Narcissism

Excessive preoccupation with self and lack of empathy for others.

Narcissism is the personality trait that features an exaggerated sense of the person’s own importance and abilities. People with this trait believe themselves to be uniquely gifted and commonly engage in fantasies of fabulous success, power, or fame. Arrogant and egotistical, narcissistics are often snobs, defining themselves by their ability to associate with (or purchase the services of) the “best” people. They expect special treatment and concessions from others. Paradoxically, these individuals are generally insecure and have low self-esteem. They require considerable admiration from others and find it difficult to cope with criticism. Adversity or criticism may cause the narcissistic person to either counterattack in anger or withdraw socially. Because narcissistic individuals cannot cope with setbacks or failure, they often avoid risks and situations in which defeat is a possibility.

Another common characteristic of narcissistic individuals is envy and the expectation that others are envious as well. The self-aggrandizement and self-absorption of narcissistic individuals is accompanied by a pronounced lack of interest in and empathy for others. They expect people to be devoted to them but have no impulse to reciprocate, being unable to identify with the feelings of others or anticipate their needs. Narcissistic people often enter into relationships based on what other people can do for them.

During adolescence, when the individual is making the transition from childhood to adulthood, many demonstrate aspects of narcissism. These traits, related to the adolescent’s need to develop his or her own sense of self, do not necessarily develop into the disorder that psychologists have studied for decades, known as narcissistic personality disorder. In 1898, Havelock Ellis (1859-1939) was the first psychologist to address narcissism in a published work. Sigmund Freud claimed that sexual perversion is linked to the narcissistic substitution of the self for one’s mother as the primary love object in infancy. In 1933, psychoanalyst Wilhelm Reich (1897-1957) described the “phallic-narcissistic” personality type in terms that foreshadow the present-day definition: self-assured, arrogant, and disdainful. In 1969, Theodore Milton specified five criteria for narcissistic personality disorder in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III): (1) inflated self-image; (2) exploitative; (3) cognitive expansiveness; (4) insouciant temperament; and (5) deficient social conscience.

The person with narcissistic personality disorder experiences a powerful need to be admired and seems consumed with his or her own interests and feelings. Individuals with this disorder have little or no empathy for others and an inflated sense of their own importance and of the significance of their achievements. It is common for persons with this disorder to compare themselves to famous people of achievement and to express surprise when others do not share or voice the same perception. They feel entitled to great praise, attention, and deferential treatment by others, and have difficulty understanding or acknowledging the needs of others. They envy others and imagine that others are envious of them. The person with narcissistic personality disorder has no patience with others, and quickly strays from situations where he or she is not the center of attention and conversation. According to DSM-IV, narcissistic personality disorder affects less than 1% of the general population. Of those, between half and three-fourths are male.

Secondary features of narcissistic personality disorder include feelings of shame or humiliation, depression, and mania. Narcissistic personality disorder has also been linked to anorexia nervosa, substance-related disorders (especially cocaine abuse), and other personality disorders.
Narcolepsy
A sleep disorder whose primary symptom is irresistible attacks of sleepiness during the daytime.

Narcolepsy, which usually begins in adolescence or early adulthood, affects about one in every 1,000 persons and is equally common in males and females. The sleep attacks, which can occur anywhere from six to 20 times a day, usually last about 10 to 20 minutes but can persist for as long as two to three hours. Narcolepsy is diagnosed if sleep attacks occur every day for at least three months (although most people treated for the disorder suffer from it for a much longer period of time—often years—before seeking help). In addition to the sleep attacks, persons suffering from narcolepsy often display several other characteristic symptoms. The most debilitating of these is cataplexy, a sudden loss of muscle tone that can affect a part or all of the body. Cataplectic attacks range from a sagging jaw or drooping head to a total collapse that causes the person to fall to the ground. Affecting about 70% of narcoleptics, they are usually triggered by strong emotions, ranging from fear and anger to excitement and amusement (laughter often provokes cataplectic attacks). Respiration is not affected, and full consciousness is maintained throughout the episode. Usually the attacks only last a few seconds, after which normal muscle strength returns. Other symptoms of narcolepsy include vivid dreamlike imagery while waking or falling asleep, episodes of sleep paralysis (in which the person wakes but is temporarily unable to move), and automatic behavior (sleepwalking-type actions which are performed without the person’s conscious knowledge).

The cause of narcolepsy is not known, but sleep researchers believe it comes from a malfunction of the mechanism in the brain that regulates sleeping and waking, especially the regulation of REM (rapid eye movement) sleep, the part of the sleep cycle associated with dreaming. It is also known that there is a hereditary component to narcolepsy: having a narcoleptic parent dramatically increases one’s chances of developing the disorder, from the normal 1 in 1,000 to 1 in 20. In recent research, a genetic marker has been found in the blood of over 95% of narcolepsy sufferers who were tested for it. Narcolepsy may also develop as a consequence of brain damage caused by injury or disease.

Narcolepsy is a chronic illness that lasts throughout a person’s lifetime and has no known cure. Napping during the daytime can reduce the number of sleep attacks by lessening sleepiness. For those severely affected by the disorder, stimulants such as methylphenidate (Ritalin) and Dexedrine have been prescribed to ward off sleep attacks. Cataplexy—thought to be a partial intrusion of REM sleep into the waking state—has been treated with medications known to suppress REM sleep, such as tricyclic antidepressants. Doctors have had good results with another medication, the experimental drug gamma-hydroxybutyrate, prescribed for narcoleptics to improve the quality of their nighttime sleep, which is usually fitful and fragmented. The resulting improvement of nighttime sleep has had marked success in the reduction (and in some cases complete remission) of symptoms, including both daytime sleep attacks and cataplexy. To avoid the potential danger and embarrassment of cataleptic episodes, some persons with narcolepsy try to control the emotions that trigger them, even avoiding situations that are likely to bring on these emotions.

Narcolepsy has a crippling effect on the lives of those afflicted with it, causing disruption, embarrassment, and, potentially, danger in their everyday lives and interfering with both work and family life. Self-help groups sponsored by the American Narcolepsy Association (and a similar group in Canada) offer support to narcoleptics and their families. These organizations also work to help raise public awareness about the disorder.

Further Reading

Further Information

Narcotic drugs
A category of addictive drugs that reduce the perception of pain and induce euphoria.