

Paper: Empowerment Through Knowledge & Understanding (NPD & BPD)

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Topic: We are directly involved with a unique period in human evolution that is most easily characterized as “change”. This is a good thing, although many may not agree with that statement. It is a good thing because, if an individual is willing, this period of change involves the availability of access to great knowledge & wisdom. This paper is about identifying particular traits in our society, as it creates a springboard to higher consciousness. Once we establish a pattern or situation, only then, does it become possible to correct it.

### **Introduction**

Part of our current reality is the distinct disassembly of falsehood. This is a natural progression in collective and individual evolution, as the conditions of karmic dispensation become obvious, for all to see. This global process involves the procurement of knowledge regarding the conditions governing our lives and the self-reflection required to make change. It is by this process of empowering the individual that will collectively harness the energy to transform the planet.

### **The Creation of Narcissism & Borderline Personality Disorders in Infants**

Crying it out: A foundation for NPD and BPD

One of the ways children have to adjust to a new order is called 'letting them cry themselves out'.

The Mother puts the child into the crib at night to sleep. It is bedtime. But the sense of aloneness and the loss of contact with the mother's body terrifies the child, who begins to scream and cry.

No animal mother would fail to respond to a baby's cry. Some human mothers believe, however, that to respond would be wrong. To give in to a child's crying will spoil the child. Besides, they have been told, crying is good for a child...

The first time this happens the child might cry for hours before falling asleep. The mother might think the child has learned a lesson, but, the child doesn't have the energy for a repeat performance... After several experiences of this kind, the child learns to give up the struggle for contact with the mother. In effect, the child has cut off the longing for his contact and so no longer feels the pain of frustration.

A new reality in which the desire for intimacy and closeness is not expressed, has been accepted. The foundations for narcissism and the borderline personality have been laid.

~ Dr. Alexander Lowen, Narcissism, Denial of True Self

Narcissistic personality disorder

Otto F. Kernberg, MD originated the term "Narcissistic Personality Disorder"

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Narcissistic personality disorder (NPD) is a mental disorder characterized by a life-long pattern of exaggerated feelings of self-importance, an excessive need for admiration, and a diminished ability to empathize with others' feelings. Narcissistic personality disorder is one of the sub-types of the broader category known as personality disorders. It is often co-morbid with other mental disorders and associated with significant functional impairment and psychosocial disability.

Personality disorders are a class of mental disorders characterized by enduring and inflexible maladaptive patterns of behaviour, cognition, and inner experience, exhibited across many contexts and deviating from those accepted by any culture. These patterns develop by early adulthood, and are associated with significant distress or impairment. Criteria for diagnosing personality disorders are listed in the sixth chapter of the International Classification of Diseases (ICD) and in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM).

There is no standard treatment for NPD. Its high comorbidity with other mental disorders influences treatment choice and outcomes.

Psychotherapeutic treatments generally fall into two categories: psychoanalytic/psychodynamic and Cognitive behavioural therapy, with growing support for integration of both in therapy. However, there is an almost complete lack of studies determining the effectiveness of treatments.

### **Signs and symptoms**

People with NPD struggle with intense and pervasive feelings of shame, worthlessness, low self-compassion, and self-loathing. Their view of themselves is extremely malleable and dependent on other's opinions of themselves. They also are hypersensitive to criticism and possess intense need for admiration. People with NPD gain self-worth and meaning through this admiration. Individuals with NPD are often motivated to achieve their goals, status, improvement, and perfectionism, and to ignore relationships or avoid situations due to fears of incompetence, failure, worthlessness, inferiority, shame, humiliation, and losing control.

People with NPD will try to gain social status and approval in an attempt to avoid and combat these feelings, often by exaggerating their skills, accomplishments, and their degree of intimacy with people they consider high-status. Alongside this they may have difficulty accepting help, vengeful fantasies, a sense of entitlement, and they may feign humility. They are more likely to try forms of plastic surgery due to a desire to gain attention and to be seen as beautiful. A sense of personal superiority may lead them to monopolize conversations, look down on others or to become impatient and disdainful when other persons talk about themselves. Drastic shifts in levels of self-esteem can result in a significantly decreased ability to regulate emotions.

Patients with NPD have an impaired ability to recognize facial expressions or mimic emotions, as well as a lower capacity for emotional empathy and emotional intelligence. However they do not display a compromised capacity for cognitive empathy or an impaired theory of mind, which are the abilities to understand other's feelings and attribute mental states to oneself or others respectively. They may also have difficulty relating to other's experiences and being emotionally vulnerable. People with NPD are less likely to engage in prosocial behaviour. They can still act in selfless ways to improve other's image of them, advance their social status, or if explicitly told to. Despite these characteristics, they are more likely to overestimate their capacity for empathy.

It is common for people with NPD to have difficult relationships. Narcissists may disrespect other's boundaries or idealize and devalue them, They commonly keep people emotionally distant, and project, deny, or split.

**Narcissists** respond with anger and hostility towards rejection, and can degrade, insult, or blame others who disagree with them. They generally lack self-awareness, and will have a difficult time understanding their own traits and narcissistic tendencies. Either due to a belief that NPD characteristics do not apply to them, or due to a refusal to accept or endorse negative characteristics in an attempt to maintain a positive self image. Narcissists can have difficulty seeing multiple perspectives on issues and black and white thinking. Despite this, people with NPD will often feel as they are skilled at accurately assessing others' feelings.

**Malignant narcissism**, a term first coined in Erich Fromm's 1964 book *The Heart of Man: Its Genius for Good and Evil*, is a syndrome consisting of a combination of NPD, antisocial personality disorder, and paranoid traits. A person with malignant narcissism was described as deriving higher levels of psychological gratification from accomplishments over time, suspected to worsen the disorder. Because a person with malignant narcissism becomes more involved in psychological gratification, it was suspected to be a risk factor for developing antisocial, paranoid, and schizoid personality disorders. The term malignant is added to the term narcissist to indicate that individuals with this disorder have a severe form of narcissistic disorder that is characterized also by features of paranoia, psychopathy (anti-social behaviours), aggression, and sadism.

**Malignant messianic narcissism** is a personality type that causes extreme narcissism, aggression, and abuse of others.<sup>0</sup> It is not a formal diagnosis, but a common term used to describe a person with traits and symptoms of both narcissistic personality disorder (NPD) and antisocial personality disorder (ASPD). Malignant narcissists display traits such as arrogance, a need for recognition, and tendencies to use or exploit others for selfish reasons.<sup>2</sup> They are known for being manipulative, and the lack of empathy for others often means that they will do what they must in order to get what they want.<sup>3</sup> They undermine families and organizations in which they are involved, and dehumanize the people with whom they associate.<sup>4</sup> Malignant narcissists are messianic precisely because of their massive grandiosity, which is compensation for and massive defense against the very same deeply seated feelings of inferiority found in the narcissist's followers.

### **Borderline personality disorder**

Borderline personality disorder (BPD), also known as emotionally unstable personality disorder (EUPD), is a personality disorder characterized by a long-term pattern of intense and unstable interpersonal relationships, distorted sense of self, and strong emotional reactions. Those affected often engage in self-harm and other dangerous behaviours, often due to their difficulty with returning their emotional level to a healthy or normal baseline. They may also struggle with dissociation, a feeling of emptiness, and a fear of abandonment.

Symptoms of BPD may be triggered by events considered normal to others. BPD typically begins by early adulthood and occurs across a variety of situations. Substance use disorders, depression, and eating disorders are commonly associated with BPD. Some 8 to 10% of people affected by the disorder may die by suicide. The disorder is often stigmatized in both the media and the psychiatric field and as a result is often under diagnosed.

The causes of BPD are unclear but seem to involve genetic, neurological, environmental, and social factors. It occurs about five times more often in a person who has an affected close relative. Adverse life events appear to also play a role. The underlying mechanism appears to involve the frontolimbic network of neurons. BPD is classified in the American Diagnostic and Statistical Manual of Mental Disorders (DSM) under the dramatic cluster of personality disorders, along with antisocial, histrionic, and narcissistic personality disorder. The condition, and other personality disorders, can be misdiagnosed as mood disorders, substance use disorders, or other disorders.

BPD is typically treated with psychotherapy, such as cognitive behavioural therapy (CBT) or dialectical behaviour therapy (DBT). DBT may reduce the risk of suicide in the disorder. Therapy for BPD can occur one-on-one or in a group. While medications cannot cure BPD, they may be used to help with the associated symptoms. Quetiapine and SSRI antidepressants remain widely prescribed for the condition, but their efficacy is unclear. A 2002 study found fluvoxamine (an SSRI) significantly improved rapid mood shifts in female borderline patients, while more recent meta-analysis found the use of medications still unsupported by evidence. Severe cases of the disorder may require hospital care.

About 1.6% of people have BPD in a given year, with some estimates as high as 6%. Women are diagnosed about three times as often as men. The disorder appears to become less common among older people. Up to half of those with BPD improve over a ten-year period. Those affected typically use a high amount of healthcare resources. There is an ongoing debate about the naming of the disorder, especially the suitability of the word borderline—the term originally referred to borderline insanity, and later to patients on the border between neurosis and psychosis, an interpretation of the disorder now considered outdated and clinically inaccurate.

## **Signs and symptoms**

One of the symptoms of BPD is an intense fear of abandonment. BPD is characterized by nine symptoms according to the DSM-5. To be diagnosed, a person must meet at least five of the following:

Frantic efforts to avoid real or imagined abandonment

Unstable and chaotic interpersonal relationships, often characterized by alternating between extremes of idealization and devaluation, also known as "splitting"

Markedly disturbed sense of identity and distorted self-image

Impulsive or reckless behaviours (e.g., uncontrollable spending, unsafe sex, substance use disorders, reckless driving, binge eating)

Recurrent suicidal ideation or self harm Rapidly shifting intense emotional dysregulation

Chronic feelings of emptiness

Inappropriate, intense anger that can be difficult to control

Transient, stress-related paranoid or severe dissociative symptoms

Overall, the most distinguishing symptoms of BPD are pervasive patterns of instability in interpersonal relationships and self-image, alternating between extremes of idealization and devaluation of others, along with varying moods and difficulty regulating strong emotional reactions.

Dangerous or impulsive

behaviour is also correlated with the disorder.

Other symptoms may include feeling unsure of one's identity, morals, and values; having paranoid thoughts when feeling stressed; depersonalization;

and, in moderate to severe cases, stress-induced breaks with reality or psychotic episodes. Individuals with BPD often have co-morbid conditions, such as depressive and bipolar disorders, substance use disorders, eating disorders, post-traumatic stress disorder, and attention-deficit/hyperactivity disorder.

## **Conclusion**

In keeping with the title of this paper, our freedom comes from gaining the knowledge to see what is before us, and then implementing the changes necessary to create a better world. When it comes to parents encouraging or forcing their children to give up hope in seeking basic comfort, any individual need not try to find out if they were left to cry in the crib. The information in this document is sufficient to look back upon one's life to see if activities during the first 5 years of life were sufficient to produce narcissistic traits.

Once this self-analysis is complete, the next step is to reach back and recontextualize what has occurred. Depending upon the severity of the case, one can accomplish this within the privacy of their own life, or if need be, access Regression Therapy. Truth is a powerful tool, generally at this time period, and specifically for the practice of recontextualizing past events. In the case of producing NPD/BPD and the feelings that the world is a place that will not fulfill one's needs and/or is a place of loneliness, one is able to understand that their parents were following guidelines proposed to them from "authoritative" sources. Here is where forgiveness provides absolute progress in this situation. Further progress is made when one forgives themselves for behaviours that affected others in negative ways.

The bottom line, including the program that is karma, is that the ultimacy of free will & intent is supreme in this universe. After the application of true forgiveness (see paper relating) applied to oneself & others, the further application of the free will, to intend the practice of unconditional Love & benevolence, makes this matter complete.

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