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# NARCISSISM AS A CONSEQUENCE OF TRAUMA AND EARLY EXPERIENCES

The pathological self-centeredness of individuals with narcissistic personality disorder is different from the normal narcissism of childhood. In normal narcissism, children's need for dependence and admiration is fulfilled by the age-appropriate attention they receive, and they are able to acknowledge nurturing with reciprocity and gratitude. Children with a narcissistic pathology deny their dependence. They receive nurturance with a sense of entitlement and do not reciprocate or experience any sense of gratitude (Kernberg et al., 2000).

The devaluation of self and others is a relevant issue in the field of trauma and dissociation but therapy usually focuses on a victim-abuser perspective where we tend to pay attention to victims and their symptoms. From this perspective, victims are described as depressed, submissive, vulnerable and usually trapped in learned helplessness. Although this picture describes some situations related to maltreatment and abuse, it can be simplistic and minimize or overlook internalization of some abuser features by victims (e.g., the presence of perpetrator-imitator parts in DID).

The DSM-IV description of narcissistic personality disorder focuses on the "overt" qualities of narcissism (grandiosity, exploitativeness, arrogance, interpersonal problems and rage) while omitting the less obvious and more subtle

"covert" characteristics (tendency to be shame sensitive, introverted, vulnerable, inhibited and anxiety-prone) (Gabard, 1989). Grandiose narcissistic features are usually associated with the abuser's personality, but both forms of narcissism can also be relevant in victims and non-abusive relatives. The goal of this paper is to focus on some aspects of narcissism in patients experiencing early traumatization.

## The origins of narcissistic features

Narcissistic features can come from childhood environments characterized by excessive deviations from ideal rearing, where either neglect/abuse (not enough caring attention) or over-pampering (too much caring attention) is present (Stone, 1993). Like the abusive parents, these latter "apparently supportive" parents cannot look at their child in a complete and integrated way. They do not see their "true child" but an idealized, unrealistic one. Abusive parents also see an unrealistic image of their child, but in a devalued form. We can see both pathways in these clinical pictures:

"I am a VICTIM" (as a substitute of a true identity)

Some patients have experienced different kinds of maltreatment in their childhood, and are always waiting for other people to fulfill their needs, to receive what they never had. In group therapy for survivors of early trauma a patient said: "I was the one who was physically and emotionally abused in childhood, not them. They are the ones who must understand me, the ones who must adapt to what I need in every moment". This patient was describing the attitude of friends who were supportive, but nothing "was enough", and he always analyzed their actions with resentment. This position was blocking his possibilities of engaging in actions that would lead to adaptive changes. This type of reasoning and way of "looking at life" (through an especially negative and very self-referential filter) usually generates great suffering and many

adaptation difficulties for the person (Mosquera, 2008). Many traumatized people with narcissistic traits end up building an identity around "everything-bad-that-has-happened-to-me". Sometimes the "victim position" gives them an identity, the only possible choice in front of core early experiences of "I don't exist". When the situation of abuse ends, they may tend to engage in new maltreating relationships. In cases of severe and early trauma, parts of the personality organized around vulnerability and self-defectiveness are usually the polarisation of other dissociative part(s) organized around grandiose schema such as "I am stronger and more powerful than others", "I am over others". Self valuation is dependant on other people.

### Too much is not always better

In the previous group, most cases will present severe traumatization but there is a second group of patients that can develop narcissistic features due to "too much" attention. The child will not be hit or abused in an overt way but will not be seen as an individual person with his or her own needs. This child will "serve a purpose" in the family (he or she will be born to fulfill an adult's needs). Narcissistic parents see their children as an extension of their idealized self and will tend to treat them as they wanted to be treated. For example, these children do not choose the activities they like, their parents do. This of course will be traumatic but the child and future adult will have difficulties identifying the source of trauma. They may not understand why they have so many problems functioning and will tend to describe their parents as "very supportive". In these cases, after a long process of therapy, patients can realize and describe the origins of their problems as we can read in the following example:

"My parents always have treated me like a special being, I believed I was unique, superior... going out into the real world was very traumatic for me. I wondered why they (others) didn't realize how wonderful I was. With time, I realized it was me who didn't fit in and, if I was so special, why didn't my relationships work out? Why did I always have problems with others? The attitude of high-handedness didn't help, but I was not aware of this and I looked down on others for not being able to see my worth... I was so wrong... I never thought of the possibility that my attitude could be influencing everything else, I believed I should be treated in a special way just because I was me, how embarrassing..."

### Subtypes of narcissistic presentations often evident in traumatized patients

Although some narcissistic features can be evident in some cases, they can be difficult to identify in others, especially when patients present themselves as victimized people.

In these cases, narcissistic features will only appear after other layers have been removed. Understanding the consequences of severe traumatization from a dissociative perspective (Van der Hart et al., 2006), can help us comprehend why that these patients show us their most acceptable façade. For example, a victim facade may be related with a victimized (accepted and idealized) parent, since the patient rejects features related with self-centeredness, power, control, that might be associated with the most abusive figure in their childhood. These rejected aspects are not integrated with the apparently normal part of the personality (ANP) and act as different dissociative parts.

### The undeserving victim

Patients can arrive with an apparently low self-esteem, which usually mobilizes attention and care from others, but this attention and care never seems to be enough, it is like they need "something more", something they cannot find and that could end up fulfilling them. They may present a "yes-but" style. These people ask for help, demand treatment, and come to appointments but they present a strong ambivalence toward being helped, and tend to do the opposite of the proposals they initially seem to accept. Some of these patients can express initially an apparently low self-esteem though deep down they believe things such as: "I am above others," "my values are superior," and "injustice comes from the world and I am an undeserving victim." They usually attribute their problems to something external, and present great difficulties in assuming their responsibility or focusing on what depends on them, including their therapeutic progress. It is as if all people around them should compensate them for the neglect they had from early caregivers, adopting a passive stance and not assuming adult autonomy and responsibility.

A variant of this subtype characterizes some "non-abusive" parents. Many victims of sexual abuse describe that the most damaging attitude was not the abuse itself, but the denial and neglect from the "non-abusive" parent. These parents may present themselves as "the ones who suffer the MOST" minimizing or ignoring the child's experiences.

### b. The tireless caretaker or pleasing narcissist

Some patients are focused on achieving approval from others and are very vulnerable to criticism. All their behaviors are designed to show others an image of an "extremely good person". They seem to live "for" others and do not understand why others do not "give back". Although they seem to "enjoy" pleasing others, they actually expect something in return (but have difficulties recognizing this, and experience resentment and anger when those elected

do not respond as expected). They can construct an elaborated façade of “goodness” and have great difficulty understanding negative reactions from others. This subtype can be a source of traumatization for their children who will often describe them in adulthood as “wonderful parents”.

### c. The diagnostic tag as a narcissistic symptom

Sometimes this façade is built around a diagnosis, and their identity as patients “I am borderline”, “I am DID” justifies an ego-centered attitude where all the negative behaviours or disagreements from professionals, friends and relatives are interpreted without any realization about their own contribution to relational problems, as if these situations come from the entire world being against them.

### d. Narcissism in the DID patient.

A narcissistic presentation can be clear in perpetrator-imitating parts, but sometimes other parts, even apparently normal parts can be characterized by narcissistic traits. For example: a DID patient with severe functional impairments, presents strong narcissistic features in one apparently normal part of the personality (ANP). This ANP suffers extreme physical consequences of a malabsorption syndrome secondary to a gastrectomy, while one Emotional Part of the Personality (EP), who is stronger, does not. This ANP presents herself as resentful because she believes she was badly treated by different practitioners and relates these experiences to her present problems. But other EPs seem to be responsible for abandoning treatment as she often “forgot” to take vitamins and iron supplements, which could partially prevent denutrition. Her resentful and sometimes defiant position with professionals and relatives makes therapeutic relationships very difficult, generating many problems. Yet she is only aware of other people’s responsibility and is unable to take healthy responsibility for

what she needs to change. These narcissistic features reproduced some personality traits that the patient described in her abusive father, but that for now, she cannot recognize in herself. When attending a group therapy session for patients with dissociative disorders, she presented to others as a “very special and unique case”, considering other patient’s symptoms as completely different and less important. Her nonverbal communication was understood by all the other participants as arrogant and overbearing, generating a strong reaction in all of them to distance and isolate her. Of course, the patient as ANP understood that others were wrong and were being inattentive of her needs. These narcissistic features and her lack of realization about them are a main factor in her functional impairment and make a positive outcome more difficult.

### Conclusions

Narcissistic features can be a cause and consequence of traumatization. To have a narcissistic parent or partner can generate different problems and in some cases must be considered a type of emotional abuse. The development of narcissistic traits is in many cases, a consequence of neglect or excessive appraisal. In some cases, this pathological self-structure arises under childhood conditions of inadequate warmth, approval and excessive idealization, where parents do not see or accept the child as they are. In some cases, parents treat the child as a “little soldier” that learns to act as it is expected but there is no room for the development of a healthy and complete personality structure.

In very destructured environments, characterized by severe neglect and abuse, narcissistic traits can be not only present in the most abusive figures, but also in the non-abusive parents or be one of the posttraumatic consequences in adult survivors. To reflect on these aspects can give us a more comprehensive picture about traumatizing environments and the psychological consequences of trauma.

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