

AN INSIGHT ON NARCISSISTIC PERSONALITY DISORDER (NPD)

Yash Tyagi, Shyam Bass, Sheetu Wadhwa*

School of Pharmaceutical Sciences, Lovely Professional University, Punjab, India.

Abstract

Personality disorders can be described as a group of mental illnesses that involves an abnormal pattern of thinking and behaving. The development of the prefrontal part of the cerebral cortex is likely to play a significant role in personality disorder. Personality disorders can be classified into three clusters (A, B, C), on the basic descriptive similarities within each class. Cluster A incorporates jumpy, schizoid, and schizotypal personality disorder. Cluster B incorporates introverted, fringe, dramatic and narcissistic personality disorder. Cluster C incorporates avoidant, ward, and obsessive-compulsive personality disorders. The aim of this article is to focus on the introduction of Narcissistic Personality Disorder (NPD) which is a Cluster B type personality disorder, its diagnosis, and the various treatment options available so far.

Key words: Personality disorders, cerebral cortex, Narcissistic Personality Disorder

1. Introduction

From the early times, it has been a matter of controversy that how a normal-looking person can be psychologically disordered. The personality of a person is considered to be a summation of its characteristic trait, its nature and the kind of behaviour it shows in different situations of life. And all this is controlled by the prefrontal cortex of the brain. The prefrontal cortex (frontal affiliation area) is a broad region in the foremost part of the frontal projection that is very much evolved in primates, particularly people. This region has various associations with different zones of the cerebral cortex, thalamus, nerve center, limbic framework, and cerebellum. The prefrontal cortex is worried about the makeup of an individual's character, astuteness, complex learning capacities, review of data, activity, judgment, foreknowledge, thinking, heart, instinct, state of mind, anticipating the future, and improvement of theoretical thoughts. Different investigations demonstrate that an individual with bilateral damage to the prefrontal cortices ordinarily gets impolite, rude, unequipped for tolerating exhortation, ill-humored, oblivious, less inventive, unfit to get ready for the future, and unequipped for envisioning the results of rash or wild words or conduct [1]. So, it can be said that poor development of the prefrontal part of the cerebral cortex becomes the basis of a disordered personality or personality disorder.

According to Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), “*A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment*” [2]

A personality disorder is a subtype under the mental disorder or preferably psychiatric illness as a clear line of distinction is not present between these two terms. As per DSM-IV, there is certainly not a specific definition of psychological sickness and no statement defines the exact limits for the idea of 'mental turmoil'. Every single ailment is defined on different degrees of reflection-for instance, basic pathology (e.g., ulcerative colitis), manifestation introduction (such as headache), aberrance from a physiological standard in case of hypertension, and the etiology (e.g., pneumococcal pneumonia).

Mental disarranges have been defined by an assortment of ideas (such as trouble, dyscontrol, inconvenience, handicap, inflexibility, madness, and etiology). In this manner, mental turmoil is conceptualized as a clinically significant conduct or mental disorder that happens in an individual who is related with present pain, incapable or weak in any one significant work, and passes through a stage of suffering, agony, handicap, or a significant loss of opportunity. Also, this disorder must not be only a socially authorized reaction to a specific occasion, for instance, the passing of a friend or family member. Whatever it's the unique reason, it should at present be viewed as an indication of conduct, mental, or natural brokenness in the person. Neither freak conduct (for example sexual, political, or strict) nor the conflicts that are principally between the individual and the society are mental clutters, except if the abnormality or conflict is an indication of a person who is broken from inside [3]

2. Classification of Personality Disorders

According to the bible of clinical psychology, personality disorders are classified majorly into 3 clusters.

Cluster A incorporates nervous and schizotypal personality disorder. People with these scatters frequently seem odd or unconventional.

In cluster B, introverted, fringe, dramatic, and narcissistic personality disorder peoples are there. People with these disarranges regularly seem sensational, passionate, or sporadic.

Cluster C incorporates avoidant, ward, and over the top urgent personality disorder. People with these disarranges regularly seem on edge or dreadful.

It ought to be noticed that this grouping framework, although helpful in some examination and instructive circumstances, has genuine constraints and has not been reliably approved. In 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions reports that around 15% of grown-ups in US have suffered with at least one personality disorder [2].

In this review, we focus on the introduction of NPD which is a Cluster B type personality disorder, its diagnosis, and the various treatment options available so far.

3. Narcissistic personality disorder (NPD)

NPD belongs to Cluster B of Personality Disorders and is considered to be a distinct character disorder. NPD is characterized with a long-term pattern of an excessive need for admiration, exaggerated feelings of self-importance, and with lack of empathy toward other people too [4].

DSM-5 states that individuals with NPD frequently invest a lot of energy on day-dreaming on how to achieve success and become more powerful, mostly focussed on their appearances and exploit the other individuals around

them. Such narcissistic conduct regularly starts by early adulthood and happens over a wide scope of circumstances. [2]

The concept of narcissism can be followed to the Greek legend of Narcissus and its retelling in Homeric songs. Narcissism has a long history back which is reported in 1898 with Havelock Ellis as a psychological disorder and later in DSM-III reported as Narcissistic Personality Disorder (NPD) [5]

3.1. Types of NPD

Narcissistic Personality Disorder (NPD) stays a fairly questionable determination in the DSM-5. [2] There are worries about whether the analytic criteria used to characterize the turmoil completely catch the idea of the condition and rather unduly vilify parts of it. A portion of the terms that characterize that condition feature angles, for example, "enmity" and "absence of sympathy" which, regardless of whether present, may portray the condition as possibly ethically guilty and unsympathetic.

Yet, examinations held recently have endeavored to concentrate on subtypes inside NPD that may support the two clinicians and laypeople comprehend the changeability of the condition and distinguish better approaches to oversee and treat it.

3.1.1. Grandiose "Overt" Type

This sort is considered to have the most elevated seriousness of poor relational and psychosocial working, and higher comorbidity with another mental issue (counting other personality disorder and substance misuse). They may give more outrage and threatening vibe than different kinds. Regardless of more sickness seriousness, individuals with this sort of NPD are less inclined to introduce for help and participate in treatment. In some extreme cases, people with this introduction may envelop the "threatening narcissist" subtype.

3.1.2. Fragile/Vulnerable "Covert" Type

This sort is considered to potentially introduce all the more regularly for emotional wellness treatment, with higher comorbidity with anxiety and depressive disorders. These people have more issues with defencelessness to analysis, and vacillation among high and low confidence. However, despite everything may have fundamental characteristics of undercover desires for predominance but still individual stay engrossed predominantly with their affectability.

3.1.3. Hypervigilant Type

This sort is less inclined to have mental comorbidity and may not meet the utilitarian disability standard for NPD, except during occasional emergencies or surprising disappointments, (for example, losing a vocation or experiencing a separation). They have all the earmarks of being ostensibly effective and by and large keep up their sense of self strength, however, they despite everything keep up a fundamental NPD character structure; issues with privilege and narcissism may prompt relational issues and exploitative, unempathetic practices [6].

3.2. Etiology

The reasons for a NPD are still unknown but few researchers have proposed a bio-psychosocial model, which reports that it is a combination of both ecological and social, nature and support, as well as hereditary and neurobiological factors [7, 8]

3.2.1. Hereditary

NPD is a mental condition or a personality disorder which exists before in the clinical history of their family [9, 10]

3.2.2. Environmental

Natural and social factors have a huge impact on the initiation of NPD in any individual [9]. However in certain individuals, the obsessive narcissism may occur in connection to their guardians, generally the parents. The reason behind this is the image in the mind of an individual that he has no value and undesirable person in the eyes of their family and friends and as a result they started detaching themselves from society, family, friends, etc [11]. This started towards the advancement of NPD in the mind of an individual from the childhood days.

Besides, the exploration announced in "*Advancement and Narcissistic Personality Disorders*" (2014) shows that social components additionally impact the predominance of NPD because narcissistic character attributes more regularly happen in present-day social orders than in conventional societies [9].

3.3. Pathophysiology

Investigations of the people with NPD, and certain researches have recognized basic variations from the normal region of the front part of the cerebral cortex [12]. Another research suggested that in people having NPD, the volume of the gray matter in the prefrontal cortex is reduced and thus the symptoms are developed [13,14]

3.4. Diagnosis Criteria of NPD

During teenage, the narcissistic qualities are normal and do not show that the individual will have NPD. According to a survey, it is reported that NPD is prevalent up to 0%-6.2% in the human community and it usually occurs in males mostly [2]

As per the DSM-5, diagnosis involves the symptoms (such as an unavoidable conduct, the dire need for appreciation, lack of empathy) from early adulthood and present till date. Few more examples are as follows [2]:

1. Mind preoccupied with dreams of boundless achievement, power, and perfect love
2. Accepts themselves as "exceptional" and Very Important Person (VIP)
3. Requires themselves over the top reverence
4. Feel jealous of others
5. Exploits others or took their advantage to accomplish their goals
6. Feeling of accomplishments, qualifications and abilities which doing.
7. Needs compassion, perceive or relate to the emotions and requirements of others
8. Shows self-important, haughty practices or mentalities

4. Treatment

Psychotherapy is generally used for treatment of NPD. Purpose behind such a backhanded way to psychotherapeutic treatment is somewhat that narcissists by and large have poor knowledge, and are uninformed that their activities created their intellectually unfortunate situation, thus neglect to perceive that their observations and practices are socially improper and hazardous, in view of their extremely positive mental self-view (expanded self-concept) [2,15]

These psychotherapy medications incorporate transference-centered treatment, metacognitive treatment and outline treatment, to treat the customer's specific subtype of NPD. Upgrades to the emotional wellness of patients with NPD are conceivable with the psycho-pharmaceutical treatment of the side effects of the co-morbid issue, notwithstanding such medication treatment, the clinician Elsa Ronningstam said that "*union structure and drawing in the patient's feeling of organization and intelligent capacity are basic for [achieving] change in neurotic narcissism.*" Few psychiatric drugs are need to be explored for treating NPD, and yet can be utilized to treat the manifestations of mental sadness, nervousness, and lack of caution [15] Moreover, guidance from psychology counsellors are also play a role and prove to be effective in case of relationship issues [16].

5. Conclusion

Treatment of narcissistic personality disorder (NPD) is an issue amongst psychological wellness experts due to the absence of methodological model. However, viability of psychotherapeutic and pharmacological intercessions in the treatment of narcissistic behaviour still can't utilize due to lack of clinical evidences. Clinical practice rules for the turmoil have not yet been made and current treatment suggestions are to a great extent dependent on the hypothetical psychodynamic models of NPD and the encounters of clinicians with distressed people in clinical settings. Few other psychotherapy used in the treatment of other mental illness are need to be explored for NPD in preclinical settings.

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