

# Some notes on narcissism

## Editorial

In contemplating and treating patients with narcissistic issues, it can be very useful to keep in mind Freud's distinction between primary narcissism and secondary narcissism.<sup>1</sup> Primary narcissism is roughly equivalent to egocentricity or self-interest. It can be normal or pathological.

As egocentricity, it includes a cognitive and emotional focus on the self, to the exclusion of focus on others. That is, it involves a predominant concern of self protection, self-interest, and self-advancement. It can be understood as a relative indifference or insensitivity to others, even a lack of awareness of others. This includes an absence of empathy, and perhaps an absence of conscience with respect to one's actions. It can also include an exploitation of others that involves a making use of them that is inconsiderate of effects on them. It also includes a certain implicit entitlement and magical omnipotence -- that wanting something should result in getting it.

While this may indicate an implicit problem in self-esteem, it doesn't include a struggle around self-esteem as an active issue. There are, with respect to primary narcissism, no efforts to obtain supply for self-esteem, that is, no seeking of "validation," or admiration, or "reinforcement, or approval. Emotions of pride or shame are not at stake.

This is useful to bear in mind as it is a common concomitant of much other psychopathology. In fact, one can view an increase in primary narcissism as a typical component of the regression that occurs in many other disorders, even in physical disorders. It can be said that when one is struggling with psychological or physical stresses that reduce productivity or quality of life, an accompanying tendency to think more of one's self and less of others is expected. There may be an issue of degree: if it goes too far and impairs the interest of the patient, it becomes pathological.

However, secondary narcissism involves self-esteem. And disturbances in secondary narcissism are common, in that self-esteem may be unrealistically low, or unrealistically high, or may be unstable. It is interesting that secondary narcissism includes the notion that a human being can have value but that an assigned value can be low or high. Shame or pride is involved.

Someone with low self-esteem typically thinks of themselves as having a defect or as not otherwise having earned the same worth that other human beings have. And often this view is quite extreme, in that they see themselves as worthless or unlovable, and experience global shame of themselves. They see themselves as comparing unfavourably to others.

Many will retain an opening to allow themselves to experience some kind of self worth, when they have an outside source that conveys their worth to them; however, with most pathology, this doesn't last.

On the other hand, there are those with a relatively stable esteem of them that is unrealistically high. Usually this is connected to some attribute or talent that, they rationalize, establishes them as being

Volume 9 Issue 2 - 2018

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**Received:** March 8, 2018 | **Published:** March 14, 2018

special, compared to others. And there is often grandiosity involved. This then allows them to additionally rationalize various aspects of primary narcissism.

However, it is useful to understand this inflated self-esteem as tenuously held by them. Most do not hold this self-esteem in a stable manner. Most require, and often urgently seek, narcissistic supply, that is, outside support and reinforcement from others in one form or another. This can be by experiencing love, or compliments, or submission. But even having obtained this, in time they seek additional supply. This strongly points to how the elevated self-esteem is not secure, and how it rests unstably in reaction to a negative view of the self that threatens to emerge. In fact, the inflated self-esteem can be understood as a fragile reaction formation to a negative self-esteem.

In further support, there is the frequent experience of "narcissistic injury," or "narcissistic rage," or "narcissistic withdrawal," when the expected supply doesn't materialize, or when the inflated self-image is directly challenged.

When such pathology of secondary narcissism is the predominant psychopathology, then a diagnosis of narcissistic personality disorder needs to be entertained, assuming that more malignant psychopathology such as bipolar disorder is not justified.

With respect to treatment, in the case of primary narcissism, it is often best to treat the associated pathology primarily. At times it can be useful to point out in a supportive manner that attention to others and their concerns would be beneficial to the patient.

In the case of secondary narcissism, treatment can certainly be viewed as possible, though often challenging. It is important to bear in mind that whatever is said is experienced by the patient as reinforcement to self-esteem, or a threat to self-esteem. At a cognitive level, one can address how the patient's worth is secure; it is just the fears that make it seem insecure. There is often a developmental experience of events that involved profound shame for the patient. As Mahler has indicated,<sup>2</sup> there was an interruption in the expected normal developmental process whereby the patient would have had a consistent experience of parental adoration, which would then have been internalized as self-love - to be then partially mourned in

steps, as disappointments developed. The developmental experiences may have to be developed, and may require that the patient mourn a corrective experience.

Treating patients with issues of secondary narcissism can be very challenging, but with an overall perspective can be fulfilling.

### Acknowledgment

None.

### Conflicts of interest

None.

### References

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