self-concept and identity in this cultural transition. It was in a society that valued individual success and self-promotion to the fullest that the features of narcissism, self-admiration, and entitlement are not only tolerated but also often rewarded and encouraged. A culture that embraces individualism at the expense of communal values and collective well-being cultivates both the growth and solidification of narcissistic traits. In this regard, the materialistic values of Western culture often make people equate their self-values with their material possessions and social status. This external validation becomes a critical component of one's self-identity and leads to a greater interest in self-enhancement behaviors while giving less or no importance to the needs and perspectives of other people. This can only nurture traits of narcissism,

confirming that self-centeredness and pursuit of success at the cost of other people are acceptable or desirable behaviors.

In addition, Fossati et al. show that NPD has very similar symptoms as other personality disorders like Borderline Personality Disorder (BPD) and Antisocial Personality Disorder (ASPD), which complicates diagnosis and treatment [3]. Although BPD is characterized by high emotional lability and impulsivity, these features can be present in NPD but in various forms and different contexts. Though impulsivity might be shared in the two disorders, perhaps it comes in the form of reckless behavior in BPD and in the form of a decision that includes risk out of a need for admiration and recognition in NPD. In turn, by the same virtue, ASPD and NPD share manipulativeness, lack of empathy, and a sense of entitlement. This complicates distinguishing the difference between the two because they both can manifest a pattern of using others for personal profit and show callousness. DSM-5 distinguishes these disorders by the inclusion of traits related to grandiosity and attention-seeking in NPD and impulsivity and hostility in BPD. Because of those shared features, especially in maladaptive behaviors and interpersonal functioning, render the diagnosis of NPD ambiguous.

Miller et al. add that this problem is even more complex because persons who suffer from NPD rarely ask for help because they usually think they are doing well [4]. Moreover, people's understanding of NPD has changed over time. Early theories, such as that by Kernberg in 1975, were mainly focused on how early experiences in life and inner conflict could give rise to narcissistic traits [5]. More recent research has incorporated different perspectives, including cognitive-behavioral, neurobiological, and social-cultural approaches [6]. Despite these advances, treating NPD remains challenging. Ronningstam and Weinberg note that it is difficult to engage people with NPD in therapy because they tend to be defensive and avoid vulnerability [6].

Given these complexities, this literature review aims to explore the causes and treatments of NPD by bringing together recent research. The review will look at how we now define NPD, what might cause it, and evaluate the effectiveness of different approaches to its treatment. With this end in mind, by pointing out the research gaps, the paper attempts to indicate directions for future studies to provide further insights that could improve outcomes for those affected by NPD.

2. Methodology

The literature for this review was gathered using two primary academic databases: ProQuest and Web of Science. These platforms were selected for their extensive coverage of psychological and medical research. The search terms included "narcissistic personality disorder," "etiology," "treatment," "therapy," and "personality disorders." Restricting the search strategy to peer-reviewed literature only for studies within the past 20 years ensured that only the most current and relevant studies were included. Reference lists in key articles were also scanned to trace additional related studies that could be relevant to this review. This systematic approach aimed at putting together an all-inclusive overview of the existing literature on NPD.

3. Literature Review

3.1. Definition of Narcissistic Personality Disorder

The American Psychiatric Association has defined Narcissistic Personality Disorder (NPD) as a pervasive pattern of grandiosity, a need for admiration, and a lack of empathy that begins by early adulthood and is present in various contexts [1]. In this illness, there is a consistent exaggerated sense of self-importance; persons suffering from this ailment usually overrate their capabilities and overrate their achievements. They may engage in persistent fantasies of unlimited success, power, beauty, or ideal love, believing that they are unique and can only be understood by or should associate with other people who are also exceptional or of high status. Fossati et al. support this by noting that such grandiosity is a hallmark of NPD [2].

Key features of NPD include grandiosity and overt or covert narcissism. Grandiose narcissism, as noted by Pincus and Roche, shows overt displays of arrogance and entitlement to their admiration and validation, the need for which will not cease [7]. People with such tendencies will seem confident, self-assured, and assertive, but inside, they are very insecure. On the other hand, vulnerable narcissism is defensive, insecure, and sensitive to criticism. Ronningstam further posited that an individual with this form of NPD can be shy or introverted yet still must have fantasies of grandiosity and a need for admiration [6].

According to DSM-5, NPD is listed as one of the Cluster B personality disorders, which is considered a class of disorders that exhibit dramatized, emotional, or erratic behavior. Apart from grandiosity, many people with NPD lack empathy and, therefore, find it hard to recognize other people's needs and feelings. When this is coupled with entitlement and exploitative attitudes, a lack of empathy usually appears in how they navigate through relationships to achieve their agenda or goal or any means that advance them [1]. NPD can be hard to diagnose since the disorder significantly looks like other personality disorders, such as Borderline Personality Disorder (BPD) or Antisocial Personality Disorder (ASPD). Caligor et al. show that these overlaps provide diagnostic confusion, particularly when NPD is co-occurring with other conditions such as mood disorders, anxiety disorders, or substance abuse [8]. Ronningstam and Weinberg add that the complicated nature of this disorder is escalated by the fact that individuals with NPD seldom enter treatment of their own volition [6]. According to Miller et al., they usually enter therapy at one of those junctures in life only when external forces or some other major life crisis starts to challenge their inflated self-image. This deeply affects their personal and professional relationships [4]. Ronningstam and Weinberg argue that individuals with NPD may engage in interpersonal exploitation because they believe their own needs and wants justify manipulating others [6].

3.2. Etiology

The etiology of narcissistic personality disorder is complex and multifactorial, involving genetic, neurobiological, and environmental influences. Research from Livesley et al. indicates that certain personality traits associated with NPD, such as high levels of extraversion and low agreeableness, are heritable [9]. These traits can predispose individuals to develop narcissistic tendencies, which, under certain environmental conditions, may evolve into NPD.

Neurobiological studies have identified specific brain abnormalities in individuals with NPD, particularly in the prefrontal cortex and limbic system, areas responsible for regulating emotions and social behavior. These structural and functional differences may contribute to the emotional dysregulation and impaired social functioning characteristic of NPD. For example, in Schulze et al., deficits in the prefrontal cortex can lead to difficulties in controlling impulses and emotions, while abnormalities in the limbic system may impair the processing of social information and empathy [10].

Environmental factors, based on Ronningstam's research, play a crucial role in the development of NPD, particularly early childhood experiences [6]. Studies indicate that individuals with NPD often have histories of childhood trauma, such as emotional neglect, abuse, or overly indulgent parenting. These are negative experiences, and they will interfere with the proper development of self-esteem and result in compensatory behaviors with features of grandiosity and a lack of empathy. Kernberg concurs by emphasizing that such experiences could result in an impeding emotional development [5]. In addition to that, Twenge and Campbell propose that cultural factors are another cause, and they describe them as an increased emphasis on individualism and societal success [11]. Due to these factors, it is very likely that narcissistic traits are becoming more and more common, especially in Western culture. Psychodynamic theories have, in general, focused on the role of early caregiver relationships in the development of NPD. For example, Kernberg states that NPD arises when a child's need for admiration and validation is not met or is overly met, leading to defensive grandiosity [5]. Further, Otani et al. opine that it is the maladaptive beliefs developed about the self and others during one's childhood that significantly support a person's narcissistic behaviors [12]. These models

underlie the need to know the cognitive and emotional processes that are responsible for NPD for the development of effective treatment procedures.

3.3. Treatments

Treating Narcissistic Personality Disorder is quite challenging, mainly because the cardinal characteristics of the disorder—the absence of insight and refusal to accept personal imperfections—pose barriers that prevent the course of therapy from successfully moving forward. There are a few techniques that have been commonly employed and which have proved more or less effective; one such technique is Psychodynamic therapy, specifically Transference-Focused Psychotherapy (TFP). As Caligor et al. have pointed out, TFP assists patients in coming to a more integrated and realistic self-image through the exploration of the transference relationships occurring during psychotherapeutic sessions [8]. This therapy is by far most effective in assisting patients in coping with very intense, deeply rooted emotional issues behind narcissistic defenses; however, it is long-term therapy and emotionally intense for both patient and therapist. Cognitive-behavioral approaches, including Schema Therapy, have also been found to be effective treatment methodologies for NPD. According to Weinberg and Ronningstam, this method is most ideal for cases where patients are willing to allow cognitive restructuring and behavior modifications since the method clearly outlines a structured and goal-directed process of treatment [6].

Another promising approach is Mentalization-Based Treatment (MBT), which is designed to develop patients' ability to understand their and other people's mental states. Furthermore, Bateman and Fonagy say that MBT resolves problems of relationships and emotions, which lies at the core of NPD [13]. Although MBT has been relatively new in treating NPD, early studies suggest that it might have significant benefits, especially for those people who struggle with the relational features of the disorder [6]. As a rule, pharmacological treatments are not usually the first line of treatment for NPD but might be used to manage accompanying symptoms such as mood instability or anxiety. Ronningstam further recommends the use of medications such as selective serotonin reuptake inhibitors, which should be administered at low doses to minimize irritability and impulsive aggression [6]. However, a close follow-up is required.

4. Implications

Considering the intricate nature of treating Narcissistic Personality Disorder (NPD), future research must focus on the development of highly specialized and individualized interventions. This approach necessitates a deep understanding of the unique challenges posed by NPD, which encompasses both grandiose and vulnerable dimensions. One particularly promising avenue for such research involves the integration of various therapeutic techniques that are specifically designed to address the distinct characteristics of both the grandiose and vulnerable aspects of NPD. By combining these approaches, clinicians may be better equipped to tailor treatments to the individual needs of patients, potentially enhancing the effectiveness of interventions.

Moreover, there is a pressing need for more longitudinal studies in the field of NPD treatment. These studies should aim to evaluate the long-term efficacy and stability of treatment outcomes across a wide array of therapeutic modalities commonly employed in clinical practice. Such research would provide valuable insights into the sustainability of treatment benefits over time, helping to identify which interventions are most effective in producing lasting positive changes in patients with NPD.

In addition to refining treatment strategies, another crucial area for future research is the exploration of early intervention techniques. The goal here would be to identify and address mild narcissistic traits before they escalate into full-blown NPD. Early identification of individuals at risk is essential, as it allows for timely intervention, which can be instrumental in averting the severe and often detrimental consequences that NPD can have on both the individual and society at large. By implementing preventive measures and providing support at an early stage, it may be possible to mitigate the progression of the disorder and reduce its impact on the lives of those affected.

5. Conclusion

From diagnosis to treatment, NPD is a challenge because of the complex interaction between genetic, neurobiological, and social-environmental factors. Overlapping symptoms, such as those that present in borderline personality disorder and antisocial personality disorder, make the diagnosis difficult. Although treatment modalities such as Transference-Focused Psychotherapy, Schema Therapy, and Mentalization-Based Treatment have been developed, the challenge remains to engage patients in therapies due to resistance and lack of self-awareness.

Future research needs to be focused on early interventions that can prevent the development of fully blown narcissistic personality disorder from narcissistic traits, with the refinement of therapeutic approaches addressing both the grandiose and vulnerable aspects of the disorder. Longitudinal studies are also needed to determine the longer-term outcomes of treatments. The overall goal should be to understand the broader cultural and societal factors contributing to increased narcissism so that steps might be taken to dampen these influences as a way to moderate the growing incidence of NPD. Through continued explorations and individualized therapeutic interferences, mental health professionals can work better with their NPD clients for the best possible outcomes to minimize the impact of the disorder on the individual and society.

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