

Narcissistic Personality Disorder

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Image: Actor Johnny Depp as Captain Jack Sparrow in Pirates of the Caribbean

Introduction

Captain Jack Sparrow displays numerous attributes of Narcissistic Personality Disorder (NPD), which affects approximately 1% of the population.

Case Report

Captain Jack Sparrow is a 33-year-old male pirate with no previous contact with psychiatric services. He presented with a multitude of symptoms including visual and auditory hallucinations, alcohol intoxication and grandiose delusions.

He was found by colleagues wandering alone on an island responding to visual and auditory autoscopic hallucinations (see Table 1), talking to several versions of himself. Little is known about the events leading up to this episode however, it is thought from collateral history that this is not the first hallucinatory episode and his colleagues regularly hear him talking, apparently, to himself.

There is no significant psychiatric family history, however he has never been close to his father who is also a pirate in his mid-sixties and carries around the shrunken head of his deceased mother.

JS is not currently taking any medication. His alcohol use is bordering on dependence with stereotyped drinking of only rum. He is known to drink when in stressful situations such as when under attack, shows binge drinking behaviour and drinks first thing in the morning. He also craves alcohol and shows agitation when rum is not available. He is a non-smoker and denies other recreational drug use.

He has been a pirate all his working life, however, little is known about his birth, childhood and education history. A significant life-event occurred 10 years ago in which the crew of his ship mutinied and left him on an island. At this point he showed low risk suicidal ideation as he was left a gun with just one bullet, which he considered using but was protected by a revenge motive. Following this event he became very fixated on revenge and there is concern over risk of harm to others, however he does not appear to deliberately self harm or have any current suicidal ideation.

One previous long-term relationship is confirmed, although he is known to have had many other sexual partners, most of which ended 'badly'.

His forensic history is extensive and includes mugging, willful crimes against the crown, impersonating a cleric of the Church of England and a member of the Royal Navy, arson, kidnapping, pilfering, depravity and before absconding, he was sentenced to be hung by the neck until dead.

On presentation he appeared to be a scruffy Caucasian pirate in his mid-30s with 'questionable personal hygiene'. He was unshaven, with dread-locked hair and clearly had not changed his clothes for many days. He was dressed in grand 18th century pirate attire, congruent to that expected. Although appropriate his attire was eccentric, slightly outside boundaries of normality with added femininity including make-up, beads in his hair and many rings on his fingers.

His behaviour was markedly socially and sexually disinhibited with invasion of personal space and inappropriate and lewd comments such as "You need to get a girlfriend" and "Are you a eunuch?"

He made good, often intense eye contact. He also had an ataxic gait, explainable by alcohol consumption but no psychomotor abnormalities

His speech was pressured, suggested by quotes such as "Me? I'm dishonest. And a dishonest man you can always trust to be dishonest. Honestly, it's the honest ones you want to watch out for, because you can never predict when they're going to do something incredibly... stupid". It was also at times over-inclusive with circumstantiality, for example "No! If we don't have the key, we can't open whatever it is we don't have that it unlocks. So what purpose would be served in finding whatever need be unlocked, which we don't have, without first having found the key what unlocks it?" It was of normal volume and tone.

His mood was, objectively, persistently elevated with situational incongruence, for example inappropriate laughter when his life was

in serious danger. He was reactive to his surroundings.

He clearly had a grandiose sense of self-importance, believing himself to be special as the greatest of all pirates and requiring excessive admiration, insisting on being called 'captain' although he did not technically have his own ship. He is selfish and lacks empathy towards others, always thinking about saving himself with no consideration for others, using friends for his own gain for example holding them at gunpoint. He is also constantly preoccupied with ideas of questionable success and power regarding treasure and The Black Pearl ship. He embellished stories about himself, making himself sound grander or more daring than in reality.

His perceptions were disordered as he described many episodes of ego-syntonic hallucinations. One described involved a Lilliputian hallucination of small versions of himself and another episode of multiple autoscopic hallucinations. These could potentially be related to alcohol withdrawal. Collateral history suggests many other episodes of him having conversations with 'himself'.

He was orientated in time, place and person, however had limited insight into his hallucinations, unsure as to what was real and what a hallucination was.

Our impression is that JS is suffering from NPD, possibly with hypomania and/ or alcohol withdrawal.

Discussion

Captain Jack Sparrow is arrogant to the extreme of grandiosity – he believes he is far more superior than he actually is. He makes constant reference to being called "Captain" Jack Sparrow and does not let people forget that he can out-think others: "Today will be the day that you will always remember that you almost caught Captain Jack Sparrow". He sees himself as special or unique, and constantly requires admiration from others around him. He

exploits others to his own personal benefit and is constantly preoccupied on his quest for success. These personality traits interfere with Jack's life and constantly lead him astray, developing a significant forensic history in the process; he only just managed to escape the hangman's noose. As a result of this, we believe it is possible to diagnose him with NPD.

The term "narcissism" comes from the Ancient Greek mythological story of Narcissus.¹ Narcissus, a Greek hero from Thespieae, was famous for his beauty. After rebuking the nymph Echo who tried to embrace him, he fell in love with his own reflection in a pool and killed himself when he realised that he could not act upon his love. Freud, who often used mythology to aid his theories of psychopathology, formally introduced the term "narcissism" into the psychiatric literature in his 1914 paper On Narcissism.² Since then, NPD has become a formal psychiatric diagnosis as defined by the American Psychiatric Association in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders: DSM-IV, which outlines the diagnostic criteria.³ To receive the diagnosis of a NPD, a person must meet these diagnostic criteria (Table 2).

It is evident that Jack meets at least five and arguably all nine of these criteria. It should be noted that the ICD-10 does not specifically code for NPD, but instead categorises it in "Other specific personality disorders".⁴

Other authors suggest various "dominant features" of NPD.⁵ These include "Pathology of the self; pathology of the relationship with others; pathology of the superego; and a chronic sense of emptiness and boredom, resulting in stimulus hunger and a wish for artificial stimulation of affective response by means of drugs or alcohol that predisposes to substance abuse and dependency."

Patients typically present with the complications of their disorder as opposed to their primary symptoms. This includes drug dependence and alcoholism, sexual promiscuity or disinhibition, suicidal ideation, and when under extreme stress, brief psychotic symptoms.

The prevalence of NPD is approximately 1%, rising to between 2 and 16% in clinical situations, with up to 75% of those diagnosed being male. The aetiology of the disorder is largely unknown but various risk factors have been identified. These are mainly childhood parenting and developmental factors such as parental overindulgence or overvaluation, excessive admiration, learned manipulative behaviour and early severe emotional abuse.⁶

Medication and hospitalisation are indicated in NPD only for co-morbid conditions such as anxiety or affective disorders. The management therefore largely involves a multi-disciplinary approach with psychosocial interventions such as supportive psychotherapy, cognitive behavioural therapy and social skills training.⁷

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Autoscopic hallucinations	These are a blend of visual and proprioceptive hallucinations. In these cases, the vision is of one's double, like in a mirror, sometimes repeating one's gestures, and on occasions busy with other activities.
Ego-syntonic	A term referring to behaviours, values, feelings, which are in harmony with or acceptable to the needs and goals of the ego, or consistent with one's ideal self-image.
Lilliputian hallucinations	Hallucinations in which the patients see imaginary people of a small size.
Pressured speech	The patient keeps talking, with no interruption between thoughts or sentences. The speech may be loud and rapid, with creative, amusing, or trivial and irrelevant content.
Circumstantiality	In conversation, the use of excessive and irrelevant detail in describing simple events, the speaker eventually reaches his goal only after many digressions.

Table 1: Definitions of psychiatric terms referred to in text

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:	
1	Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
2	Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3	Believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
4	Requires excessive admiration
5	Has a sense of entitlement, i.e., unreasonable expectations of especially favourable treatment or automatic compliance with his or her expectations
6	Is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
7	Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
8	Is often envious of others or believes that others are envious of him or her
9	Shows arrogant, haughty behaviours or attitudes

Table 2: DSM-IV criteria for Narcissistic Personality Disorder