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## **Narcissism and systemic approach. A systematic review**

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### **Abstract**

Psychopathology is a field not much explored by the systemic-relational theory and, in particular, scientific works on Personality Disorders are lacking. The aim of this work is to understand whether and how many scientific works have treated the narcissistic personality through the theoretical premises of systemic-relational approach.

We carried out a systematic review of the scientific literature to identify and discuss existing studies, with the intent to define a starting point for the analysis of the system that onsets and maintains the narcissistic personality.

Few articles were selected. Despite they describe differently the narcissistic personality and the system within which the symptomatology develops, there are some similarities. They concern the diffusion of family boundaries and the rejection of individual characteristics within the system, the childhood parentification and the need to maintain the external appearance.

Key words: Narcissistic Personality Disorder, Narcissism, Psychopathology and systemic framework, Systemic approach, Systematic review

## Introduction

From a systemic perspective, narcissism and, broadly speaking, Personality Disorders have hardly been discussed by the scientific literature. The most commonly used diagnostic classifications of Personality Disorders (PDM *Task Force*, 2006; APA, 2013) mainly focus on individual characteristics: implicitly they are based on the assumption that mental illness is merely intra-psychic and attributable to the subject who is affected by it. Contrariwise, the systemic approach is based on the idea that the psychopathology originates, develops and is maintained in social interaction, within which it assumes an adaptive and communicative function (Watzlawick, 1967; Bateson, 1972; Haley, 1973).

On that basis, this theoretical model rejected the concept of psychopathological diagnosis for a long time: since the mental illness emerges *from* and *within* the relationship, from which it is inseparable, it would be misleading to classify it in individual terms; moreover, applying a diagnostic label would pathologise the patient's behaviour, making it more difficult to understand the symptom (Anderson, Goolishian, 1988; Strong, 1993; Lebow, 2013; Combrinck-Graham, 2014).

The possibility of interpreting the concepts of psychopathology and diagnosis through a systemic approach has only emerged fairly recently: the revolution triggered by constructivism (Kelly, 1955; Guidano, 1987) and social constructionism (Berger, Luckmann, 1966, Harré, 1984; Gergen, 1985) in the early '80s made it possible to study the individual from a relational and systemic perspective, which considers subjectivity built in interaction. Important clinical

researches, etiological theories and therapeutic interventions related to specific psychopathologies have been developed along these lines, following the systemic approach.

So far, however, the systemic framework has hardly been used to explore the field of Personality Disorders. In particular, some studies have described Borderline Personality Disorder from this perspective (Gunderson, Lyoo, 1997; Allen, 2004; Colangelo, 2005; Giffin, 2008; Campo, D'Ascenzo, 2013), while works investigating other Personality Disorders are almost non-existent.

From a descriptive point of view, Narcissistic Personality Disorder continues to be included in the DSM-5 classification (APA, 2013): although some scholars have proposed its exclusion due to its nosological inconsistency (Karterud *et al.*, 2011; Alarcon and Sarabia, 2012), the prevailing opinion is that it is clinically relevant (Shedler *et al.*, 2010) in the view of significant prevalence rates, extensive clinical and empirical reports and psychiatric and social significance (Ronningstam, 2011). The DSM-5 defines Narcissistic Personality Disorder as characterised by a pervasive pattern of grandiosity (in fantasy or behaviour), need of admiration and lack of empathy, beginning by early adulthood and present in a variety of contexts. For a diagnosis of Narcissistic Personality Disorder, at least five out of nine diagnostic criteria must be met (APA, 2013).

Narcissistic functioning has mainly been studied using the psychodynamic model, within which it was actually formulated (Freud, 1914; Kohut, 1971; Kernberg, 1984; Akhtar, 1989; Gabbard, 1989). A brief description of the psychodynamic theories on narcissism is provided in the Psychodynamic Diagnostic Manual (PDM *Task Force*, 2006), which proposes a prototypical description of Narcissistic Personality Disorder.

The subjective experience of the narcissist is a sense of inner emptiness and meaninglessness. This determines the need to receive constant confirmation by

other people of their personal worth, which is perceived as related to wealth, beauty, power and fame. Narcissists become absorbed in attempting to obtain the confirmation they seek, to the extent that they lose all pleasure in close relationships and work activities: when they receive such confirmation they become euphoric, grandiose and contemptuous; when, on the other hand, such evidence is not provided, they feel depressed, ashamed and envious of those who succeed in attaining what they desire. The PDM distinguishes two sub-types of individuals with Narcissistic Personality Disorder: the “Overt Narcissist” who is more openly arrogant, vain, manipulating, and the “Covert Narcissist” who is, instead, internally preoccupied with grandiose fantasies, attempts to ingratiate himself to others and is easily hurt (Akhtar, 1989).

This categorisation draws on the ideas of the two main authors of psychoanalysis who have addressed the subject of narcissism, Kohut and Kernberg.

According to Kohut (1971), the father of Self psychology, Narcissistic Personality Disorder is a result of lack of maternal empathy, which is essential for psychic development during childhood. The narcissistic Self is fixated on an archaic level of development and in adult life continually seeks a Self-object that mirrors the grandiose self-image.

Kernberg (1984), on the other hand, describes Pathological Narcissism as the result of a libidinal investment in a pathological structure of the grandiose self, maintained by splitting and projecting negative aspects of the self onto others.

More recently, in addition to psychodynamic theories, Narcissistic Personality Disorder has been studied through a cognitive approach (Benjamin, 1987; Young, 1999; Dimaggio *et al.*, 2002; 2007; Beck *et al.*, 2015). According to these authors, Personality Disorders are the outcome of rigid and maladaptive cognitive schemas, stemming from early experiences of significant interactive contexts.

In line with a systemic view of psychopathology (Ugazio, 2012), we believe that personality disorders can be explained in terms of the position occupied by the “designated patient” in respect of the system of which he is part. In our opinion, a broader scope of observation typical of the systemic approach is particularly useful in the case of narcissistic personality, in which the relational dimension assumes a role of primary importance (Veronese *et al.*, 2011; 2015).

Furthermore, the internal inconsistency and the longing for other people’s approval and admiration (APA, 2013; PDM *Task Force*, 2006) could be explained within a social-cultural context where the personality has become detached from its social moorings and traditional reference frameworks (Lasch, 1979; Bauman, 2000).

The purpose of this research is to understand whether and how many scientific works have adopted a systemic theoretical approach to explore narcissistic personality through theoretical formulations or empirical studies.

To that end, we carried out a systematic review of the scientific literature; this is a secondary scientific research tool that can be used to produce an exhaustive and structured summary of scientific data retrieved from databases.

We believe that identifying, discussing and summarising existing studies actually represents an important starting point for analysing the system that creates and sustains narcissistic behaviour, and potentially for carrying out new studies within this theoretical framework.

## Methods

### *Information sources and search strategies*

The systematic review was carried out according to PRISMA guidelines – *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (Moher *et*

*al.*, 2009). The search was performed on three databases containing scientific publications in the field of psychology, *PsycInfo*, *PsycArticles* and *Proquest Psychology Journal*, and was completed in January 2017. Studies were identified by using specific keyword combinations.

The first keyword *narcissis\**, refers to narcissism and was combined (AND) with a second *keyword*, chosen in order to trace the reference to the systemic approach, in the various meanings of the term. References to systemic theory and systemic therapy were searched for, as well as references to constructionism, a theory that has become intertwined with the systemic model since the '80s, influencing and guiding its evolution. The second keyword used was chosen from the following list of words: *systemic approach\** OR *systems approach\**; *systemic theor\** OR *systems theor\**; *systemic model\** OR *systems model\**; *systemic perspective\** OR *systems perspective\**; *systemic frame\** OR *systems frame\**; *systemic therap\** OR *systems therap\**; *family therap\** OR *familiar therap\**; *constructionis\**.

### *Selection of articles*

The search, conducted in the three reference databases, generated an output of 26,802 studies.

This output includes all the articles in the before mentioned databases that contain both the searched keywords. It did not necessarily include all studies addressing the topic of narcissism from a psychopathological perspective and within a systemic-relational theoretical framework. Therefore, this output was then screened in order to select only those studies which are in compliance with the defined objectives.

The following criteria were used in the screening process.

The search for the first *keyword*, *narcissis\** was limited to the *abstract*. This decision was made in order to select articles in which the study of narcissistic

personality is of primary importance compared to other topics. The search for the second *keyword*, instead, regarded the *full text*. Moreover, articles published between 1950 and 2016 were selected. The timeframe taken into consideration corresponds to the existence of the systemic approach, which was first developed in the 1950s. *Peer reviewed articles* published in international scientific journals were also selected. In conclusion, studies written in English were selected, since this is the most commonly used language worldwide for scientific publications.

The application of these inclusion criteria reduced the output from 26,802 to 280 articles, and this number was further reduced to 254 after eliminating 26 duplicates.

The 254 selected studies were then evaluated to ascertain their relevance in relation to the established objectives. This evaluation was carried out in two steps. Firstly, two authors separately evaluated the titles and abstracts of the 254 studies. If the authors were not in agreement, the study was withheld to prevent the loss of significant output (Perestelo-Pérez, 2013).

54 studies were identified during this screening process and these then underwent a second selection process, in which the full texts were analysed. In this final step, any disagreement between the two authors was settled by consulting a third author to ascertain the relevance of the study in question. From this selection process it emerged that only 7 out of 54 studies met the previously defined inclusion criteria. Our analysis and considerations are based on these seven studies as the output of our systematic review.

## **Results**

The PRISMA flow chart is shown here in below (Fig. 1). It includes the steps that led to the final selection of the seven articles (Moher *et al.*, 2009). This is followed by a table (Table 1) which summarise the main characteristics of the studies included in our review.

Figure 1: PRISMA flow chart of the steps in the systematic review

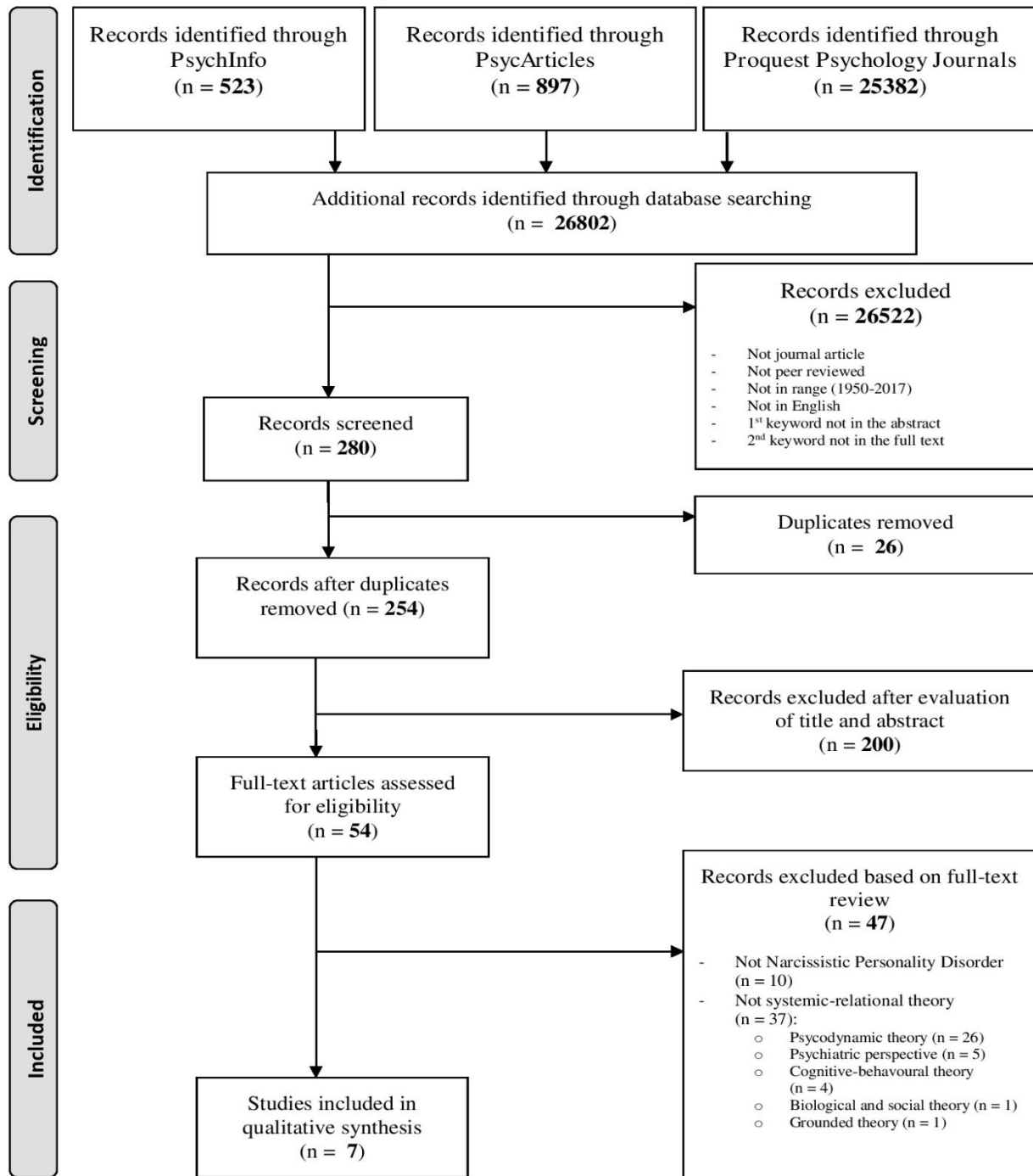




Table 1: Description of the studies selected on the basis of the systematic review included in the qualitative summary

<i>Reference</i>	<i>Nationality</i>	<i>Specific theoretical framework</i>	<i>Article type, methodology</i>	<i>Summary and key findings</i>
Netzer, 1980	USA	Pragmatic approach (Milan approach)	Theoretical study	Pathological narcissism which pervades the psychotic family is defined as <i>hubristic action</i> : it is the repeated attempts of one member of the system to assert himself in the face of constant disqualification by the rest of it.
Jones, 1987	USA	Pragmatic approach	Theoretical study	Borderline and narcissistic patients are often part of a dysfunctional family system: it is characterised by the difficulty in tolerating growth and change, which are perceived as injury, loss or harm, and can cause explosive crises in the system. It is important to take a family approach for effective assessment and treatment.
Jacobs, 1991	USA	Pragmatic approach and Self-Psychology	Theoretical study	Self-psychology helps to understand and treat family systems characterised by narcissistic deficits. In narcissistic systems, each member functions pathologically as self-object to each other: individuals are not perceived as autonomous and separate, attempts to express individuality are experienced with confusion, fear of abandonment, rage.
Perosa, 1996	USA	Pragmatic approach (Structural Family Model) and Self-Psychology	Empirical study, quantitative methodology (SFIS-R; PRI; SEI; sample size: 164)	Young women who display narcissistic personality traits (based on Kohut's self-psychology construct) are likely to have difficulty in setting goals and to be raised in families with strong cross-generational alliances (based on Minuchin's structural family model), that hinders the separation-individuation process.

Jones and Wells, 1996	USA	Philadelphia School (Contextual approach)	Empirical study, quantitative methodology (PQ; MCMI-II; sample size: 360)	Parentification, which undermines the development of the child's "true self", is a significant predictor of masochistic and narcissistic personality. The results lend preliminary support to the authors' theory that parentification can express itself in two different but related forms, depending on the type of familiar inducement. In particular, parents may induce "narcissistic parentification" by needing the child to become the parent's idealised self-projection.
Magnavita, 2000	USA	Integrative Relational Therapy framework and systemic principles	Theoretical study	Complex clinical syndromes exist in Dysfunctional Personologic Systems that reinforce and perpetuate the disorder. In the Narcissistic System the major theme is false protection and maintenance of public image, while the Covertly Narcissistic System is characterised by pressure to compensate for family members' deficits, providing emotional care-taking.
Fourie, 2010	South Africa	Constructivist-systemic theory	Theoretical study	Narcissist behaviour can be seen to serve in an ambivalent way (" <i>look but don't touch</i> ") to conserve an image of being exceptional and superior and, simultaneously, to keep others at a distance so as not to tarnish this image. It is hypothesised that narcissistic behaviour could be embedded in a family context of ambivalence around the poles of superiority versus ordinariness.

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SFIS-R = Structural Family Interaction Scale - Revised (Perosa&Perosa, 1990); PRI = Parental Relationship Inventory (Stutman & Lich, 1984); SEI = Self-Expression Inventory (Robbins & Patton, 1985).

PQ = Parentification Questionnaire (Sessions & Jurkovic, 1986); MCMI-II = Millon Clinical Multiaxial Inventory-II (Millon, 1987).

A total of seven articles were selected, five of which were theoretical (Netzer, 1980; Jones, 1987; Jacobs, 1991; Magnavita, 2000; Fourie, 2010) and only two were empirical (Perosa, 1996; Jones and Wells, 1996). This is a small number if we consider that the search was carried out on three large psychology research databases and covered a broad timeframe. The fact that so few studies have analysed narcissistic personality in depth according to a systemic approach is a confirmation of and provides an opportunity to reflect on how the diagnosis of narcissistic personality is a field that remains largely unexplored or studied by systemic theorists.

Among the seven studies, six are American and one is South-African (Fourie, 2010).

The seven studies cover a thirty-year period (1980-2010), during which there was a significant evolution of the systemic approach, which led to a new vision of psychopathology (Ugazio, 1985; Hoffman, 1993). The systemic theories applied to the various studies to interpret individual symptomatology belong to different spheres that somehow reflect the evolution of the systemic approach.

The first two studies in chronological order (Netzer, 1980; Jones, 1987) date back to the early and mid '80s, a period that coincided with the re-discovery of the individual and individual diagnosis in the systemic-relational approach.

The first four studies in chronological order (Netzer, 1980; Jones, 1987; Jacobs, 1991; Perosa, 1996) refer to the homeostatic model of early cybernetics, that characterises the “pragmatic phase” and considers the mind a “black box” (Ugazio, 1985). The first two studies (Netzer, 1980; Jones, 1987) underline the need to integrate the comprehension of the relationship with an understanding of the subjective dimension, addressing the issue of personality pathology, at a time when talking about “individual personality” within a systemic approach was innovative. The next two articles, in order of time (Jacobs, 1991; Perosa, 1996), make more

detailed reference to the theoretical constructs of Self Psychology (Kohut, 1971) to analyse subjective mental processes and thus consider the individual within the system. The study by Jones and Wells (1996) refers to the concept of “parentification” introduced by the contextual approach of the Philadelphia School (Boszormenyi-Nagy, Spark, 1973), which represents a systematisation of the previously described attempt to integrate concepts inferred from the psychoanalytical approach to study subjectivity within a systemic theoretical framework. The study by Magnavita (2000) falls within a context defined as Integrative Relational Therapy: the author asserts the need for a multi-modal approach to psychopathology, which includes the systemic model. On one hand, this would be useful to shed light on the circular interactions between the biological, psychological and social elements linked to the symptom; on the other hand, the systemic approach would be useful to understand the dyadic and triadic relationships within which the psychopathology develops, and that reinforce and maintain it. Lastly, the most recent study (Fourie, 2010) is openly a review of the systemic model from a cognitive-constructivist perspective, making it possible to open the “black box” in order to examine its content in line with systemic epistemology (Ugazio, 1985).

The classification of narcissism into two types – Overt and Covert – that permeates the psychodynamic literature is only present in one of the selected studies (Magnavita, 2000), and it is the implicit assumption of another study (Jones, Wells, 1996), which only considers the Overt type.

Lastly, one of the selected studies (Jones, 1987) deals with “Narcissistic and/or Borderline Personality Disorders”: in this study these two personality disorders, which are distinguished by current diagnostic systems, are considered together and regarded as stemming from within the same family context.

## Discussion

Although the seven selected studies describe narcissistic personality and the system within which the symptomatology develops differently, there are some similarities that concern the diffusion of family boundaries, the rejection of individual characteristics, parentification and maintenance of the external appearance.

These characteristics, which are discussed below, cannot be considered from a deterministic point of view as being at the origin of Narcissistic Personality Disorder. They may, however, be regarded as characteristics of the system that foster the emergence of this psychopathology.

### *The diffusion of family boundaries*

One possible way of describing the narcissistic system is through the structural approach: the family within which the narcissistic personality develops is considered an “enmeshed” system, with diffused intra-family boundaries (Minuchin, 1974). One of the studies included in the review (Perosa, 1996), in particular, proposes an empirical approach to analyse the intra-family boundaries of the family of origin of subjects with evident narcissistic personality traits. The family system of the “pathological narcissist” is “too richly joined” (Netzer, 1980, p. 37) and tends to function as a unit. However, in a family with a strongly joined structure there is little differentiation between the self and other family members and between the self and the family as a whole (Minuchin, 1974). Individuals are not regarded as independent centres of initiative; on the contrary, any attempt to express their individuality generates confusion, fear of abandonment, rage (Jacobs, 1991). The family members have great difficulty in tolerating individual growth and change, conflict tends to be denied (Jones, 1987).

The diffusion characteristic mainly concerns the boundaries between generational sub-systems, determining, according to some authors (Netzer, 1980; Jones, 1987; Perosa, 1991) what Minuchin (1974) defined as “coalitions”: the formation of

relationships between two or more persons - usually parent and child - against a third person. The violation of family boundaries between generations (Jones and Wells, 1996) results in a strong cross-generational alliance and often, in the presence of more or less explicit conflicts between the parents, forces the child to take sides with one parent against the other (Haley, 1973; Perosa, 1991).

*The rejection of individual characteristics*

Most of the selected studies (Netzer, 1980; Jacobs, 1991; Magnavita, 2000; Fourie 2010) attribute the failure to recognise a person's unique, individual characteristics to the relational system within which the narcissistic personality develops. This aspect, which focuses on the individual dimension, is closely linked to the system's "enmeshed" characteristics, that involve no explicit negotiation of differences (Minuchin, 1974). One of the distinctive characteristics of this and other pathological family systems is that "one member cannot recognise in another anything that is unique or intrinsic to the other" and consequently "each uses the other part of the system for the function it performs" (Netzer, 1980, p. 35). The non-perception of the distinctive characteristics of individuals and consequent marked inability to develop an empathic connection are typical of these systems (Jacobs, 1991).

The Theory of the Self (Kohut, 1971) can be applied to the family system to formulate an original hypothesis on the functioning of the narcissistic system: each one perceives and uses the other family members as "Self objects", rejecting individual characteristics and inhibiting individual initiatives (Jacobs, 1991).

Fourie (2010) also attributes this characteristic to the Narcissistic Personality Disorder system, emphasising the fact that "children would not really be regarded as individuals, but as carriers of the family's philosophy" (p. 152), thus minimising the exchange of feelings and genuine contact. Magnavita (2000), instead, attributes the non-recognition of individual personality traits only to the Covertly Narcissistic

System, characterised by “the chronic feelings of not being understood and affirmed” (p. 1054).

### *Parentification*

Furthermore, in most of the selected studies (Netzer, 1980; Jacobs, 1991; Jones and Wells; 1996; Magnavita, 2000; Fourie, 2010), the development of narcissistic personality is associated with a process established in the dyadic relationship with a parent, defined as “parentification” by Boszormenyi-Nagy and Spark (1973). Parentification, which is only pathological when it constitutes a repeated interactive model, refers to the reversal of roles between parents and children: the child looks after the needs of the parent who thus becomes dependent on the child to cater to his or her material or emotional needs.

This concept is closely related to that of the diffusion of boundaries, which can be viewed as its prerequisite: it represents “an extreme boundary violation, a complete reversal of subsystem functions” (Jones and Wells, 1996, p. 152). The concept of parentification is also closely associated with the denial of individual characteristics: indeed, this tendency hinders the acknowledgement of and response to the child’s distinctive characteristics. The parents’ requests go beyond those appropriate for the child’s age (Jacobs, 1991). Therefore, in the interaction, the child is denied aspects typical of childhood, such as playing or having fun (Fourie, 2010). When this type of relationship persists, the child learns to shape his identity based on the needs of the childlike adult (Boszormenyi-Nagy, Spark, 1973), activating only those characteristics that can cater to the parent’s needs (Netzer, 1980). Magnavita (2000) associates parent-child role reversal with the Covertly Narcissistic Dysfunctional Personologic System, which, for the child, means having to satisfy the parent’s emotional needs and being under pressure to compensate for the deficits of other family members.

In conclusion, the study by Jones and Wells (1996) presents and empirically demonstrates the hypothesis according to which a specific type of parentification, so called “narcissistic parentification”, is a predictor of development of Overt narcissism. In this type of parentification, the child focuses on becoming the ideal projection of the parent, what the parent wanted to be or the child that the parent wanted to have.

*The maintenance of external appearance*

The last two studies in chronological order (Magnavita, 2000; Fourie, 2010) describe another characteristic that is useful for understanding the functioning of narcissistic systems, i.e., the attempt to propose and maintain a certain external image. Maintaining the external image appears to be related to the denial of individual characteristics due to the family's tendency to interpret the individual's behaviour merely in terms of whether or not it is in line with the image that must be created and maintained.

According to Magnavita (2000), in the Narcissistic Dysfunctional Personologic System at least one parent strives to uphold a good image of the family in public. Fourie (2010) also describes a family system intent on showing a superior image of itself to the outside world, according to the salient meanings, identified around the semantic poles “superiority/ordinariness”. The superiority that the narcissist's family attributes to itself is linked to a strong moral, philosophical or religious identity. Therefore, parents invest in their children as potential bearers of the family's values that are used to judge behaviours and classify them as right or wrong. Pressure to give an image of oneself that can inspire admiration and appreciation is linked to the need to receive constant confirmation by other people of the superior self-identity, for its characteristics of fragility and uncertainty, as if in reality there was “awareness in the family that they are not really all that exceptional or special” (Fourie, 2010, p. 153). The ambivalent behaviour portrayed by the narcissist could be summarised by the expression “look, but don't touch!”.



In fact, on one hand, narcissistic behaviour expresses the need of the individual to be noticed, to present an ideal and superior vision of himself to the world, that can be admired by others. On the other hand, this admiration must be strictly from a distance: allowing others to get closer and establish intimate relationships would imply a declaration of equality and would allow others to see the imperfection of the reality that the narcissist struggles to hide.

### Conclusions

A systematic review of the scientific literature was carried out in order to determine whether and how narcissistic personality has been investigated using a systemic theoretical approach. Despite the size of the databases used and the broad timeframe considered, only seven studies were selected. Although these studies belong to different systemic approach theories, they have been discussed to underline the recurring characteristics in the descriptions of the system that creates and maintains narcissistic behaviour. This system is frequently described as being characterised by the diffusion of intra-family boundaries, especially cross-generational boundaries, within which the individual's distinctive characteristics are hardly recognised; in some studies, the cross-generational process of parentification is attributed to the narcissistic system; the two most recent studies ascribe it to the importance of maintaining the external image. As a final point, it should be noted that one of the publications included in the systematic review was a systemic-constructionist study (Fourie, 2010) that, in line with cognitive-constructivist theories on Narcissistic Personality Disorder (Dimaggio *et al.*, 2007), identifies the semantic poles of "superiority versus ordinariness" as being essential in order to understand narcissistic behaviour.

We believe this systematic review may be useful as a starting point for analysing narcissism and interpreting studies that have already dealt with this

psychopathology in order to obtain further theoretical and clinical information. It sheds light on the family characteristics that may be useful in developing a systemic diagnosis. However, these characteristics only enable a partial understanding of the conditions of the system that foster the emergence of Narcissistic Personality Disorder. Other conditions, deemed by the international literature covering different approaches to be fundamental for understanding this psychopathy, such as the intrapsychic characteristics of narcissism from a psychoanalytical perspective, have not been considered. Moreover, the method we adopted has a series of limitations which must be taken into consideration.

It excludes potentially relevant articles published in languages other than English; non-peer reviewed studies; studies that, despite dealing with narcissistic personality from a systemic perspective, used other terms to describe the theoretical framework or do not mention it; studies that are not included in the searched databases; lastly, it excludes studies that have not been published as articles in indexed scientific journals.

Nonetheless, we believe that these limits do not undermine the validity of the review and that our findings can offer a useful contribution for analysing narcissism through a systemic approach.

## References

1. Akhtar, S. (1989). Narcissistic personality disorder: Descriptive features and differential diagnosis. *Psychiatric Clinics of North America*, 12, 505-529.
2. Alarcón, R. D., Sarabia, S. (2012). Debates on the narcissism conundrum: Trait, domain, dimension, type, or disorder? *The Journal of Nervous and Mental Disease*, 200(1), 16-25.
3. Allen, C. (2004). Borderline Personality Disorder: Towards a systematic formulation. *Journal of Family Therapy*, 26(2), 126-141.
4. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of mental disorders (5th ed.)*. Washington, DC: American Psychiatric Publishing.
5. Anderson, H., Goolishian, H. A. (1988). Human systems and linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 27, 371-393.
6. Bateson, G. (1972). *Steps to an ecology of mind. Collected essays in anthropology, psychiatry, evolution and epistemology*. New York: Chandler.
7. Bauman, Z. (2000). *Liquid Modernity*. Cambridge: Polity.
8. Beck, A. T., Davis, D. D., Freeman, A. (2015). *Cognitive therapy of personality disorders (3<sup>rd</sup> ed.)*. New York: Guilford Publications.
9. Benjamin, L. S. (1987). Use of the SASB dimensional model to develop treatment plans for personality disorders. I: Narcissism. *Journal of Personality Disorders*, 1(1), 43-70.
10. Berger, P. L., Luckmann, T. (1966). *The social construction of reality. A treatise in the psychology of knowledge*. New York: Anchor Books.
11. Boszormenyi-Nagy, I., Spark, G. M. (1973). *Invisible loyalties. Reciprocity in intergenerational family therapy*. Maryland: Harper & Row.

12. Campo, C., D'Ascenzo, I. (2013). Il disturbo borderline di personalità: Diagnosi e intervento nella prospettiva sistemica. *Ecologia della mente*, 36(2), 193-219.
13. Colangelo, L. (2005). Il Disturbo Borderline di Personalità come esito di un processo di costruzione sociale. *Terapia Familiare*, 78, 53-82.
14. Combrinck-Graham, L. (2014). Being a family systems thinker: A psychiatrist's personal odyssey. *Family process*, 53(3), 476-488.
15. Dimaggio, G., Semerari, A., Falcone, M., Nicolò, G., Carcione, A., & Procacci, M. (2002). Metacognition, states of mind, cognitive biases, and interpersonal cycles: Proposal for an integrated narcissism model. *Journal of Psychotherapy Integration*, 12, 421– 451.
16. Dimaggio, G., Fiore, D., Salvatore, G., Carcione, A. (2007). Dialogical relationship patterns in narcissistic personalities: Session analysis and treatment implications. *Journal of Constructivist Psychology*, 20(1), 23-51.
17. Fourie, D. P. (2010). Look, but don't touch: Narcissist behavior and the conservation of ambivalence. *Journal of Constructivist Psychology*, 23(2), 143-157.
18. Freud, S. (1914). *On narcissism: An introduction. S. E., 14*. London: Hogarth Press.
19. Gabbard, G. O. (1989). Two subtypes of narcissistic personality disorder. *Bulletin of the Menninger Clinic*, 53(6), 527-532.
20. Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40(3), 266-275.
21. Giffin, J. (2008). Family experience of borderline personality disorder. *Australian and New Zealand Journal of Family Therapy*, 29(3), 133-138.
22. Guidano, V. F. (1987). *Complexity of the Self*. New York: Guilford Press.
23. Gunderson, J. G., Lyoo, I. K. (1997). Family problems and relationships for adults with borderline personality disorder. *Harvard Review of Psychiatry*, 4(5), 272-278.

24. Haley, J. (1973). *Uncommon Therapy. The Psychiatric Techniques of Milton Erickson*. New York: Norton.
25. Harré, R. (1984). *Personal being: A theory for individual psychology*. Cambridge: Harvard University Press.
26. Hoffman, L. (1993). *Exchanging voices: A collaborative approach to family therapy*. London: Karnac Books.
27. Jacobs, E. H. (1991). Self psychology and family therapy. *American Journal of Psychotherapy*, 45(4), 483-98.
28. Jones, R. A., Wells, M., (1996). An empirical study of parentification and personality. *The American Journal of Family Therapy*, 24 (2), 145-152.
29. Jones, S. A. (1987). Family therapy with borderline and narcissistic patients. *Bulletin of the Menninger Clinic*, 51(3), 285-295.
30. Karterud, S., Øyen, M., Pedersen, G., (2011). Validity aspects of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, narcissistic personality disorder construct. *Comprehensive Psychiatry*, 52(5), 517–526.
31. Kelly, G. A. (1955). *The psychology of personal constructs*, vol. 1, *The theory of personality*, vol. 2, *Clinical diagnosis and psychotherapy*. Oxford: W. W. Norton.
32. Kernberg, O. F. (1984). *Severe personality disorders: Psychotherapeutic strategies*. New Haven:  
33. Yale University Press.
34. Kohut, H. (1971). *The Analysis of the Self*. New York: International Universities Press.
35. Lasch, C. (1979). *The Culture of Narcissism: American Life in an Age of Diminishing Expectations*. New York: W. W. Norton.
36. Lebow, J. L. (2013). Editorial: DSM-V and family therapy. *Family Process*, 52(2), 155-160.

37. Magnavita, J. J. (2000). Integrative relational therapy of complex clinical syndromes: Ending the multigenerational transmission process. *Journal of Clinical Psychology*, 56(8), 1051-1064.
38. Mandelbaum A. (1980). Family characteristics of patients with borderline and narcissistic disorders, *Bulletin of the Menninger Clinic*, 44(2), 201-211.
39. Maturana, H. R., Varela, F. J. (1980). *Autopoiesis and cognition: The realization of the living*. Dordrecht: Springer Netherlands.
40. Minuchin, S. (1974). *Families and family therapy*. Cambridge: Harvard University Press.
41. Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Annals of Internal Medicine*, 151(4), 264-269.
42. Netzer, C. (1980). Hubris in the family. *International Journal of Family Therapy*, 2(1), 22-38.
43. PDM Task Force (2006). *Psychodynamic Diagnostic Manual*. Silver Spring, MD: Alliance of Psychoanalytic Organizations.
44. Perestelo-Pérez, L. (2013). Standards on how to develop a report systematic reviews in psychology and health. *International Journal of Clinical and Health Psychology*, 13, 49–57.
45. Perosa, L. (1996). Relations between Minuchin's structural family model and Kohut's self-psychology constructs. *Journal of Counseling and Development*, 74(4), 385-392.
46. Ronningstam, E. (2011). Narcissistic personality disorder in DSM-V. In support of retaining a significant diagnosis. *Journal of Personality Disorders*, 25(2), 248-259.
47. Shedler, J., Beck, A., Fonagy, P., Gabbard, G., Gunderson, J., Kernberg O, Michels, R., Westen, D. (2010). Personality disorders in DSM-5. *The American Journal of Psychiatry*, 167(9), 1026-1028.

48. Strong, T. (1993). DSM-IV and describing problems in family therapy. *Family Process*, 32(2), 249-253.
49. Ugazio, V. (1985). Oltre la scatola nera. *Terapia Familiare*, 19, 73-83.
50. Ugazio, V. (1998). *Storie permesse, storie proibite: Polarità semantiche familiari e psicopatologie*. Torino: Bollati Boringhieri.
51. Ugazio, V. (2012)<sup>2</sup>. *Storie permesse storie proibite: Polarità semantiche familiari e psicopatologie*. Torino: Bollati Boringhieri [Engl Trad: Ugazio, V. (2013). *Semantic polarities and psychopathologies in the family: Permitted and forbidden stories*. London: Routledge].
52. Veronese, G., Ruggiero G. M., Sassaroli, S., Castiglioni, M. (2011) Interpersonal and individual factors in the grandiose fantasies and threats to self-esteem of a non-clinical sample. *Open Psychology Journal*, vol. 4, 1-5.
53. Veronese, G., Procaccia, R., Ruggiero, G. M., Sassaroli, S., Castiglioni, M. (2015). Narcissism and Defending Self-Esteem. An Exploratory Study based on Self-characterizations. *Open Psychology Journal*, vol. 8, 38-43.
54. Watzlawick, P., HelmickBeavin, J., & Jackson, D. (1967). *Pragmatics of human communication: A study of interactional patterns, pathologies, and paradoxes*. New York: Norton.
55. Young, J. E. (1999). *Cognitive therapy for personality disorders: A schema-focused approach (3<sup>rd</sup> ed.)*. Sarasota, Florida: Professional Resource Press.