

Narcissistic Phenomena in Patients with Substance Use Disorder: Narrative Review

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INTRODUCTION: The interplay between pathological narcissism and substance use disorder (SUD) complicates diagnosis and treatment planning. A lack of clarity and consensus surrounding the different forms of narcissism has made it difficult to fully understand their connection. Therefore, this review provides a brief history of the concept of narcissism, its manifestation, treatment, interdependencies with SUD and identifies gaps in the literature. **METHODS:** A non-systematic literature review of existing research to synthesize the literature on the relationship between narcissism and SUD was conducted. The search was conducted using PubMed, Scopus, and Web of Science databases. A citation tracking technique was used to identify relevant studies published from 1996 to 2022. **RESULTS:** Several overlapping themes between narcissism and SUD were identified, including a vulnerability to negative affect, low self-esteem, and shame. The authors also identified gaps in the literature, including the need for more research on the relationship between specific forms

of narcissism and SUD. **CONCLUSIONS:** While research on the relationship between narcissism and SUD has increased in recent years, there is still much to be understood about the different forms of narcissism and their connection with SUD. Clinicians should be aware of the overlapping themes between narcissism and SUD when assessing and treating patients.

Keywords | Narcissistic Personality Disorder – Addiction – Substance Abuse – Narcissism – Dual Diagnosis – Comorbidity

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1 INTRODUCTION

Interest in research on narcissism has grown in recent years, however, lacks clarity because of the problems of describing the different forms of narcissism and the lack of a unified consensus (Miller et al., 2017). Although Narcissistic Personality Disorder (NPD) is not the most common personality disorder in patients with substance use disorder (SUD), it occurs more frequently than in the non-clinical population (Stinson et al., 2008). Due to the confusing history of the development of the concept of narcissism, a brief overview of the basic concepts of narcissism is provided. Given the overlapping theme between narcissism and SUD, the authors of the article conducted a narrative review to synthesize existing research; to identify gaps in the literature; and to provide insight for clinicians in addressing these overlapping phenomena.

2 METHODS

Initial identification of the research gap focused on the clinical practice concerning people with SUD, narcissistic traits, and potential influence of such traits on the aetiology and treatment of SUD. The research problem was later defined based on a comprehensive, non-systematic review of literature regarding the discrepancies and gaps in understanding the relationship between NPD and SUD. The primary sources of literature were citation databases PubMed, Scopus, and Web of Science using key words “narcissism”, “narcissistic personality disorder” and “substance abuse”. Additional keywords such as “comorbidity”, “dual diagnosis”, and “treatment” were added during the search to refine the search results and determine what role may narcissism play in the psychopathology of patients with substance use disorder. Articles were selected based on their relevance to the research problem with the focus on studies exploring the direct relationship between SUD and NPD. The exclusion criteria involved articles not relevant to this specific relationship and not written in English.

Priority was given to sources that were less than 10 years old. However, due to the introduction of the concept of narcissism and some important publications that are older in date, sources were not limited in terms of year of publication. 39 articles that described narcissism in substance users were included, including some key monographs and other types of literature.

Findings from these articles were summarized and integrated into a narrative review.

Despite our awareness of the higher risk of bias, the results of this paper are presented in a narrative format, which involves synthesis and a more contextualized interpretation of the findings of eligible studies.

3 RESULTS

3.1 Narcissism: a gradually evolving concept

Narcissism is a relatively old concept whose first descriptions date back to the mythology of ancient Greece (Yakeley, 2018). This concept was explored by prominent psychoanalytic theorist such as Freud, who came up with the concept by means of correspondence with Otto Rank (Schalkwijk et al., 2021). Kohut and Kernberg both had different but very important perspectives. Kohut considers narcissism as part of maturation and developmental achievement, and aspects of narcissism remain throughout a person's life. Development begins with a position of primary narcissism in which the child is in a position unable to differentiate between aspects of the Self, and the Other. Rather, it is a process of development in which the original narcissism evolves, but it is still retaining the aspects of primary narcissism. Kohut identified that addictive behavior is a significant symptom of narcissistic disorder. Kernberg points out that narcissism is a developmental stage associated with the development of the superego, which needs to be outgrown, and is also the basis for the development of object relations. The formation of the superego is therefore crucial for outgrowing primary narcissism. A key developmental task is the integration of ideal self-representations and ideal object-representations. While Kohut and Kernberg held divergent views on the origins and treatment of pathological narcissism, they concurred on its manifestation and presentation (Kenneth et al., 2012).

Kernberg linked SUD directly with narcissistic disorders in his writings. Furthermore, he proposed that the prognosis for treating SUD in narcissistic personalities would be considerably worse compared to those with borderline and depressive personalities (Schmidt, 2019; Vaglum, 1999).

With the growing need to understand and be able to diagnose pathological narcissism, narcissistic personality disorder was for the first time listed on Axis 2 of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 as a separate diagnostic entity. Nevertheless, pathological narcissism and narcissistic personality disorder are concepts that are difficult to define only based on a few descriptive criteria and are the focus of ongoing research (Pincus & Lukowsky, 2010).

In clinical practice, there is no clear consensus on whether it is better to approach the diagnosis of narcissistic personality disorder dimensionally or categorically. Because of numerous shortcomings of the latter one, such as inadequate coverage, arbitrary stated and unstable boundaries with normal psychological functioning or excessive diagnostic comorbidity, an Alternative DSM-5 Model of Personality Disorders (AMPD) emerged (Trull & Durrett, 2005; Widiger & Trull, 2007). This article offers a concise overview of the literature that addresses narcissism in individuals with SUD from the dimensional perspective, because there are still only a few studies that have explored the relationship between narcissism and SUD through the lens of the dimensional models of personality disorders (Riegel et al., 2022).

3.2 Two factor conceptualizations: vulnerable and grandiose narcissism

There is a widely shared agreement that narcissism can be categorized into two distinct dimensions, and that is grandiose and vulnerable (Dickinson & Pincus, 2003; Kaufman et al., 2020). The issue of narcissism may seem paradoxical because vulnerable and grandiose narcissism are in some ways mutually exclusive. Nevertheless, from the dimensional perspective, they share the same basis of antagonistic personality traits (Crowe et al., 2019; Morf & Rhodewalt, 2001). In more detail, exhibitionism, lack of modesty, desire of recognition from others, and manipulativeness are traits associated with grandiose narcissism. On the other hand, vulnerable narcissism is linked to unease, depression, sensitivity to disapproval, and a sense of inferiority combined with a self-centered and distrustful manner of interacting with others. Vulnerable narcissism seems to be strongly linked to personal psychopathology, however grandiose narcissism can be protectivea protective factor, probably because of its correlation with assertive extroversion (Kaufman et al., 2020). This pattern occurred in a study by Bilevicius et al. (2019), where elevated vulnerable narcissism traits predicted problem drinking and gambling, whereas elevated grandiose narcissism traits did not.

One problem in narcissism research is the ambiguous distinction between grandiose and vulnerable forms. Many researchers have explored theoretical and descriptive conceptualizations, but empirical data are scarce. Another problem of scientific inquiry has been the considerable focus on the grandiose dimension while ignoring the vulnerable dimension (Miller et al., 2017). Stone and Bartholomay (2022) highlighted the fact that psychometric measurement of narcissism needs further validation. The accuracy of the Hypersensitive Narcissism Scale (HSNS) conceptualization has been brought into question by research, particularly regarding whether the conceptualization is more accurate in a one-factor or two-factor model form. Different constructs of narcissism play a crucial role since no correlation was found between HSNS and Pathological Narcissism Inventory (PNI). This could indicate that these two scales assess different constructs of narcissism.

In summary, the measurement of narcissism appears to be contingent upon the instrument used (self-report questionnaire and/or clinical interview), as well as the underlying construct (conceptualization) upon which is the instrument founded.

3.3 Three factor conceptualizations: antagonism, agentic extraversion, and narcissistic neuroticism

With ongoing research, a three-factor model of narcissism has gradually emerged. It provides clarification of grandiose narcissism dimension (antagonism and agentic extraversion) responsible for individuals psychopathology and demonstrates that both facets (antagonism and neuroticism) of vulnerable narcissism are linked to psychopathology, while only one facet (antagonism) of grandiose narcissism is linked to psychopa-

thology (Crowe et al., 2019; Kaufman et al., 2020; Miller et al., 2021).

The first dimension of narcissism, which is common to both grandiose and vulnerable narcissism, has been given several names but is mostly referred to as antagonism, rivalry, or entitlement. The second dimension, known as agentic extraversion, admiration, or grandiosity, is unique to grandiose narcissism and causes fewer interpersonal issues and can be more beneficial to narcissistic individuals since its association with high self-esteem, leadership, and proactive approach towards achieving rewards. Narcissistic neuroticism, the third factor strongly associated with vulnerable narcissism, is closely related to interpersonal difficulties and distress (Miller et al., 2021).

3.4 Narcissism in patients with substance use disorder

3.4.1 Epidemiology

Narcissistic personality disorder (NPD) has a high co-occurrence not only with other personality disorders, but also with substance use. Results from the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions show the lifetime prevalence of NPD was 6.2% in a non-clinical sample. Among men, there is a significant psychosocial impairment associated with it, along with coexisting mood disorders such as depression, bipolar disorder, anxiety disorders, personality disorders, and SUD. However, the prevalence of NPD among patients with any substance dependence was 19.6% and patients with drug dependence was 34.9% (Stinson et al., 2008). These findings are unique in their own way. A systematic review conducted by Dhawan et al. (2010) points to the fact that the prevalence across a non-clinical sample is rather low and results from the study show otherwise. However, it in no way underlines the methodological quality of Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions and offers an explanation that the study may have been more sensitive to personality disorders even given the increased prevalence of borderline personality disorder. Berkson's bias could potentially be indicated by the lower prevalence of NPD in non-clinical samples. Another factor that may have influenced prevalence are the functional range of individuals with NPD and the fact that people received a diagnosis of NPD in outpatient care and small private facilities (Ronningstam, 2009).

It is important to note that substance abusers may not fully develop narcissistic personality disorder, but often have narcissistic personality traits (Vaglum, 1999). A study by Luhtanen and Crocker (2005) points out that individuals with SUD had higher levels of self-esteem and were more likely to exhibit narcissistic traits than individuals without SUD. These findings are consistent with the study conducted by Can (2019) and Mosavi Nasab et al. (2022) which describes that patients with SUD are believed to experience significant impairment in their narcissistic development. The scores for defensive grandiose self and defensive idealized parental imago were notably higher in patients with SUD compared to the control group. The severity of addiction was recently significantly correlated with grandiose

and vulnerable narcissism in connection with the ICD-11 model of personality disorders. The manifestation of grandiose narcissism, as measured by the Triarchic Psychopathy Measure (TriPM), is primarily observed in men, as evident in both clinical and non-clinical samples. The latter sample in relation to the Dissociality/Antagonism trait domain. Vulnerable narcissism, as measured by the HSNS, was found to be notable in women in both samples, particularly in relation to the Negative Affectivity trait domain (Riegel et al., 2022).

3.4.2 Manifestation

Perhaps the most famous depiction of narcissism comes from the Roman poet Ovid. Narcissus, fixated on the reflection of water, paralyzed by its beauty, is depicted in a painting by the Italian painter Caravaggio (Kenneth et al., 2012; Vazire et al., 2008).

Questions on appearance are found in several standardized questionnaires such as the PNI or IPDE (International Personality Disorder Examination). Narcissists might give particular attention to their looks and the preoccupation of narcissists with status may have an impact on their physical appearance. Narcissists' longing to be the focal point of attention could be another trait that impacts their physical appearance (Vazire et al., 2008).

However, physical appearance is not the only trait that narcissists manifest, but it can be linked to other traits in various ways. Based on empirical evidence, it has been observed in clinical settings that pathological narcissism can present as either temporary trait or a persistent personality disorder. Regardless of the severity level, pathological narcissism can exhibit overt and noticeable symptoms or remain concealed internally. In other words, individuals with NPD, unlike most other personality disorders, include both high-functioning individuals who can achieve professional and social success, and those who have functional impairments, including narcissistic traits or Axis I disorders that exist alongside NPD (Ronningstam, 2009).

Traits that are significant in narcissists are usually a sense of superiority, extraversion, self-bias, self-admiration or lack of empathy (Kenneth et al., 2012). Some subtypes of narcissism (grandiose and vulnerable) may be exclusive to certain traits, as described in chapters 3.2 and 3.3. From the perspective of developmental psychopathology, narcissism has been seen as a defense against feelings of vulnerability or defenselessness (Miller et al., 2021). These findings are supported by a study conducted by Brummelman et al. (2015) where the emergence of a narcissistic personality is mediated by social learning theory which manifests itself through parental overvaluation. This conclusion is in opposition to psychoanalytic theory, which describes the emergence of narcissism through a lack of parental warmth. Nevertheless, in both cases, it seems to be a failure of the mother, who is usually anxious and whatever the child raises, whether positive or negative, the mother interprets it as "hers". This kills the child's spontaneity and exposes him to the eternal fear of embarrassment, as we can observe in narcissistic personalities with manifestations of scotophobia (Borecký, 2007). Such a person may tend to abuse addictive substances

as a form of self-medication in the sense of alleviating anxiety about inappropriateness in social situations.

Another important aspect of the manifestation of NPD is its distinction from behavioral manifestations that are related to SUD and those that are related to antisocial personality disorder (ASPD). Similar outward behavioral manifestations may be shared by NPD, SUD and ASPD, but the motivation and experience of this behavior may differ internally between each other. Kernberg went as far as proposing that ASPD could be a subgroup of NPD and distinguished a special subtype of NPD— the syndrome of malignant narcissism. The latter is characterized by antisocial behavior, paranoid features and pleasure from aggression or sadism directed towards others simultaneously with the preservation of typical NPD symptoms listed above. A study by Gunderson and Ronningstam (2011) confirmed similarities in occupation by grandiose fantasies, need for others and beliefs in invulnerability with notable differences in self-image. Patients with NPD reported significantly more conviction about their uniqueness and superiority as opposed to patients with ASPD (Campbell & Miller, 2012; Gunderson & Ronningstam, 2001).

3.4.3 Co-occurrence

As Wittchen (1996) points out, in studies that explore the correlation and co-occurrence of symptoms and syndromes of mental disorders, the term comorbidity is frequently applied broadly instead of being limited to descriptive categories of recognized disorders. This leads to large differences in prevalence across studies. An individual experiencing both NPD and SUD simultaneously does not necessarily indicate a causal relationship between the two disorders or syndromes. Vaglum (1999) offers possible explanations that it could be purely coincidental, clinical samples may be subject to selection bias, NPD could play a predisposing role for future addiction or be a secondary consequence of SUD. A third unknown factor could also link NPD and SUD together, or they could be in a reciprocal relationship, with each contributing to the advancement of the other.

On the other hand, several studies have discovered a correlation between narcissism and SUD, where certain individuals who use drugs and alcohol do so to reinforce their self-perceived superiority over others. The main domain in patients with SUD is vulnerable narcissism, which is associated, among other things, with an inability to self-regulate affect, self-esteem, shame and overall in defective Self. No significant differences between individuals with SUD and those without in terms of grandiose narcissism were found. One possible explanation is that individuals with vulnerable narcissism are more likely to seek treatment due to a greater number of difficulties in personal and interpersonal functioning than individuals with grandiose narcissism (Carter et al., 2012; Salazar et al., 2021).

3.5 Treatment

Up to this point, there have not been any randomized clinical trials conducted to assess the effectiveness of any treatment for narcissism with one exception (Bamelis et al., 2014; Levy et al., 2009). A study conducted by Bamelis et al. (2014) compared the efficacy of Schema therapy and Clarification-oriented psychotherapy (COP) in comparison to treatment as usual among patients with NPD, histrionic, paranoid, or cluster C disorders. The proportion of patients who achieved recovery was significantly higher in Schema therapy as compared to treatment as usual and Clarification-oriented psychotherapy.

It is important to note that the absence of randomized controlled trials assessing the efficacy of other treatment methods for NPD does not imply their non-existence. Nonetheless, Schema therapy is the solitary intervention to have undergone rigorous evaluation in a randomized controlled trial for the treatment of NPD. However, this does not apply to the effectiveness of Transference-focused psychotherapy (TFP) for the treatment of other personality disorders, especially borderline personality disorder, which is empirically validated. The effectiveness of TFP in treating personality disorders, apart from borderline personality disorder, is yet to be assessed (Bamelis et al., 2014; Clarkin et al., 2007; Doering et al., 2010).

The challenges in identifying and addressing narcissistic disorders are exacerbated by the fact that their manifestation can vary depending on factors such as the individual's level of personality organization, subtype, or current mental state. Narcissism can manifest at a normal, neurotic or borderline level of personality organization (Diamond et al., 2012).

There is a consensus that the treatment of NPD requires sufficient time and specialized training of the health-care professionals. Usually, the first-choice method of treatment for NPD is classical psychoanalysis or psychoanalytically oriented psychotherapy. From the perspective of Heinz Kohut's self-psychology, the therapeutic goal is to incorporate the missing self-object functions into the internal psychic structure through a process of transmuting internalization. Emphasis on empathy is a prerequisite for lasting changes in the personality on which therapy focuses (McLean, 2007). Caligor et al. (2015) recommends referring NPD patients to empirically supported treatments for borderline personality disorder that have adaptations for narcissistic personality disorder. Mentalization-based therapy, Transference-focused psychotherapy and Schema-focused psychotherapy are the specific therapies recommended. For patients with comorbid borderline personality disorder, Dialectical behavioral therapy is recommended. Doering et al. (2010) describes TFP as an effective treatment approach for NPD based on object relations formulations by Otto F. Kernberg, especially in cases with more severe antisocial features or with the syndrome of malignant narcissism. Nevertheless, COP, which stands on the five stages in working with NPD through building relationships; development of working mission; clarification of schemas; processing of schemas; and transfer, also deserves attention (Sachse, 2019).

As pointed out by Salazar et al. (2021), problematic use of substances may stem from narcissistic traits, e.g., a sense of superiority and thus the treatment should focus on narcissistic issues because they may be the underlying mechanism promoting substance abuse. However, this finding has not been confirmed. In the study by Riegel et al. (2022) patients with SUD were more likely to exhibit lower levels of self-esteem that are linked to characteristics of vulnerable narcissism, such as feelings of inferiority. Consistent and in-depth evaluation of narcissistic traits and the formation of a therapeutic alliance is therefore a precursor to low drop-out rates and improved prognosis in patients with SUD (Riegel et al., 2022).

3.6 Points of view

One potential explanation for the link between narcissistic phenomena and SUD is the role of acquiring self-confidence and self-esteem through alcohol or drug use. In Kohut's theory, the use of substance may provide protection and calmness of one's defect in the omnipotent, idealized parental image (Goldman & Gelso, 1997). According to the findings of the Can et al. (2017), inadequate make up and insufficient ego defense mechanisms may contribute to alcohol use disorders, indicating a potential association with pathological narcissism. These findings are also in line with Dosužkov's concept of scotophobia, where individuals may abuse addictive substances to cope with anxiety in social context (Borecký, 2007).

Another potential explanation for the link between narcissistic phenomena and SUD is the role of emotional regulation and impulsivity. Impulsivity is a common feature of both narcissistic phenomena and SUD. Individuals with elevated narcissistic traits may be more impulsive and therefore be more likely to engage in risky behaviors such as alcohol or drug use. In addition, individuals with SUD exhibit rage because of unfulfilled narcissistic needs. An important treatment implication follows from these theses, namely, that confrontational techniques, although very effective in the treatment of SUD, are not appropriate in the treatment of SUD and narcissism. This is because they may induce feelings of shame and thus reduce the likelihood of staying in treatment and reduce the willingness to self-disclose as an important element of treatment (Karakoula & Triliva, 2016). The development of trust between an individual with NPD and the therapist is therefore crucial and NPD individuals must be assured that the therapist will not devalue or depreciate them (Sachse, 2019).

4 CONCLUSIONS

This paper reviewed the current literature on narcissistic phenomena in patients with SUD and shed light on the important role that narcissism can play in the psychopathology of these patients. Mainly, the lack of a unified consensus on the definition and forms of narcissism and confusion in understanding the complex relationship between narcissism and SUD. Although this article provides a comprehensive review, it is by no means a substitute for a systematic review article, which would provide a more explicit view of the relationship between SUDs and NPD.

Only one epidemiological study (Stinson et al., 2008) has examined the prevalence of pathological narcissism in patients with SUD. Its results indicate a high prevalence in both clinical and non-clinical populations. One important recommendation for further research is to validate the results of this study, since the results of other studies (e.g., Dhawan et al., 2010) in the non-clinical population indicated a significantly lower prevalence. However, this does not interfere with the fact that the link between narcissism and problematic substance use is a topic that has been addressed by psychoanalysts for decades. Thus, the narcissistic issue is and will continue to be an important element in the study of addiction.

The treatment of pathological narcissistic features in patients with SUD should be individualized due to different manifestations of narcissism and should be carried out by qualified professionals. It should be preceded by a high-quality and detailed diagnosis of personality organization and current mental health, with special attention to the antisocial features of an individual because of the shared behaviour aspects of ASPD and NPD in the form of malignant narcissism. If we were to single out one of the most important things, it would be the issue of shame and its treatment in therapy. TFP seems to be one of the most modern treatment approaches, especially for narcissistic patients with borderline personality organization and severe antisocial traits. Other treatment options include classical psychoanalysis or psychoanalytically oriented psychotherapy, Schema-focused psychotherapy, Mentalization-based therapy and Clarification-oriented Psychotherapy.

Despite the growing interest in narcissism and the increasing evidence linking narcissistic traits to SUD, there is very little research examining their interrelationships. Continued investigation into the intricate connection between narcissism and SUD is needed to better understand its potential impact on treatment approaches and addiction itself.

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