Narcissism and Its Discontents. Diagnostic Dilemmas and Treatment Strategies With Narcissistic Patients


Is narcissism or narcissistic personality disorder (NPD) a symptom or disorder of our time or of a certain generation? As authors of this slim volume Glen O. Gabbard, MD, and Holly Crisp, MD, note, “In many ways, narcissistic personality disorder has been garnering the interest that once surrounded borderline personality disorder. Which public figures are truly narcissistic? Can mental health professionals dare to diagnose them? Is narcissism necessary for success? Have social media and smartphones generated a culture of self-absorbed navel gazers who are incapable of connecting to others?” (p xi). These are certainly important, pertinent, and thought-provoking questions we frequently ask ourselves and others. Many of us may believe we have answers to them, but we do not. There definitely seems to be more attention paid to narcissism in the media and our society, and Gabbard and Crisp devote one chapter of their book to the new culture of narcissism. However, it also seems that clinicians see more individuals with narcissistic personality organization, and our field seems to pay more attention to narcissism and its treatment. Thus, the reader should realize that the main focus of this book “is clearly on the clinical picture of patients struggling with narcissistic issues and how mental professionals might approach them” (p xi).

Following the Preface, the book is divided into 2 parts—Diagnostic Dilemmas and Treatment Strategies. In the Preface, Gabbard and Crisp explain that narcissistic personality disorder is not well understood, and that some forms of narcissism are considered developmentally “normal” at a particular age, while appearing pathological at another. They also suggest that “narcissism is highly reactive to specific contexts and in some cases may vary considerably from one appointment to the next” (p xii). They also explain that “the gender of the patient and the therapist may create unique challenges that deserve more attention in the literature on treatment. Hence, the contributions of a male and a female co-author are useful in a text such as this one” (p xiii).

In Part I, Diagnostic Dilemmas, Gabbard and Crisp focus on 3 areas: Narcissism and Its Discontents; The Cultural Context of Narcissism; and Modes of Relatedness. The focus of the first chapter is mainly about the diagnosis and understanding of some aspects of narcissism and NPD. The authors note that the term narcissism is vexing, as one “cannot be certain of what is meant when a colleague speaks of narcissism. Does pathological narcissism denote too much self-love? Profound insecurity? Low self-esteem? Too much self-esteem? Selfishness? Aloofness? A conviction that one is smarter, better looking, more fashionable, or better connected than others? An inability to tune in to what others are feeling or thinking? Used as an adjective, narcissistic may refer to someone who is thoroughly unpleasant and obnoxious or someone whose success and confidence are envied” (p 4). Within this framework, Gabbard and Crisp also discuss various types of narcissists, such as thick-skinned and thin-skinned ones, and 3 subtypes of NPD—grandiose/malignant, fragile, and high functioning/exhibitionistic. They also bring the readers’ attention to a false dialectic about narcissism—the assumption that narcissistic people are incapable of altruism. “Many of us are prone to regard narcissism and altruism as being at opposite ends of a continuum, but in fact, some people with serious narcissistic psychopathology are also capable of being...
generous with their time and energy in the service of helping others. Many physicians and clergy, for example, are highly devoted to their patients or parishioners because they derive their narcissistic gratification from helping others. Whether that amounts to healthy narcissism or some form of pathological narcissism is often difficult to determine. An overreaching consideration in this context is that in most cases, people who are altruistic are directly benefiting from their altruism” (pp 10-11). This chapter also discusses the narcissistic continuum and diagnosing narcissism in an era of intersubjectivity. At the end, Gabbard and Crisp write that it may be better not to obsess much about the diagnostic criteria, but rather see how features of narcissism interface with other personality traits to create a unique personality. “After all, Hippocrates taught us that knowing the diagnosis is not as important as knowing who the person with the diagnosis is” (p 16).

The chapter on the cultural context of narcissism is equally fascinating and interesting (not that the other chapters are not interesting). The authors discuss the concept of generational narcissism. They note that “The millennial generation has grown up with a quantitative means of self-esteem enhancement: the number of ‘likes’ on social media that offer instant gratification throughout the day and into the wee hours of the night” (p 20). Gabbard and Crisp note that millennials are not the only ones with such an experience, and that many others are affected by this. They further observe, “Self-admiration is a key of this cultural narcissism” (p 20). “Facebook and other social media sites have also become the preferred way of hurting someone in the peer group” (p 21), and “Narcissism is taking over social media” (p 21), as “There is something inherently narcissistic about social media such as Facebook, Snapchat, and Instagram” (p 25). Finally, in the discussion of “living in cyberspace,” the authors write, “Narcissism is fundamentally about difficulties regarding how we see self and other and how we relate to one another. The Internet has contributed to these dimensions of existence in far-reaching ways. Posting what one is doing—and what a great time one is having while doing it—seems to be more significant than actually savoring what one is doing by living authentically in the moment” (p 25).

The last chapter of the first part deals with modes of relatedness in narcissistic patients—a need to elicit admiration, empathy, and validation from the other; pseudo self-sufficiency; denial or prevention of the other’s autonomy; proneness to feeling shame and humiliation in response to relatively mild slights; denial of pain or conflict associated with a turning away from reality; ongoing comparison between oneself and someone else fueled by envy; idealization of the other; difficulty grasping or caring about the internal experience of others; intrusiveness as characterized by exhibitionistic displays that encroach on others; a retreat from social interactions to avoid being vulnerable to humiliation; a feeling of being a martyred victim of mistreatment by others; initial charm followed by loss of interest in the other; and deceptiveness and dishonesty coupled with an effort to seduce or cajole the other. This chapter further discusses the developmental roots, defenses (a specific set in NPD: projection, devaluation, omnipotence, idealization, rationalization, and splitting), mentalization, and attachment and personality disorders.

The second part of the book consists of 5 chapters focusing on the following standard treatment issues: Beginning the Treatment; Transference and Countertransference; Tailoring the Treatment to the Patient; Specific Treatment Strategies; and Termination.

The chapters make numerous excellent clinical points, starting with discussing the first contact with a patient: “... a time-honored clinical axiom is that the way the patient comes to you speaks volumes about who the patient is” (p 58). Individuals with NPD may often present for treatment of what they view as other conditions and, as Gabbard and Crisp note, they may be correct. Substance abuse, mood disorders, and anxiety disorders are highly comorbid with NPD (p 63). They may not be coming to treatment at their own volition, because they may be mandated to attend therapy by their employer, partner, or licensing board. That may limit their motivation and interest in improvement. They may come with questions regarding their diagnosis and questioning it. Gabbard and Crisp suggest that many patients “can more easily hear the term narcissistic if it is accompanied by other traits as well” (p 72). They recommend that the best approach could be a succinct statement such as, “Frankly, you don’t fit any diagnostic category
perfectly” (p 72), followed by talking about areas of particular strengths and weaknesses.

NPD can also trigger countertransferential feelings that could sometimes be difficult to manage. “Skilled and caring clinicians may lose their empathy, use confrontation in a retaliatory manner, withdraw altogether, or watch the clock in eager anticipation of the end of the hour. In short, the narcissistic patient may bring out the worst in the therapist” (pp 77-78). For some narcissists, “winning over the therapist trumps any concern about understanding oneself or making changes in one’s life” (p 85).

In the chapter on tailoring the therapy to the patient, the authors note that the view of psychoanalysis as the treatment of choice for NPD is overstated. “Some patients do better with an expressive psychotherapy in which they are sitting up” (pp 103-104). Other therapies, such as mentalization-based therapy and even supportive therapy, may be useful. Gabbard and Crisp note that “There is an unfortunate and long-standing tradition of denigrating supportive therapy in our field” (p 108). Further therapies that could be implemented are group, couples, and family therapies. Some patients may require inpatient (think of suicide) or intensive outpatient therapy.

Treatment strategies need to deal with several difficult issues, such as entitlement, demands for special treatment, omnipotent control, boredom, exclusion, disengagement, shame, humiliation, necessity of tact, rupture and repair, idealization, envy, competitiveness, contemptuous patient behavior, narcissistic rage, charm as a defense, and the fact that for some patients, change is not a realistic goal. Last but not least, one should not forget suicidality and should also consider it beyond the framework of mood disorders and substance abuse. As Gabbard and Crisp note, “There is far less emphasis on the fact that an acute narcissistic injury can produce intense shame and humiliation to the point where suicide seems like the only option available” (p 133). They also note that there is a difference between treatment and management of suicidal patients.

The chapter on termination provides useful suggestions on readiness for termination. It also includes a discussion of “the therapeutic lifers”—a subgroup of narcissistic patients who cannot or will not terminate. Some may need only occasional appointments every 6 months or so to maintain their improved functioning as long as they know that their therapist or analyst would be there for them. Some may “terminate” in name only but continually reappear in times of crisis.

This is a great short book that can be read by laypeople or professionals. It is filled with a lot of clinical wisdom. The primary target audience is psychotherapists, but every clinician interested in narcissism will find this volume useful. It is a well-written, enjoyable read—the kind of book that is hard to put down.

Richard Balon, MD
Wayne State University
Detroit, Michigan, USA

DISCLOSURE: Dr. Balon is a member of the American Psychiatric Association Publishing editorial board.
Student Mental Health: A Guide for Psychiatrists, Psychologists, and Leaders Serving in Higher Education


The scope of mental illness among our nation’s higher education students is underestimated and unappreciated. As pointed out in the Foreword, “Of the thousands of students completing the Fall 2016 National College Health Assessment, 12% reported having been diagnosed or treated by a professional for depression, anxiety, and psychotic disorders” (pp xix-xx). This is clearly a staggering number. As the Foreword continues, “The impact on the lives of students and their social surround of coexisting with an array of serious psychiatric disorders is profound. This effect is exacerbated by the growing gulf between the enormous need for accessible, high acuity mental health services and the severely limited availability of such expertise and resources on college campuses” (p xx). While being peripherally involved in providing mental health services to medical students and residents at a large urban medical school, I have always felt that the mental health services we provided to our students were insufficient at best. I can only imagine how much of these services are lacking at hundreds of small college campuses where there is no psychiatric expertise available. Adding to the lack of services is also the fact that students with serious psychiatric conditions “tend to be disavowed, feared and marginalized on campus” (p xx), which further limits their access to health care. Finally, there exist “centrifugal forces that serve to decentralize ‘government, responsibility, and resources peripherally’” (p xx), and contribute to students with mental illness who are being turfed away and ultimately “being let go.” It seems to me that we have yet another national health crisis on our hands. This fragmented, insufficient system clearly needs to be reformed and improved. There are universities with excellent mental health services, but these are probably an exception rather than the rule.

The reform and improvement should start with gathering information and knowledge about the issues involving student mental health and putting together guidance for mental health professionals and academic leaders. Laura Weiss Roberts, MD, MA, an experienced academic leader (I have to admit a conflict of interest here because she also is a friend of mine), gathered a group of mental health professionals with whom she put together such a guide.

The book is divided into 4 parts: I. Overview; II. Life Transitions and the Student Experience; III. Caring for Students With Mental Health Issues; and IV. Fostering Mental Health for Distinct Student Populations.

The first part emphasizes that “The university is an immersion experience designed to maximize opportunities for engagement, stimulation, and growth, which carries with it inherent stress on the individual who is trying to take it all in” (p 5). In addition, “Students live in a subculture somewhat isolated from the authority figures around them. Protecting one’s friends with problems from detection by the adults remains the predominant developmental mind set” (p 9). This part of the book also includes a very good chapter on strategies for excellence in student health programs. It discusses the student health program...
structure, including issues such as staffing, insurance, and funding. The last chapter of this part reviews burn-out and self-care of clinicians in student mental health services.

The second part of the book includes chapters covering important topics that are usually not covered elsewhere: student self-care, wellness, and resilience (including a great table of common self-care areas recommended for college students); adaptation and stress; a developmental perspective on risk-taking among college students; friendship and romantic (and other) relationships of college students; family relationships during the college years; and distress and academic jeopardy. It is frequently an eye-opener on issues we do not often contemplate. The text goes into very useful details, such as when and how a parent can obtain information about their “adult” children without their permission, which could be quite important, especially in life-threatening cases accompanied by a lot of denial, such as suicidal students or students with severe anorexia nervosa.

The third part reviews various mental disorders that clinicians should consider for care—some of which are usually considered by clinicians in this patient population, such as mood and anxiety disorders, substance abuse, attention-deficit/hyperactivity disorder, learning disorders, suicidality, and eating disorders and body image concerns. Other chapters address not usually covered, yet equally important issues, such as sleep disorders; autism spectrum disorder; intervening early in first-episode psychosis in a college setting; and response to survivors of campus sexual assault. Also included is a chapter on brief and medium-term psychosocial therapies at student health centers. Here I missed a chapter addressing psychopharmacology issues and using interventions, such as time off, medical leave, and special considerations for students during exams. A chapter on interdisciplinary collaboration would also be helpful, especially to address issues of split treatment.

Finally, the last part addresses some special populations, such as first-generation college students; students of color; lesbian, gay, bisexual, transgender, and queer/questioning students; transgender students; student-athletes; military and veteran students; graduate students and post-doctoral fellows; and medical students, residents, and fellows.

The chapters are mostly well written and include features such as key concepts; recommendations for psychiatrists, psychologists, and counselors; discussion questions; and suggested reading. Some chapters also include case examples.

This volume is clearly a tour de force that should be read by anyone interested in student mental health and definitely by all those involved in student mental health, as well as college/university leaders. Clinicians who treat adolescents and young adults off campuses will also benefit from reading this book, especially the parts about transitions and special populations. It is obvious that we need integrated, excellent mental health care on our nation’s college/university campuses to address the needs of this special population, and this book provides sorely needed guidance for mental health professionals. I think that in its future edition(s), this book should be expanded into a textbook of student mental health and a required addition to all college/university libraries and mental health centers.

Richard Balon, MD
Wayne State University
Detroit, Michigan, USA
Telepsychiatry and Health Technologies. A Guide for Mental Health Professionals

Telepsychiatry and various health communication and information technologies have been rapidly expanding during the last decade. These technologies have been promoted as a way to help us with the severe and increasing shortage of psychiatrists, and also to make psychiatric services accessible to patients who live in remote areas and have either limited or no access to psychiatric care. Many physicians and psychiatrists already use some of these technologies, such as e-mail and texting, in their communication with patients. Other technologies used in medicine and psychiatry include videoconferencing, electronic medical records, web-based applications, and mobile device apps. Technology is supposed to make our lives easier, but as we know from complaints of many physicians, it frequently makes our lives more complicated and stressful.

Telepsychiatry is seemingly a newcomer in the field of health technologies, yet the first generation of telemedicine and telepsychiatry dates to the late 1950s and 1960s. The idea of a psychiatrist sitting in his or her office or home and talking through a telemedicine device with patients at various locations that can be far away sounds attractive and simple. Together with other technologies (“hybrid” practice), it allows for various choices for how to manage one’s work at various places, at various times, and various numbers of hours. However, telepsychiatry is not a simple enterprise. It is a new way to practice psychiatry that has lots of new rules, regulations, requirements, and consequences.

Editors Peter Yellowlees, MBBS, MD, and Jay H. Shore, MD, MPH—both erudite and enthusiastic proponents of telepsychiatry—gathered a group of similarly enthusiastic colleagues to put together a book, which should effectively be “a clinical textbook” and “a core resource in the training of mental health care professionals from all disciplines for years to come, as well as a trusted reference for those already trained and adapting to the many new technologies in their workplaces” (p xv).

The 10 chapters of this book address all of what one should know and can absorb about telepsychiatry and health technologies, from evidenced benefits of their use and business aspects of setting up a new practice or integrating technology into an existing practice to clinical documentation in the era of electronic health records and quality care through telepsychiatry. The first 4 chapters, as the editors write, “are the foundation of the book and describe the current status and use of communication technologies, primarily video, text/Internet, e-mail, and telephony, in mental health care” (p xvii). The following 4 chapters focus on media communication skills and the ethical doctor-patient relationship, data collection from novel sources, clinical documentation, and indirect consultation and hybrid care. The last 2 chapters discuss management of patient populations and quality care through telepsychiatry. I found the chapter on media communication skills and the ethical doctor-patient relationship especially useful. The text gets into very detailed advice here (including pictures) about issues such as dressing professionally when conducting a telepsychiatry consultation; how to maximize lighting and décor; how to maintain good visual positioning; and how to ensure privacy and security. Some of this advice would be useful even for non-telepsychiatry practice (ie, regular office practice).

The authors are quite positive about the use of telepsychiatry and health technologies, yet they also acknowledge some difficulties and negative aspects of their use. The text
suggests that to stay sane when using technology, one should set clear boundaries with patients, avoid playing “phone tag,” refrain from writing letters or notes after hours, and while using mobile technology to work anytime and anywhere. The other “potentially negative component of these technologies relates to the added countertransference, and potentially transference, that occurs during online interactions” (p 25).

The book contains a number of practical recommendations, but unfortunately, they are dispersed among the chapters and not always noticeable right away. For instance, when discussing the Health Insurance Portability and Accountability Act (HIPAA) and business of medicine, the text warns the reader that the free version of Skype, contrary to the beliefs of many clinicians who frequently use it, is not HIPAA-compliant. However, the commercial enterprise version of Skype is classified as HIPAA-compliant. The chapter on telepsychiatry models of care points out the models of care most compatible with telepsychiatry, including direct psychiatric consultation and treatment, consultation-liaison model, collaborative/integrated care model, direct (ie, focused) consultation, and indirect psychiatric consultation. Psychotherapy may also be delivered through telepsychiatry devices.

Telepsychiatry will unquestionably continue to grow and spread. I do not think it will help us to address the shortage of psychiatrists. However, it will make the lives of some patients and many psychiatrists easier. It will help redistribute mental health services to make them more accessible for all. As noted in Chapter 2, “Telepsychiatry is used to maximize the ability of a relatively small number of psychiatrists to support the needs of a large and dispersed population by leveraging technology to save travel and time” (p 43). Saving travel may be especially useful for specialists providing night or 24/7 coverage. Some patients who may not want to see a psychiatrist in person (eg, patients who are socially anxious, avoidant, or paranoid) may also prefer telepsychiatry.

Those interested in establishing the practice of telepsychiatry (part- or full-time) will find this volume useful. It is what its editors intended it to be—a resource book. It is a book to look to for answers, but not to be read from cover to cover. It is surprisingly wordy and a bit long. Nevertheless, it is the only solid comprehensive resource on telepsychiatry and health technologies available at present.

Richard Balon, MD
Wayne State University
Detroit, Michigan, USA

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.


