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Coping with a narcissistic partner during lockdown - A qualitative research

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Abstract. This work is a phenomenological analysis that investigates how the lockdown was perceived by dysfunctional families, namely, narcissistic families. The literature indicates serious disorders in the family life of the narcissist, hostility, tension, conflict, instability (Campbell, Foster, 2002; Kohut, 1972), so, we are interested in describing how narcissistic partners perceive their relationship, and how they describe the period spent during the pandemic restrictions. Two case studies were conducted, which were selected so as to be relevant to the research objectives. We were also interested in the psychological symptoms of the two subjects investigated shortly after the restrictions were lifted. In this regard, the Revised 90 symptom assessment scale (Marian, M.I., 2008) was also applied. The results of this study confirm the negative effects on mental health that a relationship with a narcissistic partner holds during lockdown and encompasses surprising coping strategies that make living with a narcissistic partner possible.

Keywords. lockdown, narcissistic family, stress, mental health, coping

Introduction

The period of isolation, an unprecedented one in our life, demanded our attention, energy, maybe exhausted our coping strategies. The growing interest of specialists in various fields has largely focused on the mental health consequences that isolation, with the restrictions it has imposed, has had on us. The period was associated with high rates of depression, anxiety, stress, loneliness (Rehman et al. 2020; Demeter, Rad, 2020; Zheng et al. 2020). Economic losses, insecurity, uncertainties poor distribution of needs have caused significant problems in mental health (Pfefferbaum et al., 2020). Disorders of family life patterns, reassignment of responsibilities, family tensions (Biroli et al. 2020), hostility, interpersonal sensitivity have been reported (Bonanno et al., 2010; Morris et al., 2012), so almost a generalized state of psychological symptoms, perceived stress in children, associated with negative coping strategies, parental overactivity and parental psychological symptoms. (Achterberg et al. 2020). Other authors identify anger and irritability in parents (Errazuriz et al., 2012).

Theoretical background

Cain et al. 2008 understands pathological narcissism as a failure of self-esteem and self-cohesion exercise Pincus, Lukowitsky (2010) defines normal narcissism as the ability to regulate self-esteem using age-appropriate methods of satisfaction. Narcissistic Personality Disorder (NPD) is defined as comprising a pervasive pattern of grandiosity (in fantasy or

behavior), a constant need for admiration, and a lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by the presence of at least 5 of the following 9 criteria (DSM-5):

- A grandiose sense of self-importance
- A preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- A belief that he or she is special and unique and can only be understood by, or should associate with, other special or high-status people or institutions
- A need for excessive admiration
- A sense of entitlement
- Interpersonally exploitive behavior
- A lack of empathy
- Envy of others or a belief that others are envious of him or her
- A demonstration of arrogant and haughty behaviors or attitudes

What does the narcissist look like, how does he express himself? The narcissist is fascinating, charismatic, he stands out with his arrogant attitude, he fills the room. He has an important cosmic mission (Vaknin, 2020) so his swollen self-esteem shines, attracts, distinguishes him. Concern for his physical appearance and his accentuated vanity reflect the personality of the narcissist; it can be distinguished also by the neat appearance, the expensive and shiny clothes that place it in the center of attention and help it to promote its status. This is supported by the unique constellation of his personality traits, high extraversion and low agreeableness (Vazire et al., 2008). In a study of the daily behavior of narcissists (Holzman et al. 2010) we find that they behave in a more extroverted and less pleasant manner and use more sexual language than non-narcissists. Reise and Wright's (1996) study shows that their sexual behavior, characterized by promiscuous strategies, has a strong dose of impulsivity. A positive relationship between narcissism and impulsivity has been demonstrated (Vazire, Funder, 2006). Campbell and Miller (2011, p. 50) summarize the characteristics of the affective nucleus in the NDP: addiction, fear, hopelessness, inadequacy (Fiscalini, 1993), envy, hatred and anger (Kohut, 1996), anxiety, shame, fear, hypochondria, reactive fury (Kernberg, 1992). Konrath and Bonadonna (2014) report that narcissism has been repeatedly associated with behavioral trends that can affect the health of others during a pandemic in the sense of transmitting the disease and spreading misinformation. Vonk et al. 2013 emphasize the heterogeneous nature of narcissistic traits, yet suggests that grandiose narcissists exhibit positive social cognitive traits. In narcissistic personalities, one's self is equivalent to the ugly object, so self-elimination is the only way to destroy the object (Kernberg, 1992). Czarna et al. (2018) talks about the hedonic tone that differentiates between the vulnerable narcissist described by a negative emotionality and low well-being and the grandiose narcissism correlated with a positive emotionality and high well-being. Brummelman et al. 2016 highlights the disparities between narcissism and self-esteem most obvious in the social context where they express rather a disinterest in building deep relationships with each other compared to the urgent need to surpass others; the author cites Campbell et al. 2002 who suggests the narcissist's need to dominate and use others to achieve a certain social status, a non-existent need in people with high self-esteem. There is, however, a difference between high self-esteem and fragile / discrepancy high self-esteem that has been associated with high levels of narcissism. The latter form requires a high explicit self-esteem and a low implicit self-esteem (Zeigler-Hill, 2005).

According to the Minnesota Multiphase Personality Inventory, the basic traits of narcissism, arrogance, disrespect, and self-indulgence are common to the two typologies, the

vulnerable narcissist (described by introversion, defensiveness, anxiety, vulnerability), and the grand narcissist (extraversion, exhibitionism, and aggression). Wink (1991) interprets these results and constructs an argument in outlining the overt and covert type of narcissism. A more proposed interest is identified in the literature for the grand narcissist (Keller et al., 2014, Carton & Egan, 2017), perhaps due to the very strong negative impact they have on the relationship with the other. The present work also has in view the grandiose narcissism.

Narcissism and romantic relationships

A formidable expert in narcissistic disorder, Sam Vaknin (2008) describes it as follows: the narcissist does not need to know reality if it does not recognize its brilliance and perfection; he ignores the other's need and violates his rights, he despises both people and society, thus classifying himself as a true antisocial with full rights. He manifests an uninhibited sex life which is why he experiences marital instability, extramarital and promiscuous relationships, cold and greedy seductiveness. The problems of sexuality, perverse fantasies, pathological lies, anger as a reaction to self-esteem, compulsive need for revenge, hypochondriac preoccupations are confirmed (Kohut, 1972 apud Kostyanaya, 2020). Consequently, pathological narcissism is correlated with impairment of interpersonal functioning; Day (2019) discovers the significant interpersonal impact of pathological narcissism in the sample studied by recording high levels of depression and anxiety disorders. An emblematic work in the field is that of Vaknin (2003) *Malignant Self Love Narcissism revisited*. The author says that living with a narcissist is a difficult task that erodes: narcissists are evil, sadistic, their daily routine involves complaints, wounds, anger. They actually struggle between the need to be alone (because they don't need people) and the need to get narcissistic supply from people. He humiliates people because this is their only weapon against their own humiliation. They cannot provide emotional nourishment to their partner. Narcissism is associated with romantic success in short-term contexts (meetings, early-stage relationships), but also with problems in long-term relationships (Campbell, Foster, 2002; Jonason, 2012; Wurst et al., 2017). Grosz's study (Who is open to a narcissistic romantic partner ?, 2015) identifies correlations between the tendency / preference towards narcissistic partners and sensation seeking, trait anxiety and similarity. In other words, the search for sensations is correlated with the tendency for short relationships with a narcissist. On the other hand, narcissism has been negatively correlated with serious romantic relationships, showing a preference for low-commitment relationships.

Research purpose

Description of research design

People attribute different meanings to the world, to life in general (Myers, 2000). Therefore, we believe that the reality we set out to explore can be captured through a qualitative approach, namely through a Phenomenological Interpretive Analysis. Miles and Huberman (1994) emphasize this strong point of the qualitative approach which, in this case, allows the construction of an image / images on the perception of subjects about the relationship they live with a narcissist, everyday behavioral patterns, individual experiences, how refers to them (Yin, 2011). The experience of living with a partner with narcissistic disorder is a very complex, subjective one, lived differently depending on a multitude of individual and contextual factors; this experience cannot be addressed by standardized methods. At the heart of our research is the individual experience of two women who experienced isolation with their narcissistic partner. There is a rich literature that confirms the toxicity, the difficulty of living with such a person in normal living conditions. We assume that the isolation imposed by COVID 19 may exacerbate the narcissist's anger, frustration, and need for freedom. To explore this

phenomenon, we used participatory observation and interview. Therefore, we tried to describe the inner perspective (Conrad, 1987) of the two participants by exploring how the two women in similar situations (relationship with a person diagnosed with narcissistic personality disorder (NPD)), describe their relationship and adapt different in the context of isolation with their partner.

Sampling and Method

Given the nature of the research, we adopted an intentional qualitative sampling strategy. The cases that were selected so as to be relevant in relation to the research objectives (Silverman, 2010) and to facilitate the understanding of a phenomenon and characteristics of people who have a narcissistic partner and lived together in lockdown. The cases were selected from the personal knowledge network. Both confirm the relationship with a person identified with NPD with whom he went through the period of isolation and willing to talk about this experience. The approach of this sensitive subject was possible due to trusting relationship between the researcher and the investigated persons. In order to avoid subjective projection errors, the researcher was interviewed by an expert not involved in the respective research. The study took place between April 18 and July 16, 2020 and involved 5 meetings and several telephone conversations with the two participants. The interview guide used to collect the data contained open, poorly structured questions that would give the respondent the freedom to navigate their favorite and probably unseen areas.

Data collection and procedure

Two case studies were conducted. There were 5 meetings with the two women who signed a consent form and understood the purpose of the meeting. The stories of the participants were transcribed exactly, being reformulated in the third person, in order to limit the personal prejudices. The willingness to talk about married life was due to the trusting relationship between the researcher and the participants. They understood that they could withdraw at any time. The revised Symptom Assessment Scale 90 was also applied which derives from the Hopkins Symptom Assessment Scale (HSC). The application of the scale provides descriptive data on symptoms assessed by the Global Severity Index (ISG). SCL-90-R subscale standards for 2 groups of Romanian population (non-clinical group, clinical group) (Marian, 2008)

Case study no.1.

Legally constituted family consisting of M.T., the 36-year-old wife of N.T. , aged 44, diagnosed with a narcissistic malignant disorder 15 years ago (a diagnosis disputed). The relationship began when E.T. he was 20 years old, they got married after only 5 months. She came from a disorganized family that had negative influences on her, so her partner forbade her any contact with the family to "save" her. Together they have a 8-year-old child.

She describes her relationship with her partner as somewhat ordinary. A relationship in which she manages the family business as she is guided by her husband and deals with the education and upbringing of the child. Together with her husband, she learned everything she knows, and now he offers her the opportunity to develop his entrepreneurial qualities by managing the family business. He started a career in another country, which is why he is frequently absent and for quite long periods (one month or two months). The contact during this time is permanent, the connection with the child is very close. The relationship between them is very strong, they are partners and in business and they have a life history that keeps them connected. He is a successful man in his field of activity and she feels obliged to support him in absolutely any desire of his. She would also like to make a career because she graduated from

college and a master's degree, but she understands that the priority is the status of wife and mother with the related roles. The grandeur and greatness of the things he does in another country (impossible to achieve in his country where he is censored and highly envied for the quality of his training) deserves the sacrifice of her and the child not to have him with long periods, sometimes even holidays. He could not in any way ask him to give up his dream, especially since where he is gone he is valued unlike his native country.

Summarizing Maria's accounts during our meetings, the vision she built about her relationship came to light. There are several concepts that she constantly emphasized and that will be discussed below.

Normalcy

Maria's stories seemed like an attempt to convince the audience of the normalcy of events, events that did not fit into what most people define as normal in a relationship:

- double standards (full freedom for him, obedience and submission for her; his involvement in parallel but "unimportant" relationships and her full loyalty);
- constant and severe emotional abuse (permanent triangulation, manipulation, betrayals of trust):

"He is very sensitive, he is a child who needs care and affection - therefore, I understand that he has several" friends "with whom he goes out; I can understand that to truly love means not to constrain, to fully understand the needs of the other. These relationships, do not mean anything, most of the time he does not even wish for these relations, he is simply approached by these women, thanks to his prestige, charisma and professional qualities"

However, when these relationships unbalance him Maria intervenes to restore her husband's balance. She knows these women, and even befriends them sometimes.

"Sometimes things get complicated, but even then, her husband consults with her, often she mediates her husband's relationship with his new girlfriend."

Credibility

Maria's stories seem like a well-thought-out orchestration of her own relationship: the urgent need to seem credible as a family in front of everyone seems to be Maria's driving force / principle.

"I face a strong and difficult character, but this happens in every family... it's normal"

Role / determination

Despite all the difficulties they have and which often create fatigue, stress and despair, Maria manages with great effort to keep the family together. She frequently emphasizes her roles as a wife and mother and it seems that her entire responsibility is to revolve around her husband's needs. She tries to be impeccable, organizes everything according to his expectations, listens to him, educates their daughter so that they understand that the two of them are his main supporters, etc.

Disappointment, exhaustion, futility

"He always asks me for more, more understanding, more patience, more support. Sometimes I collapse and I'm very upset. He doesn't offer anything in return, I always wait for things to settle down. When I think it's good, a new challenge arises and I start over for the sake of my family"

Total acceptance and care

Maria assumed the role of mother, the mother that the narcissist most often seeks in all his relationships... All the meetings with Maria were concluded on an optimistic note: she seemed to want to cancel all the complaints and reestablish her family's image. Indeed, many of their disputes are caused by his very difficult character - but he has learned not to provoke him in any way, to allow him to manifest himself as a man. Outbursts of anger, anger, seizures for no reason, misinterpretation of things, heightened sensitivity alternating with cold and isolation are all manifestations successfully managed by Maria.

"He does what he wants, I can't stop him from doing what he likes ... I'm waiting for him to return, and he returns to us, because I always understand and accept him, we are his family".

The pandemic period

The pandemic period was very complicated, tense and very difficult to manage. Although initially the child was very happy that his father will stay with them and will not leave, the restrictions imposed were a bitter attempt for her especially, who walked like eggs to keep quiet in the house "Somehow it seemed to be my fault for this whole situation, a lot of criticism was brought to me for how I cooked, how I spoke, what I thought, no matter how well I took care of everything (food, comfort, care towards him) he was irascible, nervous, he blamed me, he even blamed the child for the attention he asked for" the roles were reversed..the child tried to comfort him, to find the way to put him in a good mood. He spent hours on Facebook. He found reasons to disregard the prohibitions, and constantly went outside to relax. In the end, he discovered that his stress was due to the fact that his partner had collaborated with him and put pressure on him, which he could no longer bear. She perceives him as a victim in the relationship with women, so sometimes it is necessary for her to intervene and restore order. At this moment he is gone to resume the business he neglected and it seems that he managed the situation correctly because now everything has returned to normal. He confesses, and this is a kind of secret, that he feels liberated when he leaves. She slept three days after he left, regained all her energy and now begins her normal life. He admits that the pandemic period was overwhelming, headaches, severe stress, fatigue, a very deep feeling is futile. However, she feels victorious. An apparent state of stability, naturalness with which she looks at the relationship, the acceptance that her life is a series of painful challenges launched by her partner that she faces with stoicism. Of course, she uses "tricks" strategies that always bring the narcissist home, strategies based on the fundamental need for support and care of the narcissist, which she invariably offers unlike the other passing partners who eventually crash.

Table of topics identified in the first case

Based on the transcripts, several preliminary lists of topics were compiled that allowed the creation of obvious connections. A coherent ordering of the concepts and ideas extracted from the answers of the two looks like this:

Table no.1. Table of topics identified in the first case

Topics	Exemplification	Coping strategies
Case study no.1.		
<ul style="list-style-type: none"> • Anticipate • Planning 	"I know him perfectly, I can anticipate any movement, it's predictable ..."	Minimization Retroactive cancellation

<ul style="list-style-type: none"> • Balance, peace • Credibility • Safety • Normality • Determination • Role • Power 	<p>"In this way I can organize and plan things so that everything is normal, safe, quiet ..."</p> <p>"The solution is always with me ..."</p> <p>"I face a strong and difficult character, but this happens in every family... it's normal"</p> <p>„I did everything to keep the family together - I believe in the family..”</p>	<p>Reactionary formation</p> <p>Streamlining</p> <p>Denial</p>
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The personality traits formed over time in Maria (which paradoxically accompany / coexist with the minimization of reality) are: maturity, goal orientation, persistence / determination and patience. Adapting to this type of relationship was facilitated by the recognition of limitations at a mature level, the desire for independence / management of one's life without asking for specialized help, self-confidence. An urgent need (which is possibly the premise for a strong commitment to the relationship) is to gain the credibility of the relationship externally: *"we have a strong relationship, I think everyone sees this."* Maria's relationship is centered around her assumption and strong determination, her strong desire to have a family. For her, the need to understand the partner's behavior is long overdue: based on knowledge and self-perception (strong, intelligent) Maria organizes their lives, anticipating the reactions of her husband during the lockdown. She behaves "like a god" who wants to, and can forgive regardless of the situation.

Case study no.2.

S.C., 27 years old, not married, in a fascinating relationship with M.A., 42 years old. They have known each other for 6 months, and they are living the most beautiful love story. The relationship is perfect, no one has ever understood it so well, even though they met on a social network. They have common hobbies, they love the same things, he is extraordinarily smart and bright. He is also a very grumpy man who knows what he wants in life. A week after they met, she asked him to move in with her. He assaulted her with gifts, gave her the most beautiful compliments, finally someone discovered how beautiful and valuable she is. He totally involved her in his life, he wants her only for him.

Simona's stories describe a storm of moods, contradictory emotions, very strong and seemingly stable feelings, certainties and doubts, safety and comfort, panic and dependence on the uninitiated. The watchword in Simona's stories was confusion.

Manipulation, self-criticism, self-doubt

Simona discovered a special sensitivity to her partner, very strong, by the way. She found that she makes a lot of mistakes, that she is careless.

"At this moment I am living a very tense due to a serious mistake that I made. The other day, I updated my Facebook profile picture and that drove him crazy. He thought that the photo was too provocative and that my posting it was the result of my interest in other men noticing me. He was very upset and disappeared completely, he did not answer the phone, I could not find him anywhere A few hours ago, he posted a picture in the company of another girl. This fact caused me unimaginable suffering. I will do my best to regain his trust... I hurt him very much"

Simona realized that she was wrong in many ways: she thinks she is insensitive, negligent, immature, she doubts herself. After 4 days he returned, being very calm; he confessed that he punished her and that for him it is a great suffering to see her interested in other men.

"To assure him of my love and to apologize, I closed my FB page".

He assured her that he loved her, that everything was a game to teach her to empathize with him and to respect his needs. Although she felt that something was not alright, his insistence overwhelmed her. In fact, she felt compelled to forgive him. Another time, in a similar situation, she tried to break away from this relationship, but he looked for her, called dozens of times. Eventually he convinced her to return and they recounted the relationship more ecstatic than ever.

Relationship experience in lockdown

The state of pandemic set in three months after the beginning of their relationship. The first days, even weeks passed in the happiest way. Never has a relationship made her happier. Slowly she felt that he was getting bored. There were many questions he did not answer. Why he always has his phone in his hand, why and from whom he always receives messages, why he goes out even if they don't lack anything, why he doesn't follow his home business. Why for no reason does he feel alone and isolated like a child, etc. "I felt responsible for his happiness, I felt I had to do everything to restore it. "Most of the time I give up my needs to cover his, or I agree to do things I didn't want to do. I forced my limits, it seemed that he didn't care if I felt like doing something or not, sometimes he spoke very badly to me, he humiliated me, he made fun of me, ..although an hour ago he called me the queen of the universe. He asked me not to exaggerate when something upset me, he quickly went over certain topics saying that I was too sensitive. He disregarded my needs and contradicted himself in many ways - I felt like he was lying. I was in an indescribable state: on the one hand I was very much in love and willing to make him happy at any cost, on the other hand I doubted everything, it seemed that I was not good enough, I constantly had a complex like I am not beautiful or intelligent enough. These conditions were also due to the fact that in order to protect me he hired a new girl to manage things. There were many meetings to prepare her. He repeats from time to time that he has never had a better employee, that it helps him a lot with an excellent vision of things. At the beginning of may the quarrels were more and more frequent and violent, my insecurity gradually increased, a state of sickness and panic overwhelmed me every time it broke out for no reason. I felt guilty, he always compared me to his last girlfriend who does everything well. He accuses me of being hysterical and jealous, of adoring dramas and not accepting such "unfounded" reactions. She was absurd and stupid. But the reconciliations brought me the most intense feelings. Then everything resumed. I felt like I had no control over my own life, and I did. He decided when we were fine and when we weren't. It all depended on his mood. I felt like a leaf carried away by the wave. I was lost in this relationship that I suspected was not healthy because it did not sign anything from what I lived. But with him I experienced the most unique and intense moments.

Table no.2. Table of topics identified in the second case

Topics	Exemplification	Coping strategies
Case study no.2.		
Confusion Uncertainty Self-doubt	„I just don't understand what kind of relationship this is..”	Denial Social withdrawal

The huge need and availability to understand Frustration Fascination Addiction Panic Jealousy Submission Loss of self	I need to understand in order to make the relationship work „I don't know who I have become, I can't find myself, I doubt myself, I look at myself in amazement ..”	
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All the themes displayed in the table above appeared in each transcript, which denotes a very strong duality that Simona experiences. The need to understand what is happening, and especially to understand, in the context in which she does not find herself, "Old Simona" and the ardor, the ecstasy with which she follows her partner, who produces as much suffering as happiness / excitement. The cognitive dissonance expressed here as a contradiction of perceptions, behaviors, and states best describes the state she is experiencing.

Tools

Applying the symptom assessment scale 90 provides the following descriptive data on the symptoms assessed by the Global Severity Index (GIS).

Table no.3. SCL 90-R standards, nonclinical batch (Rule B)

	SOM	O-C	I-S	DEP	ANX	OST	FOB	PAR	PSI	ISG
The average	.88	1.23	1.10	1.07	.89	.97	.63	1.07	.77	.97
Ab. std.	.63	.65	.69	.68	.63	.69	.62	.73	.60	.56
Very low	0 - .33	0 - .60	0 - .44	0 - .46	0 - .40	0 - .33	0 - .14	0 - .50	0 - .20	0 - .48
Low	.34 - .58	.61 - 1.00	.45 - .88	.47 - .76	.41 - .60	.34 - .66	.15 - .28	.51 - .83	.21 - .50	.49 - .74
Intermediate	.59 - .91	1.01 - 1.30	.89 - 1.13	.77 - 1.15	.61 - .90	.67 - 1.00	.29 - .57	.84 - 1.16	.51 - .80	.75 - 1.00
High	.92 - 1.33	1.31 - 1.80	1.14 - 1.66	1.16 - 1.58	.91 - 1.40	1.01 - 1.50	.58 - 1.14	1.17 - 1.66	.81 - 1.26	1.01 - 1.40
Very high	> 1.34	> 1.81	> 1.67	> 1.59	> 1.41	> 1.51	> 1.15	> 1.67	> 1.27	> 1.41

Table no.4. SCL 90-R standards, clinical batch (Rule C)

	SOM	O-C	I-S	DEP	ANX	OST	FO B	PAR	PSI	ISG
Average	1.63	1.69	1.73	1.89	1.67	1.48	1.29	1.81	1.28	1.63
Ab. std.	.69	.72	.79	.75	.83	.80	.83	.860	.61	.62

Very low	0 - 1.08	0 - 1.00	0 - .88	0 - 1.15	0 - .70	0 - .66	0 - .42	0 - .83	0 - .60	0 - .98
Low	1.09 - 1.41	1.01 - 1.50	.89 - 1.46	1.16 - 1.55	.71 - 1.40	.67 - 1.16	.43 - 1.00	.84 - 1.66	.61 - 1.10	.99 - 1.40
Intermediate	1.42 - 1.75	1.51 - 1.90	1.47 - 2.00	1.56 - 2.13	1.41 - 2.10	1.17 - 1.83	1.01 - 1.57	1.67 - 2.13	1.11 - 1.50	1.41 - 1.77
High	1.76 - 2.33	1.91 - 2.30	2.01 - 2.60	2.14 - 2.75	2.11 - 2.50	1.84 - 2.33	1.58 - 2.28	2.14 - 2.66	1.51 - 1.80	1.78 - 2.38
Very high	> 2.34	> 2.31	> 2.61	> 2.76	> 2.51	> 2.34	> 2.29	> 2.67	> 1.81	> 2.39

For the 2 questionnaires applied the results are the following:

Table no.5. *The scale of symptoms for case no.1.*

Maria	Gross score	Maximum	T score
Somatization	21	48	0,08
OCD	18	36	2
Interpersonal sensitivity	15	32	1,8
Depression	26	52	2,16
Anxiety	22	40	2,2
Ostility	12	24	2
Phobic anxiety	4	28	0,57
Paranoid indeation	16	24	2,66
Psihoticism	15	40	1,5
Global severity index	149	360	1,67

Table no.6. *The scale of symptoms for case no.2*

Simona	Gross score	Maximum	T score
Somatization	12	48	1
OCD	29	36	3,62
Interpersonal sensitivity	16	32	2,28
Depression	33	52	2,53
Anxiety	27	40	4
Ostility	11	24	1,83
Phobic anxiety	9	28	1,28
Paranoid ideation	16	24	2,66
Psihoticism	24	40	2,4
Global severity index	177	360	2,05

Discussions

In both women the evaluated symptoms are very well represented, comparable to those of clinical patients. From the information from the questionnaire, corroborated with the elements of anamnesis provided, Simona seems to be a person on the verge of a psychotic episode, the only missing production in the clinical picture are hallucinations. Moreover, she is depressed, anxious (without phobia), has a paranoid ideation, and a high level of obsessive-compulsive disorder. Certainly, the cause of these disorders is not exclusively due to the restrictions imposed by the Pandemic: Living with a narcissist is provoking suffering (Vaknin, 2003; Miller et al., 2007); and these sufferings are due to the maladaptive characteristics of grand narcissism: lack of empathy and intimacy, self-focus (Campbell, 1999), aggressive behavior in response to ego threats (Twenge & Campbell, 2003), psychological abuse (Ponti, 2020), hostility toward others (Ruiz, Smith, & Rhodewalt, 2001), jealousy (Chin et al., 2017, Ponti, 2020), low self-esteem and insecurity (Raskin and Hall, 1979). In Maria's case, the picture of the symptoms looks slightly better than Simona's, however, the levels of depression and anxiety have worrying values.

We attach the graphic compared to the symptoms that the two subjects present:

Figure 1 here

Both people are in acute need of specialized help (people with lower levels of symptoms are hospitalized in psychiatry with medication and psychotherapy), however, neither of them requests this support for different reasons. Maria knows very well the dynamics of the relationship with her husband, she knows all the manifestations, she understands them, she has benefited from psychological support in the past and it is possible that the nature of her husband's personality disorder has been explained to her. Strong considerations (the need to have a family, the need for her son to grow up with the father, gratitude to her husband who saved her in her youth) keep her with her husband, although from her accounts it appears that she is in -a reality painted and imposed by her husband (cognitive dissonance).

Transcripts of the interview revealed participants' perceptions of their intimate relationships with narcissistic partners. Although at very different stages of the relationship, both participants described situations of emotional abuse and complained of symptoms of stress and fatigue. Both cases are surprising in their variety of forms of abuse. If in the first case, the participant was familiar with the tactics of her narcissistic husband, the second subject could not understand what was happening and what significance the partner's reactions had. Maria was able to predict what would be the triggers for her husband's narcissistic anger, and tried to maintain a balanced and positive environment, full of understanding and tolerance during the pandemic. And indeed there were sequences of peace and complete happiness. Both cases, however, confirm the constant and strong need of the narcissist to be cared for and admired, entitlement, exploitation, insecurity and jealousy (in case II). Both Maria and Simona faced the hidden and manipulative tactics of their partners. In the first case, there is a grandiose sense of self-importance around which I would organize the The personality traits formed over time in Maria whole life of the family. Both women confirmed distress and suffering Maria demonstrates that she is modeled by the relationship (Vaknin, 2003), maintains voluntarily and "fully aware" the relationship of codependence by giving up her dreams, dedicating herself entirely to caring for and supporting her husband, accepting intimate life compromises. There is a contradiction between the lucidity, naturalness and certainty with which Maria reasons about her relationship and the paradox that describes such wide limits / boundaries of the

relationship and the symptoms she accuses, respectively. The fact can be explained by a distorted perception of the self, of life in general, built with her partner with whom she began the relationship at 20 years old.

Indeed, on the one hand, Maria speaks with admiration and respect about her husband to whom she recognizes a lot of merits: intelligence, charisma, power, determination, care. On the other hand, she feels exhausted and without any hope that things will settle down, that she feels that she is always struggling to offer and not receive anything in return. He perceives him as a child who needs understanding, care, support, a capricious child who chooses when he is a child and when he is a man. Interestingly, Maria did not answer a single item in the questionnaire, the one related to sexual pleasure. The fact can be attributed to fatigue, or it can tell us a lot about how Maria is: she is so locked up, frozen in her position that she didn't even see the question about sexual pleasure in the rest, she answered all the other questions conscientiously. Maria describes the profile of the codependent who feels that he deserves to be loved not for what he is but for what he does for his partner (Lancer, 2014, Author's own, 2020).

Simona has been involved in this relationship for about 6 months with the current Narcis. In fact, she is experiencing Love bombing or more precisely, she is already in the full cycle of idealization-devaluation. Her relationship follows the specific pattern, she experiences bunch of strong, contradictory, misunderstood emotions. He suspects infidelity, accepts control, adapts to the reality of narcissism. Simona's most used words were Frustration, misunderstanding. Cognitive dissonance, punishment, silent treatment, Simona lives the dark side of narcissism but is still under its charm. She perceives her partner's punishments as unnatural and exaggerated, but she overlooks them due to moments of happiness and exaltation. Of course, in such a relationship the priority task is to develop and integrate constructive and viable models of intimacy (Barnett, J., 1971). Apparently, in Maria's case, this task has been solved because, over time, Maria has developed some very strong defense mechanisms that allow her to remain and function "normally" in a relationship described as abusive. Minimalization, reactionary formation, rationalization are just a few mechanisms (apparently adaptive, in fact equivalent to denial) that emerge as current practices in the discussion with Maria. The sacrificial spirit of this woman who gave up her career, her personal needs, the most elementary demands existing in a couple relationship is equivalent to the annulment.

Simona omitted 4 items from the questionnaire. Record a high score for obsessive-compulsive behavior. As would be expected from an OCD specialist she should have completed each item accurately and thoroughly, even weighing each one to choose the right answer. We can conclude that Simona is so confused that even compulsivity cannot expose her well. But you don't end up being an OCDist in 6 months, not even a narcissist can achieve that, so I come back to the thought that obsessive-compulsive symptoms were in place in Simona's personality, in other words, Simona's personality is in this moment shaken to its foundations, Narcissus is for her an event with traumatic potential that alters Simona's personality and being. She may be so disinterested in the truth that even when she asks for help, she doesn't take it seriously. Indeed, biological factors, personal history, life experiences influence the ability to adapt and maintain good emotional health (Roman, 2018).

Limitations and future directions

Participants' stories about their relationships as well as the subjective perspective on lived experiences can be serious limitations of the study. It is recommended that future research investigate in more depth the psychological profile of the narcissistic person's partner, his personal history and the context that make long-term relationships possible.

Conclusions

The two cases familiarize us with the dysfunctional context that is built up in the relationship with a narcissist. A similar study (Marju et al, 2011) identified the following basic categories in the speech of narcissist partners: the exercise of power, maladaptation, immorality, lack of sense of reality and the need for manipulation. All these characteristics are illustrated by the stories of the two cases. The lockdown period was an event that accentuated the tendencies of hostility, exploitation and justification of narcissists. The first case is relevant by the fact that it highlights a very strong personality, which has employed a variety of coping strategies such as Minimization, Retroactive cancellation, reactionary formation, streamlining that allow him to remain in the difficult relationship. On the one hand, the determination and perseverance to build and rebuild the relationship with the narcissistic partner is doubled by symptoms of depression and worrying anxiety. On the other hand, Maria's case confirms the already known toxicity of these relationships in which the limits are flagrantly violated, but offers a perspective on the possibilities of building and maintaining a relationship with a narcissist.

The second case is typical, confirming the specific features of this type of relationship. The stories of the two women confirm the lack of empathy shown by the acts of real cross towards their partners (engaging in parallel relationships in the first case, humiliation and control in the second case) (Filippini, 2005; Määttä et al., 2012; Blinkhorn et al., 2016). Maria's symbiotic relationship with her partner (Vaknin, 2003) does not relieve her of suffering, stress, loss, apathy, disinterest; she frequently talks about stress, fatigue, exhaustion. In the case of Simona, the blockage meant agony and ecstasy. In both cases, the narcissistic partners managed to recreate their world according to their needs and desires. The results of this study confirm the negative effects on mental health that a relationship with a narcissistic partner has. Through qualitative real-life narratives, this paper helps to better understand the nature of the relationship with a narcissist in special situations such as blocking and identifying divergent self-regulatory behavior that underlies responses to narcissistic injuries. It would be interesting to explore family relationships of origin, in order to identify a possible transgenerational pattern that would "justify" their blocking in a relationship that causes them so much suffering. Maria confirmed the existence of some traumatic experiences that she chose not to talk about, but specified that her husband managed to save her. These findings should be interpreted with caution, as the effect was not significant when analyzing attenuated correlations and partial effects.

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