e-ISSN: 2585-2795 • Printed-ISSN: 2654-1432 DOI: 10.26386/obrela.v4i1.151

Vulnerable narcissism in Greek psychoanalytic clinical settings: A qualitative research

Triantafyllou Alexandra

Panteion University, Department of Psychology

Abstract

Vulnerable aspects of narcissism, though widely recognised in psychoanalytic literature, are not depicted in the current psychiatric criteria for the narcissistic personality disorder. The present quality research, aims to explore the presence and nature of vulnerable narcissism in Greek clinical psychoanalytic settings, through six interviews with experts [psychiatrists/psychoanalysts]. The results demonstrate that there is unanimous consensus among Greek psychoanalysts regarding the presence of vulnerability in typical narcissists, with alternations of grandiose and vulnerable behaviors. The majority of clinicians also agree that a vulnerable narcissistic subtype is frequently encountered in therapy. Furthermore, acknowledging and working through vulnerability, is considered to be a key element of the therapeutic treatment.

Key words: vulnerable narcissism, personality disorder, psychodynamic diagnosis, DSM, psychotherapy

Corresponding author: Alexandra Triantafyllou, alexandratrian@yahoo.gr

Dialogues in Clinical Neuroscience & Mental Health, 2021, Volume 4, Issue 1, p. 58-64

ality disorder, that according to him correspond to a number of other DSM-III (15) personality disorder diagnoses. Based on the above theories, the Psychodynamic Diagnostic Manual (16,17), concludes that there are two narcissistic subtypes: the arrogant and the depressed/exhausted narcissist. While not obvious, atypical narcissists nonetheless share the basic characteristics of their grandiose counterparts: they are tormented by fantasies of grandeur (10,12,13), they hold primitive, overvalued internal representations of themselves and the object (3,10), they can be hostile when they do not get the special treatment they demand (14,18), they lack empathy (10), and they have a tendency to take advan-

tage of others (3).

Following the psychoanalytic literature, a number of researchers supported, with quantitative data, the existence of two narcissistic subtypes. The first and most acknowledged psychoanalytic research on the subject, Wink 's (19) research, showed that the narcissistic personalities can be divided in an overt and a covert subtype. Dickinson and Pincus (20), a few years later, came to the same conclusion, with the researchers calling attention to the need for differential diagnosis between vulnerable narcissists and people with avoidant personality disorder. Hibbard (21), also confirmed the existence of two subtypes of narcissism, further suggesting that these subtypes differentiate on the ability to feel shame. At the same time, researchers outside the psychoanalytic community also support with quantitative data the existence of two narcissistic subtypes (22,23,24), with Miller and his colleagues (23,24) further suggesting that the personality assessment system of the DSM-V (1) should adapt so as to better diagnose vulnerable narcissism.

The vulnerability of typical narcissists, has gained significant attention in the last decades, and is even implied in the DSM-V (1), which states that the narcissists' self-esteem is "almost invariably" very fragile. The first psychoanalysts, while constructing the concept of narcissism, focused mainly on the sexual and aggressive tendencies that form the narcissistic character, without acknowledging the significance of narcissistic vulnerability. Freud (25) bases his understanding of narcissism on autoeroticism and Reich (26) claims

Introduction

Triantafyllou Alexandra

DOI: 10.26386/obrela.v4i1.151

The diagnostic criteria of narcissistic personality disorder, as defined by the DSM-V (1), put a strong emphasis on the narcissist's grandiose and arrogant behavior, reflecting the manual's stance on the use of exclusively descriptive criteria to assess psychopathology. On the contrary, psychodynamic theory, taking under consideration the conflicts and contradictions that form the human character, pinpoints cases where overtly grandiose or vulnerable behavior conceals an entirely different underlying experience of the self. This way, while the behavior might not be overtly grandiose, strong narcissistic tendencies may lie beneath the surface, and on the other hand, typical narcissists may in fact experience great vulnerability.

The first psychoanalytic description of the atypical narcissist is found in E. Jones' "God Complex" (2). Jones focuses on the "characteristically negative way" in which love for oneself may manifest, while describing the narcissist who leads a modest lifestyle of "solitary grandeur". In the years that followed, both Kernberg and Kohut, who more than anyone have shaped the contemporary psychodynamic understanding of narcissism, acknowledge the existence of narcissistic manifestations that are not overtly grandiose. Kernberg (3) points out that some individuals with narcissistic personality traits hide these traits under feelings of inferiority, while Kohut (4) differentiates between the horizontal split in narcissistic disorders that results in manifestations of narcissistic deficits, and the more common vertical split where the grandeur self is expressed overtly. Following the writings of Kernberg and Kohut, a series of psychoanalysts in the late '80s and early '90s describe subtypes of narcissism, that as Gabbard (5) and others (6,7) observe, correspond to the different understanding of the narcissistic character by Kernberg and Kohut. Akhtar analyses the overt and covert manifestations of narcissism (8,9), and later on describes the shy narcissist (10). Likewise, Rosenfeld (11) describes the thick-skinned and the thin-skinned narcissist, Gabbard (12) the oblivious and the hyper-vigilant narcissist, Masterson (13) the exhibitionistic and the secret narcissist, while Bursten (14) names four subtypes of the narcissistic personVulnerable narcissism in Greek psychoanalytic clinical settings: A qualitative research

Dialogues in Clinical Neuroscience & Mental Health

Dialogues in Clinical Neuroscience & Mental Health

DOI: 10.26386/obrela.v4i1.151

Triantafyllou Alexandra

that grandiose behaviors develop to protect the narcissist against aggressive urges. A few years later, Otto Fenichel (27), makes a breakthrough in theory, by connecting the classic Freudian theory with the later understanding of narcissistic vulnerability. He claims that people expressing arrogant behavior may in fact be fighting against unconscious feelings of inferiority. In the same context, the simultaneous presence of both fragility and arrogance in narcissists manifests the identification of the phallus and the self, with fragility reflecting castration fears. The years that followed, a series of psychoanalysts state their belief that vulnerability is a core element of narcissism. Horney (28) claims that underlying tendencies of demoralisation and pessimism can be found in all narcissists, as they fail to live up to their own expectations, and Jacobson (29) claims that narcissists are striving to conceal their feelings of inferiority by displaying a grandiose ego. However, the psychoanalyst that most highlighted the connection of vulnerability and narcissism, making a substantial difference in the way we comprehend narcissism today, was Heinz Kohut (4,30), who based his entire theory on the principle that the key feature of narcissism is extreme vulnerability against insults, failures, and disappointments. Following the works of Kohut, some contemporary theoreticians, while commenting on the possible existence of narcissistic subtypes, avoid defining a "vulnerable" and a "grandiose" subtype, focusing on the "mirror complementarity" (31), the simultaneous presence (6), and the fluctuation of grandiose and vulnerable characteristics in the narcissist's behavior (18, 32, 33).

Research methodology

To examine the manifestations of vulnerable narcissism in Greek clinical psychoanalytic settings, the researcher conducted six semi-structured interviews with six experts, and subjected the data to thematic analysis. All the interviewees were psychiatrists and psychoanalysts, and the sample was chosen as to include three members of the Hellenic Psychoanalytic Society [int. 2, int. 3, int. 4] and three members of the Hellenic Society of Psychoanalytic Psychotherapy [int. 1, int. 5, int. 6]. Four of the interviewees were men [int. 1, int., Vulnerable narcissism in Greek psychoanalytic clinical settings: A qualitative research

3, int. 4, int. 6], two were women [int. 2, int. 5], and all of the interviewees had proven experience in the field of personality disorder clinical treatment. The interviewees reserved the right to withdraw their participation at any point, and to participate anonymously if they chosen to do so. Written consent of participation was obtained in all cases.

Qualitative research methods were chosen in order to verify the findings of quantitative researches, since they provide the opportunity to explore the expression of narcissistic vulnerability at a deeper level. Additionally, interviewing experts on a subject that is not substantially researched and documented in the Greek psychoanalytic literature provides the preliminary data needed to set the ground for further study.

During the interviews, the interviewees were asked to discuss their opinions regarding the presence of a "vulnerable" subtype of narcissism in clinical settings, the vulnerability of typical narcissists, the form that vulnerability manifestations take, and the need for DSM's criteria adjustment to better reflect these expressions. As the aim of the present study was to gain access to exclusive knowledge possessed by the experts, the form of the interviews was that of the systematising expert interview. In this form of interview, the researcher, with the help of a specific topic guide, attempts to obtain systematic and "objective" information on the subject at hand from experts that function as informants of their clinical experience (34). Upon completion of the interviews, thematic analysis was used to interpret the data. Thematic analysis, which aims to recognise and organise repeating patterns within a sum of data, was chosen due to its flexibility, and the need to focus the analysis of the data to the specific themes set by the topic guide (35).

Analysis

Upon the completion of the interviews, the data were transcribed and then encoded. During the second-level coding process, the data was grouped into two meta-codes. In meta-code theme one, the interviewees were invited to converse on the matter of narcissistic vulnerability, while covering the subjects of the topic guide. In meta-code two, four DOI: 10.26386/obrela.v4i1.151

Triantafyllou Alexandra

of the interviewees spontaneously express their opinions regarding the implications that narcissistic vulnerability might have on therapy.

Meta-code A:Covert aspects of narcissism

The first meta-code theme, labeled Covert aspects of narcissism, includes three first-level coding labels. The first label is A1:Atypical manifestations of narcissism, with subcategory of the label A1a:Atypical manifestations other than those of the vulnerability-grandiosity continuum. The second label is A2:Vulnerability of typical narcissists, and was further defined by the attributes A2a:Alternation of vulnerable and grandiose behaviors in typical narcissists, A2b:Hostility as an expression of vulnerability, and A2c:The role of splitting in narcissistic manifestations. The third label A3 concerned the Need for DSM adjustments.

Label A1: Atypical manifestations of narcissism

The results concerning the atypical manifestations of narcissism (label A1) verified the existence of the vulnerable narcissist subtype, as described in theory, with four out of six psychoanalysts [int. 1, int. 2., int. 5, int. 6] stating that they have encountered this type of narcissist in therapy, while the two others [int. 3, int. 4] were skeptic, but not opposed to the idea. Interviewee 5 sums up the description of this type of narcissist: *"I have a broad experience with that (vulnerable narcissism)*. Of people that I have worked with, and while no one would consider them to be narcissists, -people that didn't talk much, that were reserved, shy, compliant-, but who deep down they wanted everyone to stay quiet and listen to them, and they had all the classic narcissistic features, that were not at all apparent in their behavior".

In addition, two analysts [int. 1, int. 2] mentioned atypical narcissistic manifestations other than those of the vulnerability-grandiosity continuum [subcategory A1a]: the first mention was Kernberg's malignant narcissist [int.1], and the second was the narcissistic type that fuels their grandiosity through relationships with people of importance [int. 2]. Vulnerable narcissism in Greek psychoanalytic clinical settings: A qualitative research

Label A2: Vulnerability of typical narcissists

The results imprinted in the second label of the metacode theme support the idea that vulnerability lies in the core of narcissism. All six psychoanalysts agreed that overt narcissistic behavior conceals feelings of *"self-doubt"* [int.1] and *"vulnerability"* [int.2, int.3, int.4, int.5, int.6]. As interviewee 3 observes: *"The inflated ego becomes fragile"*.

Vulnerability of typical narcissists was further defined by the label's attributes, which clarify the circumstances under which narcissistic vulnerability may emerge and the form this vulnerability takes. Four of the interviewees [int.1, int.2, int.4, int.6] supported the alternation of vulnerable and grandiose manifestations [attribute A2a] in the narcissist's behavior, with three of them [int.1, int.4, int.6] connecting vulnerable manifestations to the perceived insufficient response of others to the narcissistic needs. Interviewee 6 mentions: "I think that, during periods of their life, they may be more vulnerable or depressed, and when they get a narcissistic satisfaction they become more arrogant. It has to do with whether they receive from others admiration what makes them arrogant". In addition, two analysts [int.3, int.4] connected narcissistic vulnerability to aggressive behaviors [attribute A2b]. Interviewee 4 describes this dynamic: "When the other [person] stops mirroring them, then, destructive behaviors emerge towards both the self and the other. Shame also emerges, and shame is a basic characteristic of the narcissistic personality. "

Finally, two psychoanalysts attributed the narcissistic vulnerability of typical narcissists to splitting mechanisms [attribute A2c], basing their understanding on the writings of Kernberg [int.1], and Kohut [int.2].

Label 3: Need for DSM adjustments

Concerning the need for DSM adjustments [label A3] in order to include the vulnerable narcissistic subtype, the interviewees were divided. Two psychoanalysts supported the idea [int.1, int. 5], with one of them [int.5] characteristically expressing her surprise that such a change *"hasn't already taken place"*. On the other hand, two other psychoanalysts

Dialogues in Clinical Neuroscience & Mental Health

DOI: 10.26386/obrela.v4i1.151

Triantafyllou Alexandra

Vulnerable narcissism in Greek psychoanalytic clinical settings: A qualitative research

[int.2, int.3] find no need for change, since they consider that the psychoanalytic technique remains the same in all cases.

Meta-code B: Vulnerability in therapy

Although it was not a requisite of the research topic guide, four of the interviewees spontaneously commented on the implications that vulnerability, whether overt or not, might have on therapy. The above is analysed in meta-code B: Vulnerability in therapy, which includes two labels: Label B1: Clinical treatment of different narcissistic subtypes and label B2: Contribution of the recognition of vulnerability to therapy, with attribute of the label B2a: Vulnerability acknowledgment as incentive for seeking therapy.

Label B1. Treatment of different narcissistic subtypes

When it comes to the differences and similarities between typical and atypical narcissists in therapy [label B1], one analyst [int. 1] mentioned the different range of transference reactions of the two subtypes: *"The thin-skinned, fragile [narcissist] will cling to the therapist, invest, and make demands, while the grandiose [narcissist] is detached and distanced"*. On the other hand, two psychoanalysts [int.2, int.3] claimed that the basic principles of psychoanalytic treatment remain the same regardless of the manifested differences between the two subtypes.

Label B2. Contribution of the recognition of vulnerability to therapy

Furthermore, three interviewees [int.1, int.2, int.5] pointed out the importance that vulnerability has for therapy [label B2], with two analysts [int.1, int.2] supporting the idea that "when they become more vulnerable, they are also more open to treatment" [int. 1] and that "to get rid of arrogance, first you have to discover and work through the part of the self that feels neglected, and alone" [int. 2]. The label was further defined by vulnerability acknowledgment as incentive for seeking therapy. Two analysts [int.2, int.5] consider that other than being pressured by loved ones, narcissists will only seek treatment when they realise that they are *"depressed"* [int.5], and that *"they don't feel joy"* [int.2].

Discussion

These findings conclude that vulnerability, whether overt or covert, is a core element in all narcissistic personalities. Vulnerability is unanimously considered to lie underneath typical narcissistic behavior, as described in the psychoanalytic literature (6, 9, 16, 27, 28, 29), and mostly in the writings of Heinz Kohut (4, 30). At the same time, most of the interviewees support the idea that grandiose and vulnerable elements alternate in the narcissist's behavior as mentioned by Cooper (18,33) and Horowitz (32). These manifestations of vulnerability that can sometimes result to hostility, are connected to the perceived neglect of the exuberant narcissistic needs by the narcissist's environment, a clinical observation that underscores the fragility of the narcissistic ego.

When it comes to the overtly vulnerable narcissistic subtype, the majority of the psychoanalysts interviewed state that they have encountered the type of "thin-skinned" (11) or "hyper vigilant" (12) narcissist in therapy, confirming the results of past researches (19,20,21,22, 23, 24), and the psychoanalytical observations on the matter (3,4,10,12,13,14,16,17).

The results regarding the implications of vulnerability acknowledgment on therapy are considered to be of high importance, since vulnerability awareness seems to be the catalyst for seeking treatment by narcissistic patients, and working through this vulnerability is considered to lead to remission of problematic narcissistic behaviors. Overall, the research findings highlight the importance of understanding the narcissist's subjective experience alongside the behavioral manifestations, in order to diagnose and treat narcissism successfully.

Regarding the limitations of this research, the study was conducted as a part of a broader undergraduate thesis, resulting in limited time with the interviewees to discuss the

Dialogues in Clinical Neuroscience & Mental Health

DOI: 10.26386/obrela.v4i1.151

Triantafyllou Alexandra

topic of vulnerable narcissism in depth. Furthermore, the researcher's lack of experience in qualitative research methods inevitably may have resulted in omissions and data loss. In addition to the above, while interviewing experts is crucial in connecting the theoretical knowledge with the clinical observations, further study is needed to explore how people diagnosed with narcissistic personality disorder experience vulnerability, before any definite conclusions can be made on the subject.

References

- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders* (5th ed.). Author, Washington, DC, 2003.
- 2. Jones E. The God complex. *In: Essays in applied psycho-analysis.* International Psychoanalytic Press, London, 1923.
- 3. Kernberg O. Borderline Conditions and Pathological Narcissism. Jason Aronson, New York, 1975.
- 4. Kohut H. *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders.* University of Chicago Press, Chicago, IL, US, 1971.
- Gabbard GO. Psychodynamic psychiatry in clinical practice (5th ed.). American Psychiatric Publishing, Inc Arlington, VA, US, 2014.
- Auerbach JS. The origins of narcissism and narcissistic personality disorder: A theoretical and empirical reformulation. In J. M. Masling & R. F. Bornstein (Eds.), *Empirical studies of psychoanalytic theories, Vol. 4. Psychoanalytic perspectives on psychopathology*, (43-110). American Psychological Association, Washington, DC, US, 1993.
- Manfield P. Split self/split object: Understanding and treating borderline, narcissistic, and schizoid disorders. Jason Aronson Northvale, NJ, 1992.
- Akhtar S, Thomson JA. Overview: Narcissistic personality disorder. *The American Journal of Psychiatry* 1982, 139 (1): 12-20. doi:10.1176/ajp.139.1.12
- 9. Akhtar S. Broken structures: severe personality disorders and their treatment. Jason Aronson Inc Northvale, N.J, 1992.

Vulnerable narcissism in Greek psychoanalytic clinical settings: A qualitative research

- Akhtar S. The shy narcissist. In Sandler, J., Michels, R. & Fonagy,
 P. (editors), *Changing ideas in a changing world: the revolution in psychoanalysis.* Karnac Books London, 2000.
- 11. Rosenfeld H. New library of psychoanalysis, Vol. 1. Impasse and interpretation: Therapeutic and anti-therapeutic factors in the psychoanalytic treatment of psychotic, borderline, and neurotic patients. Tavistock/Routledge, New York, NY, US, 1987.
- 12. Gabbard GO. Two subtypes of narcissistic personality disorder. *Bulletin of the Menninger Clinic* 1989, 53(6): 527-532.
- 13. Masterson JF, Lieberman AR. A therapist's guide to the personality disorders: The Masterson approach. Zeig, Tucker & Theisen Phoenix, 2004.
- Bursten B. Narcissistic personalities in DSM III: I. Personality classification. *Comprehensive Psychiatry* 1982, 23(5): 409-420. doi: 10.1016/0010-440X(82)90154-7
- 15. American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Author, Washington, DC, 1980.
- 16. PDM Task Force. *Psychodynamic Diagnostic Manual*. Alliance of Psychoanalytic Organizations, Silver Spring, 2006.
- 17. PDM Task Force. *Psychodynamic Diagnostic Manual, second edition*. Alliance of Psychoanalytic Organizations, Silver Spring, 2017.
- Cooper AM. The Narcissistic-Masochistic Character. *Psychiatric Annuals* 2009, 39: 904-912. doi: 10.3928/00485718-20090924-02
- Wink P. Two faces of narcissism. Journal of Personality and Social Psychology 1991, 61(4): 590-597. doi:10.1037/0022-3514.61.4.590
- Dickinson K, Pincus A. Interpersonal analysis of grandiose and vulnerable narcissism. *Journal of Personality Disorders* 2003, 17 (3): 188-207. doi: 10.1521/pedi.17.3.188.22146
- 21. Hibbard S. Narcissism, shame, masochism, and object relations: An exploratory correlational study. *Psychoanalytic Psychology* 1992, 9(4): 489–508.
- Russ E, Shedler J, Bradley R, Westen D. Refining the construct of narcissistic personality disorder: Diagnostic criteria and subtypes. *The American Journal of Psychiatry* 2008, 165(11): 1473-1481. doi: 10.1176/appi.ajp.2008.07030376.
- 23. Miller JD, Gentile B, Wilson L, Campbell WK. Grandiose and vulnerable narcissism and the DSM–5 pathological personali-

Ore JOURNAL Dialogues in Clinical Neuroscience & Mental Health

DOI: 10.26386/obrela.v4i1.151

Triantafyllou Alexandra

Vulnerable narcissism in Greek psychoanalytic clinical settings: A qualitative research

ty trait model. *Journal of personality assessment* 2013, 95(3): 284-290. doi: 10.1080/00223891.2012.685907

- Miller JD, Lynam DR, Vize C, Crowe M, Sleep C, Maples-Keller JL, Few L R, Campbell WK. Vulnerable Narcissism Is (Mostly) a Disorder of Neuroticism. *Journal of Personality* 2018, 86, 2, 186-199. doi: 10.1111/jopy.12303
- 25. Freud, S.. *On narcissism: an introduction.* Standard Edition 14, 1914.
- 26. Reich, W. *Character analysis.* Farrar, Straus, & Giroux, New York, 1972.
- 27. Fenichel O. *The psychoanalytic theory of neurosis.* W. W. Norton & Co, New York, NY, US, 1945.
- 28. Horney K. *Neurosis and human growth: The struggle toward self-realization*. Norton, New York, USA, 1950.
- 29. Jacobson E. *The self and the object world*. International Universities Press, New York, 1964.
- 30. Kohut H, Wolf E. The disorders of the self and their treatment:

an outline. *Internationa journal of psycho-analysis* 1978, 59: 413-425.

- 31. Bach S. *Narcissistic states and the therapeutic process.* Aronson Northvale, NJ, 1985.
- 32. Horowitz M. *Identity and the new psychoanalytic explorations of self-organization*. Routledge, London, 2014.
- Cooper AM. The narcissistic-masochistic character. In R. A. Glick & D. I. Meyers (Eds.), *Masochism: Current psychoanalytic perspectives* (117-138). Analytic Press, Inc, Hillsdale, NJ, US, 1988.
- 34. Bogner A, Littig B, Menz W. *Interviewing experts*. Palgrave Macmillan, Basingstoke, England, 2009.
- 35. Braun V, Clarke V. Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), APA handbooks in psychology[®]. APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological (p. 57–71). American Psychological Association, 2012.