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Extended Abstract

## The Relation between Pathological Narcissism and Alcohol Use Disorder

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### Abstract

The objective of this study is to evaluate the relationship between alcohol use disorder and self psychology by comparing inpatients with alcohol use disorder and healthy individuals. A total of 308 individuals were included in this study. The subject group consisted of 206 male inpatients in the Alcohol and Substance Addiction Research Treatment and Education Center (ASAREC) of Bakırköy Mental Health and Neurological Diseases Education and Research Hospital who were diagnosed with alcohol use disorder and a control group composed of 102 randomly selected males with no alcohol use or other psychological disorders. The data collection tools used in the study were Self Psychology Inventory and Socio-demographic Data Form, which was created by the study's authors for the present study and solicited information regarding participants' age, sex, alcohol use, family income, and marital status in order to homogenize the data. The defensive grandiose self and defensive idealized parental imago scores of participants with alcohol use disorders were significantly higher than those of the control group. The healthy grandiose self and healthy idealized parental imago scores of participants with alcohol use disorders were significantly lower than those of the control group. The results of the present study suggest that one of the reasons of alcohol use disorders may be an inadequate self make up and weak ego defense mechanisms and that alcohol use disorders may be related to pathological narcissism.

### Keywords

Alcohol use disorder • Self psychology • Pathological narcissism • Narcissism • Treatment

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Alcohol use disorder (AUD) is a serious problem that not only threatens one's physical and psychological health, but also causes or leads to health problems, suicide, a disposition to committing crimes, traffic accidents, family breakups, chaos in one's work and academic life, and serious complications in one's social functioning (Kaplan & Sadock, 2004). AUD is the most commonly observed substance abuse disorder and is increasing in prevalence both in developed countries and in Turkey. When reviewing related studies, it is observed that addictive behaviors are a type of psychological strain and almost always have a psychological indicator (Dodes, 2009; Erdem, Eke, Ögel, & Taner, 2006). When the causes of AUD are investigated, we see that one cause is a traumatic event experienced during early childhood (Evren, Çetin, Durkaya, Evren, & Çelik, 2011; Wu et al., 2010). Among the responses given to a traumatic experience during childhood are anger, aggressiveness toward others, and self-destructive suicidal behaviors, which may lead one to resort to use alcohol to cope with these difficult moods during adulthood (Brodsky et al., 2001; C. Evren, Çınar, Evren, & Çelik, 2011; Van der Kolk et al., 1996). A high correlation between Cluster B personality disorders and AUD has been observed in recent studies (Shorey, Anderson, & Stuart, 2014). When Cluster B personality disorders appear together with their Axis I diagnoses, resistance to therapy increases (Bédard, Russell, & Myhr, 2015). Kohut (1971) had stated that alcohol is a replacement used by those with underdeveloped psychological structures. Researchers also state that an individual with AUD has a weak ego and experienced a number of problems, including having difficulty respecting himself (Gabbard, 1994).

Self Psychology Theory, developed by Kohut (1971, 1986), is a theory that explains the structure of a narcissistic personality. Kohut saw narcissistic pathology as a "self disorder" (Kohut & Tolpin, 1980), asserting that at the very foundation of self disorders was a mother and/or father who did not give appropriate responses during one's childhood (Imbesi, 1999). According to Self Psychology Theory, borderline and narcissistic personality disorders appear as a result of becoming stuck in the narcissistic development process (Anlı & Bahadır, 2009). The disappointments experienced by people with AUD are very often those caused by one's mother. A mother's empathy toward the needs of her child are insufficient and later, that same mother is unable to (1) impede stimuli, (2) supply required stimuli in an appropriate manner, and (3) be a stress relieving source of satisfaction, tasks which a mature psychological aid would otherwise need to fulfill. As a result of these traumatic disappointments and such early childhood experiences, the child slowly loses the ability to incorporate early childhood experiences, like being soothed and relieved, into his self. Such individuals become fixated with aspects of archaic objects and use alcohol and other substances in an attempt to relieve this deficiency in their psychological structure (Kohut, 2004).

## Method

This study examined healthy and pathological narcissistic development based on the answers provided on the socio-demographic data form and the Self Psychology Inventory given to individuals diagnosed with AUD health and a control group composed of individuals with no psychological disorders.

## Sample

This study was conducted between November 2014 and June 2015 in the Alcohol and Substance Addiction Research Treatment and Education Center (ASAREC)<sup>1</sup> of Bakırköy Mental Health and Neurological Diseases Education and Research Hospital<sup>2</sup> in Istanbul, Turkey. Volunteering to take part in the study, members of the sample group totaled 308 individuals, including 206 males diagnosed with AUD according to the DSM-5 who were inpatients receiving treatment in ASAREC and 102 males randomly selected from society who had no psychological diagnosis as the compare group. Individuals forming the inpatient group were selected from among those who had accepted to participate in the study after having undergone a 3-4 week detoxification program. Patients' relatives were used as the control group. The socio-demographic data form and Self Psychology Inventory were both given to the study group. Being diagnosed with AUD was the criterion used to select members for the sample group whereas not being diagnosed with any psychological condition and having no problem related to alcohol use were the criteria used to select members for the compare group. Shared criteria for both groups were that participants' age be between 20 and 65, that they be volunteers, that they be literate and able to understand what was given to them to read, that they have no other psychological disorder, and that they not suffer from mental retardation. The study's objectives were explained to both the inpatient and the control groups. Emphasizing that participation was voluntary, both groups were provided with an Informed Consent Form, which they read and signed. It was explained to them in the Informed Consent Form that confidentiality was to be strictly maintained. After giving them the Informed Consent Form, both groups were given the Self Psychology Inventory. Permission was granted by the Ethics Committee before conducting the study.

## Data Collection Tools

**Socio-demographic Data Form:** Developed by the current study's researchers in line with the study's objectives. Socio-demographic information related to the age, gender, marital status, education level, occupation, and alcohol use was solicited.

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1 Turkish: Alkol ve Madde Bağımlılığı Araştırma Tedavi ve Eğitim Merkezi (AMATEM)

2 Turkish: Bakırköy Ruh Sağlığı ve Sinir Hastalıkları Eğitim Araştırma Hastanesi

**Self Psychology Inventory:** For the developmental aspects of “grandiose self” and “idealized parent imago,” [Slyter \(1989\)](#) developed the Self Psychology Inventory with the goal of measuring both healthy and defensive (pathological) narcissism. [Levi \(1994\)](#) adopted this inventory into Turkish and conducted standardization, validity, and reliability studies. The results for both Cronbach’s alpha and Pearson correlation coefficients indicated that the Turkish version of the inventory was suitable for use ([Levi, 1994](#)). The inventory’s adaptation into Turkish, as well as the related validity-reliability studies, formed the Levi’s doctorate thesis. The data collection process for the adaptation study was conducted in Turkey.

**Process**

The demographic characteristics of and scores obtained on the Self Psychology Inventory by the inpatients with AU were compared to those of and by the control group with no psychological disorder.

**Findings**

Participating inpatients with AUD were compared with the control group. The distribution of their socio-demographic characteristics was evaluated. The age of inpatients with AUD (43.57±9.98) was greater than that of the control group (35.19 ± 9.96), as seen in Table 1.

Table 1  
*Age and Education Level of Inpatients with Alcohol Use Disorder (AUD) and the Control Group*

	AUD <i>n</i> = 206		Control Group <i>n</i> = 102		<i>t</i>	<i>p</i>
	Mean	<i>S</i>	Mean	<i>S</i>		
Age	43.57	9.89	35.19	9.96	7.18	< .001
Education	9.29	3.75	9.95	4.23	-1.43	.153

*p* < .05.

In our study, it was thought that since the Self Psychology Inventory used was not dependent on age and since the inventory evaluated how events experienced during one’s early childhood affected one during adulthood, this difference would not affect the results. No statistically significant difference was found between the two groups’ duration of education. When evaluating occupational status, it was found that individuals in the control group had a higher rate of stable employment compared to the AUD group. Concerning marital status, however, individuals in the control group had a higher rate of being single whereas the AUD group had a higher rate of having gone through a divorce (Table 2).

Table 2  
Occupational Characteristics and Marital Status of Inpatients with Alcohol Use Disorder (AUD) and the Control Group

	AUD		Control Group		$\chi^2$	sd	p
	n = 206	%	n = 102	%			
Occupational Status					86.907	5	.001
Not working	33	16.0	3	2.9			
Regularly employed	73	35.4	83	81.4			
Irregularly employed	52	25.2	5	4.9			
Retired	47	22.8	3	2.9			
Student	1	0.5	8	7.8			
Marital Status					18.816	4	.001
Single (never having been married)	36	17.5	35	34.3			
Married	121	58.7	58	56.9			
Divorced	34	16.5	6	5.9			
Widowed/Widower	6	2.9	3	2.9			
Living separately	9	4.4	0	0.0			

p < .05.

When evaluating the scores obtained by the group of inpatients with AUD and the control group on the Self Psychology Inventory, the DefGS (defensive grandiose self) score average of the AUD group had a higher level of significance than that of the control group ( $p < .001$ ). Although the SBK score average of the control group was higher than that of the AUD group ( $p < .009$ ), an implementation of the Bonferroni correction revealed that there was no significant difference. The DefIPI (defensive idealized parent imago) average of the AUD group ( $p < .001$ ) was of greater significance compared to that of the control group. The average of participants with AUD having a PS (pathological self) ( $p < .001$ ) was found to be at a more significant level than that of the control group. No statistically significant difference was found between groups in terms of HS (healthy self) score averages.

Table 3  
Comparison of Score Averages on the Self Psychology Inventory by Inpatients with Alcohol Use Disorder and the Control Group

	AUD (n = 220)		Control Group (n = 108)		t	p*
	Mean	S	Mean	S		
DefIPI	52.34	12.12	38.19	13.29	9.34	< .001
HIPI	62.84	13.24	63.50	13.24	-0.45	.65
DefGS	51.92	11.43	38.03	13.65	8.86	< .001
HGS	58.80	9.53	62.85	14.03	-2.63	.009
HS	121.64	17.02	126.35	26.48	-1.64	.10
PS	104.26	22.46	76.22	26.17	9.17	< .001

Note. \* The Bonferroni correction determined the significance cut-off to be < .008.

## Discussion

Addiction, according to psychodynamic theory, can be understood by examining not only the organization of a person's ego and the structure of his Self, but also how he copes with stress (Blatt, Rounsaville, Eyre, & Wilber, 1984). According to self psychology theory, the source of narcissistic pathology in individuals who use alcohol is parents' lack of empathy during early childhood (Glassman, Kernberg, & Kohut, 1988). Wurmser (1974) explains the reasons behind addiction include insufficient defense mechanisms and a low arousal threshold, traumatic events experienced during early childhood, and developmental disorders. This study shows that according to Self Psychology Theory, individuals with AUD find themselves caught up in both "grandiose self" and "idealized parent imago" tracks during their narcissistic development process. This specific finding is consistent with a study that measures pre and post therapy sessions with a group of inpatients suffering from addiction (Gelso & Goldman, 1997). According to Khatzian's (1985a, 1985b) "self treatment hypnosis," AUD is related to how an individual copes with his internal and external world. A person's uncontrolled attitudes transform into harmful behaviors (Gelso & Goldman, 1997; Glassman et al., 1988). According to Self Psychology Theory, people stuck in the defensive idealized parent track have difficulties in regulating internal tension and in dealing with external hardships and therefore feel that they are dependent on other people and substances for relief (Bosson et al., 2008; Gelso & Goldman, 1997). Wurmser (1974) asserts that factors constituting a disposition toward alcohol use are related to narcissistic sensitivity and feelings of inadequacy and that one will resort to using alcohol and other substances in an attempt to overcome not only these inadequacies, but also feelings of stress, dysphoria, anger, shame, and loneliness. The high rate of loneliness observed in the AUD group in our study, which also indicates one's having become stuck in the DefGS (defensive grandiose self) track, as well as feelings of embarrassment and shame are similar with these views. Dodes (1990; 1996) emphasized that helplessness and reactionary narcissistic anger is facilitated by repeated alcohol use. The clinical findings in Khatzian and Weegmann's (2009) study predicted that addiction developed in individuals not only as a result of problems stemming from inconsistencies in their relationships with objects, fluctuations in their feeling of Self, and inadequacy in their defense regulations, but also as a result of the discovery of substances that controlled and/or eased painful events. In other words, the main problem of addiction is an inadequate and fragile Self (Craig, 2000; Khantzian, 1997, 2003, 2015). The study's findings indicate that in wake of pathological narcissistic self developments, psychologically fragile individuals' use of alcohol may be related to their attempts to cope with discomfort created in their internal worlds by this pathological narcissistic structure. In this case, such individuals see alcohol as a source of power which to be merged against stressful events experienced in adulthood (Fine, Muldering, &

Sansone, 1991). In light of this information, treating the power of a person's ego and addictive behaviors within the field of self psychology provides those concerned with the opportunity to develop and perform a variety of treatment and therapy applications (Johnson, 1999).

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