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# NARCISSISTIC FUNCTIONING IN DRUG ADDICTS: A PSYCHOPATHOLOGICAL STUDY USING THE RORSCHACH TEST

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## ABSTRACT

The fragility of narcissistic functioning observed in individuals with drug addiction was highlighted in a compulsive and urgent manner through a projective psychopathological study. The results were analyzed using a psychoanalytic framework focused on chronic addiction cases of various types. This analysis was based on three Rorschach test protocols and an examination of the "mental status" Data were gathered through a qualitative projective psychoanalytic method, which revealed a profoundly disturbed psychological state. This condition was marked by severe difficulties in self-representing and an inability to integrate the body image, largely due to intense anxiety linked to feelings of disintegration and annihilation. Furthermore, identity instability emerged as a core disturbance, significantly impairing the individual's capacity to maintain a stable narcissistic foundation.

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## KEYWORDS

Addiction, Drugs, Drug Addiction, Narcissism, Narcissistic Functioning, Rorschach

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## Introduction.

All societies, both locally and globally, have experienced crises resulting from the rapid pace of scientific, technological, and communicative progress. These developments have increased human challenges and emotional burdens. As communication and mobility between individuals have accelerated, the world has become more connected, reducing physical distances and enabling the widespread exchange of customs, traditions, and ideas.

This transformation brought both positive and negative effects. On one side, it inspired growth, creativity, and the adoption of innovative thinking—even when such ideas conflicted with traditional norms. These changes helped boost development, productivity, and prosperity for individuals and communities. On the other side, however, some of these shifts brought harmful consequences. They played a role in destabilizing values and contributed to behaviors that led to serious risks—especially among youth.

One of the most dangerous of these behaviors is drug addiction. For many, it became a form of escape—whether out of curiosity, emotional suffering, social rejection, or unresolved personal struggles

Drug addiction is not a new problem, as many people believe, but rather as old as history itself. This phenomenon has attracted the attention of numerous researchers and international and local organizations, which are striving by every means to address its root causes and find appropriate solutions to limit and control its spread. However, the danger of drug addiction is primarily linked to the psychological problems associated with it, particularly at the emotional and behavioral level, particularly at the narcissistic level of the addicted individual, where the addict exhibits contempt and self-destruction, feelings of inadequacy and inferiority, in addition to mood disorders with a constant state of anxiety and tension. This affects their psychological stability

and balance, and they lose the ability to adapt and integrate properly into society. This is reflected in their roles and functions, and causes them to live isolated, far from others, adopting a world of their own.

Addiction often reflects a deeper psychological conflict. According to Fenichel (1945), "Drug addicts are fixated on a passive narcissistic aim, and seek only to obtain their own satisfaction, never to satisfy others. They use the elation of toxic substances to preserve self-esteem and satisfy an archaic sexual desire." Bergeret (1982, p131)

Addictive behavior can emerge as a defense mechanism against unbearable internal experiences. also highlights the deep emotional suffering and fragility of identity structures in addicts, describing addiction as a response to "narcissistic vulnerability" Narcissism is a key factor in developing positive self-esteem. It serves as a dominant emotional force that influences how individuals behave in relation to others. Laplanche and Pontalis (1967, p 414) define narcissism as "love directed to the self-image based on the Greek myth of Narcisse." Sigmund Freud (1914) provided a structural understanding of narcissism, describing it as the libido that remains invested in the ego during its formation.

"Among the scholars who linked narcissism to drug addiction is Simmel, who stated: Evokes the origin of drug addiction as a narcissistic neurosis and then shows the importance of pathological narcissism which makes the drug addict an increasingly narcissistic child governed by the pleasure principle ".(Bergeret,1982,p.131)

Kohut (1971) made an important distinction between a stable narcissistic self and a destructive interorganizational self. He differentiated narcissistic organization from interorganizational structure, suggesting that narcissistic pathology arises when the boundaries between mental structures—the ego, the superego, and the id—are poorly differentiated. This confusion is often intensified by primitive aggressive impulses.

According to Neau (2013, p. 49), "the features of narcissistic functioning include a dominance of narcissistic conflict over objective conflict, psychological imbalance, economic disorganization, and the breakdown of defense mechanisms. These factors drive the individual toward pathological forms of narcissism".

All these psychological disturbances and their links to addiction bring us to explore narcissism as a key dynamic in the addictive process.

### **Objectives of the Study**

The main objective of this study is to explore the psychological dynamics of individuals who are addicted to drugs, with a particular focus on identifying the patterns of narcissistic functioning. The study also aims to examine the relationship between narcissism and addiction, which often leads individuals into a world that many people do not fully understand — a world shaped by internal complexities and unpredictable variables. These individuals often retreat into themselves, using introversion as their only means of escaping from external reality.

### **Significance of the Study**

This study is significant because it aims to uncover the hidden psychological factors that contribute to adopting addictive behavior. In particular, it seeks to highlight the psychological elements that relate to the personality structure of individuals with addiction. A deeper understanding of narcissistic functioning in such cases allows us to view addiction as a form of self-punishment that results from unresolved internal conflicts. These conflicts can lead to what is referred to as "**narcissistic withdrawal**", a condition in which the individual detaches emotionally from themselves or others. In order to explore these hidden psychological aspects, the study adopts a clinical approach, making use of projective tests to reveal the unconscious dimensions of personality.

### **Key Terms of the Study**

- **Addiction:** Refers to the persistent use of a psychoactive substance by an individual, where the behavior becomes compulsive and ingrained through repeated consumption. Addiction is not merely a habitual action; it forms an urgent need that drives the person to obtain the substance by any means necessary. Over time, the required dose tends to increase, and in cases of withdrawal, the person experiences both psychological and physical disorders.

- **Drugs:** Substances of chemical composition—derived from plant, animal, or mineral origins—that can alter an individual's behavior, emotions, or sensory perceptions. Drugs interfere with normal neurological functions, potentially creating temporary pleasurable effects but often resulting in long-term harm.

- **Drug Addiction:** A chronic psychological and physiological condition marked by the uncontrollable and repetitive use of a narcotic substance. The addicted person loses the ability to regulate or reduce consumption, which leads to significant harm across multiple areas of life, including emotional stability, social functioning, and personal health. This condition is sustained by a cycle of craving, consumption, and relapse.

- **Narcissism:** Narcissism is a psychological construct that refers to the individual's perception of self-worth and the emotional investment in their self-image, a concept rooted in the myth of Narcissus. Freud (1914) conceptualized it structurally, referring to the libido that remains fixed on the ego during personality development. Healthy narcissism contributes to self-esteem and personal confidence, while pathological narcissism may involve excessive self-centeredness, fragile self-worth, and emotional instability.

- **Narcissistic functioning:** Narcissistic functioning is expressed through positive narcissism, where the libido is invested in the ego, supporting the unification of the self and allowing the ego to operate independently. In contrast, this process may also involve a withdrawal of libidinal investments from external objects or representations, leading to a re-centering of psychic energy on the self. This internal reorganization reflects either reinforcement of the ego or its regression, depending on the psychological context. As noted by Laplanche and Pontalis (1967, p.120), narcissistic functioning can be understood through the following:

Withdrawal of the investment previously attached to a representation, a group of representations, an object, an instance, the state in which such a representation is found due to this withdrawal or in the absence of any investment... Similarly, in narcissistic states, the investment of the ego increases proportionally to the disinvestment of objects

This means that in narcissistic states, the more the ego is invested, the more the investment in external objects decreases. Narcissistic functioning, therefore, highlights the dynamic interplay between internal self-focus and the disengagement from external relational bonds, which is crucial in understanding pathological mechanisms such as addiction.

### **Methodology of the Study**

This study employed a clinical approach, utilizing case studies supplemented by semi-guided clinical interviews. The primary objective was to engage in direct and indirect observation, which enabled an in-depth understanding of the psychological and social dynamics of the cases under investigation. The data collection process involved two main methods: the mental status examination test and the projective Rorschach test. These tools provided critical insights into the psychological profile and behavior patterns of the participants.

### **Data Analysis**

To analyze the collected data, we adopted the analytical psychological approach, aiming to identify the underlying internal psychological conflicts of the participants. This approach enabled us to extract key indicators that reflected their apparent psychological disorders. The analysis of the Rorschach test was guided by both quantitative and qualitative projective psychoanalysis methods, as outlined by the French school of thought, particularly Chabert (1983) and Azoulay & Emmanuelli (2012). The analysis focused on two primary axes:

1. **Analysis of the thinking process**
2. **Analysis of conflict dynamics**

Additionally, the study paid particular attention to the results from the mental body examination test, which helped uncover critical psychological and social aspects of the participants' histories and provided a comprehensive understanding of their narcissistic functioning patterns.

### **Cases of the Study**

The study involved three participants diagnosed with drug addiction, each of whom was residing in the Sidi El Shahmy Mental Hospital in the Department of Detoxification and Drug Addiction. The cases are outlined as follows

- **First Case:**

Imad, a 29-year-old male, is single and works as a builder. He is of medium height and has a thin physique. Imad lives with his parents, in a family environment dominated by disputes and conflicts.

- **Second Case:**

Reda, a 25-year-old male, is single and employed as a carpenter. He is tall, thin, and exhibits signs of indifference. He is highly mobile and currently experiencing emotional turmoil due to his parents' divorce.

- **Third Case:**

Munir, a 19-year-old male, is single and currently unemployed. After being expelled from his father's home, he now resides with his uncle.

## **Findings**

### **1st Case: Imad**

The results of Imad's mental status examination revealed significant withdrawal of narcissistic investment in his psychological functioning. This withdrawal was evident through a contradiction at the mental level, characterized by mental stagnation and a lack of critical thinking, accompanied by excessive intellectual stereotypes that hindered imaginative thinking. This mental rigidity, coupled with emotional immaturity, indicated the absence of a self-centered emotional state, which led to a fragile narcissism. He demonstrated an avoidance of engaging in life and emotional experiences, highlighting his detachment from his emotions.

Further analysis of Imad's psychological and social history indicated a history of harsh treatment within his family environment, particularly from his mother, who exercised total control over him. According to the subject's statement, he felt, "They robbed me of my personal freedom." This oppressive environment fostered psychological complexes and a pervasive fear of others, whether from his family, peers, or authority figures, particularly his teacher. This fear contributed to his dependence and inability to assert himself, further exacerbated by the emotional deprivation he experienced.

The absence of emotional fulfillment in his early years, due to the family dynamics, led him to seek solace in drug use as a form of liberation and as a means to compensate for his lost childhood. Imad's emotional void became the sole outlet for both emotional release and self-destructive behavior. His sense of guilt and self-aggression was evident in his self-perception, seeing himself as worthless and lacking value. His thoughts were consumed with regret and self-recrimination, manifesting in an intense desire for self-destruction.

While the results of the Rorschach projective test revealed to us first a poverty in psychological functioning that reveals to us the depth of depression through the very limited projective situation due to the weakness of the psychological preparation process, with the strictness of the boundaries between the inside and the outside and the avoidance of the fantasy life, and this is what expresses the fragility of narcissism and appeared in paintings (I-III-VIII),

reflected a fragile psychological envelope and an inability to manage anxiety. These Anatomical responses indicated a disintegration of his internal psychological structure, along with psychosomatic unity, as seen in his difficulty controlling aggressive and destructive sexual impulses, particularly in (VII-VIII-IX). This disintegration severely impacted his relationship with external reality, with the absence of human responses linked to the existence of an identification problem, leading to a disturbed identity.

The control of emotional expression was evident in his responses, with the paralysis of emotions and a marked tendency toward denial to avoid confronting his internal conflicts. This avoidance prevented him from preparing for the depressive state that accompanied his sense of loss. Ultimately, his narcissistic withdrawal culminated in self-destructive behaviors, revealing the profound impact of his family environment and psychological conflicts on his addiction and personality development.

### **2nd Case: Reda**

The findings from the mental status examination revealed significant emotional contradictions in Reda's psychological profile. He frequently expressed complaints and was preoccupied with discussing his relationships with girls, which appeared to be a central focus of his thoughts. Additionally, Reda exhibited illusions of illness, which may point to underlying emotional distress.

In terms of psychological and social history, Reda had a complex relationship with his family. He shared a strong attachment to his mother, who, despite her permissiveness regarding his drug use at home, did not challenge him. In contrast, his father was characterized by strictness and a complete rejection of his son's drug addiction, which Reda found unacceptable. This parental conflict was exacerbated by the divorce of his parents, after which Reda resided with his mother and siblings. This situation contributed to a profound emotional void, coupled with a pervasive sense of inferiority.

Reda's drug use, in all its forms, became a tool for expressing his desire to appear strong and to assert his place in society, even though he was undergoing treatment at a sanatorium. His strong and urgent desire to



return to drug use reflects his inability to function without it, underscoring his narcissistic functioning and the withdrawal of investment into excessive dependence on the maternal object. Reda's case revealed a depressing negative self-image, which prevented him from achieving emotional repair, leading to the instability observed in his identity.

Projective Rorschach test results revealed a significant poverty in narcissistic investment, highlighting destructive tendencies and excessive anxiety, which are indicative of deep depression. The lack of integration and loss of body image were evident in his responses, reinforcing his dependence on the maternal object. His responses, particularly in the paintings (II-VII-IX), showed a fixation on anatomical content, in the paintings (II-IV-VII- VII-X) reflecting anxiety and an inability to process emotions in a coherent manner. The repetition of responses and the focus on anatomical images (bones, human body, skeletons), All human responses appeared in the form of the female body. further indicated a disturbed sense of identity, linked to an unstable relationship with the self and the external world. His narcissistic closure was manifest in a tendency to withdraw from external relationships and to revert to narcissistic defenses in times of distress.

### **3rd Case: Munir**

In the third case, the mental body examination revealed signs of emotional and psychological immaturity, with guilt, blame, and self-reproach dominating Munir's self-perception. These feelings of inadequacy were intensified by a turbulent family history, particularly following the marriage of his cousin, whom he loved deeply and felt he could not live without. He expressed, "I loved her since I was young," marking the first emotional shock of his life, which greatly contributed to his deteriorating mental state.

Munir's condition worsened as he experienced great anxiety, particularly in his relationship with his father, who was physically abusive, leading to Munir being expelled from the home. His relationship with his mother was strong, especially during his childhood, when she supported him through two surgeries and provided constant care. However, the lack of paternal support and the constant sense of loneliness and insecurity he experienced contributed to a fragile identity and emotional instability. This left Munir in a conflict between his internal self and the external world, ultimately leading him to drug use as a coping mechanism, serving as a narcissistic withdrawal from reality and a way to construct a new world for emotional release.

The Rorschach test results showed psychological cessation, which led to emotional paralysis and a strong tendency toward denial as a way of avoiding internal conflicts. This avoidance prevented Munir from preparing for the depressive state associated with loss. His dependency on maternal care and his internal emotional turmoil resulted in self-destructive behaviors. The test responses, particularly in paintings (III-IV-VI-IX), highlighted anxiety related to the inability to integrate body image, poverty in emotional investment, and a lack of dynamism in external relationships.

Narcissistic defenses appeared weak in protecting the psychological envelope, with a fragile self-identity that lacked continuity. The difficulties in maintaining emotional stability and visualizing relationships with others further exacerbated his the narcissistic foundation is fragile and unstable, contributing to his overall difficulty in establishing a cohesive and stable identity. with deep cracks in primary identifications, which leads to difficulties in imagining the relationship with the other.

### **Discussion of the Results**

Drug addiction appears as a mechanism through which individuals attempt to satisfy unconscious needs, particularly in response to unresolved psychological tensions. These tensions stem primarily from the fragility of psychological organization, with a notable deficiency in narcissistic investment. Clinical interviews revealed that all three cases experienced disrupted family environments, with emotional deprivation—especially from the parental figures—playing a central role.

The cases were characterized by conflicted relationships with the father, leading to an emotional vacuum, diminished self-worth, and a pervasive sense of loneliness, insecurity, and instability. Their basic emotional needs for attachment and affirmation were unmet, fostering a deep anxiety of object loss. This deficit hindered the development of emotional maturity, that expresses the difficulty of psychological preparation. As a result, drug use emerged as a substitute, serving both as a means of self-punishment and a tool for self-destruction.

The cases further exhibited emotional dullness ("palm in emotional life") and a regression to the early parasitic stage of development, characterized by dependence, guilt, and the presence of a fragile self-incapable of adaptation or confrontation. This indicates a lack of narcissistic stability, consistent with the view of Jeammet and Birot (1994), who argued that such instability arises from the disharmony between internal needs

and external responses. Consequently, the boundary between the self and the ego becomes blurred, impairing the individual's ability to form balanced and secure object relations.

Narcissistic stability, when present, enables individuals to experience psychological security and maintain balanced interpersonal relationships. In its absence, however, the individual remains vulnerable to collapse under environmental pressures.

Thus, drug addiction functions symbolically as an expression of dangerous aggression directed toward the self, accompanied by withdrawal from the external world, feelings of guilt, and intense remorse. Ultimately, this results in a psychological closure, where the individual becomes trapped in a cycle of internal suffering, unable to integrate or transform their emotional experience into adaptive coping strategies.

The individual thus finds themselves caught in a vicious cycle marked by an inability to surrender or recover, as the internal threat remains active, preventing psychological restoration. Instead of healing, addiction becomes compulsive and agonizing, accompanied by an experience of unbearable psychological pain and internal torment. At this stage, the death instinct overrides the life instinct, echoing Freud's (1938) assertion that the addict unconsciously seeks punishment. In this framework, Thanatos—the death drive—emerges as a force responsible for alleviating psychic tension through self-destructive impulses, while the anxiety of object loss relates to a redirection of libidinal energy towards the subject itself, emphasizing the need for support or fusion with the other.

The analysis of the Rorschach test results further revealed significant disturbances in psychic investment. The subjects projected their psychic disintegration onto the test plates, evidencing a difficulty in integrating the psychosomatic unit. This fragmentation reflects concerns around non-integration and a fragile psychic envelope, often marked by a tendency to somatize aggressive and sexual instincts. The general symbolic coding appeared weak, and kinetic movement, even when present, remained insufficient—indicating poor psychomotor symbolic elaboration.

Moreover, the dominant instinct movements tended to appear in animalistic forms, either aggressive or libidinal, suggesting deep fractures in early psychic structures, as proposed by Anzieu & Chabert (2004). These symbolic disruptions extended to the representation of the other, with visible pre-oedipal fixations and difficulties in establishing or choosing a clear sexual identity or object of desire. The cases showed significant reliance on the external world for structuring their internal reality, yet their relationship with it remained ambiguous and fragile. This was evident in their regression to earlier developmental stages and their impaired capacity to engage in object relations—highlighting the failure to achieve separation-individuation.

After clinical work that included a complete examination, the cases were diagnosed with borderline functioning, and this is because borderline states do not allow the preparation of the Oedipal conflict, Oedipal disorganization, and the relationship with the object is characterized by a confined and perceived dependence between the need to feel different from the other and the tendency to have to rely on him. Borderline functioning has a link with narcissism, which is why these cases are known as narcissistic illness, linked to a shock that the ego received before reaching the Oedipal stage, and the person experiences this deficiency as a deprivation that directly affects his identity. Bergeret (1975)

According to Estellon (2010), such intrapsychic states reflect an *existential configuration* that intertwines relational suffering, identity disturbance, avoidance, and vulnerability—all rooted in a persistent sense of internal insecurity and narcissistic fragility. These individuals often remain trapped in a position of excessive dependence on others, leading to a paradoxical internal conflict: a simultaneous need for the other and a struggle against the dependency they represent. This dynamic is particularly evident in the cases studied, where dependency becomes both a source of psychic threat and a means of survival.

In the case of Emad, a history of family turbulence and emotional deprivation has contributed to a chronic sense of emptiness and distrust, both toward the self and others. This reflects a severe lack of self-esteem, and drug use emerges as the only functional outlet for emotional release and an illusory means of preserving psychic survival. His responses on the Rorschach test were marked by inhibition (lack of content or responses), indicating an emotional and affective inhibition. Moreover, the presence of answers alluding to shock in paintings II, VI, and X point to deep-seated self-directed aggression, illustrating an internalized violence that has no external resolution. As Rorschach observed, the absence of a response can often correlates with a lack of psychic contact with reality, a state characterized by hypersensitivity, emotional fragility, and *narcissistic vulnerability*.

In addition, responses to paintings IX and IV revealed significant anxiety and a relational disturbance rooted in the early maternal imago. The individual's drug use can be interpreted as a form of ego demolition, serving to compensate for an unbearable internal void and to manage a fragile and fragmented narcissistic structure. In this sense, Green (1983) conceptualizes negative narcissism as a psychic mechanism that binds the death drive (Thanatos) with the primary maternal object, caught between the poles of presence and absence.

While Reda also suffers from a lack of a nurturing relationship with the father—a foundational element in the structuring of the self—his psychological instability, shaped by a fragmented and insecure family environment, has led to persistent anxiety, depression, and a profound inner emptiness. He experiences a diminished sense of self-worth and a loss of the basic psychological resources necessary for emotional development. His Rorschach responses were marked by *partial or fragmented answers*, which point to his inability to perceive the subject in a coherent or integrated form, revealing fragility in object relations. In painting VII, we note indicators of identity disturbance, while painting X reflects emotional emptiness, annihilation, and a disconnection from lived reality—combined with distortions in body image. The overall pattern of his protocol suggests a failure to perceive the self as a cohesive unit, instead displaying a fragmented ego under the weight of internal destructiveness. This echoes Bergeret's (1975) view that early trauma—especially linked to attachment and loss—can lead to separation anxiety, which in turn becomes the root of a major narcissistic rupture.

In the case of Munir, chronic family conflict, particularly in his paternal relationship, has resulted in psychological flatness and emotional immaturity. His personality structure is marked by weakness, indecision, and emotional indifference, with a deep need for attention. The Rorschach test revealed inhibited aggression, indicating suppressed hostility that remains beneath the surface. Additionally, his responses in painting IV and IX underscore the instability of parental representations and his struggles with identification. For Munir, drug use becomes a compensatory mechanism, through which he attempts to replace his perceived weakness with an illusion of strength, while also grappling with the fragility of his self-image.

### Conclusions

This study confirms that the psychological state of the victims of drug addiction has a direct link with personality's structural formation, which is largely influenced by family relations and intrapersonal psychological factors. If an individual is exposed to early traumas, emotional disappointments, or ongoing life adversities, these have a tendency to manifest in terms of unsolved internal contradictions. Without the emotional and environmental scaffolding to sort out these conflicts, the individual will become psychologically stymied—refusing or unable to change or move on.

The role of the family is thus central, particularly when the family functions as an effective well, supportive family capable of fostering emotional resilience, self-esteem, and adaptive psychological adjustment. Conversely, in cases within this study, was dysfunctional family life characterized by emotional neglect, conflict, rejection, and insecure attachment, which all served to underpin unstable psychological construction and pathological coping behaviors such as drug use.

Use of the projective technique, namely the Rorschach test, facilitated the identification of deep narcissistic vulnerability in these patients. Their reaction styles revealed emotional deficits, grossly inflated perceptions of themselves, and ego integration issues, all suggesting a deeply ingrained psychological vulnerability. These findings confirm our hypothesis concerning the narcissistic structuring vulnerability of drug-dependent individuals, in particular in self-identity construction and in their capacity to establish stable and empathic relationships with others. Ultimately, these patients exhibit a remarkable absence of internalized control over tension, prone to surrendering to acting-out and self-destructive behavior. This underscores the essential need for intensive psychological treatment, such as psychotherapy, which not only addresses addiction but also the narcissistic wounds, identity diffusion, and relationship pathology. These patients are a potent reminder of the importance of early emotional safety in creating a psychologically resilient self.

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