Metacognition, States of Mind, Cognitive Biases, and Interpersonal Cycles: Proposal for an Integrated Narcissism Model

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A narcissistic personality can be seen as arising from a number of separate dimensions of mental life: (a) a characteristic set of states of mind; (b) alterations in metacognitive skills—in particular a difficulty in accessing one's own inner states, desires, and emotions—and a difficulty in understanding another's mind from a decentrated perspective; (c) the sensation that experiences are not being shared with a relevant other and that one does not belong to real-life groups; (d) characteristic methods of regulating one's self-image and self-esteem through cognitive biases; (e) the use, in most cases, of values, rather than emotional experience and interpersonal regulation, for regulating behavior; and (f) characteristic dysfunctional interpersonal cycles. In this work the authors propose an integrated model that describes how the disorder perpetuates itself and suggest some hierarchies of importance between the elements portrayed above.

Over the past 30 years, starting with the work done by Kohut (1966) and Kernberg (1967), many researchers have described the various aspects that make up a narcissistic personality. In this article we first try to identify its fundamental elements. After that we propose a psychopathological model describing the hierarchies of importance between the various dys-

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functions, the relationships that exist between the various aspects of the disorder, and the way in which the disorder perpetuates itself. To achieve this, we shall base ourselves on (a) literature relating clinical experience and experiments, (b) the inferences one can take from theoretical axioms and clinical data reported in literature on the subject, and (c) what we have been able to observe during our own clinical work.

NARCISSISM'S MENTAL DIMENSIONS

The dysfunctional areas that we have identified are as follows: (a) characteristic, nonintegrated dominant states of mind; (b) alterations in the metacognitive function assuming the following forms—opaqueness in the reading of the inner states of mind and disorders in the ability to understand the other's mind and to decentrate (cognitive egocentrism); (c) the feeling of not belonging to groups and difficulty in sharing experiences with relevant others; (d) an excessive use of values in making life choices and programming actions, to the detriment of the emotions and regulation in line with the interpersonal context; (e) methods of maintaining and increasing one's self-esteem that take the form of cognitive biases; and (f) characteristic interpersonal cycles.

Not all patients have all these characteristics, and authors describe the disorder in different ways, with many features in common but also some differences. The reason for this is that narcissism is a category of a prototypical nature: No single case is equal to the prototype, but all of them display its most significant characteristics. Let's analyze the various individual features.

STATES OF MIND IN NARCISSISM

There is some agreement about the fact that narcissists experience certain states of mind and swing from one to another. The first symptoms that help in diagnosing the disorder are vague sensations of emptiness, boredom, and emotional anesthesia (Kohut, 1971). There are shifts between hypochondriacal worries, enthusiasm as a result of successes achieved or praises received, distress, and a return to the feeling of emptiness. Kernberg (1975) put an emphasis on envy and stressed that conscious sensations of insecurity and inferiority alternate with fantasies about omnipotence and a feeling of grandiosity. One of the main defenses for this type of personality is the nonrelationship: Patients spend their lives keep-

ing their affections in a "cocoon" and feel lifeless and burned out (Modell, 1984). In the view of Akhtar and Thomson (1982), narcissists swing between two states of mind: one of them, overt, involving disdainful grandiosity, fantasies of wealth, power, physical attractiveness, and invulnerability, and the other, covert and composed of an out-of-place sensitiveness, a sense of inferiority, insignificance and fragility, and a search for glory. Horowitz and colleagues (Horowitz, 1989; Horowitz, Marmar, Weiss, De Witt, & Rosenbaum, 1984) noted that behind their grandiosity narcissists conceal a profound feeling of shame and a proneness to feeling themselves criticized and humiliated, as a result of which they tend to reject any information that could hurt them. He also noted the presence of mixed states of mind, with a simultaneous activation of shame, anxiety, and anger, as defenses against degraded self-schemas.

According to Ryle's (1990; 1995), cognitive analytic therapy, the dominant self-states in narcissists are two: admired to admiring and contemptuous to contemptible. However, during therapy, states of anger or emotional neediness, envious attacks on partner or peers, and panic and confusion can emerge.

In a study by Ronningstam, Gunderson, and Lyons (1995), it emerged that, of the nine *Diagnostic and Statistical Manual of Mental Disorders* (*DSM–IV*) diagnostic criteria (American Psychiatric Association [APA], 1994) regarding narcissistic personality disorder, six display a high changeability: grandiose fantasies, uniqueness, arrogant and haughty behavior, entitlement, exploitiveness, and lack of empathy. The other three—exaggeration of talents and achievements, need for admiration, and envy—turned out to be more stable. After 3 years, 60% of the clinical population studied had improved, even spontaneously, while the other 40% had not changed. In the view of the authors, narcissism embraces two types of disorder: The first is a grandiose state of mind, which is context-dependent and more subject to alterations, while the second involves constant difficulties in interpersonal relationships.

In our model, which lies in the cognitive–constructivist paradigm (Kelly, 1955; Mahoney, 1993; Neimeyer, 1995), we portray subjective narcissistic experience in terms of distinct states of mind: *grandiose, in transition, depressed or frightened,* and *emptiness*.[1] By state of mind we mean a recurring pattern of subjective experience, characterized by a lasting association between (a) thought themes, emotions, somatic states, and fa-

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[1]The model is similar to the one developed by Young and colleagues (McGinn & Young, 1996; Young & Flanagan, 1998), which talks about *schema modes*, corresponding to aspects of self. In narcissists there are three: special self, vulnerable child, and self-soother.

cial expressions and (b) means of communication, defense and coping mechanisms, and interpersonal relationship models (Horowitz, 1987, 1991). In the grandiose state the thought themes are grandiosity, self-sufficiency, power over the world, and not belonging to a group or belonging to an imaginary elite group (Dimaggio & Pontalti, 1997; Dimaggio, Procacci, & Semerari, 1999). The emotions are either euphoria, an awareness of power, and a feeling of personal effectiveness or, more often, coldness and detachment. It is possible for sensations and somatic states to be scotomized, but at times the body is vigorous and active. There are two subtypes to the negative state. The first one is an unpleasant state of emptiness, characterized by emptiness, coldness, taking refuge in a fantasy world, isolation from relationships, and feelings of uniqueness and not belonging to a group. The emotional detachment is different from that in the grandiose state: The theme is rather one of being different than feeling grand, and a subject does not have conscious and active desires. There can be an annoying sensation of unreality. The second subtype is a depressive state: It's often talked about by a subject with discomfort and reticence. Its themes are feeling of failure, feeling of being rejected by and expelled from a group, feeling of threat, loss of a contest, self-depreciation, insubstantial identity, and submission. The emotions are shame, fear, and a sadness tinged with nostalgia for a paradise lost. There is often a feeling of disintegration, and the conscious state can become disorganized and lead to frightening dream-like fantasies. The transition state gets activated when a patient becomes aware that he or she is shortly going to pass from the state aimed for to the unpleasant one. The dominant emotion is anger about this obstacle to one's goals. There can be self- and hetero-aggressive acting out. In this state and in the preceding one we find somatic and hypochondriacal symptoms of various types, and sometimes panic attacks. Some patients are taken over by workaholism or substance abuse (Young & Flanagan, 1998). Millon and Davis (1996) insisted on the transitory nature of the swings between anger, shame, and emptiness in the absence of antisocial characteristics. Modell (1984) considered survivor's guilt to be the central catalyst behind narcissism (Lowen, 1983, on the contrary, maintained that such patients are incapable of experiencing a guilt feeling). Such individuals feel that they do not have a right to live and are frightened of harming others if they carry out their own desires. During therapy they express the sensation that, if they accomplished their own desires, this could harm others. They then become frightened about revenge or fear that their gains are not justified. It is likely that survivor's guilt will get activated in a conscious way during the grandiose state but that it does not get recognized because it immediately produces a tendency to remoteness in relationships or a search for grandiosity in order to maintain one's rights to one's gains.

THE METACOGNITIVE FUNCTION

Various authors have proposed that the ability to reflect and operate on the mental states has a clinical significance, in particular in more severe patients (Baron-Cohen, Leslie, & Frith, 1985; Carcione, Falcone, Magnolfi, & Manaresi, 1997; Fonagy, 1991, 1995; Fonagy et al., 1997; C. D. Frith, 1992; U. Frith, 1989; Liotti, 1992; Main, 1991; Perris, 1989; Perris & McGorry, 1998; Semerari, 1999). Alterations of this function depend on the type of disorder: Autistic patients have a serious theory of the mind deficit (Baron-Cohen et al., 1985), schizophrenic patients experience difficulty in thinking their own thoughts (Perris, 1989, 1993), and borderline patients find it difficult to identify, define, and modulate their emotions (Linehan, 1991). In the case of narcissistic disorder we pause to look at two deficits that characterize it: *self-reflectivity,* that is, the ability to identify and describe one's inner states, or else acknowledge emotions, goals, and desires and *decentration,* that is, the ability to understand the other's mind, by taking on the other's perspective. For a categorization of metacognitive deficits, see Semerari's (1999) work.

Deficit in Self-Reflectivity

With the exception of the goals that provide the foundations for self-esteem and allow access to the grandiose state of mind, these patients find their minds to be opaque. They can be uncertain and unsatisfied about their professional and social identities (Akhtar & Thomson, 1982): Being uncertain means not having conscious access to one's goals and to action-control hierarchies. Narcissists are not able to link an inner state with relationship variables. They are capable of describing a depressive state not long after talking about an argument with a partner and are also capable of denying the link between the two events. Kernberg (1975) commented that these patients need to adhere to an ideal image and therefore do not have access to their own dependent aspects and to the effects that real relationships have on them. Regulation of the mental states is, however, entrusted to responses from the external environment that provide confirmation (Kohut, 1971). This process is, as a result, highly problematic and leads to states of "egocoercion": The other's confirmation is asked for and at the same time is felt to be constrictive. The processes of idealization of self and of others (Akhtar & Thomson, 1982; Kernberg, 1984; Kohut, 1977) are based on not knowing certain aspects of one's internal and external psychological reality (deficit in self-representation and in decentration), to the benefit of other either real or imagined aspects.

As regards emotional experience, Kohut (1977) described patients with burned out affections, who felt themselves to be nonexistent, dead, and prone to shame. Emptiness, boredom, and apathy are the forms that subjective experience takes when one's emotions are not available to one's consciousness, or at most only to a small extent. This is a form of *alexithymia* (Krystal, 1998, focused on the importance of alexithymia in narcissists): a deficit in the working through, regulation, and identification of the emotions. Alexithymia is the inability to link the somatic component of arousal to the words, feelings, and fantasies that constitute the symbolizing and expressing of emotions (Lumley, Stettner, & Wehmer, 1996; Stephenson, 1991). Often associated with this deficit in the working through of emotional data is an overactivation and disregulation of somatic arousal, which involves focusing attention on somatic aspects. Patients affected by this disorder are unable to master variations in arousal: Because they are not able to identify the cognitive part of experience, they cannot work on it (G. J. Taylor, Bagby, & Parker, 1997).

In her attempt to link studies on attachment to the concepts contained in Ryle's (1995) cognitive analytic therapy, Jellema (2000) observed that narcissists get classified as dismissing in the Adult Attachment Interview (AAI; Main & Goldwyn, 1994).[2] Subjects who are dismissing do the following: devalue or cut off from attachment experiences, ascribe little value to feelings, and idealize their parents even if they then tell of episodes in which they have been fiercely criticized by them. Crittenden (1995) defined these subjects as "defended against affect"; they rely predominantly on cognitive information to make sense of the world. They have difficulty in perceiving and expressing emotions. Jellema noted that the states described by Ryle (admired to admiring and contemptuous to contemptible) are all based on the exclusion of affects.

Cognitive theories on emotions have highlighted their link to decision-making processes: The emotions signal to an individual unconscious preferences, act as signals about the progress of plans and put in motion action readiness, prepare the person to act in a way that is consistent with the new state of the world as he or she perceives it, and signal the inner state of his or her system to consciousness (Damasio, 1994; Frijda, 1986, 1988; Greenberg & Safran, 1987; Oatley & Johnson-Laird, 1987). A lack of what Damasio calls emotional marking of mental scenarios makes it difficult to choose and act in an effective way. An individual does not have access to information that is indispensable (the inner state) for the process of making

[2]The definition of this strategy is "defensive independence" (Main & Solomon, 1986). Gilbert, who belongs to the school of thought that links the history of motivational systems to personality disorders (Gilbert, 1992; Fonagy et al., 1997; Liotti, 1995; Perris, 1999), proposes that the so-called avoidant type of attachment (Pattern A) can be connected to narcissism.

decisions. The state of one's system (signaled by emotion) does not get integrated into the programming of action, which can, as a result, turn out to be inconsistent with goals activated at a physical and preconscious level. On account of their alexithymia, therefore, narcissists rely on the use of value systems (as discussed later in this article), both for carrying out their own choices and for judging others', and this results recursively in a deterioration in the quality of emotional experience and in interpersonal relationships. Furthermore, emotion influences interpersonal processes by means of expressive behavior (Darwin, 1872; Frijda, 1986; Oatley & Johnson-Laird, 1987) and permits action to be regulated with conspecifics, and so its dysfunctions have a harmful effect on the quality of relationships. An individual is unable to supply consciously to others the information on his or her inner state that is necessary for making joint plans. Verbal expression is often at variance with autonomous activation (see Peyton & Safran, 1998), and thus expressive behavior is in contradiction with verbal communication and prompts in others' responses that are seen to be incoherent and contrary to expectations.

The author to stress, more than any other, the inability of narcissists to feel physical sensations is Lowen (1983), for whom acting without feelings is the basic disorder. Living by modeling oneself on one's grandiose self-image is the effect that this emotional deficit has: The real self does not have emotional connotations as it should and is therefore indistinguishable from the self contained in the grandiose fantasies, which are colored by spurious and transitory affections and are not based on feedback from physical sensations. As Lowen observed, the alexithymia is not complete. In the life areas included in their grandiose self-image, patients can feel that they are protagonists in their own lives. The emotional anesthesia concerns more specifically the feelings of tenderness, affection, and closeness to others and, in general, the life areas not integrated in the grandiose self. The fact of not interpreting sensations of weakness, fear, or fragility allows one to artificially maintain a feeling of strength. However, there is no development of ways to cope with negative states: When they surface in consciousness, they are difficult to master, and the conditions are created for a steady increase in the level of unpleasant arousal.[3] It is also possible that, when negative emotions and unaccepted images of self are kept out of one's consciousness, they get experienced in the long term in the form of dissociative symptoms or in states of flooding with unpleasant emotions. Furthermore, others get inspired to give responses characterized by defi-

[3]The control of hunger in anorexics with narcissistic traits follows similar paths and a simultaneous presence of alexithymia, and narcissistic disorder has also been found in patients affected by bulimia (Davis & Marsh, 1986; Steiger, Jabalpurwala, Champagne, & Stotland, 1997).

ance, submission, lack of attention, or rejection, rather than a caregiving attitude consistent with the subject's state of weakness and fragility.

Deficit in Decentration

It has become almost a cliché that narcissists are egocentric and have a limited ability to empathize (APA, 1994; Beck et al., 1990; Benjamin, 1993; Fiscalini, 1994; Kernberg, 1967; Kohut, 1966; Millon & Davis, 1996). Akhtar and Thomson (1982) talked about an egocentric view of reality, when they described the cognitive style of these patients; they noted, moreover, that they tend to be rhetorical, vague—as if they were talking to themselves—and evasive. Bach (1977), in a similar way, described their self-centered view of reality and their tendency toward an excessive self-stimulation; he commented, moreover, on how difficult it is for narcissists to stand back from a current relationship and reflect on their own mind and that of the other (Bach, 1985). According to Kohut (1971) others are not seen as separate persons but as self-objects, necessary for functions such as comforting or confirming. Gabbard (1990) noted that during conversation these individuals tend to transmit signals but not receive them. For Liotti (1992), a difficulty in taking a decentrated perspective while attempting to get to know the other's mind is a fundamental pathological feature of personality disorders.

We need to distinguish between two types of metacognitive skill. The first is the ability to understand the mind of the other (i.e., to have a theory of the mind; Carcione & Falcone, 1999; Fonagy, 1995; Premack & Woodruff, 1978; Wimmer & Perner, 1983), to identify the other's beliefs and mental states, and make projections on the basis of this information. The second function is cognitive decentration or getting away from Piagetian egocentrism (Favre & Bizzini, 1995; Piaget, 1926/1957): the ability to perceive events from the other's point of view and carry out heuristic cognitive operations on the other's mental functioning, without basing oneself purely on one's knowledge of self and on the extent of one's own involvement in the relationship (Carcione & Falcone, 1999). Essentially, the egocentrism–decentration dimension is defined by the perspective or point of view from which operations of getting to know others' minds are carried out. Some narcissists manage to understand others' states of mind, but always from an egocentric perspective. Narcissists have little interest in others but are not unable to understand them. The deficit is of a motivational and functional nature; knowledge of others does not get exercised and so appears inadequate. The decentration deficit is state-dependent and worsens in situations in which self-esteem is threatened (the other is seen only to be critical), the alexithymia gets accentuated (regulation of choices is problematic;

knowledge of the other serves to obtain information important for this objective), and there are states of emptiness (the abandonment of relationships is complete: both as regards emotions and in one's behavior).

Metacognitive deficits are closely linked to two psychological areas: (a) the awareness of sharing and belonging and (b) the regulation of choices. Descriptions of these two topics follow.

THE SENSE OF NOT BELONGING

Narcissists are characterized by a feeling of not sharing emotions, mental scenarios, values, and inclinations with a relevant other and by a feeling that they do not belong to a group. The *DSM–IV* diagnostic criteria pick this trait up: uniqueness and entitlement. Distancing oneself, detachment, and keeping oneself apart are noted by numerous authors. Narcissists divide the world into two categories: people that count and the mediocre (Kernberg, 1975). They long to belong to the superior category and are afraid of being excluded from it and ending up in the inferior group. These patients tend to withdraw into splendid isolation and to go to live in an ivory tower (Akhtar & Thomson, 1982). Loved only for their exceptional qualities by parents who are in turn looking for the gratification of their own grandiose needs, they feel a sense of isolation in their domestic environment and are incapable of spontaneous social relationships (Miller, 1981). In a report to the Vienna Psychoanalytic Society, there is a description of a young narcissist, who felt himself to be different from the human race (Waelder, 1926, as cited in Millon & Davis, 1996). The community may define the families of these patients as "different," and so feeling themselves to be superior or inferior can be a simple rereading of the sense of being different (Beck et al., 1990).

The feeling of belonging may be defined as perceiving that one shares the mental contents, values, beliefs, experiences, affects, skills, and interests that define a certain group. By sharing, we mean the same as belonging but with reference to a dual relationship. There is a close link between experiencing belonging and the metacognitive functions. To share subjective experience with others, one needs to know one's own state of mind, make plausible inferences about the other's, and establish some common points. At a preverbal and preconversational stage, one needs to have developed some interactive procedures allowing one to move in a reciprocal way (and perceive it subjectively). Of what quality is the inner experience of an individual with limited access to his or her own mental states and to those of other human beings? It is, among other things, characterized by the feeling of not sharing his or her world with others, of being distant and unique. The not belonging of narcissists is a haughty one: They

feel themselves disdainfully distant from real others. They see them to be inferior, inadequate, and incapable of admiring them or simply different and of no use. The sense of isolation is often experienced with distress and felt to be impossible to change. A sense of belonging only applies to imaginary, idealized communities and close communion only felt with exceptional figures from history or famous personalities. A sense of belonging to real groups may be felt if they are highly hierarchical and, in particular, if from a leadership position. Sharing with the other fails systematically. When a common feeling might be possible, tastes are similar, and knowledge is shared, competitiveness gets activated, and the other is seen not as a kindred spirit but as an adversary. Perhaps solely during a love affair, which would obviously be an idealized one, can narcissists become aware of sharing, albeit of a grandiose type (Dimaggio et al., 1999; Procacci, Dimaggio, & Semerari, 1999).

The narcissistic way of getting out of this unpleasant alienation is the following: Once the grandiose state of mind has been activated—for whatever reason (e.g., mastery achieved through the carrying out of a task or a gratification received and recognized)—it gets sought for and kept going compulsively.

SELECTIVE USE OF VALUES TO REGULATE CHOICES

As Kernberg (1975) commented, narcissists are unable to accept that there is a difference between their ideal self and their real self. As a result, every action performed has to be ratified by an inner law, a value. All that a narcissist really needs is a higher justification in terms of "what has to be." It is not permitted to carry out a choice in accordance with a desire, nor, on the other hand, is it possible to carry it out in line with one's emotions, if these are actively excluded by one's consciousness. Narcissists have a value system that is rigid and self-referred (Dimaggio & Pontalti, 1997); it is inflexible in its guiding of actions and obliges one to distort events in order to justify facts, choices, and forms of behavior (Akhtar & Thomson, 1982). Some of the values that guide narcissists have a basis in what Lasch (1979) defined as the "narcissism culture." Narcissists pursue goals of the getting-ahead type, rather than the getting-along type, and goals involving power instead of intimacy (Emmons, 1989), that is, goals with hedonistic, economic, and political characteristics (and not relational, religious, or aesthetic ones; Roberts and Robins, in press).

In what way is the systematic use of value judgements of interest to a psychopathologist? The problem is in the regulation of choices. Intentional action is guided normally (beyond an approximate calculation of the consequences and of the balance between costs and benefits) by three deci-

sion-making engines: (a) emotions and desires ("I feel that I want to do it and I move in accordance with my activated action-readiness"); (b) values ("It is right to do it and so I do it"); and (c) regulation in line with the interpersonal context ("We agree that I shall do this"). In normal conditions behavior is regulated by a mixture of these factors. The use of values is the selection mechanism that predominates in narcissists; it has numerous functions and creates pathogenic circles. Now let's see the relation it has with the metacognitive deficit. First of all, it is a substitute for a deficit in self-reflectivity and compensates for alexithymia in the planning and carrying out of actions. A narcissist fixes a rigid set of goals, of which he or she makes substantial use in the internal hierarchy of the self and which conform to the narcissist's ideal. If the goal is in conformity with the narcissist's ideal self, it gets aimed for; in the opposite case it gets excluded. The processing of information in this area can occur automatically and unconsciously. This is a mechanism that allows the subject to have a direction in life. The systematic use of values has a negative side effect on emotional experience: Subjects in fact lose the habit of feeling emotions and of using them as engines for social action. A similar vicious circle gets activated with regard to interpersonal regulation. On the one hand, narcissists fail to coordinate in a cooperative way with others, and, losing this behavioral regulation tool, have to rely on values. On the other hand, the expectation that the values will be conformed to is rigid as regards both oneself and others. It therefore worsens the quality of relationships, rendering the social channel ever less accessible for finding one's way among future scenarios. Moreover, an individual's value system gets constituted out of skills and roles that the individual feels he or she has or can take on. Such a mechanism is universal; for a policeman there is more value in being a policeman than an engineer and vice versa (Rosenberg, 1965). In narcissists the mechanism is more radical: The skills become values to be pursued and are not balanced by other elements like a life with emotions and a life involving sophisticated relationships. The conformity to these values is therefore rigid. Interpersonal relationships get worsened by a combination of the self-reflectivity deficit, regulation of choices through the use of values, and the grandiose self-image. The feeling of being special allows a subject an illusion of control, but often the control can also be real and is exercised over a dependent other and over the figures that are indispensable for interpersonal regulation. The process is as follows: "I don't know what to choose, I need to use you for making my choices, I subjugate you in order to use you as a function, without in turn risking being controlled; the fact that I am special grants me this right." A decentration deficit (lack of empathy) can arise from a combination of these two factors. A subject understands the minds of others mainly as far as is necessary for making choices, an unceasing and laborious operation. Decentrating or under-

standing the other's point of view in its various expressions, nuances, interests, and personal history is of little interest and is even subjectively dangerous because it leaves an individual without a perception of his or her own desires and leaves the individual as prey, in his fantasies, to control by the other. A grandiose self-image guarantees in this respect the conscious right to control the other's actions and thoughts. The other is necessary for the knowledge of areas of self: A knowledge of the other's mind gets developed but in an egocentric form. To summarize, a narcissist's need for self-regulation and control, together with difficulties in decentrating and a need for admiration, are not compatible with the various interests, motivations, and multifarious states of mind displayed by others. The vicious circles, with possible cruel, sadomasochistic, or frigid characteristics, as described in literature on the subject, can originate here (see Modell, 1984; Peyton & Safran, 1998).

SELF-ESTEEM AND COGNITIVE BIASES

Self-esteem and self-image are central to narcissism (Kohut, 1971). According to Kohut, behind the grandiose image lies a low self-esteem, which gets unmasked when one's environment does not furnish adequate empathic support. The self is fragmented and gets unveiled in the forms of hypochondria, depression, and feelings of emptiness or deadness. Narcissists have an inflated self-image, for which there is no support in the external world (Millon & Davis, 1996). Westen (1990) too linked these positive distortions to being easily prone to perceiving that one's feeling of importance and superiority is threatened. Bursten (1989) noted a shift toward hypochondria in a narcissist whose vanity has been hurt. Young & Flanagan (1998) linked behavior involving approval-seeking and unrelenting standards to the regulation of transitions between states of mind. If their self-esteem is threatened, narcissists search for approval or fight to maintain perfectionist performance standards. According to Horowitz et al. (1984) narcissists distort reality to maintain their self-esteem and blame others for any negative events that happen to them. Zaslav (1998) observed that, to defend themselves from shame states, these patients blame others for any errors and enter into states of overzealous probing or feel envious of others. Researchers have observed that narcissistic individuals see themselves in an unrealistically positive way when they sense threats to their feeling of personal importance (Gabriel, Critelli, & Ee, 1994; John & Robins, 1994).

Self-enhancement, that is, being motivated toward having a positive self-image, is a universal phenomenon and leads to a distortion, in a positive direction, of self-evaluations: The opinion that individuals have of

themselves is better than that about them by others (Raskin, Novacek, & Hogan 1991; Rosenberg, 1965, 1979; Swann, Griffin, Predmore, & Gaines 1987; S. E. Taylor, 1989; S. E. Taylor & Brown, 1988; Turkat, 1978; Wylie, 1979). The first typically narcissistic cognitive bias is a high level of self-enhancement. John and Robins (1994) and Robins and John (1997) have demonstrated the following points.

1. A person makes evaluations of the self that are less accurate than those that he or she makes of others (John & Robins, 1994).
2. Most people tend to evaluate themselves in an excessively positive way but a significant proportion does it realistically (depressives) and certain of them do self-evaluations that are unrealistically negative (John & Robins, 1994).
3. Subjects that evaluate themselves in the most unrealistically positive way tend to be narcissists (John & Robins, 1994).
4. Narcissistic individuals search for states of self-focused attention, in which they can look at themselves from an external perspective (Robins & John, 1997).
5. The self-evaluation of narcissistic individuals is influenced by the visual perspective from which they perceive themselves, and a change in perspective, from internal to external, increases the level of self-enhancement and inflates their self-image temporarily (Robins & John, 1997).

In our clinical practice we have reconstructed two cognitive biases: the *narcissistic dynamic* and the *decathlon athlete illusion*. By the narcissistic dynamic we mean a form of progressive self-enhancement for which the positive amount of self-esteem achieved has to be continuously on the increase, with subjects comparing their present self-image with that of the past. The narcissistic dynamic consists of a progressive increase in the value ascribed to the goals and subgoals of an individual, aiming at a coherent personal identity and the perpetuation and increase of self-esteem (Dimaggio, 1997; Dimaggio & Pontalti, 1997).

When narcissistic patients compare their present self with that in the past, it is as if they need to see a constant increase in perfection. Patients select a single goal or just a few of them to serve for the measuring of self-esteem. If they achieve the standard they have set themselves, the present self-image that they see will be in line with their ideal self-image. Discrepancies between them, on the other hand, cause distress and a crossing over to transition or frightened emotional states. With the passing of time the standard set is no longer considered enough and their self-esteem risks collapsing. Patients have to set themselves a goal with a higher value (in their subjective scale of values), to be achieved in order to reobtain a

perfect current image, which will be as before but with a higher degree of perfection than previously. This inner escalation is endless.

The other cognitive bias, which is less serious from a clinical point of view, is the decathlon athlete illusion. For patients to possess high self-esteem, they have to feel themselves to be in a higher class than average in a very large number of social goals. They do not need to feel they are the best in the field, but they do need to know that they are either among the best in all the spheres they move in or else—if only they applied themselves—they could be. Their lives are regulated by an ambition like that of a decathlon athlete: They need to achieve an excellent performance in a wide number of areas. It is an illusion, simply because improving performance in one area automatically leads to a worsening elsewhere, except if one's days last 30 hr, giving enough time to train oneself in everything.

The decathlon athlete illusion occurs when the maintaining of high self-esteem is tied to the achievement of higher than average standards in a range of goals that is as wide as possible. The patient passes a personal value test if the patient has the potential to achieve or actually achieves the standards he or she has set for the self and there are no other persons in the group, with which the patient compares him or herself, that obtain results that are undeniably better than the patient's (Dimaggio, 1997; Dimaggio et al., 1999).

The fact that the test is passed, even when patients only feel that they have the potential to achieve the required standard, prevents them from considering the variables of time, effort, training, and tiredness, and this leaves room for grandiose fantasies. Moreover, choices are made because ambition stimulates one to compare oneself with the context in which one is living, but such contexts are continuously changing. It is likely then that the symptom that will appear will be a feeling of being overwhelmed, together with confusion about one's personal identity. The feeling of not belonging can start up the biases in the following way: "I feel a stranger and distant. I don't understand the way others evaluate me. I evaluate myself independently and establish an inner criterion to keep to. I carry out the test on myself and conclude that I have a high score. The feeling of being excluded therefore derives from the fact that I am special." At this point self-esteem has been protected, the state of mind selected is the grandiose one, and the problems posed by the feeling of not belonging have been temporarily solved. Self-esteem nevertheless remains vulnerable, the conditions for passing the tests are strict, and the sources for a negative external opinion persist. The result can be a frequent reactivation of the testing of self-esteem that narcissists (a) search for and (b) tend to pass through self-enhancing (John & Robins, 1994; Robins & John, 1997). It is impossible for these individuals to surmount the interpersonal conditions that put self-esteem to the test. They do not have the metacognitive tools

for explaining being rejected in love or the sensation that they are excluded from a merry conversation. Their self-esteem therefore swings threateningly and provokes transitions between states of mind. Experiencing shame and depression reinforces recursively the feeling of being a stranger, which reactivates the testing.

The sensation of unpleasant arousal, as a result of criticisms received, rejections, or failures can also start up the test: A patient compares his or her self-image with his or her ideal image. If they coincide, the patient remains in the grandiose state, whereas if they differ, negative state sensations get activated: hypochondriacal fantasies and fear of aggression, fear of being the subject of revenge, and fear of failure. The associated interpersonal schemas also get activated: dominance and submissiveness in the subroutine of defeat and subjugation, limited personal value that makes one deserve being rejected, and exclusion from the elite group. If the testing has an uncertain outcome, self-esteem protection mechanisms can get activated: rationalizations and ascribing the lack of success to external causes. Behavior is as in the transition state: anger, accusations, and various types of acting out, with a view to keeping the feeling of impending threat and fragmentation and resentful withdrawal from relationships far from one's consciousness.

INTERPERSONAL CYCLES

To describe interpersonal relationships, we adopt the concept of cognitive interpersonal cycle, in which an individual's construal processes lead to typical behavior and communications, which in turn elicit predictable responses (Safran, 1984; Safran & Segal, 1990). Competitiveness is an important theme here. Within dominance–submission schemas, self and the other can take on complementary roles: The self can be seen to be fully within its rights in demanding and taking what it wants, while the other has a duty to give and to admire. The other can fail to live up to expectations and leave the self angry and vulnerable initially to meditations about revenge and then later to a sense of exclusion, loneliness, and being different. The active to passive transition is always lying in wait, and the self can become threatened, worthless, submissive, enslaved, and a prey to the sadistic and castrating desires of an omnipotent and tyrannical other (Beck et al., 1990; Gabbard, 1990; Kernberg, 1975; Modell, 1984). For these patients the equation is one of defenseless = slave. The need for comfort, when it is felt, can activate the "self in need of help/other unavailable" schema and lead a subject into a state of isolation from relationships and, from there, can lead to a feeling of emptiness. If they are on the receiving end of demands for care and attention, they often react with anger and a feeling that they are being obliged to do something and that their own goals

are being obstructed, while the other is seen as an exploiter and incapable of the necessary level of self-sufficiency. Competitiveness creates standard interpersonal cycles: The narcissist's claim to superiority does not evoke in others the admiration he or she is looking for, but on the contrary elicits competitiveness. This causes the other to challenge the narcissist's grandiose self-image, and the latter—hurt by this behavior that is contrary to expectations—either withdraws from the relationship or else seeks isolation in order to indulge in grandiose fantasies or meditate paranoically on how he or she has been insulted. As an alternative, the subject adopts an arrogant attitude, which alienates the other still more or fans the conflict between them (Millon & Davis, 1996). The struggle for attention in close personal relationships is also important. The need for attention, together with a limited ability to decentrate, prevents one from understanding and accepting that the other is not always ready to take on a caregiver role. The other, moreover, has difficulty in grasping what the narcissist's problem is, given the latter's limited ability to give a clear description of his or her desires and needs. The narcissist reacts to this with accusations and an increase in demands, which, over the long term, lead the other either to escape from the relationship, in a search in turn for attention, or render him or her incapable, on account of the hostile atmosphere, of giving adequate comfort. The usual outcome of these circuits is isolation. Peyton and Safran (1998) take up from Fiscalini (1994) his description of certain patterns that feature in the development of a narcissist. The special child (Gabbard's, 1989, "oblivious narcissist") is admired and rewarded on a selective basis for his or her skills and qualities, while being neglected or undervalued for other traits we would consider normal. As an adult, therefore, the narcissist has to cling to the feeling of being special, in order to maintain the attention needed, and is unable to express sensations of fear or sadness, as he or she expects they will get rejected. These traits get dissociated or lead to relationship strategies that involve a conscious avoidance of intimacy, with emotions of anxiety and shame on account of the fear of being judged; they can also lead to a reaction involving anger, aimed at self-protection. Another pattern is that of the shamed child (Gabbard's "hypervigilant narcissist"): the child's development needs get systematically rejected and interpreted as "not me" experiences. The child then develops a pseudoindependence, which masks dissociated emotions of shame, inadequacy, and low affectionateness. The schemas the child learns continue to influence his or her interpersonal relationships throughout life. If the need for help and protection gets activated and is shielded from fears of rejection, only a facade of arrogance and self-sufficiency (unblemished in spite of the moment of weakness) appears. The response from others is to move away and confirms the child's nonintegrated expectations about being rejected. A recursive vicious circle is thus set in motion.

HIERARCHY IN SYMPTOMS AND PSYCHOPATHOLOGICAL SELF-PERPETUATION PROCESSES

If all these elements appear in a patient, it is not enough to be satisfied with the idea that they are simply present simultaneously. One needs instead to hypothesize a unified model that explains why they are present at the same time. Such a model, if it is to be adequate for the task, must, in the first place, take account of all the factors we have described. Then it needs to explain the connections between them, the self-perpetuation and reinforcement mechanisms, and the feedback and feed-forward circuits that link the various factors, in order to provide a reply to the psychopathological query: Why and in what way does narcissism remain, once it has been set going? It also needs to contain some hypotheses about hierarchies in functions, in order to establish which elements are primary or secondary. The model needs to be independent from the initial state of the system: The disorder circuit gets activated and perpetuated in its entirety (or at least a significant part of it does) independently from the factors that set it going. Ours is not a hypothesis about the etiological aspects of narcissism but only its psychopathological ones.

We describe the principal circuits and take as a starting point the metacognitive deficit: the inability to reach one's own desires, goals, and emotions, together with a difficulty in decentrating. It seems to us that this—together with the feeling of not belonging, the pursuit of a grandiose state of mind, and the compulsive avoiding of negative states—is a fundamental element. All the factors can, to a greater or lesser extent, be found to derive from these elements. Figure 1 outlines the principal paths of the circuit.

A metacognitive deficit leads to a feeling of not belonging. This condition renders one's self-esteem vulnerable and starts up the testing of it in accordance with one's biases. The goal is to reach the grandiose state (see Figure 2). If the test is not passed, which is probable, given the strictness of the conditions dictated by the biases, there is a risk of falling into negative states. Furthermore, the presence at the same time of a limited access to one's emotional experience and a low decentration makes interpersonal relationships have little sense and can lead to states of emptiness.

Starting from these elements, we have extracted the conditions for inner states not to be linked to relationship variables: If there is no access to one's own mental world or to that of others, it is not possible to link, for example, a state of mind, which an external observer would define as being abandoned, to the trend in an emotional relationship. Interpersonal relationships become conflictual and cause, recursively, a deterioration in one's metacognitive faculties: Gaps turn up in one's knowledge about them (see

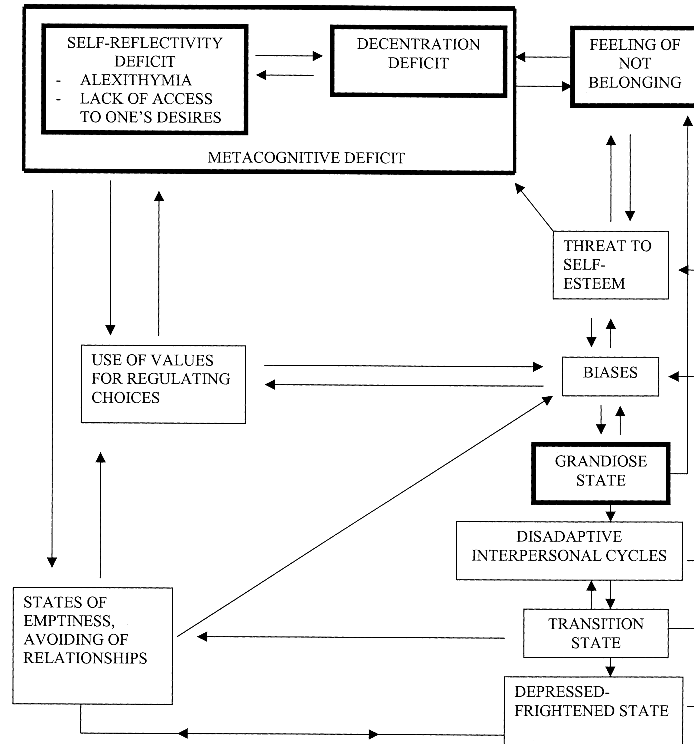

Figure 1. Model of narcissistic functioning.

Figure 1 for the path from interpersonal cycles to metacognitive deficit through a feeling of not belonging). From information that is inadequate and imprecise, one will obtain misleading forecasts and projects.

The regulation of choices, in the presence of alexithymia, is problematic and gets substituted by a systematic use of values. This causes, recursively, a deterioration in self-reflectivity and in decentration. The use of values can easily lead, moreover, to a reactivation of the testing of one's self-esteem (see Figure 2).

The compulsive search for a grandiose state and the avoidance of negative states cause a deterioration in the metacognitive deficit, because they make information-processing concentrate on self-evaluation, while neglecting other mental states either of the subject or of others. They create, moreover, a state of high arousal and a feeling of being threatened. The inability to ask for help and the avoidance of negative mental states lead to the mechanisms described in the Interpersonal Cycles section; relationships, therefore, get harmed and, as a result of the metacognitive

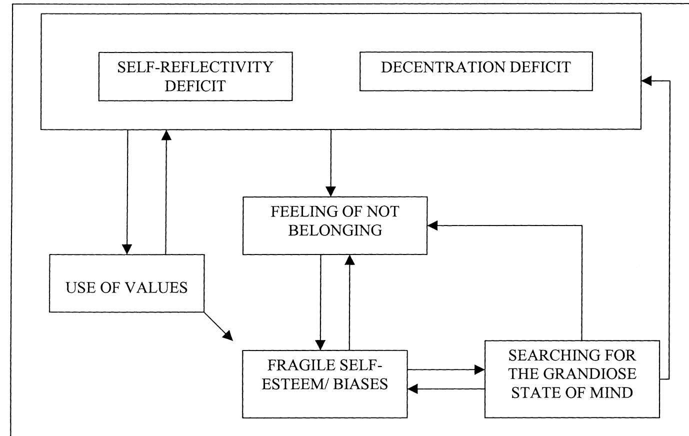

Figure 2. The principal circuit arising from a metacognitive deficit.

deficit, are unable to be a source for mastering psychic distress. They therefore get avoided. In the long term this leads to states of emptiness and boredom and prevents one from improving one's metacognitive skills, as one could if interacting with others. The perception of one's grandiosity makes the feeling of not belonging and the quality of relationships worse (see Figure 3).

A subject needs to get out of the negative states of mind, of depression, and emptiness. To do this, the subject pictures the values he or she should

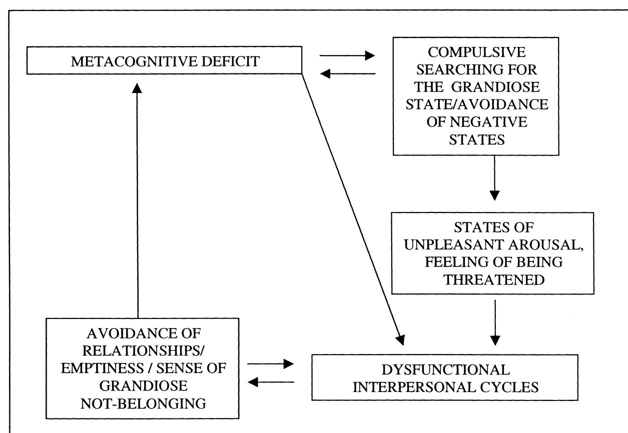

Figure 3. Search for the grandiose mental state, avoidance of negative states, and dysfunctional relationships.

be adhering to as being goals, and the testing gets started up again: The objective is the grandiose state. From here the circuit can be reactivated (see in Figure 1 the path that leads to emptiness and to exiting from it). The tendency to indulge in grandiose fantasies contributes to keeping the grandiose self-image going in the absence of social recognition and requires relationships to be avoided and the metacognitive deficit to be reinforced: Information gathering is to be restricted to that which confirms one's grandiosity.

Survivor's guilt feelings are not indispensable for the formation of the syndrome but can be a psychic factor making it worse. In the opinion of Modell (1984), they are universal to our species and have the function of preventing, in certain conditions, the gratification of individual needs, to the advantage of the group. Narcissists, especially if they come from an environment in which they have been at the center of grandiose expectations, are considered to be particularly susceptible to them. As a result of the fact that they are constantly launched in the direction of exceptional goals, they risk perceiving that they are the subject of more attention than they deserve and enjoy privileges that are denied to others. The perception that one is harming others can, paradoxically, make interpersonal relationships worse. Anger, egocoercion, and competitiveness with a partner or colleagues can be based on the unfulfilled wish to be absolved for one's desires. Anger is also a protest about an imagined claim to reciprocity by the other. In narcissists it can create a circuit of mutual reinforcement with the metacognitive deficit. The guilt feeling worsens an already limited access to one's desires (they are not admissible and so get repressed), and this forces one to use values for the carrying out of choices in line with one's grandiose expectations. It also leads to a deterioration in the ability to decentrate and, consequently, leads to a deterioration in relationships: A patient feels like wrongfully harming another, by whom the patient feels he or she is being judged negatively or vindictively for his or her desire for self-affirmation.

The model we have just expounded is compatible with the data of Ronningstam et al. (1995), who observed that (a) the grandiose state is the feature that improves most easily, in particular as a consequence of real life events (successes or failures) and (b) dysfunctional interpersonal relationships are the most stable aspect of the disorder. In our model, too, the elements that constitute it are independent, albeit linked. It is by no means sure that all circuits get activated or that this occurs with an equal effectiveness, and so this is compatible with there being local improvements. Moreover, we are not surprised by the greater stability of dysfunctional interpersonal relationships. They are a point of arrival for various circuits: If there is a reduction in a subject's fantasies of grandeur, one can get directly to them through a metacognitive deficit or feeling of not belonging

and through a use of values. Moreover, the avoiding of relationships is always a refined method of coping with negative emotions. For relationships to improve, there needs to be an increase in metacognitive skills, together with a good mastering of transitions into negative states. There also has to be an interruption in the way that a subject resorts in preference to avoiding relationships for the mastering of unpleasant emotions. Grandiosity is connected closely to the testing of self-esteem, and, if this stabilizes (e.g., as a result of successes or failures in real life), it is less likely to be necessary to resort to it for the avoiding of negative states.

With this unitary model, it is possible to describe the various subtypes that make up narcissistic disorder, assigning different weightings to each element. Here are two examples amply described in written works (Dimaggio, Procacci, & Semerari, 1999): If a patient has a systematic deficit in self-reflectivity and decentration, and at the same time continues in the grandiose state, one has an example of the *oblivious narcissist,* characterized by disdain and egocentricity; if the subject is mainly prone to transitions into a depressive state, with a lack of access to his or her goals and the use of values in regulating choices ("I'm obliged to put into practice choices of a higher importance but I don't know whether they are mine"), he or she is a *hypervigilant narcissist,* who is prone to feeling shame and tends to avoid relationships and fall into a state of emptiness.

A CLINICAL EXAMPLE: EXTRACTS FROM CARMEN'S PSYCHOTHERAPY

We shall now illustrate a number of the phenomena we have described, with some passages taken from sessions during a course of therapy that was audiotaped and transcribed in its entirety. The reason for using such material is the need to share the original session texts with the reader, so that the reader can verify our statements and discuss them with reference to the same material that we ourselves have used.

Carmen was a young woman of 25 years old and was intelligent and good-looking. She asked for therapy because she was having difficulty in making choices: She was only able to come to a decision after an exhausting evaluation of all the possible pros and cons of her various options, and when she did make a decision it was often simply because she could no longer bear the mental overtiredness that had taken hold of her. Her aim seemed to be to make the best choice possible. Her mood was permanently negative: She often broke into tears for no apparent reason. Her parents were in the process of separating. Carmen denied feeling negative emotions on account of this and described it with a rational detachment, as if it did not directly concern her. She could not understand why her brother,

who was 3 years younger, was affected by their separating. Carmen asked for cognitive therapy because she imagined that it would be short and straight to the point. She feared a long course of therapy would be a waste of time and would bore her. The very idea of spending too much time thinking about herself made her impatient and irritated. Next, we present some session extracts that illustrate the phenomena we have described. (These were translated from the original Italian extracts.)

States of Mind

In the following extract taken from a session at the end of the 2nd year, Carmen managed to describe her inner states. Her narrative was in the form of a fairy tale, and each character represented a state of mind and interacted with the other characters in a sort of inner dialogue.[4]

Carmen: Yesterday evening Giorgio [Carmen's boyfriend] was saying: "How gentle you are." But I was feeling really catty. It seemed to me that there was this inconsistency, but he said that I'm normally pretty gentle. But at that moment I was totally the opposite.
Therapist: The other time we were saying that you felt like a caterpillar, with the need for protective armor.
Carmen: What I feel and what comes to the surface in these moments is the contrary of a caterpillar, it's a wild cat. . . . The caterpillar is the most sensitive part, the one that shows most empathy towards other people. The "me" of the last few days is the cynical one that couldn't care less, that's standoffish.
Therapist: Keeping one's distance is as excellent armor . . .
Carmen: I don't know if I keep my distance . . . it's a form of protection for both sides. If I keep away my sting is less powerful.
Therapist: Distance is something else again as regards the caterpillar and armor.
Carmen: I guess it's a consequence of the two of them.
Therapist: Let's play a game, let's pretend that there are three characters.
Carmen: The caterpillar . . . I think I'll call the character with the armor the wild cat, and I think the distant character [pause] can be the [pause] lion. . . . He's the king of the jungle, he feels a bit puffed up. . . . It's an arrogant keeping one's distance, with a disdain towards all the rest. . . . The caterpillar: It's a nice, a very nice animal. So perhaps it needs to be careful to protect itself because a caterpillar is a bit like a little kitten and

[4]For a description of the way in which a patient's mind can surface from an inner dialogue between different characters, see Hermans' (1997) work.

so it's totally without armor and it gets affected directly. Well, I think that when it gets affected directly and therefore someone takes advantage of it, it gets into some nasty situations. It gets hit straight on and then the caterpillar turns into a wild cat, very sarcastic, very calculating and lying in wait. And pretty aggressive.

Therapist: It's the wild cat that intervenes when it sees that the caterpillar has been struck.

Carmen: The cat's very malicious . . . but it's better than the lion, because the cat is aggressive and so there's an interaction with the outside world, which is lacking with the lion. When the lion turns up, that's it.

Therapist: When does the lion turn up?

Carmen: Perhaps when the wild cat is, let's say, fed up with being a cat because it's not right to just be aggressive, you get fed up. And then the lion comes along and he detaches himself from this cruel world and lives in a world where there is justice and injustice and he's totally protected. . . . The lion is cold, he makes things die by freezing them, because he's unreachable. . . . This lion doesn't usually last very long because after a while he gets a bit fed up, and in the end he goes off too and we get back to a, let's say, normal situation.

In the language used by Carmen, the caterpillar experiences states that are halfway between normal, nonnarcissistic ones, with a sensitiveness toward others, and negative depressed or frightened states, in which her negative emotions get experienced in a too intense and uncontrollable way. The wild cat represents the transition state, in which aggression is used to protect the self from interpersonal censures. At the beginning the lion represents the cold, haughty, distant side of the grandiose state, but with the passing of time it slides toward the unpleasant state of emptiness, marked by boredom. It is to be noted how, as well as the states, Carmen described some of the processes (defense against aggression or boredom) that set in motion the transitions from one state to another.

Alterations in the Metacognitive Function: The Deficit in Self-Reflectiveness—The Use of Values for Making Choices

We now illustrate, with the selected extract, taken from Session 2, one of the aspects of the deficit in metacognition, the lack of access to emotional states, alexithymia. In this passage one can note how, in the absence of emotional marking (there was only an unspecific unpleasant form of arousal), the patient, in making a choice, resorted to a system of values.

Carmen: The problem is that I didn't like the breasts I'd got because they were too small, I mean I liked their shape but they were too small . . . not that I had a complex about them or had ever had any problems! [Here Carmen strongly denies that there were negative emotions] with someone coming and saying to me . . . I don't know, a guy saying something to me . . . and so, I've even asked myself but, maybe there's something inside me that I was trying to stop up with this operation. . . . I was fully aware of the risks involved in the operation. . . . There was this sensation of unease, of wanting to change a thing I didn't like. . . . It was the prime need in my life at that moment. . . . It took up lots of my energy, to the extent of becoming the thing I thought about most.

Therapist: A fixation?

Carmen: Yes, like a fixation.

Therapist: What did you think, what was this fixation like, what thought was it?

Carmen: Let's say that it was reflection about the fact whether it was right or not to do a thing of that sort.

A choice was made in line with the ideal self-image; the patient said it was intended to correspond to an ideal of classical beauty, of harmony. There was no trace in her narrative of any negative emotion. On the contrary, each and every time the therapist suggested that there was an unease underlying this choice, Carmen reacted angrily.

The Feeling of Not Belonging to Groups

Again in Session 2 Carmen described her permanent feeling of not belonging to groups.

> I'm a bit of an outsider, I mean that I don't belong to anything and so, I don't recall whether it was one Christmas that it happened that I took part in a bingo session where the prize was £3,000,000, and then the next day I took part in another where the prize was £20,000 . . . so I feel fine wherever, I'm completely at ease and calm, but it's true nevertheless that I maybe feel a little the need of having a group I can call mine, something in which I feel no matter how to be just the same as everyone.

The feeling of being at ease in different situations contrasted with the overall and permanent sensation of diversity. The feeling of not belonging did not have a negative emotional coloring either; there was just a slight wanting feeling.

Self-Enhancement: The Decathlon Athlete Illusion

In this passage, drawn from Session 6, one can note how Carmen, in order to perceive the overlapping between the real and ideal self-images,

had to feel she possessed numerous qualities and each in a large quantity, that is, she was suffering from what we define as the decathlon athlete illusion.

Therapist: Have you ever found a person you admired?
Carmen: No!
Therapist: How do you mean?
Carmen: I mean I've never found anyone. I admire certain people for certain things, other people for others.
Therapist: What are the things you admire?
Carmen: Well, there are loads: consistency, a 100% commitment to what one is doing, the ability to enjoy oneself too, to be close to people, being likeable, honesty [she smiles].
Therapist: And are there any people who embody all these qualities?
Carmen: I think so, yes . . . everyone has one or the other.
Therapist: You'd like to have all of them?
Carmen: [She laughs.] Yes. I'd be happy if I could get rid of one or two!
Therapist: How do you mean?
Carmen: I'd be happier because it would be give [sic] me less work. . . . It reminds me of that saying of Woody Allen's when he said that who he aspired to and was inspired by was God. . . . I can't manage to not be like that.

The need to be top in everything has as its aim an ideal of perfection that is almost god-like, even if Carmen joked about this and maintained a significant amount of critical detachment. It is to be noted, however, that the fact that the patient tried to excel in all areas contributed significantly to her feeling of tiredness and being overwhelmed, and thus to not being able to choose without chewing things over continuously.

Interpersonal Cycles

In this episode, drawn from Session 34, there is a good illustration of the negative interpersonal cycle in which a request for care (attachment system) got activated but was expressed with anger. This emotion evoked a reaction of anger in the other instead of that of attention, as desired. In this way the patient had a confirmation of her image of an unloved self and reacted with a higher degree of anger.

Carmen: When I ask explicitly for affection and the response is no, it really pisses me off! . . . It's as if I ought to be always perfect but then as soon

as I'm not, then five minutes later I get attacked and so a misunderstanding arises. . . . On Thursday I woke up and I was already on edge without anyone else. . . . I get in the car and go home. Giorgio accused me for being cold the evening before and let's say I wasn't at my best. . . . This thing made me angry because it's not right that one has to keep his mood to a standard, one of perfection, and always be there to cuddle and laugh.

Therapist: Because you usually cuddle him?

Carmen: I mean, one usually does it in the normal way of things . . . but after all things are pretty heavy on his side too, with this mother of his daughter, every day there's something up, and of course he speaks about it with me and I'm always to hand and calm, but it's not that it's an effort for me to do it, I do it because I like to! But then in the evening, it's me that's down, let's say I'm not about to commit suicide but I'm not feeling at my most affectionate. . . . I mean that if at that point I don't come and give you a kiss, you come and give me one.

Therapist: How were you feeling the evening before? You were saying that you felt down and disheartened.

Carmen: Yes, I was fed up and bored, and so I was pissed off. . . . I started worrying about the exam in December, and the fact that he has a daughter by another woman gets on my tits, things are not at all clear and so he's always edgy, he says I'm not often at his place . . . he doesn't take any initiatives . . . otherwise it's a vicious circle, if you come home pissed off and I get pissed off because you're pissed off [she claps her hands]—I mean it's better that each goes back to his own place!

In this episode there was a mixture of the need to be always seen as perfect, attention for the other even when the sentiment was one of anger, irritation, and a feeling of being excluded because her partner already had a daughter born from a previous relationship. When the need for care emerged it did not get expressed in the right way but instead through signs of irritation, which, as the patient herself remarked, created a vicious circle. It is to be said that at this point the deficit in access to the inner negative states, in particular those associated with attachment, had already been partially overcome: The patient was capable of identifying and expressing her need for care and attention, whereas in previous episodes her arguments with her partner seemed to be without cause, the result of nothing other than competition prompted by questions of principle or the need for an intellectual challenge. Thanks to the therapy program, the internal states were identified in this phase, and, as a result, interactive sequences could be reconstructed with greater ease.

CONCLUSION

In light of what we have described, it would seem that certain elements are of greater hierarchical importance than others in the formation of narcissism. A metacognitive deficit, expressed subjectively in a feeling of not belonging, and the set of states of mind characteristic of the disorder are the fundamental elements. They are capable of setting in motion the syndrome in its entirety. A metacognitive deficit has two sides to it. A difficulty in representing inner states and acknowledging one's own desires is the first. The second consists of a limited ability to see the world from the other's perspective. Understanding one's thoughts, emotions, and points of view; linking them to one's developmental history; and taking note of them without putting them in the context of one's own interests and inclinations are operations that a narcissist carries out with difficulty. These two characteristics provide mutual reinforcement to each other: A limited knowledge of oneself does not assist in making correct inferences about another, while vice versa looking at the other in an egocentric way and with limited differentiation makes it impossible to take advantage of one's viewpoint for improving knowledge about oneself. A mix of these two dysfunctions gets experienced with a subjective feeling of not belonging and often appears in the form of a grandiose state of mind. It is a type of distancing that is cold, disdainful, and insurmountable. This psychopathological core puts self-esteem to the test: Grandiosity is easy to threaten, and the standards to which a subject has to live up to are too ambitious and force the subject to make tests of self-esteem. If a test is not passed, a feeling of being threatened gets activated, and the metacognitive deficit prevents others from being of help. Interpersonal relationships turn out dysfunctional: It is unlikely that others will supply the admiration and devotion that the subject is looking for; they are at times scorned and at others get irritated or move away. Relationships tend to get interrupted. The search for isolation and detachment is a possible solution, but the lack of relationships in the long term results in the inner world being bare and makes a fall into negative states more likely. A survivor's guilt feeling leads to a deterioration in the access to one's desires and, at the same time, worsens relationships: Others ought to endorse the subject's goals, but their approval gets extorted rather than requested, and approval signals do not get read correctly. The use of values replaces the world of emotions and cooperation in relationships in the guiding of choices, with damage to both. The feeling of not belonging tends to continue and get worse over time.

If the model we have presented has a descriptive value (this is what the syndrome, in fact, is) and an explanatory one (the symptoms have the same hierarchical order as we have hypothesized), then it has a substantial heuristic potential in the planning of treatment. The elements to be modified,

if looking for a change, are those near the top of the hierarchical scale, while the others, if the treatment of the former is effective, ought to improve as a consequence. Promoting access to inner states seems to be the most effective step to take at the beginning of a therapy. In our future work, we shall try to develop a treatment model that is consistent with the psychopathological model we have described here and to analyze systematically some individual cases that have been recorded and transcribed in full. The aim would be to test our hypotheses and describe change as it takes place, while treatment is being applied.

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