EFFECT OF MINDFULNESS BASED THERAPY ON 100 LEVEL STUDENTS WITH NARCISSISTIC PERSONALITY DISORDER IN IMO STATE UNIVERSITY

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ABSTRACT

Narcissistic Personality Disorder is the new borderline personality disorder of our current era. There have been recent developments on narcissism that are certainly worthwhile examining. Firstly, relational and intersubjective psychoanalysts have been rethinking the underlying concepts of narcissism, focusing on the development of self and relations to others. Narcissistic personality disorder (NPD) is a prevalent condition that frequently co-occurs with other diagnoses that bring patients into treatment. Narcissistic disturbances are not often the chief complaint, but they complicate the development of an adequate therapeutic alliance. Typical counter transference challenges, combined with stigma related to NPD, result in difficulty for the therapist to relate to these patients empathically. Metallization-based treatment provides a means for therapists to reach these patients by taking a "not-knowing" stance with interest and curiosity in clarifying and expanding a shared awareness of the patient's emotional experiences. By understanding the attachment functions, metalizing imbalances, and problems of epistemic disregard among patients with NPD, therapists can break through the self-centered "me-mode" of the therapeutic dyad, where the typical lack of engagement or power struggles prevail, to a "we-mode," where the patient and therapist are joined in attention to what happens in the patient's mind and in interactions with others. Therapy for narcissistic personality disorder is crucial for improving long-term outcomes. Research shows that the earlier someone with NPD receives intervention and treatment, the better their prognosis.

Keywords: Mindfulness, Based, Therapy, Students. Narcissistic, Personality, Disorder,

INTRODUCTION

Narcissistic Personality Disorder is the new borderline personality disorder of our current era (Choi-Kain, 2020). After three decades of progress have been made on Borderline Personality Disorder (BPD), Narcissistic Personality Disorder (NPD) now carries the potential for a new wave of investigation and treatment development." Originally, narcissism was a psychoanalytic concept developed by Freud (1914). It became a dominant theme in the 1970s in the fierce debate between the psychoanalysts Kernberg (1975) and Kohut (1972). In the years that followed, few psychodynamic theoretical advances were made and research was scarce (as can be seen in Glasmann, 1988; Heiserman and Cook, 1998). However, in 1980, "given the increasing psychoanalytic literature and the isolation of narcissism as a personality factor in a variety of psychological studies," narcissism found its way into the third Diagnostic and Statistical Manual of Mental Disorders (DSM-III; Frances, 1980, p. 1053).

Narcissism had established a foothold in the diagnostic "bible." In the decades since, a robust body of research has not developed to test or substantiate Frances' assumption that narcissism is a specific personality factor. In a recent online literature search on PubMed, Choi-Kain (2020) found 27 times more articles for BPD than for NPD. Even worse, research has found a significant overlap between the diagnostic criteria for all personality disorders in DSM-IV and extreme heterogeneity in patients with the same diagnosis (American Psychiatric Association, 2011). This conclusion was particularly clear in the case of NPD (Miller et al., 2010; Pincus, 2011). Not surprisingly, in the discussion preceding the publication of the DSM-5 (American Psychiatric Association, 2013), there was heated debate about radical changes to the criteria for personality disorder (Skodol et al., 2011; Oldham, 2015). Thirty years after the inclusion of NPD in the DSM-III, it was almost removed from the fifth edition. (Freestone, Osman &, Ibrahim, 2020)

However, in the past two decades, there have been developments relating to narcissism that certainly merit examination. Firstly, relational and intersubjective psychoanalysts have been rethinking the concepts underlying narcissism, focusing on the development of self and relations to others (Drozek, 2019). Secondly, an Alternative DSM-5 Model for Personality Disorders (AMPD) was established in the DSM-5 for the dimensional diagnosis of personality disorders alongside the strict categorical classification of personality disorders that had been used until then (Bender et al., 2011; American Psychiatric Association, 2013; Skodol et al., 2014a). In particular, the combined dimensional and trait conceptualization of NPD opened the door to new integrated diagnostic perspectives, including both internal and interpersonal functioning (Ronningstam, 2020a). Finally, Pincus and Lukowitsky's (2010) proposal for a hierarchical model of pathological narcissism opens up the prospect of looking beyond the relatively minor differences between competing theories about narcissism in order to find common ground.

Narcissistic personality disorder (NPD) is characterized by a pervasive pattern of grandiosity (in fantasy or behavior), a need for admiration, and a lack of empathy that begins by early adulthood and presents in a variety of contexts (American Psychiatric Association, 2023). Pathological narcissism is defined in terms of the presence of difficulties regulating self-esteem as well as use of maladaptive strategies to that end (Pincus et al., 2014). Although narcissism varies from normal to pathological, NPD represents the persistent severe manifestation of pathological narcissism. NPD is associated with an increased risk of

suffering from mood, anxiety, or substance use disorders (Stinson et al., 2008); risk of suicide (Ronningstam et al., 2018); as well as legal, marital, or vocational problems (Ronningstam and Weinberg, 2013).

All these factors point to the importance of effective treatment for NPD patients. In fact, numerous psychodynamic metacognitive interpersonal, clarification-oriented, behavioral, couples, and group psychotherapies for NPD were reported in the literature. These include evidence-based therapies modified for NPD such as cognitive behavior therapy, schema-focused therapy, dialectical behavior therapy, transference focused therapy, mentalization-based therapy, and good psychiatric management (for reviews, see Diamond et al., 2022; Weinberg and Ronningstam, 2022). The interest in NPD spiked in the last decade (Caligor et al., 2015; Kealy et al., 2017; Pincus et al., 2014). This increased interest, and possibly optimism, spurred the development of novel treatment approaches for NPD. Therapy for narcissistic personality disorder is crucial for improving long-term outcomes. Research shows that the earlier someone with NPD receives intervention and treatment, the better their prognosis. Letting narcissistic behaviors go unchecked often leads to worsening symptoms over time.

LITERATURE REVIEW

CONCEPTUAL FRAMEWORK

Several key factors can influence the outlook for someone with NPD. Severity of symptoms, presence of co-occurring mental health conditions like depression or substance abuse, willingness to engage in treatment, having a strong support system. Individuals with severe NPD often have a poorer prognosis, as their symptoms are more entrenched and resistant to change. Covert narcissism, where the narcissistic traits are less overt, can also be more challenging to treat. Co-occurring mental disorders like depression or addiction can complicate recovery. Treating these conditions alongside NPD is crucial for improving overall outcomes. Unsurprisingly, those who are motivated to change and actively participate in treatment tend to have a better prognosis than those who resist help. A strong support system can also foster a more positive outlook. (Drozek &, Unruh 2022),

Ongoing Management

Narcissistic personality disorder is a chronic condition that requires ongoing management. Even after completing intensive treatment, continued therapy and regular check-ins are essential for maintaining progress. Applying the skills and strategies learned in therapy is a lifelong process. The individual must stay vigilant about recognizing and challenging narcissistic thoughts and behaviors. Setbacks and relapses are a normal part of the recovery journey. The key is to view them as opportunities for growth and recommitment to treatment, rather than failures. With consistent effort and support, many people with NPD can learn to relate to others in healthier ways and lead more fulfilling lives. While the path may be challenging, a brighter future is possible. (Drozek, & Unruh, 2020),

Narcissistic personality traits are related to poorer response to psychotherapeutic treatment. This is the result of a German multi-site study with more than 2,000 participants receiving inpatient and outpatient psychotherapy. The findings of the research team at Jena University Hospital and University of Münster, now published in the scientific journal The Lancet Psychiatry, can contribute to further individualization of psychotherapy. (Diamond, & Hersh, 2020).

Narcissism Affects Therapeutic Relationship

Concerns about self-esteem, sense of self, and self-image abound in the trans diagnostic clinical management of patients. Despite its prevalence, narcissistic personality disorder (NPD) is inconsistently diagnosed and treated because no evidence-based approach or guidelines for treatment have been verified. Among the challenges in treating individuals who have NPD is the wide variation in dysfunction and severity of the condition (Weinberg et al. 2024). Still, patients with significant narcissistic dysfunction populate most clinical settings, usually seeking treatment for co-occurring mood, anxiety, substance use, or other personality disorders (Fjermestad, Ronningstam, Bach, Rosenbaum, & Simonsen, 2020). Patients rarely present for treatment with chief complaints or dysphoria about the disorder, thereby obscuring narcissistic problems as a therapeutic focus. The increased risk of suicide, marital dysfunction, and vocational difficulties associated with NPD often motivate family members or concerned others to bring patients to treatment (Cain, Jowers, Blanchard, Nelson, Huprich, 2021). Often, treatment for NPD is imposed rather than requested by the patient with the disorder. For these reasons, NPD complicates engagement in an effective therapeutic alliance and decreases the likelihood of recovery from its co-occurring conditions (Caligor, Levy, & Yeomans, 2015)

Okoro, (2024) defines NPD with a focus on inflated sense of self, need for admiration, and lack of empathy. Major clinical theories describe the function of NPD symptoms to protect (i.e., split off) a grandiose or ideal sense of self from vulnerable states of inadequacy, depletion, shame, or sensitivity (Watts, & Luoma, (2020).). This "mask model" points to dysregulations in self-esteem that drive the need for excessive admiration, feelings of envy and entitlement, as well as aggression toward any threats to one's self-esteem. This need to preserve a coherent, capable sense of self obstructs shared attention to any needs or deficiencies within oneself as well as any influence from others' ideas or perspectives. As a result, those with NPD experience unstable means for social cooperation, which is reflected in high dropout rates and frequent aversive counter transference reactions (Ali, Bathje, Hallisey, Booher, Novick & Feduccia, 2021). Without a coherent approach to these features of NPD, clinicians are often limited in their capacity to regard patients diagnosed as having the disorder with empathic understanding.

Although no manualized therapy has been formally tested in the treatment of NPD, metallization-based treatment (MBT) provides a path to understanding the problems these patients face more clearly and benevolently, from the vantage of the patient's lived perspective. Validated as an effective treatment for borderline personality disorder (BPD), a prototype and severity indicator of personality disorders generally (Winkelman, 2021). MBT is a basic therapeutic approach that incorporates concepts from developmental psychology in its trans diagnostic formulation of how psychiatric vulnerability forms. Evolving diagnostic protocols broadly conceptualize all personality disorders as problems of identity and interpersonal

relatedness (Wampold, 2015). How). In one of the largest, most rigorously designed randomized controlled outpatient psychotherapy trials in the BPD literature (Trope, Anderson, & Hooker 2019), MBT yielded recovery, defined as an absence of self-harm, suicide attempts, and hospitalization in a greater percentage of individuals with three or more personality disorder diagnoses than did a generalist approach. These findings suggest that MBT is effective for a range of personality problems related to difficulties understanding and managing oneself and one's relationship to others. (Okoro, 2024)

This special issue of the *American Journal of Psychotherapy* illustrates the expanding scope of MBT to a variety of patient populations and diagnostic groups. MBT provides a simple, relatable approach to treatment for patients with personality disorders, broadly, through a basic focus on improving patients' (and therapists') mentalizing capacities. Mentalization is defined as the way we as humans understand our social interactions in psychological terms by considering the mental states (e.g., emotions, beliefs, desires, intentions) that underpin observed behavior. It allows us to respond to our experience and that of others coherently. Mentalizing enables us to broker and maintain satisfying relationships and to be understood in a way that fuels a positive sense of self (i.e., identity). The stability, flexibility, benevolence, and humility with which we mentalize determines fundamentally how our psychology and personality function. (Tanzilli, & Gualco, 2020).

Recent advances in MBT theory have emphasized the importance of stable mentalization as a foundation for epistemic trust (i.e., the capacity to recognize personally relevant reliable information conveyed in social interchange). Epistemic trust enables us to be open to what we can learn from others in a way that fosters adaptation and growth (Sloshower, Guss, Wallace, & Williams, 2020). By managing arousal and attachment intensity, MBT therapists aim to establish joint attention to a patient's experience of others and their own mental states in a "we-mode" that embodies a cooperative effort to understand the patient's world robustly, by combining differing perspectives (Stinson, Dawson, Goldstein, et al: 2008). Understanding the distinctions between one's own isolated view of experience (i.e., "I-mode" or "me-mode") and objective reality, as well as the view from another person's vantage point (i.e., "you-mode"), is a precondition to social collaboration and learning (i.e., we-mode). With MBT's revision to its theory and approach, and its emphasis on stable attachment, mentalizing, and joint attention in we-mode, clinicians can manage the obstacles in treatment of those with severe personality disorders who have handicaps in social learning. (Ronningstam, Weinberg 2013)

MBT paves a therapeutic pathway to address personality dysfunction related to coping in self- and relational management. It does so in three ways: by stabilizing attachment, broadening reflective capacities about self and others, and enhancing epistemic trust. We aim to elucidate basic understandings of the variations in attachment, mentalizing, and social learning for patients with NPD, who are likely to be dismissive or avoidant in terms of attachment, emotional vulnerabilities, and the perspectives and contributions of others. These characteristic features differentiate the needs of people with NPD from those of people with BPD and impede clinicians' efforts to participate in joint attention with the patient to manage the patient's social world. To address this critical therapeutic challenge in treating NPD, we explain how clinicians can integrate fundamental MBT techniques by using a basic stance of curiosity, not knowing, and empathic validation to foster the development of joint attention in we-mode, exploring and understanding the patient's perspective from his or her emotional shoes before initiating efforts

to change the patient's perspective. This MBT conceptualization of NPD, paired with adjustment of its foundational techniques to treat NPD, can be integrated into any pharmacologic and/or psychotherapeutic work to optimize personalized tailoring to the needs of each patient. This MBT adaptation also aims to counteract growing stigmatization of patients with narcissistic pathology that has been caused by broad use and misuse of the concept within the public health sector (Ritzl, Csukly, Balázs, et al 2018). By aiding therapists to work on an empathic representation of the patient's experience, MBT may destigmatize the problems inherent among those with NPD so that they are better understood by the therapist and more likely to sustain a productive treatment alliance. Gandy, Forstmann, Carhart-Harris, Timmermann, Luke, & Watts, 2020).

The Hierarchical Model of Narcissism

Synthesizing theories about narcissism with the results from research and leaving the "narcissism of minor differences" behind, Pincus and Lukowitsky (2010) proposed that pathological narcissism is best conceptualized by a hierarchical model (see Figure 1). In their view, pathological narcissism is basically characterized by a combination of three psychodynamic phenomena: dysfunctional self-regulation, emotion regulation, and interpersonal relations.
Figure 1

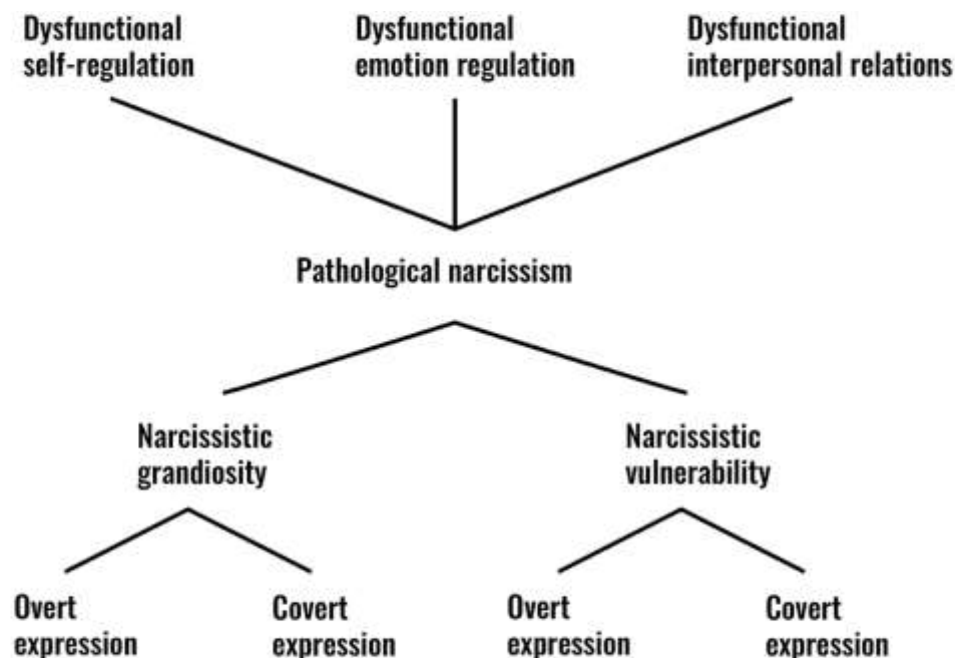

Figure 1. **Pincus and Lukowitsky's**

They consider these three dysfunctional phenomena to represent the most basic building blocks of pathological narcissism. From this perspective, in contrast to the DSM-5 NPD classification, the Pincus and Lukowitsky model allows pathological narcissism to be situated on a continuum between two prototypes, which are covered by different terms in the clinical and research literature. At one end of the spectrum we find the prototype of grandiose, thick-skinned, arrogant/entitled, shameless, oblivious narcissism (PDM Task Force, 2006; Gabbard, 2015). At the other end, we see the prototype of vulnerable, thin-skinned, hypervigilant, shame-prone,

depressed/depleted narcissism: "This narcissistic vulnerability is reflected in experiences of anger, envy, aggression, helplessness, emptiness, low self-esteem, shame, social avoidance, and even suicidality" (Pincus, 2013, p. 95; italics Pincus). Although empirical evidence is still lacking, Pincus and Lukowitsky assume that grandiose and vulnerable narcissism can express themselves both overtly and covertly. "Thus, we might diagnose a patient with grandiose narcissism, with some elements being expressed overtly (behaviors, expressed attitudes and emotions) and some remaining covert (cognitions, private fantasies, feelings, motives, needs)" (Pincus, 2013, p. 96).

An interesting line of research was adopted by Russ et al. (2008) with the Shedler-Westen Assessment Procedure. They used atheoretical Q-sort methodology to identify, in addition to those described by Pincus and Lukowitsky, two subtypes of narcissistic personality disorder, as well as a high-functioning/exhibitionistic subtype. Patients with this third subtype, who are well represented in the clinical literature, "have an exaggerated sense of self-importance, but are also articulate, energetic, and outgoing. They tend to show good adaptive functioning and use their narcissism as a motivation to succeed" (Russ et al., 2008, p. 1479). This third subtype could be the prototype of the positive side of narcissism, a line which has not received much attention.

In their model, therefore, pathological narcissism is basically characterized by a dysfunctional regulation of self, emotions, and relations, which is remarkably consistent with contemporary relational psychodynamic theorizing. Pathological narcissism can therefore be situated between the poles of grandiose and vulnerable narcissism, which is consistent with traditional psychoanalytic theorizing but not with the original NPD concept in DSM-III and later editions. The idea that narcissism can express itself overtly and covertly is consistent with traditional psychoanalytic theory. (Gandy, Forstmann, Carhart-Harris, Timmermann, Luke, and Watts. 2020).

EMPIRICAL REVIEW

According to Prof. Nils Opel, Jena University Hospital, in his further analyses support the hypothesis that *found the evidence that the negative effects of narcissism are based on a weaker therapeutic relationship.* However, in treatment with psychoanalytic-interactional therapy, which was developed specifically for people with difficulties in interpersonal relationships, adverse effects of narcissism on treatment response were not found. The researchers assume, that this difference between the treatment methods was due to interpersonal behavior patterns between patient and therapist. "The authors consider the findings an important contribution to the understanding of narcissistic personality characteristics and their inclusion in the therapy of mental disorders in general. *"Narcissism can be a relevant factor for mental health, leading to psychotherapy being less effective,"* emphasizes Prof. Mitja Back, University of Munster. The researchers therefore recommend that therapists carefully assess their patients' narcissistic tendencies and pay special attention to the therapeutic relationship.

Okoro, (2024), explore the effect of cognitive behavior therapy in adolescents with Mythomania disorder in Ehime Mbano Local Government of Imo State. Mythomania refers to a compulsive

tendency to lie and deceive others. It is not simply a choice to deceive, but rather a psychological condition that drives individuals to fabricate stories, exaggerate facts, or falsify information. Compulsive lying can become a habitual behavior for those with mythomania. A literature search was conducted using the CINAHL and MEDLINE databases. The database search occurred during the month of January 2024. This article comprehensively summarizes the theoretical basis of CBT in improving Mythomania disorder, its application in managing symptoms and improving social function, as well as research progress in this field. There are still inconsistencies in the research results on CBT, but overall, psychological intervention combined with drug treatment is more effective than conventional treatment alone. If social function training can be added at the same time, it is believed that it will have better effects on clinical treatment and can maintain long-lasting effectiveness. Only in this way can adolescents truly understand and recognize the disease, improve treatment compliance, and ultimately achieve the goal of improving the disorder and have quality of life. Therapists or psychologists use CBT for adolescents to help them become aware of irrational or negative thinking so they can see situations clearly, process them, and respond to them in healthy ways. CBT intervention for adolescents can be a powerful part of an integrated treatment plan for adolescent mental health disorders.

Gandy et al. (2020) utilized nature relatedness and contact with nature as a foundation to explore the congruence and overlap with psychedelics with psychological concepts such as neurobiology, connectedness, mystical/transcendent experiences, and mindfulness. The authors propose to utilize nature and nature-based rituals in psychedelic integration, while also ways to incorporate natural elements into mindfulness training and talk therapy. They do not provide a formal model of integration, but do provide proposals for incorporating nature to broaden treatment options and enhance inner and outer connectedness.

Gorman et al. (2021) developed the Psychedelic Harm Reduction and Integration Model, which the authors describe as being Trans theoretical, drawing from mindfulness-based, psychodynamic, psychedelic-assisted, and harm reduction approaches to psychotherapy. Reference is also made to incorporating additional approaches when appropriate, such as person-centered, somatic, motivational interviewing, ACT, or internal family systems. This approach is described not as a treatment modality or a technique, but rather as a model for facilitating psychedelic harm reduction and integration via psychotherapy. Accordingly, rather than focusing primarily on integration practices or activities, the article focuses on clinical issues and challenges that may arise following psychedelic experiences. They provide recommendations for working with clients who have had challenging psychedelic experiences, common fears that arise (e.g., fear of ego dissolution), increased sensitivity, or somatic experiences, while also focusing on maintaining benefits and supporting clients' unfolding process.

Sloshower et al. (2020), elaborate a manualized protocol for the application of ACT to psilocybin-assisted therapy for depression, including a focus on preparation, support/guiding, and integration. The ACT Hexaflex model is utilized, which corresponds to the six core principles of ACT: present moment contact, acceptance, diffusion, self as context, values, and committed action (Hayes et al., 2011). The authors report that ACT was chosen due to perceived congruence with psychedelic and mystical experiences, though it was also chosen in part due to

its efficacy in treating depression, not being primarily focused on symptom reduction, and ability to make use of psychological flexibility. In this model, the initial stage of integration does not incorporate ACT techniques but instead focuses on eliciting the client's narrative of the experience. The focus then shifts to identifying parallels in the client's experience to ACT principles, reinforcing examples of psychological flexibility, reflecting on changes that have occurred, discussing values and how the person is living or not living them, discussing cognitive and behavioral patterns theorized to impact depression, behavioral activation to put values into practice, and implementing ongoing mindfulness practice. Integration practices described in the article are largely therapist initiated and correspond to the ACT model.

Watts and Luoma, (2020), propose the ACE (Accept, Connect, and Embody) model, informed by the six processes of the psychological flexibility model, which are part of Acceptance and Commitment Therapy. The model provides a framework for clinicians to support patients in their experience of challenges (Accept), move toward positive aspects (Connect), and promotion of embodied action (Embody) necessary to internalize change. Integration in the ACE model involves three stages. In the first stage, the therapist is non-directive, validating the patient and guiding them through unresolved experiences. The second stage is more structured and helps the patient with meaning-making, creating awareness, and translating insights. The third stage is more directive, with the therapist helping the patient come up with goals and identifying behavioral change. While similar to the Sloshower et al. (2020) model, this approach does not incorporate all aspects of ACT.

(Bathje et al., (2021), were particularly aware of the increasing popularity of ACT in relation to psychedelic-assisted therapy, and it may prove to be a very useful framework, though to our knowledge ACT was not developed with psychedelics in mind and therefore may result in fitting client experiences to the theory rather than fitting the theory to the broad range of experiences that come out of psychedelics. While ACT and other psychotherapy-based integration models may provide structure to work on the psychological and behavioral aspects of psychedelic experiences (e.g., meaning making, changing thinking or emotional patterns, or working through traumas), they do not easily incorporate a holistic model of living, possibly with the exception of trans theoretical models that incorporate a range of additional theories to focus on aspects of experience beyond the mind and behavior (i.e., Gorman et al., 2021). Research has shown that Westerners are likely to focus primarily, but not exclusively, on psychological or mental health-related intentions experiences

Okoro, (2024), investigated the influence of motivational therapy on senior secondary school teenagers with reliant behavior syndrome in Ehime Mbano Local Government area of Imo State. The design of the study was a quasi-experimental which adopted nonequivalent group of pre-test, treatment control, posttest and follow-up arrangement. The study was conducted in Imo State with a population of 470 senior secondary school students who are victims of Dependent Personality Disorder. The sample size was 56 participants. The participants were assigned into three treatment groups (ME, SFBT & IPT) and a control group. Purposive sampling technique was adopted. Two researcher made instruments Dependent Personality Disorder Identification questionnaire for teachers and Dependent Personality Disorder questionnaire (DPDQ) 123 were used.

These instruments were validated by 5 specialists, 3 in Guidance and Counselling and 2 from measurement & Evaluation. Data were collected using these instruments. The reliabilities of these instruments were obtained using Cronbach Alpha. A reliability index of 0.78 and 0.81 were obtained. The major findings included that: The mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MT), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the pre and post treatment test differ significantly. The students who were exposed to MIT, SFT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced when compared to the mean response to Dependent Personality Disorder of their counterparts in the control group. Based on the findings of the study, the researcher made among others, the following recommendations. There is need for school counselors to undergo some training on behaviour modification based on motivational interviewing (MT), solution focused based therapy (SFT) and inter personal therapy (IPT) through workshops, seminars and conferences. (Okoro, 2024).

Gorman et al., (2021), found that participants experienced a much broader range of impacts from their participation than they intended, more reflective of holistic worldviews. These included transcendent experiences, ego death, feelings of unity or interconnectedness, greater engagement in activism, decreased attachment to materialism, powerful somatic/energetic experiences, mind-body integrative experiences, spiritual/mystical experiences, changes in spiritual beliefs, dietary changes, improvements in physical ailments, and emergent experiences that might be misunderstood as mania or psychosis. While psychotherapeutic models may be particularly helpful for assisting journeyers who have psychotherapeutic intentions or significant mental health needs, these models may not provide a broad enough framework for practitioners or journeyers to respond to this full range of psychedelic experiences. We found that the integration models that were influenced by biopsychosocial spiritual and/or Indigenous perspectives addressed a broader range of themes that may arise in psychedelic experiences, and therefore appear indispensable to psychedelic integration.

We also noted recent critique of the tendency among psychedelic researchers and practitioners to impose spiritual interpretations of psychedelic experiences (e.g., Sanders and Zijlmans, 2021). While we agree that imposing belief and meaning is problematic and we support the use of neutral language or use of the participant's own language, it would be similarly problematic for practitioners not to broach the topic of religion and spirituality or fail to ask participants if they would like to incorporate such focus into their work. We believe integration will be most complete when expanding to address the full range of experiences people have with psychedelic substances. In fact, if we utilize more holistic definitions of integration that value balance, then overly metalizing the psychedelic experience may create further imbalance by reinforcing our already powerful cultural preference for individualism, behaviorism, and cognition without adequately attending to the spiritual/existential, communal/relational, or the natural world (Limb and Hodge, 2008). In attempting to work holistically, those assisting journeyers with integration will need the humility to recognize the limitations of their training and knowledge, and limitations of their cultural conditioning and worldview. A skilled range of collaborators and referral sources are likely to be valuable in facilitating the integration process.

We suggest using this model to develop a balanced approach to integration that addresses each of the six facets of experience and reflect on each side of the six continuums on the outer ring of the

model to be sure to choose a balance of integration activities. For those seeking more structure and guidance regarding specific integration practices and how to implement them, journeyers may consult an integration professional and review one of the integration handbooks reviewed in this article for ideas (e.g., creating an altar, getting in touch with the body via somatic practices, reflecting on values, or dream work). It seems ideal to have a relationship established with a professional prior to psychedelic experiences so they can aid in preparation and be available in the event of a challenging experience where immediate support is needed. However, we note with humility that our model and its application will benefit from continued refinement, elaboration, and research.

Lastly, it is important to highlight the context, or set and setting, for optimal integration. Because there are so many options for integration, we suggest beginning to address integration during the preparation stage, prior to psychedelic experiences. This can include taking an inventory of one's resources and abilities that will support integration (e.g., artistic skills, wellness practices, favorite places in nature), reviewing integration resources such as the models referenced in this article, reflecting on one's current degree of satisfaction and sense of balance among the six facets of living in the Synthesized Model of Integration, planning to put active effort into integration, planning time and space for integration, and asking an integration professional or supportive people to be available for sharing one's experience.

After psychedelic experiences, integration can be supported by reviewing one's original intentions for the psychedelic experience, determining which integration practices are most relevant, committing to regular integration practices, identifying relationships and communities that can support integration, carving out time for integration, and creating or finding physical spaces at home, public spaces, or in nature that support the ongoing unfolding of psychedelic experiences over time. Without time and space, one may end up taking the path of least resistance by attempting to integrate the psychedelic experience into their ordinary state of consciousness and life structure rather than being changed by the experience. This process might also be observed at the societal level, as Western culture attempts to constrain and assimilate psychedelics into existing structures, such as capitalism or the medical model. One's resources, responsibilities, and privileges are likely to come into play with regard to the opportunity to more fully engage the integration process and implement life changes. For individuals with more constraints and fewer resources, an incremental and gradual approach may be particularly important for integration, while highly resourced and privileged individuals may need to be encouraged to slow down and reflect on change and action.

In conclusion, much work has been done to elaborate on the topic of integration in the past few years. New models and extensive guides for integration practice have been developed. Because of the recent of these efforts, ours is the first article to synthesize definitions, models, and practices related to integration. We hope this will bring more intentional focus to researching and further developing this crucial stage of the psychedelic experience.

Igor, Elsa, Caitlin, & John, (2024), was set out to establish the potential for psychotherapy to effect improvements in patients with narcissistic personality disorder (NPD). Eight patients with NPD who improved in treatment were identified. Consensus clinician/investigator diagnostic scores from before and after the psychotherapies were retroactively established on the Diagnostic

Interview for Narcissism (DIN) and the Diagnostic Statistic Manual for Psychiatric Disorders, 5th Edition (DSM-5) Personality Disorder Section II criteria. Psychosocial functioning (work or school, romantic relationships) before and after the psychotherapies was retroactively evaluated as well. At the completion of the therapies after 2.5 to 5 years, all patients had improved, no longer met DIN or DSM-5 criteria for NPD, and showed better psychosocial functioning. Symptomatic improvements were associated with large effect sizes. In conclusion, changes in NPD can occur in treatment after 2.5 to 5 years. Future research should identify patient characteristics, interventions, and common processes in such improved cases that could help

The most important factor is the chronic frustration of the basic biological need for satisfying reciprocal interactions. A child's or toddler's frustration sets the scene for the development of dysfunctional capacities for emotion regulation, attachment, metalizing capacities, reflective functioning, and empathizing. The self-as-agent feels more powerless than able to make things happen. Ronningstam (2020b) writes: "As a central aspect of narcissistic functioning, sense of agency influences both self-regulatory and interpersonal functioning, such as attention seeking, competitiveness, and achievements" (Ronningstam, 2020b, p. 91). These hampered capacities are part of the implicit self and thus operate outside of conscious awareness in the adult; they are ego-syntonic. Meissner (2008) and Symington (1993) suggest that, although not enacted "consciously" in the adult sense, the child has turned away from reciprocal interaction with others to protect his or her growing implicit self from chronic disappointment, from experiencing powerlessness instead of agency. Turning away from potentially frustrating interaction with significant others and opting for self-absorption is the core feature of pathological narcissism (Auerbach, 1993; Lachmann, 2007). This can already be observed in preschoolers. Brummelman et al. (2016) showed that preschoolers with a high score for either self-esteem or narcissism are differentiated by the latter verbalizing that they are great, others are stupid, interaction with others is frustrating, and one is better off on one's own. Those with high scores for self-esteem verbalized that they are great, others are great too, and working together will make the results better. This can also be seen in adult life. When one of our patients was persuaded by his children to play his computer games in the living room instead of sitting in the attic, he said: "I see no additional value in sitting downstairs. It is irritating as my daughters want me to get involved in what they are watching on TV." Basically, the patient was unable to experience the pleasure of being with someone. Inevitably, by turning away from others, a frail self-as-subject results, as it is built on frustrating self and other representations that miss benevolent, soothing, and realistic qualities. As a result, self-regulation is further impaired as the development of the self-as-object is hampered as well. The capacity for self-knowledge through reflection on the subjective self is underdeveloped, protecting the subject from painful shame (Meissner, 2008). Consequently, in an unfortunate accumulation of hampered development, all aspects of the self are frail and self-regulation is dysfunctional.

Benjamin, & Drozek, (2019) found that the Role of mindfulness is cardinal for students' holistic growth that is not only limited to education but also for social and emotional development. This paper discusses the importance of mindfulness as an intervention to students in a group. The present study aims to demonstrate the impact of intervention of mindfulness-based approaching developing the positive self-concept, self-esteem and growth mindset in first year college students, divided in three different groups namely control group, treatment group 1 and treatment group 2 respectively. The results found show significant increase in the self-concept, self-esteem and growth mindset of college students of the treatment group 2 as compared to that of the control group. Then efficacy of campus-based training is also discussed.

Another relatively new psychodynamic theory, intersubjective psychoanalysis, has more to say about the dynamics of narcissism (Benjamin, 2018; Drozek, 2019). By contrast with the basic

need for satisfying reciprocal interactions posited by relational psychoanalysis, intersubjective psychoanalysis stresses the intrapsychic motivation for the intention to relate. Imagine not only being motivated by biological needs but also being intrinsically motivated to relate ("just for the fun of it"). Imagine wishing to recreate being in a relationship with another and re-experiencing the fulfillment that gives. According to Benjamin (2018), this makes human beings fundamentally subjects who unconditionally value themselves and the other as individually dignified. Another fundamental characteristic of narcissism, in addition to incoherent self-organization, is a severe impairment of the intrinsic motivation to seek nearness and recognize the other as a subject.

METHODOLOGY

All results were analyzed using an intention-to-treat analysis based on treatment assignment. The study was with based 100 level Students of Imo State University Nigeria, a nonsignificant difference. A total of 99 students (74%) sudeid at least 50% of treatment sessions offered (MBT=52 [73%]; SCM=47 [75%]). Adequacy of randomization was assessed by conducting between-group comparisons of baseline characteristics on all measures using chi-square statistics for dichotomous variables and Kruskal-Wallis statistics and t tests for count and interval data, respectively.

Most of the clinical outcome measures were not normally distributed and were relatively low-frequency events. The primary and secondary outcome measures assessed at 6-month intervals were analyzed using mixed effects logistic regressions for binary data, Poisson regression models for count data, and mixed effects linear growth curve models for normally distributed variables. The coefficients are odds ratios (OR) for binary data, incidence rate ratios (IRR) for count data (predicted values are natural logarithms of relative risk), and slopes for continuous variables using robust standard errors to provide conservative estimates of statistical significance. Mixed effects models and general estimating equations use all available data.

RESULT OF THE FINDINGS

The result revealed that Narcissistic personality disorder is prevalent, highly comorbid with other disorders, and associated with significant functional impairment and psychosocial disability. However, it has been one of the least studied personality disorders. As a result, there is a fair amount of confusion regarding the reliability, validity, specificity, and sensitivity of diagnostic criteria, as well as the prevalence of the disorder, and to date there have been no randomized clinical trials examining the efficacy of any treatment for the disorder. In fact, because of the limited research literature, narcissistic personality disorder was initially slated to be omitted from DSM-5. However, in response to feedback from the clinical and research community, this decision was reversed, and narcissistic personality disorder was included in Section II of DSM-5 (Diagnostic Criteria and Codes) and also reconstructed in Section III (Emerging Measures and Models).

Diagnostic confusion surrounding narcissistic personality disorder reflects the disorder's highly variable presentation and the wide range of severity that can characterize narcissistic pathology. Individuals with narcissistic personality disorder may be grandiose or self-loathing, extraverted or socially isolated, captains of industry or unable to maintain steady employment, model

citizens or prone to antisocial activities. Given this heterogeneity, it is far from self-evident what such individuals could have in common to justify a shared diagnosis. The DSM-5 criteria (Table 1) to some degree sidestep this question by providing a rather narrow and homogeneous definition of narcissistic personality disorder characterized by a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, entitlement, and lack of empathy. However, while these criteria capture important aspects of narcissistic pathology, they provide inadequate coverage of the broad population of individuals who receive the diagnosis in clinical practice and they fail to cover core psychological features of the disorder, including vulnerable self-esteem; feelings of inferiority, emptiness, and boredom; and affective reactivity and distress. Furthermore, because DSM-5 criteria are, a priori, limited to observable features of psychopathology, the description of narcissistic personality disorder in Section II of DSM-5 does not address underlying psychological.

CONCLUSION

This case illustrates implementation of core MBT principles and techniques that are readily applicable outside of specialized treatment settings across 1 year Students of the University of the Individual Psychotherapy targeting typical symptoms of borderline personality disorder. The outcome illustrated reductions in affective, impulsive, and interpersonal symptoms of borderline personality disorder as well as functional improvements and contributions toward identity consolidation.

RECOMMENDATIONS

Recommendations for the treatment of patients with narcissistic personality disorder (NPD)
Patients with NPD enter treatment for a variety of mental health problems, rarely for concerns about narcissism.

Clinicians can come to understand common counter-transference and stigmatizing feelings that may reduce their natural curiosity in the patient's reported experiences. These counter-transference feelings can be reconsidered from the perspective of understanding the patient's deficits in attachment and metallization.

By understanding the patient's experience of seeking status over attachment and dismissing others as a way to maintain a coherent and positive sense of self, the therapist can pave a path to connect with the patient's internal experience.

Expanding focus on affective experiences and concerns of others can be achieved only by first engaging the patient in "me-mode" (i.e., relating to the patient's experience of how others have an effect on them) to mark their perspectives as personal and subjective. Then, after the patient can acknowledge their own inter subjectivity, the therapist and patient can consider the subjective experiences of others, engaging alternative perspectives in "me-mode" versus "you-mode," which can be combined into a shared "we-mode," which provides a more metalized, realistic, and flexible perspective on reality.

Clinicians can foster epistemic trust by expressing competence and empathic understanding (rather than competition or criticism) of the patient's current adaptations as a basis for kindling the patient's interest in learning from the social environment of treatment.

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