

Comprehensive care for the multiple facets of a patient with narcissistic personality disorder and depression*Atención integral a las múltiples facetas de un paciente con trastorno narcisista de la personalidad y depresión**Atendimento integral às múltiplas facetas de um paciente com transtorno de personalidade narcisista e depressão***Caroliny dos Santos Guimarães da Fonseca¹**

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Abstract

This article aims to discuss some aspects related to Narcissistic Personality Disorder associated with depression and suicide, as well as the comprehensive care of the multiple facets of a patient who presents this condition, through the experience report of a service in a psychiatric nursing office in the city of Rio de Janeiro, in the year 2022. Thus, it is intended to emphasize the importance of comprehensive and technical care, in a specialized and humanized way, to psychiatric patients to provide reception, treatment and reduction of the high suicide rate between individuals. The advances and challenges of the Psychiatric Reform within the scope of the National Mental Health Policy are discussed.

Descriptors: Personality Disorders; Depression; Mental Health Assistance; Psychiatry; Comprehensive Health Care.

Resumen

Este artículo tiene como objetivo discutir algunos aspectos relacionados con el Trastorno Narcisista de la Personalidad asociado a la depresión y al suicidio, así como el cuidado integral de las múltiples facetas de un paciente que presenta esta condición, a través del relato de experiencia de una consulta en un consultorio de enfermería psiquiátrica en la ciudad de Río de Janeiro, en el año 2022. Así, se pretende enfatizar la importancia de la atención integral y técnica, de forma especializada y humanizada, a los pacientes psiquiátricos para brindar acogida, tratamiento y reducción de la alta tasa de suicidio entre los individuos. Se discuten los avances y desafíos de la Reforma Psiquiátrica en el ámbito de la Política Nacional de Salud Mental.

Descriptores: Trastornos de la Personalidad; Depresión; Atención a la Salud Mental; Psiquiatría; Atención Integral de Salud.

Resumo

Este artigo tem como objetivo discutir alguns aspectos relacionados ao Transtorno de Personalidade Narcisista associado à depressão e ao suicídio, bem como o atendimento integral às múltiplas facetas de um paciente que apresenta esse quadro, por meio do relato de experiência de um atendimento em um consultório de enfermagem psiquiátrica no Município do Rio de Janeiro, no ano de 2022. Assim, pretende-se enfatizar a importância do atendimento integral e técnico, de maneira especializada e humanizada aos pacientes psiquiátricos para proporcionar acolhimento, tratamento e redução do alto índice de suicídio entre os indivíduos. Discute-se os avanços e desafios da Reforma Psiquiátrica no âmbito da Política Nacional de Saúde Mental.

Descritores: Transtornos da Personalidade; Depressão; Assistência à Saúde Mental; Psiquiatria; Assistência Integral à Saúde.



Introduction

The characterization of narcissism is defined as attributes situated in aspects of social, emotional and intellectual behavior directly associated with grandiosity traits. In view of this observation, there are relevant points in the society of narcissistic affections such as leadership; however, negative points are also addressed throughout the experience. The panorama of psychoanalysis demonstrates the complexity in narcissistic personality disorder, which is inserted in a neurotic architecture subject to suffering during the COVID-19 pandemic period through the context of various limitations and restrictions. In this way, nowadays, there is an increase in cases of narcissistic dysfunctions in mental health care clinics and, thus, researchers analyze this pathology inseparable from postmodern society¹⁻³.

The personality disorder associated with narcissism reveals several aspects of mental suffering related to the ego in the context of crisis when the individual is subjected to the experience of failure. Thus, the emergence of psychopathologies associated with this experience leads to the incorporation of several paranoids in contemporary times, which is observed in the performance culture. In this sense, the narcissistic subject commonly presents illnesses such as depression, considering that the individual, in specific situations, does not reach the possibility of expressing himself about his feelings^{4,5}.

The person with narcissistic personality disorder is not often found in clinics because their signs and symptoms are confused with physiological traits, even when negative, distancing this sample of the population from an adequate, assertive and individualized diagnosis and treatment. In this specific office of the study on screen, he was the first patient to be seen in 2 years.

Given the above, the objective was to describe the case study of care for a patient with narcissistic personality disorder and depression and to critically reflect on comprehensive care for the multiple variables that affect patients with the aforementioned psychiatric disorders.

Methodology

This is an experience report, of a descriptive and critical-reflexive nature, of a consultation in a psychiatric nursing office in the city of Rio de Janeiro, in March 2022. The office belongs to a health care complex and well-being of women, with services of: Nursing, Medicine, Physiotherapy, Nutrition, Aesthetics and Beauty; in order to have a comprehensive care for the patient, aiming to meet the needs of the five biopsychosocial aspects, such as: mental, physical, sentimental, social and spiritual.

In order to respect the ethical aspects that guide research with human beings, the patient's identity will be preserved and the codename "Lavender" was used, whose aroma was reported by the patient to bring a sense of tranquility and that matches her personality, as it is a fresh and rich aroma. The patient signed the Free and Informed Consent Term (FICT), in order to assist Science in scientific research on her case.

Experience Report

Lavender, woman, 49 years old, middle class, married, resident of the Municipality of Rio de Janeiro, working in the Fashion business, looked for the professional responsible for the care of Psychiatry and Mental Health with great anguish and scheduled her appointment.

On March 21, 2022, the first consultation took place. In this circumstance, Lavender informed that she had already been diagnosed with Narcissistic Personality Disorder (8 years ago) and Depression (during the pandemic), with their respective opinions according to the International Statistical Classification of Diseases and Related Health Problems, also known as International Classification of Diseases (ICD-10), being: F60.9 (Other specific personality disorders) and F32.3 (Severe depressive episode with psychotic symptoms).

The patient reported that, during the pandemic, she lost her job, which caused her family income to be reduced, causing great concern, however, not in relation to the usual bills, but with the care of her beauty and comfort, as aesthetic care. About 1 week after the dismissal, Lavender tried to self-extermination through self-medication, which she has at home, joining: 1 bottle of paracetamol oral suspension, 1 pack of 20 2mg clonazepam tablets and 5 5mg haloperidol tablets. She was found unconscious in the bathroom of her residence, taken to a private emergency care unit and released after detoxification with an indication to seek continuous psychiatric care.

During the entire service, Lavender worried that she had no money for makeup and new clothes, and she looked in the mirror, every 5 minutes or less, which was on the table. Oscillating in moments of sadness and irritability, she reported that she didn't understand why she couldn't get a job, because she has a beauty that you don't normally find, in addition to being a perfect professional. The day before the appointment, she had a job interview, in which she was disqualified for having superiority with the company's Human Resources manager. Under this circumstance, it was questioned what Lavender thought of this disqualification and reported laughing that they were not prepared to receive such a qualified, beautiful person and that the owner of the establishment would be afraid of her "stealing" the proper store.

After the situational reports, he was asked about the medication she was using, which caused a moment of deep sadness with crying and a look of deep pain and reported self-medication: 4 tablets of 100mg tradozone (2 mornings and 2 evenings), 4 tablets of 2mg clonazepam (at night and when necessary - as in moments of sadness, anguish) and 2 tablets of 2mg alprazolam (at night). The patient was asked by the assistant professional if it was a medical prescription and how she got the medication. Lavender informed that the psychiatrist that it was only 1x after the self-extermination attempt that he prescribed ½ 100mg tradozone tablet at night and 1 2mg clonazepam tablet at night, however, the patient reported that she was very weak and was not resolving, the which led to increase



the dosage and include another medication that he got by having an acquaintance who works in a pharmacy.

In this first consultation, the following actions were carried out: welcoming, establishing a bond and trust between the assistant professional (psychiatrist-patient nurse); historical collection; referral to the psychiatrist to update the drug treatment; referral to aromatherapy with Lavender, as Lavender essential oil, in addition to being an aroma that establishes tranquility in the patient, has an effect of improving sleep and reducing anxiety; psychotherapeutic questions and reflections were carried out in order to take the patient out of her "comfort zone"; Complete blood count with liver biochemistry was requested, as she did not mention alcoholism, however, the yellowish and dull skin had been verified, as well as her eyes, and the amount of medication in high doses is emphasized, which can be a sign of drug cirrhosis; and scheduled to return for 15 days later, she informed that she would not attend, as she would travel. In this way, there has not yet been a return, scheduled for May 3, 2022.

It is emphasized that the patient should have been directly referred to psychiatric hospitalization after the attempt at self-extermination, which would be a protocol in units of the Unified Health System (SUS), which was not followed by the proper private unit.

Discussion

Narcissistic Personality Disorder

The term "narcissism" is derived from the Greek myth of Narcissus, a young man of great beauty, who rejects the nymph Echo, on account of his excessive selfishness, who is then condemned by the goddess of revenge and destiny, Nemesis, to fall in love with his own reflection itself. From this perspective of deep ego and overvaluation of one's own being, the term narcissistic was applied to the self-centered and over-exalted individual. According to clinical criteria, the DSM-5 defines standards to be followed for the diagnosis of narcissistic personality disorder, in which patients must present the following characteristics: persistent grandiosity, lack of empathy and need for admiration, symptoms that begin to occur at age adult⁶. In addition, the literature still claims that there are at least two major types of narcissism presentations: a state of grandiosity and a state of vulnerability. The first phenotype of NPD is characterized by feelings of arrogance, manipulation, lack of empathy, exaggerated positive self-image, exhibitionism, fantasies of power and superiority in an open and declared way, while the second phenotype is perceived in individuals with extreme sensitivity to criticism, shy and always attentive to the reactions of others⁷. However, despite the classification, some authors claim the oscillation of these two presentations in the same individual, as even the vulnerable narcissist can exhibit a certain secret grandiosity and the need to hide their sense of importance.

In this context, we can notice evident characteristics of the NPT in the case described above, both for the grandiosity and vulnerability characteristics, which was demonstrated when the patient sought medical help, a

frequent attitude in vulnerability oscillations. However, despite this vulnerable phenotype, the patient also demonstrates numerous variations of grandiose narcissism, evidenced by the exacerbated preoccupation with her image, to the point of leading her to attempt suicide because her image does not meet expectations not only for herself, but for also towards others, exemplifying yet another presentation of narcissistic personality disorder. In addition, the need for admiration and self-affirmation together with the feeling of superiority when reporting that the disqualification of the job vacancy was due to being overqualified also elucidates another of the frequent characteristics in narcissistic patients⁸.

It is emphasized that one of the major obstacles of this disorder is in the treatment, since patients with such manifestation are extremely difficult to treat. The first difficulties are present in the reasons why the patient seeks help, ranging from financial crises to suicidal intentions, a profile also found in the patient described above. In addition, the lack of control in the treatment can lead the individual to premature or sudden abandonment of therapy. Furthermore, due to the characteristics of the disorder in question, the patient often needs to control the professional and treat him as incompetent, which makes it difficult to maintain a cooperative relationship between patient and professional. Another point at issue concerns the manifestation of other psychiatric disorders concomitantly with narcissistic personality disorder. The most frequent mental illnesses associated with NPD, which are: depression, anxiety, substance abuse or other personality disorders, such as histrionics, borderlines and paranoids^{8,9}.

Depression and self-extermination

Suicide is the way that the depressive individual understands as a mechanism to get rid of the extreme psychological pain that is tormenting him, but this 'self-extermination' is rebuked by Christians and expressed by philosophers as the achievement of maximum freedom. Brazil is highlighted among the countries that lead disorders such as anxiety and depression, this increase in the mortality rate from injuries caused intentionally, in a diversified way according to the region and the social scenario, this index increases relatively and, therefore, it is worth mentioning the importance of working together, elaborating and implementing measures so that it can be used as prevention, because among the causes of violence that are self-inflicted, 'suicide' is in the ranking of increase with 60% more in relation to the last 45 years, with a strong tendency to increase^{10,11}.

Currently, the depressive state of health affects from children to the elderly and the rates have been increasing according to dissatisfaction from small to big things. This allows emotional pain to lead individuals affected by the disorder to find ways to alleviate it, starting most of the time through inflicting physical pain, to the point of causing even greater pain, in order to alleviate their dissatisfaction. A study¹¹ carried out in the state of Espírito Santo, reported 888 cases of suicide between 2012



and 2016, representing an average of 177 deaths/year; and that the initial age of the depressive disorder can be around 10 years, mostly male, but with high numbers between 20-59 years, having ignored race and color. In addition, hanging was the most used means by more than 53% of individuals, with the preferred average time being in the morning or early morning, with the majority occurring in the metropolitan region. Still, the main disorders related to depression include lack of hope, psychic disorders and, mainly, family conflicts, relationship endings and lack of will to live. Frustrations have been the reason for leading so many people to this end¹⁰.

In this sense, the depression presented by the patient Lavender in this case study may be directly related to the situational context of isolation caused by the COVID-19 pandemic, which started in 2019, simultaneously with the loss of a job, since such associated factors can lead to the development of psychological disorders, which may increase according to the individuals' psychosocial conditions. In addition, it can be associated that her Narcissistic Personality Disorder, which makes her have great demands to present herself superior to others, when associated with her depression, can lead to the involvement of the suicidal act.

We can also highlight some biological and psychosocial factors, since women are more likely to control emotions, which may favor this when there is a religious attachment that they demonstrate as a point of protection, of course they are shaken by situations such as impulsiveness, bankruptcy, unemployment, affective relationships among others, but these reasons in men tend to favor the lack of control quickly, mainly associated with the use of alcohol and psychoactive drugs, justifying the number of male cases to be higher¹¹.

Young people and adults are more likely to enter and remain in the market, as well as maintain their lifestyle, and affective relationships accompanied by anxiety, being, for the most part, obliged to take care of themselves and others in cases of family formation, whose overload can trigger suicidal thoughts and acts, in order to solve all problems. Among children and adolescents, self-mutilation has gradually grown in order to resolve small internal conflicts related to personal development, which may be related to excessive use of electronics and unhealthy friendships. As the elderly tend to be more isolated and alone, feeling useless and developing a depressive process. It is also inferred that the new coronavirus pandemic accentuated this whole scenario^{11,12}.

We have reached a point where life is trivialized, almost unimportant, and suicide enters the ranking of the main ones, aged between 15 and 44 years, the act being more frequent than the execution of suicide. Every day there is at least 1 person trying, but most of them can be turned around in time. In a study carried out in a hospital with 24-hour care, they found a high number of cases in women aged between 11 and 40 years and 50.65% with the use of drugs followed by pesticides in men with a rate of 52.17%, and in both, male and female patients, received psychiatric care, but always women with the highest rate¹⁰.

One of the major problems in women is the unauthorized disclosure of intimate photos, between abusive relationships with father, stepfather and partner, followed by physical, psychological, sexual aggression as well as racial prejudice and fatphobia. This causes them to develop serious mental damage, which can lead to depression, self-harm and ultimately self-extermination. In a study¹³ carried out with a number of 17 women between 17 and 50 years old who, for the reasons mentioned above, developed disorders that linked to others such as food and alcohol, favored suicide idealizations. When these women associate shame together with guilt and the feeling of having let this happen to them, it makes it difficult to ask for help and it is extremely necessary to avoid aggravating psychological and pain disorders and in the vast majority some begin to suffer in adolescence, all of this triggers factors that favor suicide, these people move away from everyone, end up isolating themselves and finally lose confidence in themselves, with low self-esteem, and fragile, which can make them feel desire to put an end.

The indiscriminate use of drugs that doctors prescribe for depression rank among those used for self-extermination, and Lavender did what some patients have the habit of self-medicating at home, increasing the doses. Women suffer more to move forward because of the difficulty and consequences that this generates, but professional and personal relationships. It is possible to highlight the need for training nurses to deal with these situations, as well as closely monitoring initial cases, avoiding the execution of the final act. These professionals must have a thorough understanding of the epidemiological and social structure of the area they are working, thus executing a better way to prevent these situations¹⁰⁻¹³.

Comprehensive care for the psychiatric patient

It is noted that within the scope of the National Mental Health Policy and in support of the deinstitutionalization process, it was recommended that psychiatric hospital admissions, when necessary, be carried out in general hospitals. Ministerial data showed that, by 2014, there were 4,620 psychiatric beds in general, pediatric and maternity hospitals for the SUS. In view of this, there is a clear case defended by the philosopher Foucault that, in postmodern society, some themes are silenced so that the structures of power are maintained. In this sense, there is a gap regarding the debate around the advances and challenges of the Psychiatric Reform, which has been silenced. Thus, without serious and massive dialogue about this problem, its resolution is difficult¹⁴.

The way of welcoming, often used by health professionals, demonstrated its format along the lines of traditional psychiatry, which is based only on the clinical reference centered on illness, organic complaints and medical diagnosis. It was observed that the relationships showed a superficiality of the relationships between nurses and patients as a result of the devaluation of the expression of the patient's feelings in psychic suffering and the events of his life. Thus, according to this perspective, if there is a social problem, it is based on an educational gap. With



regard to humanization in mental health care, the strong influence of this cause is perceived, since universities are in a long process of adaptation, there is the adoption of disciplines such as "Best Practices: Professionalism" and "Integral Practices" of Care", proposed by the MEC, so that its role is fulfilled in the sense of reversing the problem, bringing to the students contents that act in the resolution of the question^{15,16}.

Clearly, it is necessary to point out the lack of articulation between the services of the network, since the logic of referral to the psychiatric clinic was mentioned in the interviews presented in the article, without the articulation with primary care being present. Thus, there is a lack of communication between the network, which in turn, characterizing the current culture, which is configured as superficial since it is in a capitalist society, which characterizes a serious problem that affects several areas of human action. Such immediacy is present at the basis of psychosocial care, and, therefore, generates the difficulty of intervening in a problem like this without acting on its sociocultural basis.¹⁷.

Conclusion

Considering Lavanda's condition, who suffers from narcissistic personality disorder, one should immediately go

looking for a good specialist in the case (psychiatrist), so that a survey of the history is carried out in order to offer the patient a good treatment is well described, as this type of individual tends to trigger several disorders, among them those that she presented, depression and an attempt at self-extermination using high doses of prescribed medication. Never, under any circumstances, should the patient change the doses of the medications described without the doctor's consent, as psychiatric medications may have a reverse effect, harming instead of showing improvement.

It is worth emphasizing the importance of specialized professionals in the psychiatric area, according to their region and the social conditions present in it, to know how to deal with individuals who suffer from various psychic disorders, related to depressive processes that were acquired by abusive, prejudiced relationships, feeling of guilt, for social and/or socioeconomic reasons, managing through this preparation to reduce the suicide rate among men, children and the elderly, but especially in women, these individuals must feel welcomed with enough confidence to seek help and follow the treatment, avoiding reaching the point of executing self-extermination. It is also emphasized the importance of interdisciplinary treatment in psychiatric specialties.

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