Influence of Cultural and Contextual Factors on the Presentation, Risk Factors, and Treatment of Narcissistic Personality Disorder

Yiran Zhong*
Shanghai Weiyu High school, Shanghai, 20000, China

Abstract. Background: In spite of personality disorder is a common topic in the field of psychology and psychiatry, there are still very few studies focusing on cultural and contextual factors of Narcissistic personality disorder (NPD). Method: By reviewing the literature about three countries UK, US, and China, the present study sort out the sociocultural and contextual differences of prevalence, presentation, risk factors and treatment of Narcissistic Personality Disorder (NPD). Result: Contextual and cultural factors have great impact on wide range of NPD’s different aspects. For the prevalence rate of three countries, comparing the highest percentage of three data, UK’s NPD prevalence rate is greater than US, and China has the less NPD prevalence rate. Concerning the presentation of NPD, female and male patients present variously. There is no data responding three countries’ patients’ NPD presentation. With regard of different risk factors, biology, psychotherapy and sociocultural are three of the most essential ones. Eventually, the NPD treatments of three different countries shows significant variety, including Chinese treatments related to traditional medicine, British mentalisation-based treatment and most widely used treatment in America--dialectical behavior therapy.

1 Introduction

The term 'narcissism' finds its origins in ancient Greek mythology with the story of Narcissus. In Greek mythology, Narcissus was renowned for his exceptional beauty and garnered affection from both men and women. Narcissistic Personality Disorder (NPD), as defined by DSM-5, is characterized by a pervasive pattern of grandiosity (either in fantasy or behavior), a constant need for admiration, and a lack of empathy. This pattern typically emerges during early adulthood and manifests across various situations. This paper aims to examine how cultural and contextual factors affect NPD's prevalence, presentations, risk factors, and treatments. This paper mainly focuses on three countries the United Kingdom, the United States, and China. There are several risk factors that vary across cultures and societies, which this study will be discussed, and distinct therapists used in these three different countries.

2 Prevalence

In the US, from community samples, prevalence rates have ranged from 0.5% to 5% [1]. However, NPD seems to be more common in therapeutic settings. The prevalence percentage in the US can range from 1% to 15% [2]. There is no specific data available on the rate of prevalence in NPD(narcissistic personality disorder) individuals in the U.K. In China, the prevalence rate of NPD needs more data. To a great extent, it is due to the need for proper diagnosis and treatment under the current diagnostic system. According to a prior study, one of China's leading counseling organizations has a prevalence rate of 4% for NPD [3]. However, it is crucial to remember that the diagnostic standards for NPD were developed exclusively in Western nations, and due to the existing NPD diagnosis scenario in China, the current diagnostic framework completely overlooked this category [3]. Therefore, more research is needed to determine the exact prevalence rates of NPD in China. The prevalence rate between these three countries is hard to compare due to the broad range of US and UK's data. If comparing the highest percentage of three data, UK's NPD prevalence rate is greater than US, and China has the less NPD prevalence rate.

For different genders, the NPD prevalence rate of males is 7.7% and the rate of female is 4.8% in the general population [4]. Prior study reveal that for those who diagnosed with NPD, 50%–75% of them are male. As a result, NPD is more common among men than women. For different age groups, nearly 3 percent of Americans over 65 and nearly 9 percent of Americans in their 20s, respectively, were found to have NPD at some point in their lives, according to a significant epidemiological study in 2008 [4]. This data show that younger age group NPD’s prevalence rate is much higher than older age group.

3 Presentation

The general presentation of NPD which is more moderate is a good sense of self-worth, positive self-concept and have the feelings of exaggeration, superiority, and power [5]. The sign of a high level of narcissism is that one is prone to
feeling exposed and threatened when their self-awareness is questioned by others [6].

With regard to gender difference, male patients with NPD are more prone than female patients to lack feelings of empathy and have a sense of entitlement [7]. In addition, males also demands excessive admiration, fantasies of unlimited success and a grandiose sense of self-importance more than females [7]. Whereas female patients are more likely to show greater attention to appearance and have a higher ability to react to others’ contempt [8]. Males and female patients with NPD tend to present symptoms such as vanity, self-absorption and envy at similar prevalence [7].

4 General Risk Factors

4.1 Biological factors

The genetic basis of NPD has not been widely studied. A study conducted B-type personality disorder testing on 1386 Norwegian twins aged between 19 and 35. The estimated heritability of NPD was 24%, the estimated heritability of antisocial personality disorder was 38%, the heritability of borderline personality disorder (BPD) was 35%, and the heritability of performance-based personality disorder was 31% [9]. In another study by Torgerson and his colleagues, it has also been shown that both the behavioral and narcissistic traits of NPD are genetic in nature [10]. In a research paper, An evaluation of parenting practices and a narcissistic personality questionnaire were completed by 144 participants from 36 related family units. The research results show that there is a strong correlation between narcissistic traits and father-daughter parenting style, but there is almost no correlation with other parent-child pairing. Scientists have tentatively explained it as evidence of the potential genetic basis for narcissistic personality traits, including the involvement of the X chromosome, while the contribution of parenting methods is minimal [11]. So, this suggest if individuals had inherit narcissistic traits from their parents are more vulnerable to NPD. But the study on this area is only a few, more research are needed in the future.

4.2 Psychotherapy

The majority of recent studies have generally concentrated on parental conduct, and there may be variations in narcissism and parenting styles, kid age investigated, and participants’ nationality. All of these studies support psychodynamics and learning theories, indicating a significant correlation between parental dysfunction and the development of pathological narcissism in adulthood [12]. In the handbook, it specifically mentioned Otto Kernberg’s unique psychodynamic point of view about the relationship between narcissism and parental coldness and strictness. He pointed out children with severe, unloving, and even hostile father and mother are more likely to be narcissistic and they do not have ideal target to internalize, thus this become the stable core of self-esteem. For instance, especially the only child, and child whose given great family expectations.

Several attachment studies have shown that interaction with their parents may be connected to the emergence of narcissism. The study report suggests that the neglect and focus attachment styles measured in adult attachment interviews are associated with pathological narcissism and NPD in adult. These contradictory attachment patterns (e.g. neglect and anxiety/focus) are respectively related to the arrogance and fragile psychological states found in NPD [13].

4.3 Sociocultural factors

4.3.1 Role of production of pop culture

Some researchers have discovered pop culture, including pop songs, where narcissistic themes appear more and more commonly in modern society [14]. In the US, among celebrities, reality show stars have the highest narcissistic scores. Therefore, an increasing number of highly narcissistic individuals are appearing on television - as well as in the scriptless 'real life', which may reflect people's way of life. They might have a bigger impact than fictitious programming. Culture and individuals interact in a continuous cycle, and culture influences individual psychology, and vice versa.

4.3.2 Comparison between Chinese and American subjects

For various cultural factors, scholars tested it by giving out “a vanity scale”, they found that samples in China had lower (Narcissistic Personality Inventory) NPI scores than America. The testers in China are less concerned about their appearance than American testers (see Table 1) [15]. Moreover, age difference is also examined (see Figure 1). This might due to the cross-cultural difference between collectivism and individualism since collectivistic nations have more collectivistic culture products which is differed from individualistic nations [16] found that personal traits show large cross-cultural differences, although the tendency of collectivist traits is minimal. This pattern is similar to narcissism, which is closely related to individualism and weaker than collectivism.

All males and younger aged people in UK, US and China are more likely to diagnose NPD [17]. A common belief among people is young people today get married, develop enterprises, and bring up children significantly later, requiring longer time to explore personal goals and independence before establishing relationships, so this might contribute to younger generation’s narcissism. Some researchers find out that in the UK and US, people with successful leadership often have a greater risk of developing hubris syndromes related to NPD [18]. For example, powerful leaders, politicians or leaders in business, the military and academia. In China, using large internet samples, researchers find out four sociocultural factors on Chinese narcissism and self-concept which are younger aged people, higher socioeconomic classes people, child who was raised in only-child family and urban area citizens [19].

5 Treatment

5.1 Pharmacological intervention
There is no evidence to suggest that any specific pharmacological therapy is effective for NPD. NPD patients may claim to be particularly sensitive to drug side effects, especially those that impair their sexual or mental abilities. They may also dislike the concept that they may need to rely on drug intervention. Their adherence to treatment may be affected by these conditions [20].

| Table 1. Results of standardized regression analysis |
|---------------------------------|---------------|---------------|
| Ethnic identity                | World region  |
| NPI Composite                  | .09*          | .05*          |
| NPI Subscales                  | .09*          | .07*          |
| Authority                      | -.02          | -.02          |
| Exhibitionism                  | .07*          | .07*          |
| Superiority                    | .08*          | .01           |
| Entitlement                    | .03           | .02           |
| Self-sufficiency               | .07*          | .08*          |
| Vanity                         | .09*          | .03           |

* p < .05

5.2 Psychological intervention

There are five common treatments of NPD, which are transference-focused psychotherapy, attachment therapy, schema therapy, cognitive- behavioral therapy, and dialectical behavior therapy [21].

In the US, dialectical behavior therapy which was originally used for borderline personality disorder (BPD), combining individual and group therapy sessions, containing methods focused on acceptance and mindfulness that are drawn from Buddhist philosophy, as well as cognitive-behavioural principles, has been used with patients with NPD symptoms. It has successfully reduced the feeling of self-criticism in NPD [22]. In the UK, mentalisation-based treatment are first developed for the treatment of BPD and it is currently being applied to the alleviate various mental illnesses [23]. Based on attachment theory, this group and
individual therapy incorporates psychodynamic, cognitive, and relational elements. It emphasizes on developing mentalization, or the ability to think about one's own and other mental conditions and make connections between them and actions. Though metalisation-based treatment has not been methodologically investigated with regard to NPD, prior studies suggest psychological treatment plans specifically designed for the treatment of this disease [24]. In China, the development of treatment for NPD in China could bring people insights into considering cultural influences. Cultural factors and specific therapeutic techniques with Chinese influences are currently incorporated into therapy. Specifically, Chinese therapists appreciate the powerfulness of mindfulness practices (e.g., Qigong, Taichi, and breathing exercises) and traditional Chinese Medicine principles (e.g., the balance of Yin and Yang, the concept of energy flow in the human body) that are religiously rooted in Buddhist teachings. Combining these unique culturalist approaches with Western therapy could be more functional for Chinese people to enhance self-awareness, emotional regulation, and stress reduction [25].

6 Conclusion

Many aspects of NPD are significantly influenced by environmental and cultural factors. As far as the prevalence of these three countries is concerned, the highest percentage incidence rate of the United Kingdom is higher than that of the United States, while the NPD incidence rate of China is less than both two of them. Male and female patients exhibit variances in NPD performance. There is not much available data on the NPD performance of patients in three countries. The three most important risk factors are biology, psychotherapy, and sociocultural. For the treatments, The treatments for Narcissistic Personality Disorder (NPD) exhibit notable diversity across three distinct countries. This diversity encompasses Chinese treatments rooted in traditional medicine, the British approach of mentalization-based treatment, and the widely adopted treatment in the United States, known as dialectical behavior therapy.

There are lot of research gaps been found in this area, involving accurate and precise data on the Chinese NPD prevalence rate, lack of presentation differences in three countries’ patients and research about sociocultural risk factors in the UK and China. The first step in making sure that cultural narcissism is not seen as normal is understanding the connection between narcissism and culture. Expecting the future, NPD would be a more and more popular topic in China and the world. Hopefully, contextual and cultural influences that vary NPD across nations, regions and races could be investigated academically deeper.

References