Pessimistic Mood in Decompensated Narcissistic Patient

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We report the negative emotional state as pessimistic mood of a case with narcissistic personality disorder during the period of narcissistic decompensation. In addition, we identified the clinical differences between pessimistic mood and depressive disorder. An 28-year-old unmarried woman experienced herself; her life and the external object as futile and disappointing after repeated failure to satisfy her grandiose fantasies about the search for ideal love. The patient then gave up her formerly gratifying activities, and fell into a prolonged state of negative emotions and passivity dominated by pessimistic mood characterized by an overwhelming sense of futility. The patient did not respond to medical treatment with antidepressants firstly. However after a 2-year course of intensive psychotherapy , the patient was able to restore her zest to find a new boyfriend with a more rational and realistic attitude. Clinically, decompensated narcissistic patients do not exhibit the typical attitude of worthlessness or guilty feelings, and are devoid of certain specific depressive emotions(e.g., sadness, sorrow, etc.). In contrast, decompenssted narcissistic patients with pessimistic mood exhibit a dominant sense of futility and other negative emotions presented as outrage and disappointment. The purpose of this case report was to emphasize the importance to recognize clinical features of pessimistic mood for the differential diagnosis and management of the decompensated narcissistic patient. *(Chang Gung Med J 2004;27:318-21)*

Key words: pessimistic mood, narcissistic personality disorder, narcissistic decompensation.

As a result of the research by many authors (e.g., Rosenfelt, Siomopoulos, Kernberg, Masterson), the structural characteristics of the narcissistic personality disorder are well understood, and it is characterized by the two-leveled personality organization.[1-4] The grandiose self exists on the superficial and manifest level, and the real self which is frustrated, emotionally deprived and full of impotent rage exists on the deeper level.

Clinical features are generically connected with the grandiose self and the real self that alternately emerge in the clinical picture of patients with narcissistic personality disorder. The grandiose self dominates in the inner world and preponderantly shapes the clinical picture. From the clinical point of view, narcissistic way of life is characterized by stereotyped cycles: periods of successful narcissistic activity, or narcissistic well-compensation, alternating with periods in which the narcissistic person fails to maintain the experience of grandiosity, i.e., narcissistic failure.[5] Svrakic first introduced the notion of narcissistic decompensation to describe those narcissistic patients who are confronted with endless and fruitless repetition of narcissistic cycles. Patients begin to realize that their visions of grandiosity are only illusion and they give up prior narcissistic activity, then fall into the prolonged state of negative emotion and passivity. Svrakic defined such state as narcissistic decompensation.[6] He also established the concept of pessimistic mood as characteristic of decompensated narcissistic patients and intended to distinguish this specifically narcissistic emotional

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disturbance from the negative emotions of the depressive disorder.[7]

We present a case with emotional features of sense of futility, outrage, bitterness and disappointment after repeated frustration with love affairs. The patient did not respond to medical treatment, but improved after long-term intensive psychotherapy.

CASE REPORT

Miss A, a 28-year-old single woman, came to my clinic to discuss her psychological distress with a psychiatrist. During the interview, she complained of dysphoric mood with feeling of emptiness, boredom and futility, and almost completely no interest in most of her formerly pleasurable activities for nearly one year. She accepted my suggestion to enter into the course of intensive psychotherapy after no response to a therapeutic trial with antidepressants after the first 3 months.

Since her adolescence, Miss A had been very ambitious, striving for approval and admiration ,and was also a vain, envious person. As a schoolgirl she often struggled to become the best in her class, always competing for excellence with her classmates, and she also boastfully exaggerated her achievements during her school career. She had no close friends because she was intolerant of criticism from them and unable to sympathize with the feelings and needs of others.

After graduating from commercial college, Miss A found a job as a secretary in a steel company and she worked hard to earn the reputation of being an excellent secretary. Moreover, Miss A often enthusiastically took part in various activities of company to acquaint herself with male superiors, then devoted herself to look for her ideal love who could help her make a fantastic success of her business career.

However, about 3 years ago, Miss A gave up her aspirations after repeated frustration with love affairs. Then she refused to try any new relationships. In the meantime, she also realized the fact that there was no more possible satisfaction in her life at the company. She claimed that all her efforts were futile and success was just an illusion. Because she thought she strove for nothing any more , she left her job at that company.

The emotional background of the patient's verbal presentation was dysphoria, associated with features of disappointment, bitterness, outrage, and dissatisfaction especially when she spoke of the ultimate futility of her past love affairs. At the same time during the early sessions, Miss A also manifested elements of superiority and arrogance through her attitude toward the therapist. Because she claimed she understood the true essence of the love, she would not waste more of her time to pursue new love. She also argued with the therapist about the purpose and meaning of love, trying to persuade the therapist that he was wrong if he did not agree with her pessimistic point of view about true love.

Over time when a more solid therapeutic alliance was established, she learned that the therapist was a dependable person who could understand and bear her vulnerabilities to regress whenever intense feelings emerged in her life and during therapy sessions. As she internalized her interactions with the therapist, including the therapist's real characteristics that were lacking in her, she gradually developed the capacity to tolerate criticism and frustration. Two years later, she had gained insight that her domineering, arrogant attitude and grandiose expectations toward her boyfriends led to their decision to leave her rather than her impotence. After termination of psychotherapy, she has been able to maintain a stable relationship with her new boyfriend with more realistic expectations.

DISCUSSION

The uniquely narcissistic structure of the grandiose self is formed during early childhood as a defense against early frustrations in the interpersonal realm, and the actual self, i.e., the objective or imagined uniqueness of the child is the nucleus of condensation of the grandiose self. Later, as adults, narcissistic patients relate to others through their partly objective or imagined uniqueness, and through the facade of their uniqueness, they gratify their narcissistic needs, and conform their grandiose value and importance.[3,8,9] If successful in feeding their grandiose self , the narcissistic individuals are compensated and gain the feeling of meaningfulness in their life for the internal experience of narcissistic grandiosity which is maintained. However during the period of decompensation, narcissistic patients fail to maintain the impression of grandiosity, so they try to protect their grandiosity through the defense

mechanism of projective identification.[10] The ultimate effect of such defense mechanism is that decompensated narcissistic patients have successfully projected their feelings of futility onto external objects that are now experienced as futile, fictitious, and disappointing. Through the subsequent identification with the futile external objects, patients indirectly admit their futility and non-uniqueness. This transfer of responsibility to the essentially futile external object enables narcissistic patients to accept the fact that they are not grandiose and is the only mode in which the futile actual self can exist in the inner narcissistic world without causing the complete bankruptcy of the grandiose self. Thus , pessimistic mood is a compromise method to get out of the conflict between the highly unrealistic grandiosity and the remaining reality testing (i.e., normal ego-functions) in narcissistic patients.

Miss A exhibited clear clinical signs of narcissistic decompensation for she had lost her previous attitude towards herself and ideal love, and manifested passivity and inhibition in the realm of formerly gratifying activities. She also experienced pessimistic mood characterized by the overwhelming sense of futility which dominated the whole clinical course. Because she transferred the responsibility for her failure to human fate and to the essence of the love, the guilty feelings and self- accusation were absent. She also had intensive feelings of emptiness and boredom when no actual source of gratification could be found in the external world.

Narcissistic patients always seek treatment or help when she/he was in the period of decompensation, and are often initially diagnosed with depressive disorder. They express symptoms that look like depression superficially, but the symptoms are actually rage, anger, and rejection of the object.[6,11,12] In addition, such patients do not exhibit the typical attitude of worthlessness or guilty feeling of depression because loss of interest, devaluation, and social withdrawal are only reactions to the frustrations of their narcissistic needs. The subjective experiences predominating in depression and pessimism are different. Specifically, in depression this subjective experience is a well-known sense of worthlessness. In contrast, decompensated narcissistic patients exhibit dominant and characteristic sense of futility. Metaphorically speaking, the depressive patient is worthless and unhappy, and his/her world is black and full of pain. While the decompensated narcissistic patient feels futile and disappointed, and his/her world is fictitious and full of failure.[7] The distinction between the sense of worthlessness and the sense of futility originates in strikingly different inner worlds that resulted from different maturity levels of narcissistic patients and other patients reacting depressively.[6]

It is important to recognize the clinical features of pessimistic mood in the clinical practice because specifying clinical features of pessimism can improve the diagnosis of narcissistic decompensation. It also improves the differential diagnose from other similar emotional disturbances, especially in depression and then it can provide a more appropriate treatment strategy for the affected patients.

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失償性自戀症患者的悲觀心情

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本文報告一位處於失償期的自戀型人格違常患者，以悲觀心情爲其主要負向情緒，並分辨悲觀心情與憂鬱症在臨床表現上的差異。28歲單身女性在追求能幫她在事業上成功的理想對象過程中，屢遭挫折。之後，個案變的相當悲觀及憤世嫉俗，認爲任何努力皆是徒勞無功，因此不再參與之前所熱衷的活動。個案在嘗試抗憂鬱劑治療無效後，改接受深度心理治療。心理治療兩年後，個案能以較理性及務實的態度重新結交男友而維持穩定的關係。此類個案在臨床上常被診斷爲憂鬱症，但其並無自責，哀傷，罪惡感或無價值感等憂鬱症狀，而呈現出以無益感，憤怒，失望爲特徵的悲觀心情。因此悲觀心情可用以區分自戀性失償或憂鬱症，從而對患者採取適當的治療策略。(長庚醫誌 2004;27:318-21)

關鍵字： 悲觀心情，自戀型人格違常，失償性自戀症。

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