http://dx.doi.org/10.35630/2199-885X/2021/11/5.12

# DEPRESSION AND NARCISSISTIC DISORDER — CASE REPORT AND CLINICAL CONSIDERATIONS

*Received 20 August 2021;*
*Received in revised form 10 September 2021;*
*Accepted 14 September 2021*

***Cristina Munteanu*[1]✉, *Lucretia Anghel*[2]**

[1] *Hospital of Psychiatry — Elisabeta Doamna, Galati;*
[2] *Dunarea de Jos University of Galati, Romania*

✉ *c_tina_m@yahoo.com*

**ABSTRACT** — The evolution of research in the field of psychotherapy is not definitive, but always flexible when new therapeutic and/or pharmacological procedures are established.
AIM: To show evidence for the importance of psychotherapy in the treatment of depression.
CASE DESCRIPTION: As a method of therapy that is used successfully, there is cognitive behavioural therapy (CBT). The reported case study confirms by the results obtained and the objectives achieved, that CBT prevents much better recurrences in psychiatric disorders.
CONCLUSION: Our case confirms that psychotherapy increases the quality of the patient's life in the fight against depression, modulation of one's own affect (narcissistic disorder), time management, development of communication and acceptance skills. It decreased anxiety and cardiovascular symptoms. The role of psychotherapy in the treatment of mental illness is beneficial and effective and facilitates compliance with antidepressant and anxiolytic treatment.

**KEYWORDS** — depression, anxiety, narcissistic disorder, psychotherapy, cognitive behavioural therapy.

## BACKGROUND

The presented model of conceptualization of the case study highlights the effectiveness of psychotherapy, cognitive behavioural therapy and Ericksonian therapy, in the treatment of depression (Radulescu et al., 2020, Dobri et al., 2020). The hypothesis we structured tells the idea that depressive syndrome can develop against the background of a narcissistic wound. Narcissistic disorder means a prejudice to the self and all its systems (Luca et al., 2020). In the case described it is about the inability of the psyche to adjust the level of self-respect and to keep it at a normal level, (Sperry, 2018). In depression one can always recognize a narcissistic vacuum, a disappearance, more or less complete, of living one's own value. A disorder in the field of narcissism is the essential nucleus of depression. So-called psychogenic depressions are at the root of narcissistic conditioned depression (Ciubara et al., 2016). The self encompasses phenomena such as: feeling of one's own value, identity, feeling of personal power, the state of satisfaction of our needs (satisfaction-dissatisfaction), the feeling of having an integrated self, the relationship between oneself and people of relationship (represented by the object), persistent basic emotional states (e.g., resigned bitterness) (American Psychiatric Association, 2013; Lența & Cucu, 2017; Necula, 2020; Robu, 2017; Suciu, 2019).

## CASE DESCRIPTION

At the guard room of the Psychiatric Hospital – Elisabeth Madame – Galati, a patient is presented, accusing dyspnoea, palpitations, panic attacks, accompanied by anxiety states.

Woman, 28 years old, married, higher education, not completed by a license exam, currently carries out her activity as a manicurist. The patient has no siblings, the parents are actually separated, but they maintain a toxic, possessive and dominant bond with a father who is also able to maintain his power and social influence in the community where he lives.

The patient's mother suffers from generalized anxiety, due to multiple conflicts with the patient's natural father, who currently has a restraining order and is under judicial control.

Patient I.D. manifests multiple somatizations and panic attacks, cosmetic surgery. She smokes, consumes coffee daily and occasionally alcohol.

The family context is a conflicted one, with negative parental roles and models, especially on the part of the father, who is a violent, influential man who uses violence to always demonstrate supremacy, both in the family of origin and the one that maintains it, and moreover is known as a figure of the underworld.

Current symptoms reappeared 3 months ago, with palpitations that lasted about 7 minutes and then spontaneously decreased in intensity. The episodes were repeated at 2–5 days, the difference, their intensity increased, the frequency did the same, and so their duration; these symptoms have been associated with: cold sweats, fatigue, pallor, lipotimia, loss of motor control and posture. From a food point of view, the patient has regular meals, keeps the diet for 15 years is very careful with what she eats, avoids fast food, ap-

preciates vegan diets and avoids eating in the evening. The only problem she can't control is the desire to eat sweets, when the anxiety state increases and when she is alone and feels fearful.

## PSYCHOLOGICAL EXAMINATION

***Affective-emotional level:***

The patient manifests an egocentric, grandiose behavior and tends to feel entitled to this attitude, which she frequently adopts; is impulsive and anxious, is considered to be special and in human relationships is always dissatisfied and manages to maintain superficial relationships and seeks to manipulate situations and contexts, which benefits her. The patient shows negative affectivity towards herself, as a physical and aesthetic aspect. The self-accusations resulted in lip enlargement, numerous breast surgeries. However, she is still unsatisfied and wants to sculpt her whole body in order to look like a diva.

***Cognitive level:***

The patient, I.D. is oriented spatially and temporally, without memory or attention disorders, with a demonstrative speech, slightly theatrical, with the desire to impress.

***QI= 95, Average Normal Intelligence (RAVEN Progressive Matrics)*** (Raven et al., 1938)

As attitude she is insistent, slightly hypochondriac, inflexible, with a diffuse perception of one's own body, impulsive temperament and justice with rigid abstractions; condemns with ease the people in her life, who have made her suffer, manifest behavior is cognitive expansiveness and exaggeration.

***SCID V — Narcissistic Personality Disorder*** (First & Williams, 2012)

***RORSCHACH TEST*** — responses in large numbers of type C (primary color) and type CF (color form) (Gacono & Meloy, 1994)

***T.A.T. TEST:*** The patient tends to avoid the essential characteristics of the boards and that is why her stories are lities of significant content (Murray, 1943)

***Behavioural level:***

I.D. easily moves from a normal mood or euthymia to a dysphoricama mood, with trajectories triggered by an inadequate and intense anger and mania. At the other extreme there are feelings of deep inner vacuum, and general behavioral boredom, up to lethargy and postural immobilization. The patient states that she had months when the only effort she made was to go to the toilet. Regarding to food, the only food ingested was milk and water from time to time. Emotionally unstable and permanently irritable to everything she has experienced in childhood, physical abuse and family abandonment have produced major changes in general conduct; mixed insomnia and dysfunctional thoughts and especially those of non-acceptance of body image and fear of sudden death, in sleep mental exhaustion.

***Psychophysiological level:***

1. The feeling of imminent death
2. Feeling of a sly
3. Liptomy stars, nausea and vomiting
4. Palpitations and internal hyperventilation
5. Cold extremities
6. Tingling all over the body

***Interpersonal Relationship Level:***

The patient requires excessive admiration, does not show empathy, envies or feels envied, always arrogant, truculent, full of vanity and knows how to exploit others.

Attachment style: fearful and dismissive.

Self-perception: "I am special and unique and entitled to extraordinary privileges, whether I have won them or not."

The patient, I.D., although emotionally vulnerable to negative evaluations and the reaction of others, can manage these moments, is very perceptive in relationships with others and uses her advantages to achieve her own goals.

***Psychodiagnosis: Anxiety disorder with panic attacks, depressive syndrome, binge eating disorder*** (American Psychiatric Association, 2013)

***Treatment:*** In order to improve the patient's quality of life and for psychotherapy to be able to have increased efficacy, it is recommended to maintain psychiatric treatment with antidepressants and anxiolytics.

***Psychotherapy:*** Cognitive-Behavioural therapy is recommended for better management of depressive syndrome and anxious states.

Family advice to identify the patient support network.

Both forms of therapy have as objectives: awareness of the inner conflicts that led to the appearance of panic attacks (e.g. fear of death and fear of not being able to work what she likes- the aesthetics of nails.); all these states are specific to Psychobehavioral Type A.

— Mental relaxation therapy and mindfullness techniques aimed to decrease physical tension and improve cardiovascular symptoms.

## DISCUSSION

Throughout the therapeutic process, I.D. actively participated in modulating her own affect; learning

to manage time efficiently and to practice at the same time the ability to communicate and accept the notion of *forgiving* and to understand the people and the mistakes of those around them.

The results obtained as a result of the psychotherapy program, denote the effectiveness of cognitive behavioural therapy, an effectiveness comparable to that of medication, thus preventing the recurrence of mental problems (major depressive disorder and narcissistic disorder.)

*Acknowledgment*

This research was presented at 5th European Conference of Psychiatry and Mental Health "Galatia" 2021.

## REFERENCES

1. **American Psychiatric Association.** (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596
2. **Ciubara, A., Chirita, R., Burlea, L.S., Lupu, V.V., Mihai, C., Moisa, S.M., Untu, I.** (2016). Psychosocial Particularities of Violent Acts in Personality Disorders. Revista de Cercetare si Interventie Sociala, 52, 265–272. https://www.rcis.ro/images/documente/rcis52_17.pdf
3. **Dobri, M. L., Voinea, A.-I., Moraru, C., Nechita, P., & Ciubara, A.** (2020). Psychosis: Between Dreams and Perceptual Reality . BRAIN. Broad Research in Artificial Intelligence and Neuroscience, 11(3Sup1), 146–152. https://doi.org/10.18662/brain/11.3Sup1/130
4. **First, M. B., & Williams J. B. W.** (2012). SCID V- The Structured Clinical Interview for DSM-5(R) Personality. American Psychiatric Publishing.
5. **Gacono, C. B., & Meloy, J. R.** (1994). Rorschach Test- Hermann Rorschach, Assessment of Aggressive and Psychopathic Personalities. Routledge
6. **Lenta, O., & Cucu, M.** (2017). The Jungian concept of complex psychology. Postmodern Openings, 8(3), 59–67. https://lumenpublishing.com/journals/index.php/po/article/view/187
7. **Luca, L., Burlea, S. L., Chirosca, A.-C., Marin, I. M., Ciubara, A. B., & Ciubara, A.** (2020). The FOMO Syndrome and the Perception of Personal Needs in Contemporary Society. BRAIN. Broad Research in Artificial Intelligence and Neuroscience, 11(1Sup1), 38–46. https://doi.org/10.18662/brain/11.1Sup1/27
8. **Murray, H. A.** (1943). Thematic apperception test. Harvard University Press.
9. **Necula, M. R.** (2020). The effects of violence against women. Logos Universality Mentality Education Novelty: Law, 8(1), 73–84. https://doi.org/10.18662/lumenlaw/8.1/38
10. **Raven, J. C., Court, J. H., & Raven, J.** (1983). Manual for Raven's Progressive Matrices and vocabulary scales, section 3: Standard Progressive Matrices. H. K. Lewis.
11. **Rădulescu, I. D., Ciubara, A. B., Moraru, C., Burlea, S. L., & Ciubară, A.** (2020). Evaluating the Impact of Dissociation in Psychiatric Disorders. BRAIN. Broad Research in Artificial Intelligence and Neuroscience, 11(3Sup1), 163–174. https://doi.org/10.18662/brain/11.3Sup1/132
12. **Robu, V.** (2017). Psihologia personalității. Note de curs [The psychology of personality. Course notes]. Lumen.
13. **Sperry, L.** (2018). Tulburarile de personalitate din DSM-5. Evaluare, conceptualizare de caz si tratament [Personality disorders DSM-5. Evaluation, case conceptualization and treatment] (C., Dumitru, Trans.). Trei Publishing House. (Original work published 2016)
14. **Suciu, G. R.** (2020). ForTraining dragons. The dragon archetype as the contradictions, Paradoxes and dialectics of organizations. A study in NLP. Journal of Mediation & Social Welfare, 1(1), 1–21. https://doi.org/10.18662/jmsw/01