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## **NARCISSISM AND RELIGIOSITY DURING PREADOLESCENCE**

### **A CASE STUDY**

#### **About Narcissism**

*Narcissism has been a subject of importance in the psychoanalytic world having Sigmund Freud as the protagonist to have discussed it thoroughly. He considers Narcissism as "... libido's complement to ego's drive for survival, one dose of which should be accredited to every living being." (Freud,1991). Narcissism is an intrapsychic condition which defines human personality in very specific ways. Current bibliography dichotomizes narcissism in two types: Primary and Secondary-Pathogenic Narcissism. The primary type involves instinctual reflections towards any threat to survival while the second type functions in a reverse way. The later type gives the personality a non-realistic value, arrogance, low self-esteem, internal emptiness, rage and more psychopathology. The main goal of this personality stands as the continuous misuse of all inner workings in an almost condemned manner with no potential for true and harmonious relatedness with the self or other human beings.*

#### **About Religiosity**

*Religiosity is considered the "nucleus and substance" of being religious (Tsitsigkos, 2011). As mentioned by professor Tsitsigkos (2011), "Most researchers agree that religiosity includes the admission of a structure of faith which on one hand is linked to specific religious beliefs, but on the other hand, it contains some typical rituals and practices." We can describe and measure religiosity either in social forms of behaviour or in inner intrapsychic ones. In no case, would this duality bring about any disunity within the realms of religiosity. On the contrary, it would ensure its wholeness. Gordon Allport (1897-1967) introduced internal and external religiosity as comprehensive way to describe both ways of religious behaviour.*

#### **CASE STUDY – TOOLS**

1. This case study involves the use of a questionnaire which consists of 41 questions as well as personal experience of psychotherapy between a boy in the age of 10 and his therapist. The questionnaire has been formed using the *Narcissistic Personality Inventory, NPI* (Boyle et al., 2015) as well as the *Five Factor Personality Inventory-Children, FFPI-C* (McGhee, Ehrler & Buckhalt, 2007). During the sessions of psychotherapy, *Rorschach test* (Hermann Rorschach, 1960) has been also used and religiosity has been measured using a combination of the: 1. *Religious Well Being Scale* (Paloutzian et al., 2003).
2. *Religious Commitment Questionnaire* (RCQ, Smith & Denton Lundquist, 2002).
3. *Religious Coping* RCOPE (Boyle et al., 2015).
4. *Intrinsic Religiosity Scale* (I/E Revised Scale- Gorsuch & McPherson, 1989).
5. *Basic Psychological Needs Questionnaire-Religiosity/Spirituality* (BPNQ-R/S, Ellison, Boardman, Williams & Jackson, 2001).

## INTRODUCTION

It is consistently found through research that religiosity (both types ie. Internal and external) is positively linked to someone's wellbeing which includes healthy mechanisms of coping, forgiveness, self-worth, and self-esteem, (Tsitsigkos, 2011) Measuring religiosity in a basic internal direction, various statistical correlations were found to be true relating Oppositional Defiant Behaviour (ODB) in the population of pre-adolescent children. There has been substantial evidence that narcissism is linked to ODB, Machiavellism and lack of empathy. Psychology of Religion is also in a deep search for narcissism as it constantly examines how religion (ie. God, a sense of transcendence, a connection to what is apophatic to the naked senses) relates to the apocalypse of the authentic self within. In a way, pathogenic narcissism could be considered the interception of this apocalypse as it consists of a non-realistic sense of self. Pathological narcissism becomes the cover for any human who attempts to remain blind to what is whole inside while internal religiosity is the actual opposite as it enables the person to seek all inner wholeness through the religious phenomenon (Tsitsigkos, 2011).

Psychology of Religion makes serious links between the sense of true and authentic self (as an intrapsychic identity) whereby deporting his own ego (Tsitsigkos, 2011). This is indisputably parallel to primary narcissism which encloses and preserves identity without allowing any of its intrapsychic aberrations, (Tsitsigkos, 2011). One last element of integration between religiosity and narcissism

is the sense of humility which on one hand, religiosity endorses while pathogenic narcissism disavows. They surely seem to have an inverse statistical relationship.

### ***Theories for Narcissism***

All elements of preadolescent narcissistic traits are examined in accordance to present criteria for the narcissistic personality disorder of DSM-IV and DSM-V (*Diagnostic and Statistical Manual*, APA 2013), as well as theories from (S. Freud, K. Horney, J. Lacan, E. Jones, H. Kohut, O. Kernberg), psychiatrists-psychologists (E. Erikson, M. Ainsworth, J. Bowlby, J. Piaget) and theologists.

### ***Theories for Childhood and Preadolescence***

The age of 10 is at the heart of preadolescence and according to Piaget, object permanence is established, as well as all stages of logical thought (Barry J. Wadsworth, 1996, *Piaget's Theory of Cognitive and Affective Development*). According to Erik Erikson (1968), trust, initiative and industry have been conquered in the psychosocial stages- theory which has become a great bedrock to all child psychologists.

Margaret Mahler (1897, 1985) has mentioned the period of separation-individuation which gives us a helping hand for further analysis of the previous theoretic stance. Mahler endorses the idea of individuation by age 2, which becomes a catalyst for analysing narcissism at any age. This theory, highlights child behaviours that appertain to a sense of being in relation to others which then gives a hand to the Attachment Theory of Mary Ainsworth.

During pre-adolescent years (late childhood years 7-11), Piaget mentions functions such as perseverance, categorization, spatial concrete thinking (Paraskevopoulos, 1985) all activated during the concrete operational stage. This age brings about inner realism and puts all phantasy aside in order to construct a "real" self. *"Setting the real self ends up in an almost fanaticism about reality which accepts only what is accessible to the senses and thoughts while it rejects all that is improbable, incomprehensible and imaginary.* (Remplein, 1980).

Object Relations Theory accounts for all ways a child identifies with their parent, proceeds to parental idealization (Bertrude & Rubin Black, 1993) in the purpose of organizing and structuring inner libido. All objects are experienced as

ways to invest in whatever apt to the force of life inside the psychic world of the child. Objects are experienced as places or means through which a child should invest his/her inner sense of life.

According to the Attachment Theory, psychiatrist John Bowlby (1907-1990), gave light to the importance of attachment between child and mother and made this bond a hallmark for many explanations of further psychological behaviours throughout lifetime. Bowlby and Mary Ainsworth (1913-1999) were put at the forefront of all analysis about attachment which was further dichotomized into secure and insecure (Bowlby, 1973). John Bowlby himself states that attachment theory is inseparably connected to narcissism (whether primary or pathogenic), because the former is a regulator for the later (Bowlby, 1973).

Freud's theory of psychosexual stages states that at the age of 7-11 the child experiences an esoteric peace right before the storm of adolescence. This signals the latency period (Paraskevopoulos, 1985). During this age range, Erikson discusses the psychosocial stage of industry versus inferiority which includes all children's accomplishments (Berk, 1998). Pathogenic Narcissism defies true self-esteem, and it is well researched and found that this is the age of true self esteem which is sustained by means of internal and external realism.

### ***Theory for Pathogenic Narcissism***

The core of Psychoanalytic Theory contains narcissism as the main and primary investment of the libidinal ego. The basic pathogenesis of the ego revolves around the notion that whatever potential for wholeness, becomes lack of it within the self. Heinz Kohut (1913-1981) refers to pathogenic narcissism as the lack of coherence and Otto Kernberg (1928- ) points out the sense of hollowness and loneliness within. Ego Psychology makes alignment with Freud's approach combining it with the term hyper cathexis which describes the inactivation of the object relation procedure. The self is represented in false ways while objects (people and actual objects) are used in a divergent manner (Bertrude & Rubin Black, 1993). Heinz Hartmann (1894-1970), is the father of the Ego Psychology which passes onto Object Relations Theory. The later talks about pathological narcissism in terms of the disruptions of balancing inner and outer object representations. Unhealthy narcissistic traits do not allow the person to mourn for any lost or dismissed objects or persons throughout life. Therefore, we see an extremely imbalanced attachment to them (Bertrude & Black, 1993). One can easily bind lost objects together with

anything desired starting with affection by a caregiver up to anything from adulthood.

Bowlby's Attachment Theory (1981) attends to the capricious behaviour of pathological narcissism in accordance to the constantly changeable type of attachment toward any object. It is obvious how attachment theory can adequately prove the non-predictable way of relatedness as narcissistic traits do not allow the person to use any resources provided by the environment in a healthy way. On the contrary, an environment with a plethora of stimuli and objects, becomes the fundamental destabilization for any further psychological development within. It seems so provident that the Ego cannot be differentiated from the "other" so any sense of healthy attachment is not feasible.

Psychology of Religion refers to "...a complicated psychopathologic phenomenon that pertains to all parts of the soul and makes the Ego submit summits...while the soul ails spiritually without feeling anything" (Tsitsigkos, 2015). Saint Andrew of Crete gives an awesome self-contained description of pathogenic narcissism in the Bible Canon saying that we have become self-icons which in turn, leads to our defilement «Αυτοεἶδωλον ἐγενόμην, τοῖς πάθεσι τὴν ψυχὴν μου καταμολύννας» (Ὡδὴ δ', Πέμπτη Α' Εβδομάδος τῶν Νηστειῶν Εσπέρας). St. John Chrysostomos has referred to narcissism as whatever sinful inside of human entity which carries a self-defiance, a manic reaction as well as self- extermination (Tsitsigkos, 2000).

Donald Winnicott, (1896-1971), an important English paediatrician and psychoanalyst, brought about a new stream of thought into the interpretation of narcissism by introducing the terms "True-False Self" to this bibliography. He talked about the "*As if personality*" of an individual which acts as a tactic of ego's distraction for any losses it may experience. Winnicott referred to child's sense of omnipotence which in turn becomes the source of arrogance for the false self as the later attempts to survive within the trauma of not having psychological needs met.

A new part of the scientific search for what Pathological Narcissism stands would include the division between the two types of narcissism. On one hand, we see the grandiose type and on the other, we see the vulnerable one. Both types fulfil the diagnostic criteria for what Narcissistic Personality is in the wide psychiatric community (lack of empathy, exploitive behaviour, envy of others, preoccupation with fantasies and a sense of entitlement) but it is mandatory to mention the two types as they unfold within the personality traits of introversion and extraversion categories. On a short notice, the grandiose type will have higher scores in an obviously antagonistic interaction with others, while the vulnerable type will use

much less salient methods to exploit others. The grandiose type is more social, possibly more charming to others while the second type seems more defensive and reserved. The second type uses strategies of introversion to minimize loss or failure while the first type, uses its social skills to become the centre of attention and admiration in every opportunity provided by the environment. For this reason, the questionnaire included items from the FFCI 5 factor which uses this parametric analysis to explain personality traits.

### *Case Study Presentation*

#### *The patient*

Jack is a ten-year-old boy who attends elementary fifth grade at a school in the Southern Suburbs of Athens. His parents are experiencing marital problems at home as they disagree on various issues regarding the way they exercise pedagogical tactics on him. His behaviour has risen many conduct issues and difficulties at school because he has been involved in an aggressive bullying bearing of himself. He has been found to bully other classmates using methods such as hitting, pushing, and verbalizing abusive behaviour. His mother, Maria has visited my office for counselling as well as a psychotherapeutic intervention for Jack. What is evidenced even from the first session with Jack is that he severely lacked empathy. His answers to the questionnaire (NPD for children) were all driven by a non-realistic self-image of omnipotence as well as uncovered exploitative behaviour. Jack described all his school classmates as objects through which he would enable himself to achieve some personal goals, mainly characterised by a wish for dominance and attention seeking. "It is all like chess to me" he answered when asked "How does this all seem to you?"

#### *The procedure*

After providing counselling to Jack's parents, they decided to attend to one way of child-rearing, and they surely cooperated well with what was mentioned throughout our weekly sessions. On the other hand, Jack continued to use abusive language and behaviour at school. I would meet him every week discussing feelings and ideas about how he relates to others as well as himself. Every session consisted of discussions and re-organization tools for what is done, why it is done, to whom it is done and how it could be emotionally corrected. Cognitive and psychoanalytic therapy were used for further advancing our therapeutic relationship. Months passed and no progress seemed to have been made. Jack was expelled from school and now, the family was facing more of a family crisis rather than just an issue of aggressiveness of one member. I took the liberty of asking Maria (mother)

permission to use an unorthodox method of traumatization for Jack as a last resort for an effective psychotherapy. The idea behind this was that, since Jack lacked empathy, the reactivation of trauma would – maybe- bring about some hidden repressed emotions of relatedness towards anything or anyone in his life.

In fact, I got his mother's permission and I proceeded to a method of "controlled traumatization". The element of shock was always an ally to my sessions with Jack as I confuted his ability to predict the next step of the session. This would make sure that his intellectual defences would be weaker when faced with any true emotions throughout the session. For example, one session took place outside the office, in a nearby garden where I used my body to push and throw him at the bushes while he would not even suspect that for a second! Suddenly, as we were discussing trivial issues of daily life, I would push him down. His first reaction was to ask for his mother. It was an expected reaction. I allowed him to react by anger, to verbalize his feelings to me and then, to run to his mother after time of the session was due.

As expected, Jack did not wish to attend the sessions anymore, but his parents were strict and fortunately, they continued bringing him to me for psychotherapy. There were many surprises to this non-predictable journey of controlled traumatization. As weeks passed, Jack was more likely to express his fear about what was to happen within the session. It was basically the element of surprise that disorganized his semi-structured aggressiveness and lack of empathy rather than my "traumatization" itself. Not all sessions included exposure to something difficult to deal with, but all sessions were a surprise to Jack.

Progress in empathetic behaviours started to be evident at the family environment of Jack. His parents mentioned how he started asking how they felt about things and all incidents of bullying were reduced in number and tension at school. Sessions of psychotherapy had a two-year duration but during the last three months, some very crucial events became the catalysts for what ended up being a very successful intervention.

As my last effort for empathetic dramatization, I made arrangements for a visit to a clinic with children with terminal cancer in Athens. It would involve our visit to their rooms, whether they were conscious and awake or not, to either talk to them directly or with their parents. The sight of children his age being bold, sad, in a battle with a deadly disease, was the most traumatizing experience of all for Jack. The excuse I used for our visit to the clinic was to "give away little gifts" as the days were Christmas time. He had candy, little gifts and books to give to the children of the floor. Some welcomed him with a smile, some could not even speak, and some

others did not even accept his presence in which case, I would allow him to be “rejected” emotionally by another child with the difference that an explanation regarding the mourning process of the child was provided to Jack to which he was astonishingly attentive I should mention!

The second event of importance was Jack’s grandfather’s sudden death. He died of a heart attack in his home, and he was Jack’s favourite grandfather as everyone knew in the family. This loss created the circumstance of a tense emotional ambient inside the house. This grandfather was Maria’s father, and she also had a strong bond to him. In general, Jack was exposed to painful feelings and acknowledgments for the deceased by the environment which brought him to an intrapersonal confrontation about his own feelings. The day of the funeral, his mom said to me that: “He cried like a young toddler, I have never seen him like this before!” This event was very helpful to me as it became an instrument of discussion regarding theological and metaphysical issues and thoughts within Jack’s mind. He assured me that after the funeral, he started believing in God because as he said: “This cannot be the end, my grandfather is somewhere he can see me, I feel it!”

The next course of sessions included cognitive mechanisms of therapy, but no real behaviourist endorsements was needed. Jack was very capable of attributing every inner feeling he experienced to a projection of how his grandfather would see him (“From up in the heavens”) as well as what he would advise him to do. It was indisputably a great case of internalization and projective identification that acted therapeutically.

### ***Results and Outcomes***

During our last session, I explained to Jack what was already accomplished. He had come across painful stimulation in both contexts (dyadic with me, or with a small group of others), he had been exposed to feelings of others, he had been punished by a school expulsion where he tried to conciliate for by apologizing to all his classmates. He also came against the notions of life and death as part of a healthy triangulation with God as an internal experience and not as a mere system of beliefs and finally, he had acquired the skills to express any feelings, whether positive or negative through a trust bond with me. All this consisted of great progress if one thinks how difficult it can be to modify a child with such a history of lack of empathy. His last words before the session ended were: “I feel that it was something in me that travelled through my blood, went into my heart, made it pump like crazy and now I feel that it has finally exited my heart, it went through my veins



up in my head and it is finally out of me!” Since 2013, when sessions ended and therapy has been successfully completed, Jack and I have kept contact through his mother and he is at a very stable conduct with others, he often brings about elements of ADHD during his effort to do his schoolwork, but no incidents of non-empathetic behaviour have been witnessed since then. Throughout these past seven years, Jack has been a great indicator to me that psychology and religion need to become allies and not enemies when it comes to cases with seriously problematic behaviours such as traits of narcissistic personalities or even just anything lacking empathy.

### *Discussion*

Needless to mention, in mental health, when a parent is determined to have their child undergo a therapeutic course of intervention, it is a matter of time for the child's positive outcome. Whether it be great or minor, it is always a won battle. All psychology does is use what it is already known and then doubt it anew when a new patient is abroad. No method is exactly fit for all patients, but it is always trust that makes a big difference. The main elements of psychotherapy in this case, were a. the determination of the parents as well as b. the trust between them and the therapist.

The science community of child psychiatry ought to look deeply onto anything that disrupts emotional intelligence in the children' population. Lack of empathy, narcissistic behaviours, ambivalent and oppositional/defiant conduct all have to undergo assiduous research and testing on real cases regardless of how ugly it sounds. Narcissism, Machiavellism and antisocial behaviours all share lack of empathy. Lack of empathy is lack of connection, and thus we are driven to generations of psychological and spiritual failure on a whole.

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