

Psychotherapeutic Change in Mental Health: Narcissistic Personality Disorder and its Treatment

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Abstract: The aim of this study is to analyze if a specific type of metacognitive deficit is present in a patient with Narcissistic Personality Disorder, if a metacognitive improvement can be detected during the psychotherapy treatment and if this improvement can be indicative of the effectiveness of psychotherapy itself. A single case study has been conducted; metacognitive deficits have been measured with the Metacognition Assessment Scale (MAS). In line with the hypothesis, results show a global and progressive improvement of metacognitive functions. We conclude in agreement with the current literature, the existence of a major deficit in "Understanding of Others' Mind/Decentration" function, if we compare it to "Self-reflexivity" (both belonging to Metacognitive monitoring).

Keywords: Metacognition, Narcissistic Personality Disorder, Metacognition Assessment Scale, Psychotherapy Research, Single-Case.

There are many points of view to understand the genesis of Mental Health Disorder, and the Personality Disorders. The challenge is to find and verify the kind of psychotherapeutic treatments that could be followed [1-3]. In particular, in reference to the Narcissistic Personality Disorder, Ronningstam, Gunderson, and Lyons [4], stated that Narcissism embraces two types of deficits: a) A grandiose state of mind, which is context-dependent; b) Constant difficulties in interpersonal relationships.

Both the above mentioned deficits can be seen as part of Metacognitive functions. Metacognition is a multidimensional function [5, 6], and can be assessed with the MAS. This multidimensional construct becomes also a bridge between Experimental Psychology, Development Psychology and Psychotherapy. Metacognitive knowledge is considered a key element in the study of evolutionary psychology [7, 8]. In the cognitive psychology area the construct interacts with other concepts such as attributions, motivation and self-esteem. Researches outcomes [9, 10], indicate that the child needs to experience his mental states through play and through a secure attachment relationship with his caregiver [9, 10].

The metacognitive function operates in a context of consciousness and constantly plays an active role in achieving an adequate affective regulation and processing of unpleasant and/or traumatic experiences [11]. In its clinical application, this construct could provide elements that might be helpful in the diagnosis

and prognosis of various psychopathologies. The metacognitive failure may offer the key to interpret etiopathogenetic mechanisms as well as the persistence of severe psychopathologies and personality disorders [5, 12-16].

Reflect and operate on the mental states is an ability that has a clinical significance in severe patients [7, 17-19, 13, 20-26]. In reference to the narcissistic disorder we looked at two deficits that characterize it: Self-reflexivity (the ability to identify and describe one's inner states, or else recognize emotions, goals, desires) and Understanding of Others' Mind/Decentration (the ability to understand the other's mind, by taking on the other's perspective) [27].

Patients with deficit in Self-reflexivity think at their mind as opaque, they are uncertain, that means not having conscious access to one's goals and they are unsatisfied about their professional and social identities [28]. Narcissists find difficult to associate one's inner state with relationship variables. They have difficult access to their own dependent aspects and to effects that real relationships have on them, because they need to adhere to an ideal image [29]. It is the external environment that provides confirmation for the mental states' regulation [30]. The other's confirmation is asked for and at the same time is felt constrictive: state of "egocoercion". Not be aware of one's internal and external psychological reality (deficit in Self-reflexivity and in Understanding of Others' Mind/Decentration) to the benefit of other either real or imagined aspects, leads to the processes of idealization of Self and of others [28, 31, 32]. According to Lowen [33], narcissists are not able to feel physical sensations; he stated that acting without feelings is the basic disorder. When

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emotions, are not available to one's consciousness, the individuals experience a sense of emptiness, boredom, and apathy, a form of alexithymia that Krystal [34] defines as an important aspect in narcissists. The same sense on non-existence, dead, prone to shame that Kohut [32] uses to describe patients with burned-out affections.

The deficit in Understanding of Others' Mind/Decentration in Narcissistic patients can be seen as an egocentric view of reality and as a limit to empathize [35-40]. The cognitive style of these patients tend to be rhetorical, vague and evasive [28]. One important pathological aspect is to take a decentrated perspective to attempt to understand the other's mind [22]. It seems that individuals transmit signals during conversations but don't receive them [41-43]. Others are not seen as separate persons but as self-objects, that are used as comforting or confirming functions [30]. Narcissists are not able to understand others even when they are a little of interest in them, and they manage them always from an egocentric perspective. The Understanding of Others' Mind/Decentration deficit is state-dependent, when self-esteem is threatened, or there are states of emptiness or alexithymia, it worsens.

In narcissistic personality patients monitored through the Metacognition Assessment Scale, we assumed, based also on the existing literature, that there is a deficit (in terms of operationalization of the construct of metacognition) in Self-reflexivity and Understanding of Others' Mind/Decentration [44].

In brief, the metacognitive functions may be present or damaged, independently of each other and with a different degree of impairment in various disorders [12, 45]. In order to confirm the above mentioned literature, the aim of this research, which is a preliminary study to explore some of the research hypotheses, is to assess metacognition in the psychotherapeutic treatment of a patient diagnosed with narcissistic personality disorder. This study has been conducted to collect preliminary data that will be used for heuristic purposes, to be verified with further researches. Our contribution, which is part of research work conducted on this process, is to verify whether a specific type of metacognitive deficit can be found in narcissistic personality disorder; whether metacognitive activity increases during psychotherapy and whether such increased activity indicates how effective the therapy is [5, 46-49, 12]. The effectiveness of the psychotherapy has been assessed with the SCID II and through the assessment

of the change in metacognitive function, operationalized and assessed with the MAS. Trying to integrate the different theoretical references, we postulated the existence of a deficit in Self-reflexivity and Understanding of Others' Mind/Decentration functions. Furthermore, since these capacities are stable over time, we expect an increase in the success rate of the deficit functions during the final sessions of the therapy. This is due to the fact that we assumed that the change of these sub-functions is slow but constant over time. As a result, the metacognitive increase may provide a useful gauge for the validation of results achieved through psychotherapy.

METHOD

The single case has been used for this longitudinal study, to track the patient and observe his change during the psychotherapy, monitoring of the same variables for the whole length of the treatment. The single case study has been used because of its accuracy in detecting changes [50].

Patient

Our subject was a 47-year old male with narcissistic personality disorder assessed through clinical interview and SCID-II [51]. The patient showed the following symptoms:

- (1) A grandiose sense of self-importance
- (2) Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- (3) Requires excessive admiration
- (4) Interpersonally exploitative (i.e. takes advantage of others to achieve his or her own ends)
- (5) Lack of empathy (is unwilling to recognize or identify with the feelings and needs of others)
- (6) Arrogant, haughty behaviors or attitudes

These symptoms, allowed the diagnosis of Narcissistic Personality Disorder, included in cluster B Axis II of the DSM-IV [35], and in the DSM-5 [52].

Treatment

An over 12 years experienced female clinician, treated the patient, after the psychological assessment, in the Psychotherapy Research Laboratory at the Psychology Department of Second University of

Naples, with a psychoanalytic oriented psychotherapy [43, 53], one session per week for 10 months, treatment is still ongoing. The patient is receiving a weekly psychoanalytic-oriented psychotherapy sessions since March 2013. Four sessions have been recorded, transcribed and analyzed, prior patient consent both for clinical and for research. Two specialized students trained as judges by the clinical researchers, independently scored 60% of the 36 sessions (length of the whole psychotherapy treatment started on June 2013 and still ongoing). Their results showed satisfactory levels of agreement (Cohen's k .80). In severe patients, a metacognitive improvement can be indicative of the effectiveness of the psychoanalytic oriented psychotherapy treatment.

Measures

The tool used was the Metacognition Assessment Scale (MAS) which allows a quantitative measurement of the metacognitive function change in psychotherapy. It can be applied to transcript therapy sessions and/or to the follow up. It comprises 40 dichotomous items with yes/no answers, yes indicates a successful response and no indicates failure. The usefulness of MAS resides in its modular approach, the construct being divided into three functions: Self-reflexivity, Understanding of Others' Mind/Decentration, and Mastery (each of these is further divided into additional sub functions).

In this pilot study we assessed the first and the second function, Self-reflexivity and Understanding of Others' Mind/Decentration, because they represent - according to the literature- a deficit in the Narcissistic patient.

Self-reflexivity (the subject's ability to represent mental events and perform heuristic cognitive operations on his mental functioning) consists of nine sub-functions, with dichotomous values ("yes", "no") that indicate the following variables: A1, A2 basic requirements (the ability to recognize one's own mental states as being autonomous); A3, A4 characterization, (the ability to discriminate between cognitive and emotional components in one's own internal states); A5, A6 differentiation between mental representations and external world; A7, ability to build relationships between variables in order to explain the reasons for one's own behavior; A8, A9 integration (the ability to integrate cognitive and emotional functioning into a coherent narrative framework).

Understanding of Others' Mind/Decentration (the subject's ability to represent mental events and perform heuristic cognitive operations on other's mental functioning) consists of eight sub-functions, with dichotomous values ("yes", "no") that indicate the following variables: C1, C2 basic requirements (recognition of the existence of others as separate people); C3, C4 differentiation between mental representations of the others, (the ability to discriminate between cognitive and emotional components in other people); C5 characterization (recognize the possibility of being wrong about beliefs regarding others); C6 relationship between variables (ability to recognize the links between thoughts, emotions, and behaviors in other people); C7, C8 integration (describing others' cognitive, emotional, and behavioral functioning); D1 (the individual recognizes that other people have agendas and behaviors that exist independently of the individual); D2 (recognition of multiple ways of viewing an event); D3 (the individual understands that many variables can affect the emotional, cognitive, behavioral, relational functioning of others).

When using MAS, the recorded psychotherapy sessions must be dated, then read, then split into text units. Each unit is a piece of patient's speech between two comments made by the therapist. The judge will choose the section of the scale (in our study Self-reflexivity and Understanding of Others' Mind/Decentration), then the sub functions (e.g. differentiation), finally, the specific item (e.g. A5, C7, D3) which will be scored: Success (yes) or failure (no) [17].

Data Analysis

In order to verify the hypotheses described above, we performed a frequency count.

RESULTS

The analysis of the frequencies revealed a progressive and global improvement of metacognitive functions: Self-reflexivity and Understanding of Others' Mind/Decentration. Self-reflexivity is positive and constant for all the sessions assessed (see Figures 1 and 2, that show on the x-axis the sessions and on the y-axis frequencies of the successes and failures of these functions). It can be noted that successes are more frequent and constant than failures.

Figures above show the trend of Self-reflexivity and Understanding of Others' Mind/Decentration in a patient with Narcissistic Personality Disorder.

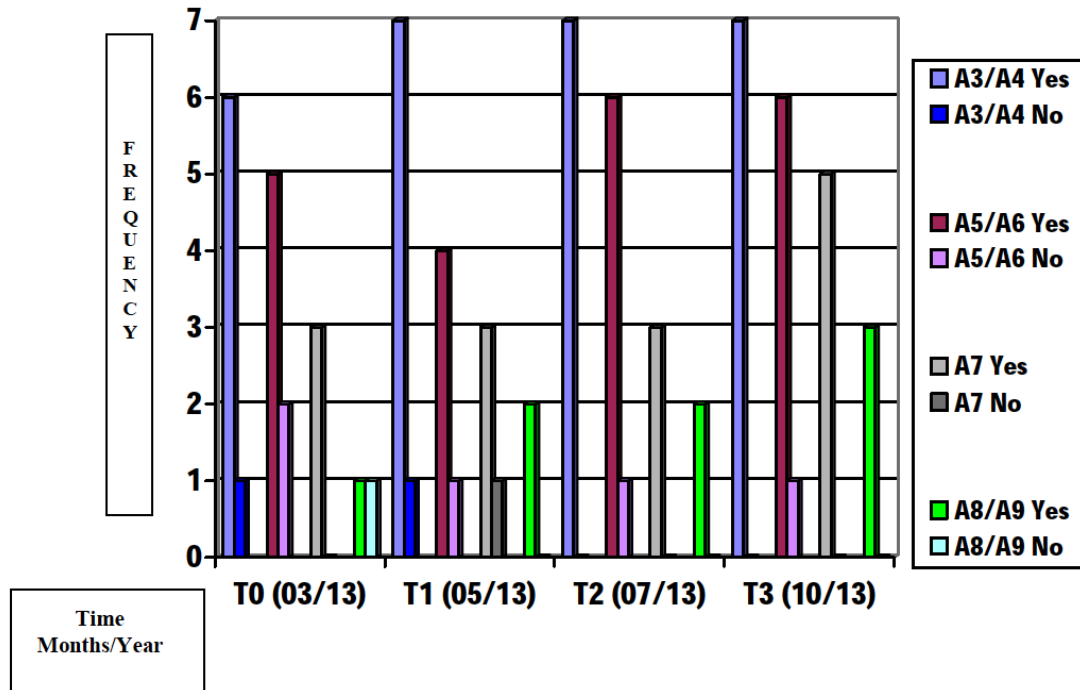


Figure 1: Self-reflexivity trend.

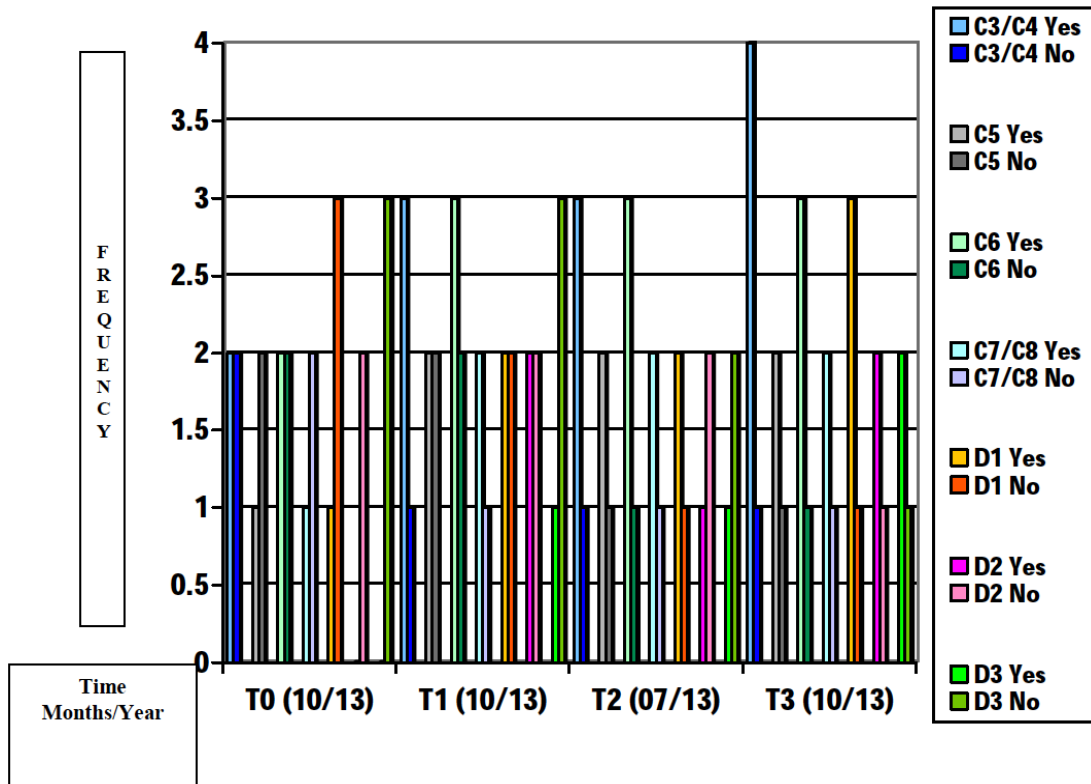


Figure 2: Understanding of Others' Mind/Decentration trend.

Specifically they show a positive trend for both functions, in fact if we observe the sub-functions' trend (e.g. A4, C7, D2), we can see that there has been a little but constant change towards a positive change.

DISCUSSION AND LIMITS

This preliminary research explores the possibility to find indicators that can explain if a specific

metacognitive deficit could be identified in the narcissistic personality disorders [5, 47-49, 12].

It also aims to state that the psychotherapy would increase the metacognitive activity; and to state that this increasing would be indicative of how effective the therapy is [19].

The interpretation of the results confirms the relationship between Narcissistic Personality Disorder and the deficit in Self-reflexivity and Understanding of Others' Mind/Decentration, both functions explain the criterions described in the DSM IV-TR and DSM-5 in reference to the Narcissistic Personality Disorder. The criterions, assessed before the psychotherapy treatment, with SCID-II [51] have been re-assessed after ten months of treatment, during this timeframe, an improvement of this functions have been noted. The outcomes represent a further confirmation of the link between some metacognitive functions deficits and the Narcissistic Personality Disorder. If further researches on the clinical intervention would confirm the link between the metacognitive improvement and the psychotherapy, we could conclude that the clinician should focus his intervention truly on the improvement of these metacognitive functions in order to ease the patient's change. Even if we have no control over other intervening variables, results can also be seen as an indirect indicator of the effectiveness of psychotherapy.

However we have to take in consideration the limits of the single case study because results cannot be generalized, unless we analyze a big amount of single case study that would imply a very long and slow process. Another limit refers to data interpretation, because there are no other data for such a treatment and it's difficult to state if outcomes are due to a specific technique used during the treatment or if they are aspecific effects. This method allows a microscopic and qualitative analysis of the patient's traits and treatment, and the results could be very useful for the clinician, but it also raises the question if the knowledge acquired through the single case study can be applied to an entire clinical population [54-57]. A research on a single clinical case (or a few clinical cases) is quite frequent to perform a longitudinal analysis of the therapeutic sessions and is the preferred method in contemporary research in psychotherapy as it allows both macro and micro analysis [50, 58]. This methodology compares the functioning of the patient's personality, the treatment process and the outcomes, "Patient-Therapist-Outcome" – "PTO" [59]. The single case study also allows the results to be generalized to

a specific statistical population, rather than relying on the vagueness of the generalized design [60]. One of the advantages is the immediacy of reading the results, and the immediate applicability in the clinical setting [61, 55, 3, 62]. It is also useful both for verification of clinical hypotheses and for research methods in the therapeutic process [62].

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