

## NARCISSISTIC PERSONALITY DISORDER IN FORENSIC PSYCHIATRY

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People who organize their self-esteem in a manner that they get confirmation from outside world one calls narcissistic. There are people whose preoccupation with narcissistic supply, i.e. with outer support of their self-esteem, has so outgrown normality that we can consider them too preoccupied with themselves. This disproportional level of preoccupation with oneself is called the narcissistic personality disorder (NPD) or pathological narcissism.

Those problems where difficult to explain with phenomena such as drives and unconscious conflicts. It was shown that their emotional experience is better explained with the deficit model: there's something missing in their inner lives. Many authors who investigated this area have reached the conclusion that in every vane and grandiose narcissist hides a self-conscious and ashamed child, and that in every depressed and self-critical narcissist there is a grandiose vision of the very person as it could or should be. By observing this first group of grandiose narcissists one finds that they possess innate strong aggressive drives or that they characterologically lack the capacity for tolerating anxiety caused by aggressive impulses.

The strongest subjective experience in people with NPD is feelings of shame and fear. At the same time they envy those people who they consider having a characteristic that they lack.

NPD is important in forensic psychiatry both because of its prevalence and because of the severity of the clinical picture that one finds in forensic-psychiatric patients. When a patient with NPD experiences narcissistic wound, one of the most frequent ways he will follow is narcissistic rage. That is an answer when he deals with himself, and when with others-at the same time (in his internal life). However, in moments of narcissistic rage he can enter an affective tunnel in which he can commit a crime, even the worst-a homicide. It is important to underline that such a patient has no feelings of guilt, because guilt is an unknown feeling for him; he thinks that he is right to have killed another man. Triggers for these circumstances can be very different: from inner uncertainties to drinking alcohol or taking illicit substances. One with NPD is not capable of holding his aggression towards others at fantasy level; he carries out, by named mechanisms, his aggression into reality. NPD is often very difficult to treat, sometimes too often in forensic psychiatry. One should take into consideration possible first psychiatric axis comorbidities.

