



Original Article

Narcissism and Masculinity/Feminity

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ABSTRACT

Why have we chosen this research question dedicated to Narcissistic Personality Disorders and Sexuality? This comes from vast clinical practice, in Psychiatry and Mental Health, which empirically highlights what appears to be a mature and cohesive mental structure within the individual's psychic and sexual development with man and woman, each one well defined internally and externally what it is and feels, as well as its association with health or mental illness in terms of Personality Disorder being inevitable. At the heart of the importance of this study is an imbalance in their psychosexual development that is revealed latently or is manifested in the therapeutic approach of patients (mainly narcissistic and borderline), and there is already a history of studies on this topic. We defined a methodology whose study design, selection of participants, and sample size best reflected to our objectives, expecting to deepen the results and provide answers to the initial questions. These became clearer with the selection (inclusion/exclusion) of individuals for the Experimental and Control Groups, Clinical Interviews and Questionnaires over the years, which, in an objective way, reveals an unavoidable reality: the psychosexual development of the individual, in terms of Masculinity/Femininity, conditions and is conditioned by Personality Disorders in general, and Narcissistic and Borderline in particular. Soon it will be possible for us to objectify (qualify/quantify) the results that will be made available to the scientific community, for a better understanding of the Disease and Mental Health, with the final objective of its acceptance, consideration and therapeutic evolution.

Keywords: Personality; Sexuality; Psychosexuality; Personality disorders; Narcissism

Introduction

From the analysis of the terms in this title, we select as the core or skeleton of this (de)composition, the Personality, subdividing it into the outer component, coupling it and limiting it to the Narcissistic Representation, which, in the interior, would be understood as Narcissistic Character or Narcissistic State, eventually creating its own autonomy regardless of the space it may occupy in relation to Personality or Sexuality, as would be the designation of Narcissism. The same path is structured for Sexuality, which externally feeds on Sexual Behavior (purpose; choice or object orientation) and internal or Psychosexuality contingent on the development of Personal and Gender

Identity with their positions or evolutionary stages, also coupled with the balance between the binomials Psychic Identification/Identity and Masculinity/Femininity. What is the legitimacy of establishing all Sexuality in a fully Narcissistic Auto-Erotic moratorium, associated with the myth of a single body (Psychic Hermaphroditism)? As a metaphorical representation, we chose an Hourglass, which permanently renews itself, inverting its extremities circumscribed by Personality/Sexuality, Psychosexuality, incorporated by a Moebius strip in perpetual rotation around vertical/horizontal axes, whose design we exemplify (Figure 1).

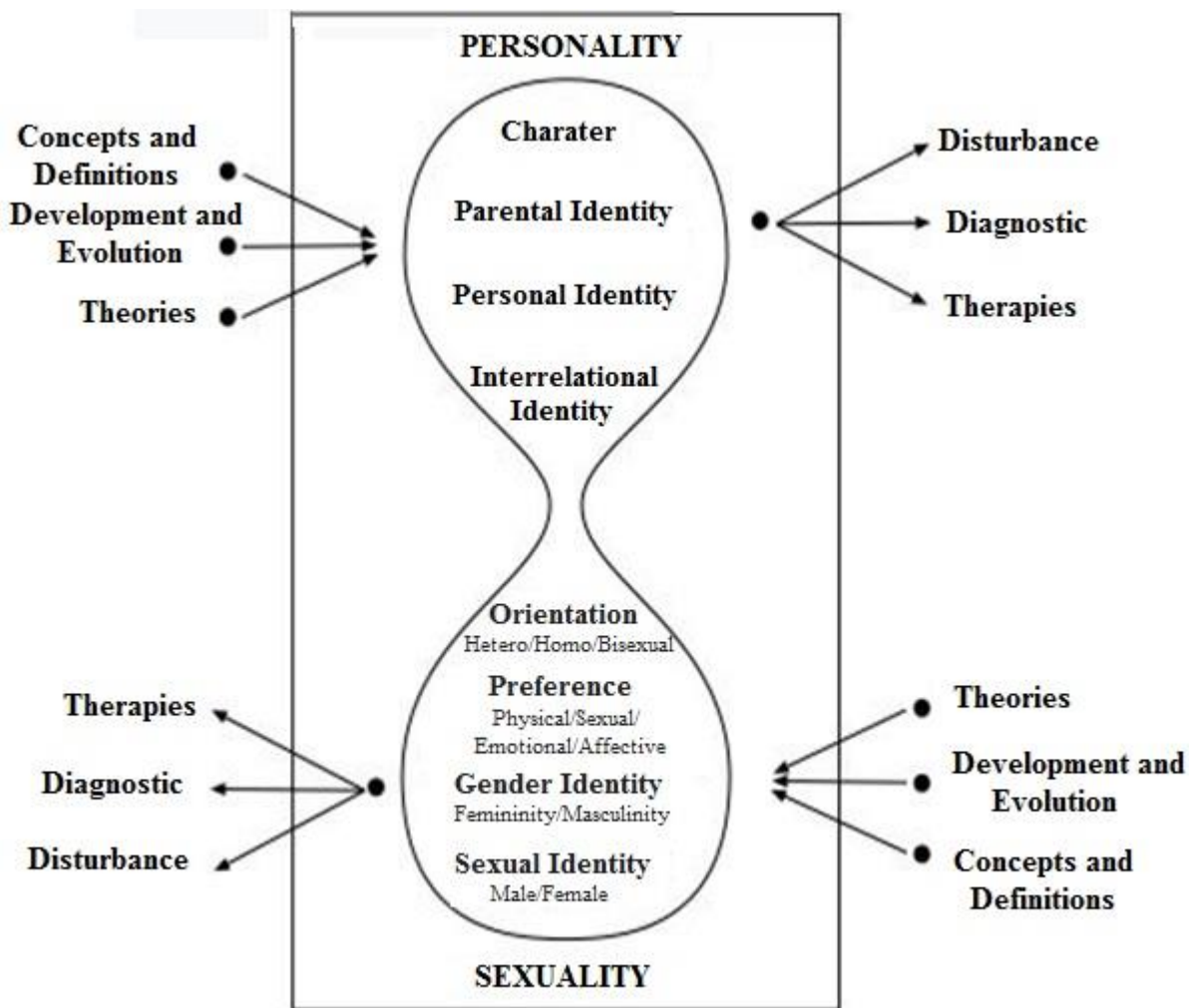


Figure 1: Schematic Hourglass of Psychosexual Representation.

In a transversal perspective and at an objective level, we submitted each term to a dissection of Concepts and Definitions; Development and Evolution, Theories that give it consistency.

In a longitudinal perspective, we start both from the pole of Personality or Sexuality, and from the most internal or profound, to the most external or superficial, as we exemplify:

Personality Pole: the Character; Parental Identification (Object); Personal Identity; the Interrelational Identity. Sexuality Pole: Sexual Identity (Male and Female); Gender Identity (Masculine/Feminine); Preference (Physical/Sexual and Emotional/Affective); Orientation (Homosexuality, Heterosexuality; Bisexuality, Undifferentiated, or Other).

As a concluding synthesis, we are faced with new theories drawn from our own empirical and clinical experiences.

Narcissism and Masculinity/Femininity Concepts and Definitions

We consulted, selected, analyzed and summarized documented sources on the topic under study, seeking to frame them according to contiguity/continuity; similarities/differences in the objectives and theories on which we focus, and which, though decades apart, serve as a foundation for this work.

Psychosexuality. Evolutionary Psychosexuality integrates several stages, from the Ambivalent – with separation from the Other to which one aspires – all the way through the articulation with Auto-Eroticism, essential in Human Sexuality which, upon becoming totally Narcissistic, selects [1] [2]:

1°. The subject's independence from the Other (Auto-Eroticism);

2°. The Other as a substitute for an impossible substitution which is the original satisfaction of the Subject, destined for the tragedy of the Object/Narcissistic election, in which one “loves he who possesses a perfection the Self lacks to reach the Ideal”.

Later are revealed the Relationship of Sexual Object, focusing on areas such as the Organic Substructure; Erotic Arousal; Fantasies (Conscious and Unconscious); Anatomy and the Anatomical Differences, as well as the Dynamics of Sexual Orientation that are under the aegis of Sexuality [3].

In the evolution of each and every one of us interpenetrates the process of Identification/Identity with Sexuality, which begins with the recognition of Separation [4].

Erotic Sexuality (Conscious or not) is connected within the sphere of the Id, while Masculinity and Femininity relate to Gender Identity. Object Relations, the directives of the Super-Ego and the Cognitive Abilities contribute to a feeling of Masculinity or Femininity that may coincide or not with Biological Sex [5].

Thus, Biological Sexuality entails the intervention of several factors: the Chromosomal, Gonadic, Hormonal Sex, which, associated with Gender Identity assigned by

parents' recognition of Sex at birth, contributes to forging Psychosexual Identity.

Narcissism. Narcissism is a necessary intermediate stage between Self-Eroticism and Objectal Love, common to every living being, adjusting itself as a libidinous complement to Egoism, to the Conservation Instinct, which, beyond a certain measure, surpasses the boundaries of the Narcissism of the Self, investing the Other with Libido [1].

A permanently Narcissistic choice reveals flaws in the Self that can only be overcome by Specular functioning (or Mirror Relation, as in Projective Identification).

It is finally concluded that the Libido of the Ego or Narcissistic Libido can only be understood in conjunction with the Object Relation and we emphasize the ideas that both men and women experience the masculine and feminine parts of their character, in which the feelings of Masculinity or Femininity determine the Primitive Identifications and, in part, the Unconscious Fantasies, which emerge as recognition of the anatomical difference [6].

Development and Evolution Previous Research

Some evolutionary deviations in androgynous orientation and behavior (in men and women) do not interfere with the development of Gender Identity and individual integration [7] [8] [9] [10].

It is the undifferentiated men and women who reveal difficulties in their adjustment: women with high levels of social anxiety; men with more generalized anxiety, feeling less masculine and adequate than other men. Thus, the influences on the orientations of typical or non-typical sexual roles differ for men and women. There is little evidence that women who deviate from the sexual role stereotype suffer from Gender Identity Disorders or poor adjustment.

Evaluation methods are developed by dividing into four personality types: (a) men with sex typicality have values of masculinity above average and values of femininity below average; (b) men with opposite-sex typicality have values of femininity above average and values of masculinity below average; (c) androgynous individuals are men whose masculinity and femininity both present values above average; (d) the undifferentiated are men whose masculinity and femininity have values below average [11] [12].

The Diagnostic Criteria for Narcissistic and Dependent Personality Disorders continues to include Gender-specific responses. Narcissistic Personality Disorders are associated with men, whereas Dependent Personality Disorders are associated with women and this is consistent with Gender Stereotyping in the DSM-

IV [13] (in the DSM-V, the criteria for Personality Disorders and especially the description of Narcissistic and Borderline Personalities remains practically unchanged [14]).

On the other hand, there is no significant difference in terms of Gender Stereotyping in Depressive and Negativistic Personality Disorders [15].

The processes through which certain painful childhood experiences are transformed into Perverse Sexual Desires, Fantasies and Actions in Adults find their meaning in the pathogenesis of Obsessive and Paraphilic Disorders of Sexual Desire, which the author calls “Erotization of Childhood Trauma” [16].

For other authors, the most powerful predictor of Sexual Identity is Sex, in its interactions with the Development of the Ego and with Socialization actions, with a curious aspect of this result being that the Development of the Ego is predictive of the Identity of Males, but not of Females, whereas the Socialization actions of mothers are predictive of Identity in Females, but not in Males [17].

Could one hypothesize associations between Personality Disorders and Gender Identity (e.g., Masculinity/Femininity)?

There is a study that reveals that individuals who show higher values of Masculinity and Femininity exhibit traits of the Personality Disorders in the DSM-IV [13] and DSM-V [14]. Feminine men exhibit more aspects of all Personality Disorders, except Antisocial, while antisocial traits are associated with Masculinity. Dependent traits are associated with higher Femininity values and lower Masculinity values.

Both men and women who have more typical Gender Identity behaviors also exhibit more Narcissistic and Histrionic traits [18].

Psychiatric comorbidity of Gender Identity Disorders, is focused particularly with personality, mood, dissociative, and psychotic disorders. In about half of the cases, confusion with the other sex is seen as an epiphenomenon or another illness [19]. Thus, the current criteria for Gender Identity Disorder, in the DSM-IV [12], are not sufficient, since other pathologies explain the opposite gender symptoms and must be excluded before that diagnosis.

Homophobic attitudes (fear or hatred experienced towards homosexuals, [20]), which involve internalized instrumental traits that are stereotypically associated with men (repressive emotions), are revealed as a sign of strength and invulnerability associated with masculinity [21].

Homophobic attitudes with hypersensitivity to male prostitution, are identified which takes the form of attacking male homosexuals in gyms, by individuals who exhibit four personality traits: narcissism,

homophobia, hypermasculinity, and fascism [22].

The Present Study

Based on anamnestic data from clinical experience and updated bibliographic analysis, there is a general consensus: individuals with Characterological Traits structured in Narcissistic Personality Disorders exhibit malformations in their Sexuality.

In an analytical and case-control study, there is evidence of an association between Narcissistic Personality Disorders and changes of Masculinity/Femininity in its Psychosexual structure, a situation that we now try to investigate.

It is worth emphasizing that both men and women Narcissists seek to adhere to a role of sexual representation (Masculine/Feminine) which they idealize as best representing their conception of man or woman, not respecting or even rejecting, within themselves, the representative of the opposite sex, which is:

What are the relationships between Personality Disorders and Gender Identity (e.g., Masculinity/Femininity)? [23].

Disorders and Diagnosis

Narcissistic Personality Disorders

There is, in all Human Sexuality, a Narcissistic satisfaction independent of the Other, as if an intermediate phase in the condemnation of “seeking our own lips in those of someone else” [24], through the mediation of the Internal Object between the Subject and the Other, incorporating the original myth of a single body (Male/Female) – the Hermaphroditic Eros. When the Subject must love so as to not die, there is a break in the Narcissistic dual structure or the Self -Other restoration, with a three-way relation in the Relationship with the External Other. It is the victory of the Three-dimensional Identifications – Introjective, tolerating the Subject separating from the Other of Adhesive or Narcissistic Identifications.

Exist an early Empathy [25] (similar to “Rêverie” [26].and “Transitional Phenomena” [27], in which a shortcoming (non-empathy) of the mother or other Objects may cause a halt in development.

Two kinds of Objects of the Self, over which the Self has a control similar to that of adults over their own bodies, namely the Specular Objects of the Self which confirm the child’s feeling of omnipotence and perfection and the Idealized Objects of the Self, with which it merges [25] [28].

In order to penetrate, as much as possible, into the nature of the concept of Narcissism, we enter the depths

of ourselves, since Narcissism is the very heart of our Self. The centrifugal movement, which cares for nothing but itself, only unveils its meaning by opposing the Other with the Self. The concept of Object Relation includes, for certain authors, the Relationship of the Self with itself (Narcissistic) and the more classical theories admit the existence of Narcissistic Object investments, even before 1966 was proposed the hypothesis of Self-Objects, which are merely emanations of Narcissism [25]. There is a consensus between opposing theories in which the conclusion of the Development of the Self and the Libido is manifested by the capacity of the Self to recognize the Object in itself and no longer as simply a Projection of the Self.

However, is this an accessible end within reach of the psychic apparatus in the treatment of Narcissism? Is it not more coherent to affirm the total, definitive and incurable alienation of desire from its Narcissism, which is no less ideological than to maintain that the Object appears one day under its true light?

Putting the (Narcissistic) Self and the Object into perspective is unavoidable and reveals all the variations of the spectrum between subjective blindness and the real encounter [29]. However, the Narcissistic Subject, in addition to not tolerating differences, needs to create them, to legitimize his or her feeling of Superiority, in search of Narcissistic satisfaction:

“If I cannot be the personification of the Ideal of the Ego, then no one but the Ideal will be above all others” [30]. Such is the attitude of the Narcissistic rival who, being able to incarnate the Ideal, is stripped or chronically denigrated.

The Strength and Weakness of the Self depend on Fear (and its reactions), at the heart of all psychopathological disorders (such as Narcissism), so that the life of a being depends on how one reconciles with it [31].

The Narcissistic Personality Changes is placed in an intermediate zone between Psychosis and Borderline States on the one hand, and between Psychoneurosis and Benign Character Changes on the other [25].

There is a fundamental difference between Pre-Oedipal Pathology (Narcissistic) and Oedipal Pathology (Current Neuroses or Non-Narcissistic Character Changes), opposing the “Tragic Man” (Psychopathology of Narcissism) to the “Guilty Man”, with Aggressiveness, Greed and the Voracity of Narcissistic Personality Changes being products of the Disintegration of the Self [32].

The new-born begins life in a state of undifferentiated Narcissism (such as Freud) without objects, diffused with globally contained energy [25]. The first differentiation of this Primary Narcissism appears in the form of two basic Narcissistic configurations: the Grandiose Self and the parental Idealized image, which

can be progressively modified into a realistic Ideal of the Self, gradually internalized into a set of personal ideals and values; thus, the Transformations of Narcissism finds its most mature expression in the personal capacity for Empathy, Creativity, Humor, Wisdom and acceptance of the Transience of life.

We open a parenthesis here for a summary with regard to the Narcissistic and Borderline Personality Disorders of the DSM-V (American Psychiatric Association, 2013) [14].

Throughout our theoretical review, there is a systematic description of Narcissistic Personality Disorder through the analysis of Behavioral, Interpersonal, Cognitive and Affective Styles, or through its clinical study, describing it as a pathology consisting of overt or covert deficits, in six areas of functioning, in terms of Self - Concept, Interpersonal Relations, Social Adaptation, Ethics and Ideals, Love and Sexuality, as well as Cognitive Style.

Masculinity/Femininity

The Narcissistic Twin Identification is an attempt to alleviate the feeling of incompleteness in every person, in the search for the Aesthetic impact – the Beauty of the Primary Object [29], which leads us to the “Aesthetic Conflict” [33] [34]. In the story of Narcissus, it is not the Masculine/Feminine pair or Psychic Bisexuality (expressed in the fusion with the mother) that is deadly [35].

Man’s desires for Immortality are fulfilled when, in the course of psychosexual development, one mourns for this other part of each one of us, so that the romantic encounter with the other Sex is restorative and generates feelings of Completeness [36].

When is faced the question of whether Identity is the sum of previous Identifications, the answer is that these tend to be subordinated to a new “Gestalt” that is more than the sum of the parts [37]:

- a. Primitive Introjection (incorporation) of the image of the Other helps to reach the Sense of Self and the first Objects of Love;
- b. Identifications through interaction with representatives of a hierarchy of roles;
- c. The edification of Identity which, at the end of Adolescence, is superordinate in relation to past Identifications, encompassing the most significant ones and with them creating a single and cohesive whole, with successive syntheses of the Ego, integrating Constitutional data, Libidinal needs, effective Defenses and successful Sublimations.

On the other hand, Identity Confusion becomes manifest when the adolescent is sometimes exposed to

simultaneous experiences of Physical Intimacy; Occupational Choice; Energetic Competition and Psychosocial Definition of the Self [38]. Falling in love can lead to an attempt to outline the contours of Identity, through mutual Narcissistic reflexes, becoming a vicious cycle in which Omnipotent Narcissism is intensified with a sense of Emptiness and Physical and Mental Castration, in addition to the fact the polarization of Sexual Differences promotes the elaboration of Masculinity/Femininity in harmony with the development of Identity.

Bisexual Confusion in Adolescence is added to the awareness of Identity.

But why Sex? Why does Sexuality become the stage on which Relational problems are played out?

1st – Sensations, processes and bodily events dominate the child's earliest experiences.

2nd – The fact that Sexuality represents the need and interpretation of bodies, becoming, in its variations, the ideal substrate for the psychopathological representation of conflicts and negotiations in the Relations between the Self and Others.

Sex is a powerful organizer of experience. Body sensations and sensual pleasures define our skin, its limits and body dialectics, just as sexual intimacies position each individual in relation to another.

3rd – Biological power appears in the phenomenology of sexual arousal, in which the feeling of being desired promotes a natural vocabulary for the dramatic expression of internal dynamics involving conflicts, anxiety, compulsion, escape, passion, and ecstasy.

4th – The privacy, segregation and exclusion felt in the experience of their own parents' sexuality are likely to gain meaning, considering a division of interpersonal boundaries, the accessible versus the inaccessible, the visible versus the shadow, the surface versus the depth. Are people with lower levels of Ego Development more Self oriented? And those with higher levels, are they oriented towards Others?

Psychic Bisexuality is precociously involved in the game of Primary Identifications, in the fight against psychic suffering. This happens during the second semester of the second year of life, associated with the fear of losing the Narcissistic Identity relationship with the parent of the same sex [34].

Latent or manifest homosexuality can be based on this fear, since deep Rifts remain between Male and Female Identifications in both Sexes.

The Narcissistic may need a better integration of Psychic Bisexuality so that the feeling of Personal and Sexual Identity can blossom.

In the structuring of Identification/Identity, Borderline Personalities experience a lack of integration of the concept of "Oneself": the Identity Diffusion Syndrome

with an absent function of Self-Reflection of Identity of the Ego due to the defensive excision of contradictory aspects of Self-Reflection and the Representations of Oneself [39].

In Narcissistic Personalities, there is a Repetition Compulsion, where the fear of losing the Object, leads them to provoke current situations of rejection or request of the mother, thus being able to appreciate the risk of being truly themselves and being surprised by feelings never recognized before [40].

Narcissism aspires to the Object, and it is not possible to imagine a Narcissism that does not take into account the Other, even if they are ignored or their disintegration is wanted.

If the child does not experience such a relationship with the Other, he will also invent or imagine it. Thus, the Pseudo-Ideal Object is not elaborated outside the child's experience but created completely connected [41].

In Greek Mythology, Narcissus, son of the River Cephissus, is a hermaphrodite flower, suspended between disappearance in the pool, and immobility in waiting in the form of a rooted flower but of a Bisexuality where the human is abolished, and which only escapes with its Differentiation. In spite of the Unconscious Identifications to the parents of both Sexes, it is in this Differentiation of persons and Sexes that the Individuation is structured.

The times of passage are "Dead Times" (as opposed to the "Transitional Time" [35] in which the Narcissistic Organization passes. Each change in the Libidinal economy implies a Narcissistic stop and re-evaluation (especially in the Analysis with the "Narcissistic Restoration") in which Bisexuality is assumed [42].

As there needs to be a separating margin to Individuation in order for the Other to exist, Bisexual mediation also emerges after going from a Differentiation to a pre-existing bipartition, a Split and equilibrium – Narcissistic-Objectal [43].

The Transsexual represents an extreme case of a Psychic Bisexuality destined to nullity with an emphasis also on Narcissism, while the Paranoid, before Bisexuality made a Delirious return to itself, desperately tends to a virility devoid of any trait of Femininity [44].

Therapies

Prevention and Therapeutic Evolution in Mental Health: Why this research question?

Does the individual's Psychosexual Development in terms of Masculinity/Femininity condition, and is it conditioned by, Personality Disorders in general and Narcissistic and Borderline in particular?

It will soon be possible to objectify the Results in quantitative and qualitative terms, which will be made

available to the scientific community for a better understanding of Mental Illness and Health, with the aim of its Diagnosis, Prevention and Therapeutic Evolution, namely:

From Personality Disorders (very limiting to one's relationships with oneself and with others) through the level of early psychosexual development in terms of Masculinity/Femininity.

With the admission that on the basis of Gender Identity Disorders of individuals undergoing Psychiatric; Endocrine; Surgical; Dermatological Treatment, among others, there may be Severe Personality Disorders (Narcissistic and Borderline) which make those treatments obsolete and even counterproductive.

It should be noted that the assessment of Psychosexual Development in terms of Masculinity/Femininity can be predictive of Character Disorders (such as Sociopathy), susceptible to altering violent relational destinies, often detected when they have already become irreversible.

Method

Objectives

Analyze the existence of changes in Sexuality in terms of Masculinity/Femininity associated with the Narcissistic Personality (O1).

The intention is to contribute to the development of scientific knowledge on Psychosexual structuring in its following aspects: a) Normal, b) Pathological of Character, and c) Its framing in Sexuality and Human Reality.

Research Design

This is a cross-sectional analytical case-control study.

Sample

The case group designated (EG) consists of 123 individuals who, over several years, were diagnosed, by the first author of this article, with narcissistic personality, with emphasis on narcissistic traits (through the DSM-IV [13] and DSM-V criteria [14]), during consultations and/or admission at the Magalhães Lemos Hospital. These individuals were referred to the first author of this article by their own personal initiative, through their assistant physician, or through outpatient, inpatient, or emergency services of general hospitals. They were invited to participate in the study and all accepted. The EG is, thus, made up of 38 (30.9%) males and 85 (69.1%) females, from the northern region of Portugal, between 18 and 65 years of age.

To establish the control group (CG), the individuals of the EG were asked to invite people from their relationships to participate in the study, as long as they were registered in healthcare centers belonging to the assistance area of the Magalhães Lemos Hospital and were willing to complete the same interviews, inventories, and social and sexual assessment scales. This CG initially consisted of 140 individuals, but 17 were eliminated for having a narcissistic personality, according to the DSM-IV [13] and DSM-V [14] criteria. The CG was, therefore, comprised of 106 individuals, 23 (21.7%) male and 83 (78.3%) female.

During the recruitment process for this sample, we excluded individuals with psychopathology who, according to the DSM-IV [13] criteria, met the following diagnoses: acute/chronic psychosis, intellectual disability, mental deterioration, organic changes and addictive behaviors. These exclusion criteria were established because they may represent psychopathological changes of all personality disorders, which may cause confusion in the results, but with unconscious psychotic defenses, such as accentuated identity diffusion and non-maintained reality testing. This sample (123 from the EG and 106 from the CG) was recruited over two decades (1999-2019).

Instruments and Procedures

Clinical Interviews

Everyone in the EG and CG was invited to undergo a semi-directive interview according to the "Structural Clinical Interview for DSM-IV; Axis II Personality Disorders" [45] addressing current and past personal and family history, previous personality, and exams (Organic and Psychopathological Object).

This data collection process was enriched by consulting clinical files of inpatient and/or outpatient hospital consultations and/or General and Family Medicine consultations within the aforementioned Healthcare Centers, in collaboration with the Assistant Physicians of the participants in this study.

This structured interview was supplemented by the "Structural Interviewing Borderline Disorders" [46], with clear advantages over the orthodox psychiatric interview for patients with narcissistic personality, which confirms the division of groups as it reveals the structural diagnosis, and provides other information (e.g., patient motivation, capacity for discernment, adherence to treatment) and the interviewer is an expert in three levels of information: exploring the patient's subjective inner world, observing behavior and interactions with the interviewer, and systematically examining their own affective reactions to the patient in order to identify the type of object relationship that

would have been activated in the patient.

Complementary Tests

Personality Inventory – “Minnesota Multiphasic Personality Inventory” – MMPI

Individuals with narcissistic personality disorder (Axis II of the DSM-IV [13] and more recently Axis I do DSM-V [14]) are assessed along ten clinical scales, although the scope of this current work focuses on scale 5 (masculinity/femininity) and three validity scales (lie, infrequency, and correction), which comprise the MMPI [47].

Scale 5 (Masculinity/Femininity)

Scale 5 (Masculinity/Femininity) was originally developed to identify homosexual men. Subsequently, items were added to differentiate men and women, as well as items from the attitude test [48]. After obtaining the raw scores, the conversion to T scores was conducted inversely for men and women. On other words, a high raw score, in men, corresponds to a high T-score, while in women it corresponds to a low T-score. Very high scores on Scale 5 ($T > 65$) for men and women suggest the possibility of concerns associated with homoerotic tendencies and homosexual behavior but may also be related to other types of sexual behavior.

High scores on Scale 5 for men are indicative of a lack of stereotyped male interests. These subjects tend to have aesthetic and artistic interests, as well as interest in activities with children, to a greater extent than most men.

High scores on Scale 5 are very uncommon among women and generally indicate rejection of the traditional female role. They are more interested in sports and other activities that tend to be stereotypically more masculine than feminine.

Men with low Scale 5 scores present themselves as extremely masculine. They clearly have male preferences in work and other activities. Women with low Scale 5 scores have many stereotyped female interests. They are likely to get satisfaction from their roles as wives and mothers. They may be traditionally feminine or have adopted an androgynous lifestyle.

Thus, Scale 5 measures the attitude towards sexual interests (tendency towards a Masculine or Feminine structure). A high score indicates deviation of interests towards the opposite sex, whereas a low score indicates exaggerated compliance with their sexual stereotype [49] [50] [51] [52].

The second version of the Inventory (MMPI), validated for the Portuguese population, has the advantage of collecting homogenized, quantified, and comparable

information, although it requires particular methodological precautions, as it is based on direct information from individuals, that is, with the interference of subjectivity. Its adequacy or this research is due to its scope, reproducibility, and accuracy, properly validated for the Portuguese population.

The questionnaires were administered, on paper, to the participants, by the research team, using a grid of questions, numbered from 1 to 566, which were self-completed and had a single answer (right or wrong). Subsequently, they were interpreted with the help of specialized therapists (psychologists) working at the Magalhães Lemos Hospital.

Variables under Study

The following variables were collected: sex, age, marital status, place of birth, profession [52], qualifications [53], time in consultations, group (EG/CG); DSM - IV (Diagnostic and Statistical Manual of Mental Disorders: Narcissistic Personality) [13]; Kernberg (Borderline Personality Organization: Reality Test [46]); Kernberg (Borderline Personality Organization: Neurotic Defenses [46]); Kernberg (Borderline Personality Organization: Psychotic Defenses [46]); Kernberg (Borderline Personality Organization: Identity Diffusion [46]); MMPI (Minnesota Multiphasic Personality Inventory [47]) with clinical scale 5 (Masculinity/Femininity [48]) and 3 validity scales: L–Lie; F–Infrequency e K–Correction [47].

Formal and Ethical

An Authorization Form was addressed to the Direction Board of the Magalhães Lemos Hospital, to carry out the study. Although formal informed consent was not obtained from the population included in this Psychiatric Research Project, for the data collected from clinical interviews and the inventory to be used in this study, individuals were informed about the purposes in terms of scientific knowledge and usefulness, under the strictest confidentiality, and thus the data collected would not be disclosed. All participants agreed to collaborate on the study voluntarily and anonymously, with no financial compensation involved. The study was approved from the local ethics committee (Magalhães Lemos Hospital) and by the ethics committee of Faculty of Medicine of the University of Porto.

Processing and Statistical Analysis of the Data

Data analysis was performed with SPSS v.27 [55]. Categorical variables were described using absolute and relative frequencies, n (%). Normally distributed continuous variables were described using the mean and respective standard deviation (M, SD). Non-normally distributed continuous variables were described using the median and respective Med interquartile interval [Q1; Q3]. The normality of the distributions was verified through graphic visualization of the histograms. To compare categorical variables, we used the Chi-square test or Fisher's exact test (when the Chi-square

test could not be applied). To compare distributions between independent samples, we used Student's t-test or the Mann-Whitney test, depending on the distributions. The p values not greater than 5% were considered significant.

Results

Table 1 presents the characterization of the participants and the comparison between groups (EG vs CG).

Table 1: Characterization and Comparison Between the Two Groups of Participants (n = 229).

Variables	Total (n = 229)	Control group (n = 106)	Experimental group (n = 123)	p-value
Sex, n (%)				
<i>Male</i>	61 (26.6)	23 (21.7)	38 (30.9)	.116 ^a
<i>Female</i>	168 (73.4)	83 (78.3)	85 (69.1)	
Marital status, n (%)				
<i>Single or Divorced or Separated or Widowed</i>	116 (50.7)	40 (37.7)	76 (61.8)	< .001 ^{a,*}
<i>Married</i>	113 (49.3)	66 (62.3)	47 (38.2)	
Education, (n = 228), n (%)				
<i>9th grade or under</i>	82 (36)	50 (47.2)	32 (26.2)	.003 ^{a,*}
<i>10th to 12th grade</i>	83 (36.4)	34 (32.1)	49 (40.2)	
<i>Bachelor's or Master's or Doctoral degree</i>	63 (27.6)	22 (20.8)	41 (33.6)	
Time in consultation (years), Med [Q₁; Q₃]	1 [1; 1]	1 [1; 1]	1 [1; 1]	.972 ^b
0	42 (18.3)	17 (16)	25 (20.3)	
1	181 (79)	89 (84)	92 (74.8)	
2	3 (1.3)	0 (0)	3 (2.4)	
3	3 (1.3)	0 (0)	3 (2.4)	
Kernberg – neurotic defenses, n (%)				
<i>No</i>	1 (0.4)	1 (0.9)	0 (0)	NA
<i>Yes</i>	228 (99.6)	105 (99.1)	123 (100)	
Kernberg – psychotic defenses, n (%)				
<i>No</i>	110 (48)	85 (80.2)	25 (20.3)	< .001 ^{a,*}
<i>Yes</i>	119 (52.0)	21 (19.8)	98 (79.7)	
Kernberg –identity diffusion, n (%)				
<i>No</i>	163 (71.2)	97 (91.5)	66 (53.7)	< .001 ^{c,*}
<i>Yes</i>	64 (27.9)	8 (7.5)	56 (45.5)	
MMPI (n = 222)				
Masculinity/Femininity, Med [Q₁; Q₃]	52 [46; 60.25]	55 [48; 64]	52 [45; 60]	.020 ^{b,*}

Validity scale – Lie, Med [Q ₁ ; Q ₃]	52 [47; 60]	55 [50; 60]	51 [44; 60]	< .001 ^{b,*}
Validity scale – Infrequency, Med [Q ₁ ; Q ₃]	65 [56; 83]	67 [55; 90]	64 [57.5; 78]	.170 ^b
Validity scale – Correction, Med [Q ₁ ; Q ₃]	48 [41; 56]	52 [42.5; 60]	46 [40; 53]	.002 ^{b,*}
Note. a: Chi-square test. b: Mann-Whitney test. c: Fisher exact test. d: Student t-test. *: significant at 5%. NA: not applicable.				

Table 2: Characterization and Comparison Between the Two Groups of Participants (n = 229) Subdivided in Male and Female

Variable	Control group (n = 106)		p-value	Experimental group (n = 123)		p-value
	Male	Female		Male	Female	
Marital status, n (%)						
<i>Single or Divorced or Separated or Widowed</i>	12 (11.3)	28 (26.4)	.106 ^a	24 (19.5)	52 (42.3)	.834 ^a
<i>Married</i>	11 (10.4)	55 (51.9)		14 (11.4)	33 (26.8)	
Education, (n = 228), n (%)						
<i>9th grade or under</i>	6 (5.7)	44 (41.5)	.039 ^{a,*}	9 (7.4)	23 (18.9)	.908 ^a
<i>10th to 12th grade</i>	12 (11.3)	22 (20.8)		16 (13.1)	33 (27)	
<i>Bachelor's or Master's or Doctoral degree</i>	5 (4.7)	17 (16.0)		13 (10.7)	28 (23)	
Time in consultation (years), Med [Q₁; Q₃]	1 [1; 1]	1 [1; 1]		1 [1; 1]	1 [1; 1]	
0	5 (4.7)	12 (11.3)	.402 ^b	7 (18.4)	18 (21.2)	.456 ^b
1	18 (17.0)	71 (67)		28 (73.7)	64 (75.3)	
2	0 (0)	0 (0)		0 (0)	3 (3.5)	
3	0 (0)	0 (0)		3 (7.9)	0 (0)	
Kernberg – neurotic defenses, n (%)						
<i>No</i>	1 (0.9)	0 (0)	.217 ^c	0 (0)	0 (0)	NA
<i>Yes</i>	22 (20.8)	83 (78.3)		38 (30.9)	85 (69.1)	
Kernberg – psychotic defenses, n (%)						
<i>No</i>	18 (17)	67 (63.2)	.773 ^c	10 (8.1)	15 (12.2)	.270 ^a
<i>Yes</i>	5 (4.7)	16 (15.1)		28 (22.8)	70 (56.9)	

Kernberg –identity diffusion, n (%)						
<i>No</i>	19 (18.1)	78 (74.3)	.360 ^c	23 (18.9)	43 (35.2)	.338 ^a
<i>Yes</i>	3 (2.9)	5 (4.8)		15 (12.3)	41 (33.6)	
MMPI (n = 222)						
Masculinity/Femininity, Med [Q₁; Q₃]	54 [50; 60]	55 [48; 65]	.846 ^b	60 [52; 63.3]	48 [40; 55]	<.001 ^{b,*}
Validity scale – Lie, Med [Q₁; Q₃]	56 [48; 60]	55 [50.8; 60]	.294 ^b	49.5 [40; 60.5]	51 [44; 60]	.759 ^b
Validity scale – Infrequency, Med [Q₁; Q₃]	58 [51; 65]	78 [58; 92.3]	.001 ^{b,*}	63 [51.8; 80.5]	65 [58; 77]	.728 ^b
Validity scale – Correction, Med [Q₁; Q₃]	48 [40; 60]	52.5 [43; 59]	.804 ^b	48 [42; 55]	45 [40; 53]	.289 ^b
Note. a: Chi-square test. b: Mann-Whitney test. c: Fisher exact test. d: Student t-test. *: significant at 5%. NA: not applicable.						

Individuals in the EG exhibited significantly lower values on Scale 5 – Masculinity/Femininity (52 vs 55; $p = .020$; Table 1), which initially appears to be a paradoxical result. Despite a clear psychic androgyny perceptible through the structured interviews, these individuals sought to respond affirmatively to questions that emphasize the role consistent with their gender identity. The L scale of Lie reflects this internal inconsistency of narcissists, more concerned with the representation of the gender role than with the internal reality of the masculine/feminine relationship. Through a simple linear regression, it was found that narcissist present a mean of -5.67 points on the L scale of Lie compared to non-narcissists (p -value <.001). The EG also presents significantly lower values on the K scale of correction (46 vs 52; p -value = .002; Table 1) and lower values on the F Scale of Infrequency, but not significantly, compared to the CG (64 vs. 67; p -value = .170; Table 1). Narcissists have a mean of -4.34 points on the correction scale compared to non-narcissists (simple linear regression; p -value = .003). Individuals in the EG show a significant difference in their values on the 5-Masculinity/Femininity Scale, compared to Men and Women (60 vs 48; p -value <.001; Table 2), which demonstrates the existence in Narcissistic women of an accentuation of responses MMPI's statements to issues that emphasize the role consistent with its gender identity in relation to Men. Individuals in the CG did not show significant differences in the values of the Scale 5- Masculinity/Femininity in relation to Men and Women (54 vs 55; p -value=0.846; Table 1). In the

Validity Scales (L, F or, K) there are no significant differences in the EG and CG in relation to Men and Women.

Discussion

There is an association between Sexuality in terms of Masculinity/Femininity in individuals with Narcissistic Personality, compared to the Control Group (p -value=.020; Mann-Whitney Test). Non-narcissistic individuals (Men and Women) exhibit higher values on the Clinical Masculinity/Femininity Scale of the MMPI, [47], compared to narcissists (Men and Women [48] [52]). It should be noted that, on the Validity Scales, Narcissists exhibit a mean of -5.67 points on the Lie Scale (p -value<.001); -4.34 points in the Correction Scale (p -value=.003) and -4.70 points in the Infrequency Scale (p -value=.047), when compared to non-narcissists, on the statistical results (Simple Linear Regression). Thus, higher levels of Masculinity/Femininity present, on average, significantly higher values on the Infrequency Scale. In the multiple model, narcissistic personality disorder does not show a significant association. The Objectives we initially proposed are achieved. There is, indeed, an accentuation of the values of Masculinity/Femininity in non-narcissistic individuals, which seems to be a paradoxical result given the starting premises. Given the interpretation of the Minnesota Multiphasic Personality Inventory (MMPI [47]), whenever this Scale (Masculinity/Femininity: M/F [48]

[52]) increases beyond the pre-established parameters (45-55 score values), then there are psychosexual characteristics in terms of M/F associated with the opposite sex (both in Men and in Women [48]).

However, it appears that Narcissistic individuals have the lowest scores in these values of the M/F Scale, which is interpreted as a psychosexual representation consistent with Gender Identity (the Man or Woman who responds to the Inventory seeks to accentuate, as correct, all preconceived characteristics belonging to their sex and, as wrong, all preconceived characteristics belonging to the other sex.

Conclusion

Going back to the initial theoretical premises and interrelating them with the results, we can summarize the following:

In the narcissistic Object selection, one “one loves he who possesses a perfection the Self lacks to reach the Ideal” [1]. Thus, according to the Results, the Narcissists (Men and Women) end up loving, within themselves, what they consider to be an ideal representation of themselves in terms of Personal and Gender Identity, associated with their Masculinity/Femininity. In the interpretation of the tests, more than one hundred men (18 subscales of 7 Personality instruments and 1 Sexual Experience Questionnaire) reveal that Sexual selection contributes to the evolution and maintenance of these traits in ancestral populations [56]. From our acquisition of theoretical knowledge and evaluations [57] integrated in descriptive clinical and observational activity of the Partners of Alcoholics attending the Regional Center of Alcoholism in Porto, conducted by us from 1989 to 1993 [58], relationships were established between the Personality Disorders of these women (namely Narcissistic) and the changes in Sexuality existing in terms of their Masculinity/Femininity. Therefore, the object choices were processed in accordance with these disorders. More recently, in an analytical and case-control study, there is an evident association between Narcissistic Personality Disorders and changes in the Masculinity/Femininity of their psychosexual structure, a situation we now try to investigate.

It is worth noting that both men and women Narcissists seek to adhere to a role of sexual representation (Masculine/Feminine) which they idealize as the one that best represents their conception of man or woman, not respecting or even rejecting, within themselves, the representative of the opposite sex, that is, the man is very masculine, the woman very feminine but with a sometimes accentuated deficit, on the other side of the

coin, of this Masculine/Feminine binomial that we all have internalized [59].

What are the relationships between Narcissistic Personality Disorders and Gender Identity (e.g., Masculinity /Femininity)? [23]. In interpreting the values found on the Clinical Scale of Masculinity/Femininity of the MMPI [47] [48] [52], with lower values for narcissists compared to non-narcissists, we observe the need to especially demonstrate characteristics common to the sex, rejecting those that are identified as belonging to the Opposite Sex. Thus, evidence of the association between Narcissistic Disorders and the Psychosexuality of individuals is latent and manifest in previous studies. We found a harmony [60] on sexual roles, traits, behaviors, and orientations, in which individuals who fail to develop traditional characteristics of their sexes, or develop traits belonging to the other sex, suffer an insecure or confused Gender Identity, having profound difficulties in their personality and integration into life. In summary, Narcissists reveal Gender typicality in their Masculinity/Femininity. Such typicality leads us to conclude the existence of Sexual Identity Disorder closely associated with Narcissism but where individuals with higher patterns in their Masculinity/Femininity do not reveal greater Narcissistic Pathology. Thus, Narcissists (Men and Women), in addition to representing a Personal Identity (Personality), also represent a Gender Identity (masculine or feminine roles), in which either approach does not dismiss the other. In addressing the implications for Psychiatry and Mental Health, Therapists associated with Changes in Sexual Identity (Surgical, Endocrine, Dermatological) benefit from a greater insight into the Narcissistic pathology so closely associated with these requests for help.

Also noteworthy in this study is the existence of a blurred line separating Narcissistic Personality and Character Changes (Sociopathy) that can confuse the boundaries of approach (Mental Health/Criminal Law).

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Conflict of Interest

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