

American Handbook of Psychiatry

NARCISSISM

Arnold M. Cooper

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NARCISSISM

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Introduction

Few concepts in psychiatry have undergone as many changes in meaning as has narcissism. Perhaps the single consistent element in these changes is the reference to some aspect of concern with the self and its disturbances. The word was introduced into psychiatry by Havelock Ellis.

The myth of Narcissus, as described by Bullfinch, clearly foreshadows many of the psychological descriptions that would come to be associated with the name. Narcissus was a physically perfect young man, the object of desire among the nymphs, for whom he showed no interest. One nymph, Echo, loved him deeply and one day approached him and was rudely rejected. In her shame and grief she perished, fading away, leaving behind only her responsive voice. The gods, in deciding to grant the nymphs' wish for vengeance, contrived that Narcissus would also experience the feelings of an unreciprocated love. One day, looking into a clear mountain pool, Narcissus espied his own image and immediately fell in love, thinking he was looking at a beautiful water spirit. Unable to tear himself away from this mirror image, and unable to evoke any response from the reflection, which disappeared every time he attempted to embrace it, he gradually pined away and died.

When the nymphs came to bury him, he too had disappeared, leaving in place a flower.

G. Nurnberg has pointed out that many of the features of narcissism are present in the myth: arrogance, self-centeredness, grandiosity, lack of sympathy or empathy, uncertain body image, poorly differentiated self and object boundaries, absence of enduring object ties, and lack of psychological substance.

Attempts to understand the concept of narcissism, the role of the self, and the nature of self-esteem regulation have occupied psychoanalysts and dynamic psychiatrists for three-quarters of a century. More recently, however, the “self,” as a supraordinate organizing conception, has taken a more central place in the thinking of many clinicians and theorists, effecting a high yield in knowledge and understanding. This intensified interest in narcissism and the self relates to a number of current and historical trends. Some of these, briefly described, are:

1. The thrust of analytic research for several decades has emphasized the importance of early, that is, preoedipal developmental events. Psychiatrists and psychoanalysts have become increasingly interested in issues of early dependency, self-definition, separation and individuation, identity formation, and the earliest stages of object-relations. The theoretical movements of object-relational, interpersonal, and self-

psychological schools have been highly influential. The works of Jacobson, Mahler, Winnicott, Rado, Horney, Sullivan, Kohut, Kernberg, Erikson, and others have been important.

2. There has been an increasing willingness to alter or abandon traditional metapsychological language in favor of concepts that are closer to clinical experience. For instance, such designations as “self” and “identity” are incompatible with Freud’s original natural science model of psychoanalysis and cannot easily be squared with the older concepts of energetic and structural points of view. The concept of the self refers to a model that is more historical, experiential, intentionalistic, and action-oriented. Roy Schafer, in discussing these issues, suggested that a new conceptual model for psychoanalysis is in the process of being developed, and the work of Kohut, Jacobson, Mahler, and others represents a transitional step in this development. In part, the current interest in narcissism expresses a need felt by some therapists for a psychodynamic frame of reference that accommodates the unity of human behavior in terms that are appropriate to our current psychological thinking.

3. Our present interest in the self is concordant with powerful, contemporary currents in philosophy and culture. The concerns of such cultural historians as Lionel Trilling and Quentin Anderson, of philosophers such as Sartre, Heidegger, or Wittgenstein, as well as the themes of many contemporary novels and movies, are directed toward the problem of maintaining a sense of self in an alienating modern world.

Psychiatry and psychoanalysis, both in theory and practice, have always been powerfully influenced by, as well as influencing, the cultural milieu in which they exist. Many social observers, from Spiro Agnew to Christopher Lasch, have expressed the view that contemporary western civilization is characterized by an intense focus on private ambitions, a loss of concern with the needs of others, and a demand for immediate gratification—in effect, producing the “gimme” or “me first” culture. This change from an earlier sense of community and concern for one’s fellow human beings is attributed to the influences of a television-dominated consumer culture, the loss of moral values, the breakdown of the stable authority-centered family, the focus on youth and beauty, the difficulty of perceiving one’s valued place in society, and the uncertainty of future goals in a world of nuclear threat and political chaos.

4. In the intervening years between the early part of the century and the present, psychotherapists and psychoanalysts have perceived a change in the population presenting for therapy. Glover, referring to the 1930s, and Lazar, referring to the early 1970s, have discussed the scarcity of the “classical” neurotic patient described in the early psychoanalytic literature, and both have mentioned the increasing numbers of patients with characterologic disorders of some severity, especially the narcissistic character.

While it is generally believed that this population change is genuine and a consequence of the cultural changes previously mentioned, there are some

who feel that the change is largely in the perception of those psychotherapists who are both more sophisticated about, and interested in, character and early development. According to this view, deeper levels of personality organization are today being routinely explored, therapeutic ambitions have increased, and diagnoses have changed more than the patients.

Whether it is because of the changing population or changing diagnostic interest, therapists have been increasingly willing to undertake intensive psychotherapy or psychoanalysis with patients who previously would have been considered unsuitable because of their difficulties in forming a transference. Exploratory work with these patients has yielded new knowledge concerning narcissistic aspects of the personality.

All of these factors have played a role in engaging our interest in narcissism, and they have resulted in a greatly enriched description of the developmental and functional aspects of the self.

5. More recently, it has been the work of Heinz Kohut and the publication of his *Analysis of the Self* that has kindled interest in narcissism. Without attempting to review what preceded his effort, Kohut boldly set forth an independent theory of the nature of narcissism and the therapy of narcissistic disorders. His work and its later modifications engaged the imagination of analysts and therapists, both pro and con, and has focused current discussion on the topic. (Kohut, and Kernberg, a major critic of his point of view, will

be discussed separately in this chapter, and will not be included in the historical review.)

Finally, it should be emphasized that there is, today, general agreement that any concept of narcissism should include normal, as well as pathological, developmental and descriptive aspects. Current discussion emphasizes that narcissism is a universal and healthy attribute of personality, which may be disordered under particular circumstances.

History

Freud

Otto Kernberg has pointed out that

psychoanalytic theory has always included the concept of the self, that is, the individual's integrated conception of himself as an experiencing, thinking, valuing and acting (or interacting) entity. In fact, Freud's starting point in describing the "I" ("das ich," so fatefully translated as "the ego" in English) was that of the conscious person whose entire intrapsychic life was powerfully influenced by dynamic, unconscious forces.

While this is undoubtedly the case, it is also true as Pulver has indicated that Freud had extraordinary difficulty in conceptualizing the self within the libido theory and that this difficulty was compounded as Freud developed his structural point of view alongside the instinctual one. Because of variant historical usage, and because of the different meanings derived from different

frames of reference, the term “narcissism” continues to have multiple meanings. As other workers began to take up the themes of narcissism, the concept took on even more varied meanings, dependent upon the historical period of the author’s frame of reference. Pulver points out that early in the psychoanalytic literature narcissism was used in at least four different ways.

1. Clinically, to denote a sexual perversion characterized by the treatment of one’s own body as a sexual object.
2. Genetically, to denote a stage of development considered to be characterized by the libidinal narcissistic state.
3. In terms of object relationship, to denote two different phenomena:
 - a. A type of object choice in which the self in some ways plays a more important part than the real aspects of the object.
 - b. A mode of relating to the environment characterized by a relative lack of object relations.
4. To denote various aspects of the complex ego state of self-esteem,
[p. 323]

The term “narcissism” was borrowed by Freud from Havelock Ellis, who used the Greek name to describe a form of sexual perversion in which the individual takes himself as a sexual object. Freud described this as “the attitude of a person who treats his own body in the same way in which the

body of a sexual object is ordinarily treated—who looks at it, that is to say, strokes it and fondles it till he obtains complete satisfaction through these activities.” The term was also used by Freud to describe a form of homosexual object choice in which the individual takes himself as his sexual object: “they perceive from a narcissistic basis and look for a young man who resembles them and whom *they* may love as their mother loved *them*.” In 1911, in his account of the Schreber case—a patient with paranoia—Freud expanded his use of the term to refer to the normal stage of libidinal development occurring between earliest autoerotism and object-love—the period in which the individual first unifies his sexual instincts by lavishing them upon himself and his own body. At this stage the self is the libidinal object, and fixation at this time could result in later perversion.

In 1913 Freud described the magical omnipotent qualities of primitive or infantile thought and feeling, and considered them to be a component of narcissism.

In his paper “On Narcissism,” Freud elaborated the idea of narcissism as the libidinal investment of the self and described the kinds of object choice and the relationship to objects characterized by narcissism. The narcissistic individual will tend to choose and love an object on the basis of:

- (a) what he himself is (i.e. himself),

(b) what he himself was,

(c) what he himself would like to be,

(d) someone who was once part of himself, [p. 90]

He described “primary” narcissism as the original libidinal investment of self and its consequent grandiose inflation, combined with feelings of being perfect and powerful. “Secondary” narcissism was seen as the self-involvement following a frustration in object-relations, and the withdrawal of libido back into the ego.

Freud attempted to understand certain symptoms of schizophrenia in terms of the withdrawal of libido into the ego, with the special characteristic that the residua of the object-attachments have been removed from fantasy. The outward manifestations of this development include the withdrawal from objects, megalomania, and hypochondriasis—all indications of pathological excessive libidinal self-involvement.

Self-regard (self-esteem) was considered by Freud to be directly proportional to the “size of the ego.” “Everything a person possesses or achieves, every remnant of the primitive feeling of omnipotence which his experience has confirmed, helps to increase his self-regard.” Using the libidinal economic point of view, he also came to the conclusion that self-

regard is lowered by being in love (since the self is divested of libido, which is sent outwards toward the object) and raised in schizophrenia. Because clinical experience demonstrates that many persons in love experience an elevation of self-esteem and most schizophrenics suffer from damaged self-esteem, later workers thought to revise that theory.

Freud also considered the “ego-ideal” and the idealizing tendencies of the ego in the formation of psychic structure. Freud at this time was concerned with the criticisms of Jung and Adler, who maintained that the psychoanalytic emphasis on sexuality offered no explanation of nonsexual libidinal or aggressive behaviors. His response was to expand the concept of narcissism to describe a variety of normal and pathological states, and to postulate the ego-libido. But while Freud continued to refine his ideas on narcissism, they remained essentially intact. Elaborations of these views contributed to an explanation of depression, to understanding characterologic defiance, and were the starting point for the development of ego-psychology, which dominated later psychoanalytic thinking. Reich, for example, took the concept of narcissism as an essential base for his description of character: “Character is essentially a narcissistic protection mechanism . . . against dangers ... of the threatening outer world and the instinctual impulse.” Reich thus further expanded the idea of narcissism as a way of conceiving defense mechanisms.

In the development of psychoanalytic theory, then, the concept of narcissism became increasingly complex as the term was adapted to fit the changing frames of reference demanded by libido-economic, topographic, developmental, genetic, and structural points of view.

In psychoanalytic literature since the development of ego psychology, the term “narcissism” has often been used either as a synonym for self-esteem or as a general reference to “a concentration of psychological interest upon the self.” It has become increasingly apparent that the term is so burdened with the baggage of its past that it has perhaps outlived its usefulness. The descriptive or explanatory (genetic or dynamic) ideas behind the term are not uniformly agreed-upon, and often the word is used as if it explained a phenomenon. One consequence of this trend has been an increasing focus on the concept of the “self” in an attempt to provide clearer opportunities for clinical description and research.

Theorists of the Self

While many psychodynamic theorists proposed ideas about the role of self in personality, only the work of those few whose contributions were pivotal, although not always accorded full recognition at the time, will be described.

Sullivan

Harry Stack Sullivan was among the first psychoanalysts to accord a central role to the concept of the self in a systematic view of behavior. Sullivan spoke of “self-dynamism,” describing dynamism as “the relatively enduring patterns of energy transformation which recurrently characterize the interpersonal relations—the functional interplay of person and personifications, personal signs, personal abstractions, and personal attributions—which make up the distinctively human sort of being.”

Sullivan described three types of interpersonal experience in infancy that contribute to the formation of self-dynamism: (1) that of a reward, which leads to a personification of a “good me,”; (2) that of the occurrence of anxiety, which leads to the creation of a “bad me”; and (3) that of overwhelming and sudden anxiety, which leads to the creation of the sense of “riot me.” “Good me” personification organizes experiences of need satisfaction and the mother’s soothing ministrations. “Bad me” personification represents experiences of the infant in which increased feelings of injury or anxiety coincide with increased tenseness and forbidding behavior on the part of the mother. Both of these experiences are communicable by the infant with relatively early development of speech capacity. The concept of the personification of “not me” relates to dream and psychotic experience and is a result of intense anxiety and dread, which in turn, results in dissociative behavior. Corresponding to the “good me” and “bad me” are personifications of a good and bad mother. These personifications of self-esteem are attempts

to minimize anxiety that inevitably arises in the course of the educative process between mother and infant.

Sullivan goes on to say that

the origins of the self-system can be said to rest on the irrational character of culture or, more specifically, society. Were it not for the fact that a great many prescribed ways of doing things have to be lived up to, in order that one shall maintain workable, profitable, satisfactory relations with his fellows; or, whether prescriptions for the types of behavior in carrying on relations with one's fellows were perfectly rational—then, for all I know, there would not be evolved, in the course of becoming a person, anything like the sort of self-system that we always encounter. If the cultural prescriptions characterizing any particular society were better adapted to human life, the notions that have grown up about incorporating or introjecting a punitive, critical person would not have arisen. . . . But do not overlook the fact that the self-system comes into being because of, and can be said to have as its goal, the securing of necessary satisfaction without incurring much anxiety, [pp. 168-169]

For Sullivan, this self-system was the central dynamism of human organization, the source of resistance to change in therapy as well as the source of stability in healthy functioning. Understanding the defects in the self-dynamism provides the major therapeutic opportunity for altering the more severe pathological states.

Horney

Karen Horney felt that clinical observation did not support the

conclusions of libido theory, which propounded that normal self-esteem is a desexualized form of self-love, and that persons tending toward self-concern or overvaluation of the self must be expressing excessive self-love. Building on H. Nunberg's concept of the synthetic function of the ego, she decided that the nuclear conflict of neurosis was not one of instincts, but one of self-attitudes. She suggested that narcissism be confined to situations of unrealistic self-inflation.

It means that the person loves and admires himself for values for which there is no adequate foundation. Similarly, it means that he expects love and admiration from others for qualities that he does not possess, or does not possess to as large an extent as he supposes.

According to my definition, it is not narcissistic for a person to value a quality in himself which he actually possesses, or to like to be valued by others. These two tendencies—appearing unduly significant to oneself and craving undue admiration from others—cannot be separated. Both are always present, though in different types one or the other may prevail.

According to Horney this type of self-aggrandizement is always the consequence of disturbed relationships in early childhood, especially the child's alienation from others provoked by "grievances and fears." The narcissistic individual is someone whose emotional ties to others are tenuous, who suffers a loss of the capacity to love. Horney describes the loss of "the real me" as occurring under conditions of parental coercion in which the child suffers impairment of self-sufficiency, self-reliance, and initiative. Self-inflation (narcissism) is one attempt to cope with these tendencies.

He escapes the painful feeling of nothingness by molding himself in fancy into something outstanding—the more he is alienated, not only from others but also from himself, the more easily such notions acquire a psychic reality. His notions of himself become a substitute for his undermined self-esteem; they become his “real me.”[pp. 92-93]

This type of self-inflation also represents an attempt to maintain some life-sustaining self-esteem under conditions of potential annihilation, as well as being a desperate effort to attain admiration as a substitute for the unavailability of love. Horney describes three pathological consequences of narcissistic self-inflation: (1) increasing unproductivity because work is not satisfying for its own sake; (2) excessive expectations as to what the world owes the individual without effort on his part; and (3) increasing impairment of human relations due to constant grievances and hostility. Persons with narcissistic pathology tend to create ever more fantastic inflated versions of the self, which, lacking reality, lead to increasingly painful humiliations, which, in a vicious circle, lead to greater distortion of the self. Horney, therefore, sharply distinguishes between self-esteem, which rests on the genuine capacities that an individual possesses (which may be high or low), and self-inflation, which is an attempt to disguise a lack of qualities by a false presentation of capacities that do not exist. “Self-esteem and self-inflation are mutually exclusive.” Self-esteem represents the healthy development of the appropriate monitoring of self-approved action. Narcissism, therefore, is not an expression of self-love, but of alienation from the self.

She concludes:

In rather simplified terms, a person clings to illusions about himself because, and as far as, he has lost himself. As a consequence the correlation between love for self and love for others is not valid in the sense that Freud intends it. Nevertheless, the dualism which Freud assumes in his second theory of instinct—the dualism between narcissism and love—if divested of theoretical implications contains an old and significant truth. This is, briefly, that any kind of egocentricity detracts from a real interest in others, that it impairs the capacity to love others, [p. 100]

Rado

Sandor Rado, in “Hedonic Control, Action-Self, and the Depressive Spell,” attempted a description of what he termed the “action-self.” The action-self is intended to be the organizing principle of behavior, replacing Freud’s libidinal concepts.

Let me now give a rounded summary of these features of the action-self. Of proprioceptive origin, the action-self is the pivotal integrative system of the whole organism. Guided by willed action, it separates the organism’s awareness of itself from its awareness of the world about it, and completes this fundamental separation by building up the unitary entity of total organism in contrast to the total environment. It is upon these contrasting integrations that the selfhood of the organism depends, as well as its awareness of its unbroken historical continuity. In accord with these functions, the action-self plays a pivotal part in the integrative action of the awareness process. This part is enhanced by its automatized organization of conscience, which increases the fitness of the organism for peaceful cooperation with the group. By its expansion and contraction, the action-self serves as the gauge of the emotional stature of the organism, of the ups and downs of its successes and failures. In its hunger for pride, it continuously edits for the organism the thought-picture of its present, past

and future, [p. 304]

Rado attempted a functional description of a system of self-organization that was intended to replace the instinctual frame of reference of Freud.

Winnicott

Winnicott, in a paper written in 1960, described a True Self as the spontaneous, biological comfort and enthusiasm that arise in the course of development.

The True Self comes from the aliveness of the body tissues and the working body-functions, including the heart's actions and breathing. It is closely linked with the idea of the Primary Process, and is, at the beginning, essentially not reactive to external stimuli, but primary. There is little point in formulating a True Self idea except for the purpose of trying to understand the False Self, because it does no more than collect together the details for the experience of aliveness. [p. 148]

He went on to describe the False Self as a consequence of the failure of the not-good-enough mother to meet the omnipotent fantasy of the infant during the earliest stage of object relationships

A True Self begins to have life through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions. The mother who is not-good-enough is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infant gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. This compliance on the part of the infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs, [p. 145]

In Winnicott's theory, varying degrees of False Self are constructed in an attempt to keep intact some hidden aspects of one's True Self, while presenting a false compliance to environmental demands. In severe degrees the False Self sustains the individual against the sense of total annihilation through the loss of the True Self. Anticipating Kohut, Winnicott described the extraordinary clinical importance of recognizing the existence of a False Self, and the failure of all therapeutic measures that address only the False Self while failing to understand the hidden True Self. The analyst, however, must recognize initially that he can speak only to the False Self about the True Self. As a True Self begins to emerge, the analyst must be prepared for a period of extreme dependence, often created by degrees of acting out within the analysis. A failure on the part of the analyst to recognize this need to assume the caretaker role will destroy the opportunities for further analysis of the True Self. And finally, analysts who are not prepared to meet the heavy needs of patients who become extraordinarily dependent should be careful not to include False Self patients in their caseloads, since they will not be successful in treating them.

In psycho-analytic work it is possible to see analyses going on indefinitely because they are done on the basis of work with the False Self. In one case, a man had had a considerable amount of analysis before coming to me. My work really started with him when I made it clear to him that I recognized his non-existence. He made the remark that over the years all the good work done with him had been futile because it had been done on the basis that he existed, whereas he had only existed falsely. When I said that I recognized his non-existence he felt that he had been communicated with

for the first time. What he meant was that his True Self that had been hidden away from infancy had now been in communication with his analyst in the only way which was not dangerous. This is typical of the way in which this concept affects psycho-analytic work. [p. 151]

While Winnicott did not attempt any rigorous definition of what a self is, his work is clearly clinically relevant to, and a precursor of, current issues in narcissism. He emphasized the importance of the early failure of the “holding environment” and the need for regression of the self in the analysis. The False Self, separated from the roots that compose the matrix of psychic structure, leads to an impoverishment of the capacities for play, creativity, and love; these qualities can be achieved only through a reestablishment of the predominance of the True Self.

Erikson

Erik Erikson, wrestling with similar questions concerning the organization of unified self-perception, self-judgment, and motivation, used the term “identity” or “ego identity.” He was careful never to define his meaning with great precision, believing that the definition should grow out of its developing clinical use rather than be determined in advance by theoretical considerations. He spoke of the ego identity as

the accrued experience of the ego’s ability to integrate these identifications with the vicissitudes of the libido, with the aptitudes developed out of endowment, and with the opportunities offered in social roles. The sense of ego identity, then, is the accrued confidence that the inner sameness and

continuity are matched by the sameness and continuity of one's meaning for others, as evidenced in the tangible promise of a "career." [p. 228]

Identity for Erikson meant developing a sense of one's basic personal and interpersonal characteristics, beginning in early infancy with the advent of "basic trust" and continuing through each of the eight stages of man. Adolescence is seen by Erikson to be an especially crucial period in the formation of identity since it brings together many disparate elements of ego identity—sexual, vocational, dependent. Maturation is seen as a succession of developmental crises in which the respective optimal outcomes culminate in the achievement of an ego sense of trust, autonomy, initiative, industry, intimacy, generativity, and integrity. It is clear that self-esteem is dependent on the degree of success or failure in achieving satisfying ego images at each developmental stage.

Erikson allotted special emphasis to the interaction of biological and cultural influences in the formation of ego identity. The biological matrix, essentially that of Freud's psychosexual schema, takes on its particular psychological characteristics only through the effects of specific identifications and cultural expectations, which aid or hinder the achievement of identity goals at each developmental stage.

While Erikson did not specifically address his work to the theory of narcissism, and seems to eschew all metapsychological implications, his

studies bear directly on attempts to understand the formation of stable self and object representations out of bodily perceptions, parent-child interactions, and social influence, as well as on the mechanisms of the maintenance of self-esteem. Erikson has made one of the most detailed efforts to relate the vicissitudes of the individual identity, or self, to the opportunities and disadvantages that each culture provides. In addition, he offers specific analyses of several historical phenomena and some of their psychological consequences.

Narcissism and Culture

There is a large popular and technical literature that maintains with varying degrees of documentation that the typical personality met with in western culture today has been deformed by consumerism and by the atmosphere of selfishness that is fostered by a child-centered society where the welfare of the child is singled out at the expense of the welfare of the family. Furthermore, the sense of anomie and hopelessness that pervades the culture at the same time that glitter and glamour are displayed on all sides has led to a general feeling of uselessness and rage, as well as a powerful urge to possess all pleasures now, ignoring future pleasures as not worth waiting for. The high divorce rate, the loss of religion, the inability to maintain an extended family, the abandonment of the home by women who join the work force, the lack of traditional pursuits, which are valued for their own sakes

rather than for the material rewards they bring—all of this and more have been cited as causes for, and evidence of, the so-called narcissistic generation. From this perspective, individuals are more than ever self-centered, incapable of self-sacrifice for another person, without deeper moral, spiritual, or emotional values, and capable of experiencing only shallow transference relationships— all of which ultimately subjects them to the perils of alienation, boredom, and insecure relationships.

Christopher Lasch, in *The Culture of Narcissism*, has presented an elaborate and eloquent description of the decay of western individualistic society, in which narcissism has reached a pernicious flowering, creating a mockery of older values. According to Lasch, his book “describes a way of life that is dying—the culture of competitive individualism, which in its decadence has carried the logic of individualism to the extreme of a war against all, the pursuit of happiness to the dead end of a narcissistic pre-occupation with the self.” Lasch then goes on to describe a culture in which there has been a loss of both independence and any sense of competence.

Narcissism represents the psychological dimension of this dependence. Notwithstanding his occasional illusions of omnipotence, the narcissist depends on others to validate his self-esteem. He cannot live without an admiring audience. His apparent freedom from family ties and institutional constraints does not free him to stand alone or to glory in his individuality. On the contrary, it contributes to his insecurity, which he can overcome only by seeing his “grandiose self” reflected in the attentions of others, or by attaching himself to those who radiate celebrity, power and charisma. For the narcissist, the world is a mirror, whereas the rugged individualist

saw it as an empty wilderness to be shaped in his own design. . . .

Today Americans are overcome not by the sense of endless possibility but by the banality of the social order they have erected against it. Having internalized the social restraints by means of which they formerly sought to keep possibility within civilized limits, they feel themselves overwhelmed by an annihilating boredom, like animals whose instincts have withered in captivity. A reversion to savagery threatens them so little that they long precisely for a more vigorous instinctual existence. People nowadays complain of an inability to feel. They cultivate more vivid experiences, seek to beat sluggish flesh to life, attempt to revive jaded appetites. They condemn the superego and exalt the lost life of the senses. Twentieth-century peoples have erected so many psychological barriers against strong emotion, and have invested those defenses with so much of the energy derived from forbidden impulses, that they can no longer remember what it feels like to be inundated by desire. They tend, rather, to be consumed with rage, which derives from defenses against desire and gives rise in turn to new defenses against rage itself. Outwardly bland, submissive, and sociable, they seethe with an inner anger, for which a dense, overpopulated, bureaucratic society can devise few legitimate outlets.

While this idea seems logical and attractive, and is the theme of many novels and movies, there is little evidence that such a change of character has in fact taken place in a society that is as multifaceted as ours. It is very difficult to assess change in something as subtle as individual character or even in group behavior. Increased divorce rate, earlier appearance of sexual activity, and decline of religion need not be aspects of the failure in our ability to love, to work, or to value life itself. There has always been the tendency to blame the youth of any era for its lack of old-fashioned virtues, and as one follows the history of pop culture one must be impressed by the rapidity with which

cultural movements change; for example, in a very few years an age of conformity (the 1950s) gave way to an age of rebellion (the 1960s), which in turn became an age of narcissism (the 1970s). But if we assume that character is fairly stable and slow to change, then these outward manifestations of cultural change reveal less about character than about a society that is predicated on technological goals. Of course others might say that the rapidity of cultural change is itself the source and measure of the problem of character.

Another claim for character change comes from psychoanalysts who feel that the classical neurotic patient suffering from a conflictual transference neurosis of primarily oedipal nature is now rare and has been replaced by the patient with narcissistic and even borderline features. It is difficult to know how to evaluate this claim. In the contemporary world, advances in psychoanalytic theory quickly permeate the general culture, so that even a vice-president who would later be indicted for fraud managed to have an opinion about defects in early child-rearing practices and the deformations of narcissistic character.

Narcissistic Personality Disorder

Diagnosis

Because the term narcissism involves issues of self-esteem regulation

and the self-representation, aspects of narcissism will appear in all psychological functioning, and disturbances of narcissism are apt to appear as a part of all psychopathology. The syndrome Narcissistic Personality Disorder has been separately defined in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders*:

The essential feature is a Personality Disorder in which there are a grandiose sense of self-importance or uniqueness; preoccupation with fantasies of unlimited success; exhibitionistic need for constant attention and admiration; characteristic responses to threats to self-esteem; and characteristic disturbances in interpersonal relationships that alternate between the extremes of over-idealization and devaluation, and lack of empathy.

The exaggerated sense of self-importance may be manifested as extreme self-centeredness and self-absorption. Abilities and achievements tend to be unrealistically overestimated. Frequently the sense of self-importance alternates with feelings of special unworthiness. For example, a student who ordinarily expects an A and receives an A minus may at that moment express the view that he or she, more than any other student, is revealed to all as a failure.

Fantasies involving unrealistic goals may involve achieving unlimited ability, power, wealth, brilliance, beauty, or ideal love. Although these fantasies frequently substitute for realistic activity, when these goals are actually pursued, it is often with a "driven," pleasureless quality, and an ambition that cannot be satisfied.

Individuals with this disorder are constantly seeking admiration and attention, and are more concerned with appearances than with substance. For example, there might be more concern about being seen with the "right" people than having close friends.

Self-esteem is often fragile; the individual may be preoccupied with how

well he or she is doing and how well he or she is regarded by others. In response to criticism, defeat, or disappointment, there is either a cool indifference or marked feelings of rage, inferiority, shame, humiliation, or emptiness.

Interpersonal relationships are invariably disturbed. A lack of empathy (inability to recognize and experience how others feel) is common. For example, annoyance and surprise may be expressed when a friend who is seriously ill has to cancel a date.

Entitlement, the expectation of special favors without assuming reciprocal responsibilities, is usually present. For example, surprise and anger are felt because others will not do what is wanted; more is expected from people than is reasonable.

Interpersonal exploitativeness, in which others are taken advantage of in order to indulge one's own desires or for self-aggrandizement, is common; and the personal integrity and rights of others are disregarded. For example, a writer might plagiarize the ideas of someone befriended for that purpose.

Relations with others lack sustained, positive regard. Close relationships tend to alternate between idealization and devaluation ("splitting"). For example, a man repeatedly becomes involved with women whom he alternately adores and despises.

Associated features. Frequently, many of the features of Histrionic, Borderline, and Antisocial Personality Disorders are present; in some cases more than one diagnosis may be warranted.

During periods of severe stress transient psychotic symptoms of insufficient severity or duration to warrant an additional diagnosis are sometimes seen.

Depressed mood is extremely common. Frequently there is painful self-consciousness, preoccupation with grooming and remaining youthful, and chronic, intense envy of others. Preoccupation with aches and pains and

other physical symptoms may also be present. Personal deficits, defeats, or irresponsible behavior may be justified by rationalization, prevarication, or outright lying. Feelings may be faked in order to impress others.

Impairment. By definition, some impairment in interpersonal relations always exists. Occupational functioning may be unimpaired, or may be interfered with by depressed mood, interpersonal difficulties, or the pursuit of unrealistic goals.

Prevalence. This disorder appears to be more common recently than in the past, although this may only be due to greater professional interest in the category, [pp. 315-317]

The Diagnostic Criteria for Narcissistic Personality Disorders are as follows:

The following are characteristic of the individual's current and long-term functioning, are not limited to episodes of illness, and cause either significant impairment in social or occupational functioning or subjective distress:

- A. Grandiose sense of self-importance or uniqueness, e.g., exaggeration of achievements and talents, focus on the special nature of one's problems.
- B. Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
- C. Exhibitionism: the person requires constant attention and admiration.
- D. Cool indifference or marked feelings of rage, inferiority, shame, humiliation, or emptiness in response to criticism, indifference of others, or defeat.
- E. At least two of the following characteristics of disturbances in interpersonal relationships:

(1) entitlement: expectation of special favors without assuming reciprocal responsibilities, e.g., surprise and anger that people will not do what is wanted

(2) interpersonal exploitativeness: taking advantage of others to indulge own desires or for self-aggrandizement; disregard for the personal integrity and rights of others

(3) relationships that characteristically alternate between the extremes of over-idealization and devaluation

(4) lack of empathy: inability to recognize how others feel, e.g., unable to appreciate the distress of someone who is seriously ill. [pp. 315-317]

Not all psychoanalysts would agree with all aspects of this definition, since it perhaps places excessive stress on the overt grandiose and exhibitionistic qualities of the self. In fact, many persons appropriately diagnosed as possessing narcissistic personality disorders maintain grandiose fantasies at unconscious or preconscious levels, being aware primarily only of shyness, feelings of unworthiness, fears of competition, and fears of exhibiting themselves.

A detailed description of the narcissistic personality has also been given by Otto Kernberg.

On the surface, these patients may not present seriously disturbed behavior; some of them may function socially very well, and they usually have much better impulse control than the infantile personality.

These patients present an unusual degree of self-reference in their interactions with other people, a great need to be loved and admired by

others, and a curious apparent contradiction between a very inflated concept of themselves and an inordinate need for tribute from others. Their emotional life is shallow. They experience little empathy for the feelings of others, they obtain very little enjoyment from life other than from the tributes they receive from others or from their own grandiose fantasies, and they feel restless and bored when external glitter wears off and no new sources feed their self-regard. They envy others, tend to idealize some people from whom they expect narcissistic supplies and to depreciate and treat with contempt those from whom they do not expect anything (often their former idols). In general, their relationships with other people are clearly exploitative and sometimes parasitic. It is as if they feel they have the right to control and possess others and to exploit them without guilt feelings—and, behind a surface which very often is charming and engaging, one senses coldness and ruthlessness. Very often such patients are considered to be dependent because they need so much tribute and adoration from others, but on a deeper level they are completely unable really to depend on anybody because of their deep distrust and depreciation of others.

Analytic exploration very often demonstrates that their haughty, grandiose, and controlling behavior is a defense against paranoid traits related to the projection of oral rage, which is central in their psychopathology. On the surface these patients appear to present a remarkable lack of object relationships; on a deeper level, their interactions reflect very intense, primitive, internalized object relationships of a frightening kind and an incapacity to depend on internalized good objects. The antisocial personality may be considered a subgroup of the narcissistic personality. Antisocial personality structures present the same general constellation of traits that I have just mentioned, in combination with additional severe superego pathology.

The main characteristics of these narcissistic personalities are grandiosity, extreme self-centeredness, and a remarkable absence of interest in and empathy for others in spite of the fact that they are so very eager to obtain admiration and approval from other people. These patients experience a remarkably intense envy of other people who simply seem to enjoy their lives. These patients not only lack emotional depth and fail to understand

complex emotions in other people, but their own feelings lack differentiation, with quick flare-ups and subsequent dispersal of emotion. They are especially deficient in genuine feelings of sadness and mournful longing; their incapacity for experiencing depressive reactions is a basic feature of their personalities. When abandoned or disappointed by other people they may show what on the surface looks like depression, but which on further examination emerges as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated.

Some patients with narcissistic personalities present strong conscious feelings of insecurity and inferiority. At times, such feelings of inferiority and insecurity may alternate with feelings of greatness and omnipotent fantasies. At other times, and only after some period of analysis, do unconscious fantasies of omnipotence and narcissistic grandiosity come to the surface. The presence of extreme contradictions in their self-concept is often the first clinical evidence of the severe pathology in the ego and superego of these patients, hidden underneath a surface of smooth and effective social functioning.

The chief attributes described in Kernberg's viewpoint are the individual's lack of emotional ties to others, the lack of positive feelings about his own activities, and his inability to sustain relationships except as sources of admiration intended to bolster his own faltering self-esteem. Kernberg further suggests that beneath the surface the pathological narcissist suffers from deep feelings of destructive rage and envy toward those people upon whom he depends. He also intimates that the inner fragmentation of those narcissistic individuals with good surface functioning may result in unexpected psychotic episodes during analytic treatment. Primitive defense mechanisms of splitting, projective identification, and denial are prevalent.

Kohut, describing similar patients, emphasized the lack of genuine enthusiasm and joy, the sense of deadness and boredom, and the frequency of perverse activities. It is also his view that a final decision concerning the diagnosis can be made only on the basis of the transference established in the course of psychoanalysis. For Kohut, the person suffering a narcissistic personality disorder is someone who has achieved a cohesive self-organization—that is, someone who is not borderline or psychotic but whose self-organization is liable to fragmentation under conditions of stress. Typically, in analysis, they form self-object transferences of the “mirror” or “idealizing” type, and these are the hallmarks of the disorder.

Finally, it should be apparent that disturbances of a psychic structure as central as the self must have consequences for all developmental stages, as well as for other psychic structures and for content and quality of intrapsychic conflict.

Differential Diagnosis

While there is continuing disagreement about the precise criteria for diagnosis, narcissistic personality disorders must, in general, be distinguished from the borderline personalities at the sicker end of the spectrum, and from the higher level (oedipal, classical, or transference) neuroses at the other end.

. The borderline personality represents a more severe failure to achieve

self-integration, and is characterized by greater impulsivity, varieties of sexual acting out, shifting, intense unstable relationships, frantic refusal to be alone, psychotic manifestations under stress, evidence of severe identity disturbance (“I don’t know who I am”), marked and rapid lability of mood, and tendencies toward severe self-damaging behavior, including suicidal gestures. While persons suffering narcissistic personality disorders may show some of these manifestations, their functioning remains characterized by a cohesive, if defective, self-organization, while the behaviors mentioned for the borderline patients are only rarely present. Self-object differentiation has been achieved and reality testing is basically intact. Relatively high levels of functioning are possible for the narcissistic personality, although there is always the tendency to “burn out” as boredom and emptiness replace the pursuit for admiration.

At the other pole, it may be impossible initially to distinguish the patient with a narcissistic personality disorder from patients with narcissistic characterological defenses against oedipal conflict, since some disturbances of the self are present in all psychopathology. It is Kohut’s view that only the ongoing therapeutic effort in analysis and the clarification of the nature of the transference can clearly make the distinction between these disorders. In analysis, the “classical” transference neurosis patient will develop a full tripartite oedipal fantasy relationship with the therapist, and the nuclear oedipal conflict will become apparent as narcissistic defenses are analyzed and undermined. In the narcissistic personality the oedipal palimpsest

provides an “as if” sense of interpersonal involvement that quickly collapses if narcissistic defenses are analyzed and the patient is threatened with the loss of a coherent self. Kernberg further emphasizes that despite surface similarities with a variety of neurotic disorders in which narcissistic defenses for self-esteem are prominent, the narcissistic personality disorder is distinguishable by the absence of genuine warmth and concern for others.

Etiology

Disturbances of narcissism arise during the early phases of infantile development in relation to beginning separation from the mother and the clear differentiation of oneself as a separate individual. It is postulated that under optimum circumstances the very young infant enjoys some vague sense of omnipotence, autarchy, and perfect union with mother and environment, since all needs are gratified relatively quickly upon their being experienced and with no special effort on the part of the infant. The experience of hunger is followed by feeding, and the experience of bodily discomfort is followed by the soothing ministrations of the mother. This experience of satisfactory unity with the caretaking environment, usually the mother, builds in the young psyche a sense of omnipotence, a fantasy of total bliss and power. With increasing psychological development, experience, and the additional complexity of needs, the infant becomes increasingly aware of his need for the mother’s care and help, an awareness that reaches one peak at the

rapprochement phase (the stage in which the infant, now a toddler, increasingly separated from mother and without mother's automatic aid in achieving his wishes, experiences great anxiety and frustration and ambivalently seeks both to establish autonomy and reestablish ties to mother). It is assumed that the responses at this stage are crucial for the shaping of future narcissistic characteristics. Those infants who are able to begin gradually to delegate their own sense of omnipotence to a parent for whom they have loving feelings, and to share that omnipotence while gaining a feeling of greater effectiveness, both individually and through sharing, are likely to develop a sturdy and joyful sense of self. Those infants who respond with increasing frustration and rage to the recognition of their own helplessness in satisfying their needs, or who find that the mother on whom they are dependent is an unreliable gratifier of their needs, are likely to develop rage tinged with inadequate feelings of themselves as beings incapable of providing for their own gratification.

In a brief summary then, the development of an adequate sense of self requires a mother-child "fit" that is sufficiently gratifying to both parties, so that the mother can provide the child with: (1) a "holding environment" that allows a maximum of psychological comfort, including pleasures in body sensations; (2) the phase-specific wax and wane of grandiose omnipotent fantasies of perfection; (3) identifications with idealized parent images;

adequate experiences of loving approval of the child's body, play, and achievements;

control and tolerance of the child's "badness"; (6) phase-appropriate encouragement of increasing autonomy; and (7) the sense of being empathically responded to, that is, understood in some way. Clearly all of these needs are never entirely fulfilled, and the rage and frustration that routinely occur in the mother-infant interaction as a result of failures of need gratifications and subsequent disruptions of omnipotent fantasy are a part of the normal maturational process, as are the attempts to repair these feelings of injury. While it is likely that constitutional, possibly genetic, factors contribute to certain infants' difficulty in integrating the many processes that contribute to the coherent sense of self, studies on this topic are not available.

Disturbances of the self are part of all psychological disturbances, and their treatment must be part of the treatment of the major psychopathology that is present. The narcissistic personality disorders, however, require a treatment designed to repair the primary flaws in the self-organization and the related broad disturbances of functioning that are likely to be manifested in all aspects of the personality—in stability of object relations, loss of affective capacity, diminished integrity of psychic structure, unstable self-esteem, and so forth. While outcome studies are unavailable, there is general agreement that lasting treatment effects are likely to occur only with deep

intensive psychotherapy or psychoanalysis, with or without modifications. In recent years two major views concerning the nature of psychotherapy for this disorder have been developed— Kohut’s and Kernberg’s. They are described in the next section.

Therapy

Kohut

Heinz Kohut’s comprehensive theory of the development of the self and treatment of disorders of the self has been a major influence in current thinking. While Kohut’s views have gone through a lengthy evolution, in their current form they define a bipolar self-composed on the one hand of tendencies toward exhibitionism and ambition, and on the other hand toward idealization of parent and self. Both of these tendencies derive from early infantile precursors. Kohut posits these inferences concerning early development primarily from the nature of transferences that occur in psychoanalytic treatment. Those aspects of what are labeled the “mirror transference” reveal primitive needs for being noticed, admired, and approved in one’s grandiose aspirations. When these needs are met in the course of infantile development the normal construction of an infantile grandiose self is effected, and this is a necessary basis for healthy later development. Aspects of the “idealizing transference” reveal that the infant

endows the caretakers in the environment with idealized capacities for power and omniscience with which the infant can identify and from which he can borrow strengths. One pole of narcissism thus relates to the development of ambition, strivings, and achievements, while the other pole of narcissism relates to the development of values and goals. It is Kohut's view that these developmental aspects of the self precede the development of drive and that they are the sources of coherent drive expression. Failures in the cohesive development of the self lead to drive derivative "disintegration products," expressed as pathological sexual and aggressive behaviors.

The psychopathology of the narcissistic character disorder is, in Kohut's view, one of arrest of the development of adequate psychic structure—that is, it is a deficiency disease. These failures in the development of self-structure are prior to, and the source of, the apparent drive-related and conflictual materials that have been traditionally interpreted as the nucleus of neurosis. According to Kohut, the exclusive focus of traditional psychoanalysis on the conflictual aspects of the problem prevents the appearance of the significant underlying etiologic deficit. Furthermore, the objective inspectional, inferential stance of the analyst contributes to a consistent attitude of muted responsiveness, which for many narcissistic characters in analysis imposes a repetition of the deprivation circumstance—that is, the lack of empathy for the patient's need for vividness, responsiveness, and so forth, which were the original source of the developmental failure. The analyst's unavoidable

periodic empathic failures in the transference situation present the possibility that these original empathic failures will be analyzed in the generally empathic treatment situation rather than repeated blindly.

In this view, the first object relations of the developing child consist of partial recognitions of the actual other person as part of one's internal monitoring of the state of one's self, and are termed by Kohut "self-objects." They are objects not yet perceived as autonomous in their own right but are internalized as aspects of the self and its own needs. In the later development of healthy narcissism, when the self is sufficiently sturdy and capable of providing its own gratifications, it then acknowledges the existence of the object as autonomous and as a source of gratifications as well as an opportunity for generous giving. The development of pathological forms of narcissism is largely dependent upon the actual failures of the environment to provide appropriate empathic responses to the infant's needs. For healthy development to occur, the mother must be empathically responsive to the infant's need for admiration ("mirroring") and to the later need to idealize the parent. Empathic failures result in a developmental arrest with fixation remaining at primitive levels of grandiosity and idealization, which leads to defensive rage and distorted sexuality. The arrest of self-development and its drive-disintegration products interfere with joyous expression and prevent the development of creativity. It is Kohut's view that while aspects of narcissistic pathology can be treated by a variety of psychotherapies, only a

properly conducted psychoanalysis offers the greatest opportunity for therapeutic success.

The therapeutic task, therefore, is to permit the reconstruction within the psychoanalytic situation of the original self-strivings of the patient. The feelings of empathic failure that will arise as the analytic work periodically falters, because of real empathic failures on the analyst's part, permit a reexamination of the parents' original empathic failures and an opportunity for renewed growth as the analyst senses a new object. According to Kohut, the early phase of psychoanalysis should be devoted to allowing the fullest emergence of mirror and/or idealizing transferences. This requires care on the part of the therapist to avoid a too early interpretation of defensive secondary behaviors, since this could prevent the emergence of more basic narcissistic strivings. The patient, for example, who early in the analysis expresses rage at the analyst's inadequate attention, requires an empathic understanding of what has occurred within the analytic situation (that is, what has led him to feel unattended to) rather than an interpretation concerning the nature of his habitually excessive demands for attention. If the patient is permitted to regress in the analytic situation to the stage of fixation of self, and if the therapist does not interfere with the renewed infantile needs for mirroring and idealization, then normal growth processes will resume and a more mature self can be achieved.

The emphasis on empathy is an important aspect of Kohut's work. He stresses the necessity for the therapist consistently to maintain the empathic rather than objective stance. It is the therapist's task to imagine himself "into the skin" of the patient and to understand what each situation in the transference feels like to that patient. This is more important than the attempt, with the use of theory, to understand objectively what the situation is like in some larger or more objective context.

Kohut and his followers have made the claim that the insights and technical consequences of this new theory of the self have improved their abilities to treat the full range of narcissistic disorders by the methods already indicated, as well as enabling them to bring these patients to a level where more classical psychotherapeutic-psychoanalytic interpretive techniques will be successful. Their effort is to present the patient with comprehensive reconstructive interpretations derived from an empathic mode of observation and communication as opposed to the allegedly classical part-interpretations derived from an inferential mode of observation and communication.

Critics of Kohut have maintained that his work is poorly supported by data and that the clinical data produced is adequately explained by existing theories. The plea for empathy is regarded by his critics as a return to a philosophy of gratifying the patient's neurotic needs without analyzing them. His critics also claim that he provides a "corrective emotional experience"

rather than an experience of deepened understanding about the conflictual nature of the difficulty.

Kernberg

Otto Kernberg has attempted to understand the dynamics of narcissism within the structural dynamic and object-relational points of view. The works of Mahler, Jacobson, Reich, and the British School had contributed significantly to Kernberg's conception of the self as a vital aspect of the early ego developing as an original fused self/object internalization. It is Kernberg's view that all early infantile experiences contribute to the differentiation and integration of internalized self and object representations, which consist of mixtures of affective, cognitive, and drive components. Kernberg states that in the narcissistic personality disorder, stable ego boundaries are established (that is, reality testing is intact), but a refusion of already differentiated internalized self and object representations occurs as a defense against anxieties arising out of interpersonal difficulties. He postulates the creation of ideal self and object images, actual self and object images, and denigrated self and object images. Whereas the normal individual maintains a structural tension of idealized self and object images (the superego), and actual self and object images (the ego), the narcissistic character pathologically fuses ideal self, ideal object, and actual self-images in the attempt to destroy the actual object. As a result, there are not only distortions of the self, but structural

distortions of the superego. According to Kernberg, the narcissistic character is, in effect, saying:

I do not need to fear that I will be rejected for not living up to the idea of myself which alone makes it possible for me to be loved by the ideal person I imagine would love me. That ideal person and my ideal image of that person and my real self are all one and better than the ideal person whom I wanted to love me, so that I do not need anybody else any more.

As a result of this process, denigrated unacceptable images of the self are projected onto those external objects viewed as dangerous, depriving, and attacking. The predominant self-image is itself a denigrated, hungry, weak, enraged, fearful, hating self. Kernberg discusses the feelings of emptiness, the lack of genuine feeling for others, and the paranoid projected rage that characterize these persons. Kernberg is in partial agreement with Kohut when he says that “chronically cold parental figures with covert, but intense aggression are a very frequent feature of the background of these patients.” The entire defensive effort of these patients is to maintain self-admiration, to depreciate others, and to avoid dependency. Kernberg’s view is that the analytic task is to enable the patient to become familiar with his primitive oral rage, his hatred of the image of the aggressive mother, and to realize that this rage is linked with unfulfilled yearnings for loving care from the mother. The failure to integrate into one representation the loving and frustrating aspects of the mother—as represented in the figure of the analyst—will occupy a major portion of the analytic work. The patient’s capacity to yield his own

yearning for perfection in favor of accepting the terror of intimacy and the reality of another person as genuine, though imperfect, is the goal of the treatment. If successful, a new world of internalized objects is created that admits for the first time the feelings of genuineness and creative pleasure that were previously absent. Curiosity and interest in other persons, especially in the analyst, may begin to manifest themselves. The recognition of the reality of the analyst as a benign and actual whole person independent from the patient is, of course, the ultimate indicator of the success of the treatment.

It is Kernberg's view that narcissistic personalities can be treated without deviation from classical methods, that one must be alert to the borderline features which are displayed in more severe cases, and that one must be on the lookout for opportunities for narcissistic gratification which often hinder the analytic task. Kernberg does not agree with Kohut as to the need for a special pre-interpretation phase of treatment. It is Kernberg's view that in the narcissistic personality the processes of idealization of self and object are not arrested but are faultily developed. Because the grandiose self regularly incorporates primitive components of ideal self and object, superego formation is defective and the internalized world of object-relations deteriorates, resulting in the severe disturbances of interpersonal relationships of pathological narcissism. The therapeutic task is to enable the patient to arrive at new arrangements of existing structures and to undo pathological types of idealization rather than effect the resumption of growth

of archaic tendencies toward idealization. For Kernberg the idealization of the analyst, early in the analysis of the narcissistic personality, would be a defensive measure related to covering underlying feelings of rage and emptiness rather than a conflict-free phase required for the building up of an adequate self. The pathological idealization is contaminated by rage, unlike the original idealization of the infant. Interpretation therefore will be aimed at helping the patient clarify his rage and greed; it will not require a preparatory phase of uncontaminated idealization.

Kernberg differentiates three levels of functioning of narcissistic personalities. The first group maintains effective surface adaptation in important areas of their lives; the patients are troubled by limited neurotic symptoms and have little insight into the inroads that narcissism has made in their lives. These patients are probably not yet willing to tolerate the anxieties that might be aroused in psychoanalysis, and are probably best treated by short-term psychotherapy. It is likely that later life experiences will bring home to them the full damage done to their personalities and they may then be amenable to psychoanalysis.

The second group of patients with narcissistic pathology is the most common and presents with severe disturbances in object relations and complicating symptoms in many areas of functioning. The treatment of choice in these cases is psychoanalysis. A third group of patients presents with

borderline features and is likely to benefit from supportive-expressive psychotherapy.

Other Views

A variant of these views has been put forth by Cooper, emphasizing the intermeshing of narcissistic and masochistic pathology. In his view early frustrations of narcissistic strivings lead to reparative attempts to maintain omnipotent fantasies, despite the helpless rage experienced by the infant in the course of ordinary failures of maternal care. One of these defensive efforts involves the attempt to master feelings of rage, frustration, and helplessness by the intrapsychic shift from pride in providing one's self with satisfactions to pride in the fantasy of control over a "bad mother," one who is responsible for the frustrations. Self-esteem takes on a pathological quality when an individual begins to derive satisfaction from mastery of his own humiliations, for example, when the infant begins to experience some sense of control and satisfaction when experiencing deprivations. A significant distortion of pleasure motivations has taken place and a pattern of deriving pleasure out of displeasure has begun. This pattern provides the groundwork for the later clinical picture of what Bergler referred to as the behavior of the "injustice-collector." This individual engages in the following triad: (1) provocation or misuse of reality in order to suffer an injury; (2) defensive aggression designed both to deny responsibility for the unconsciously sought-for defeat

and, secondarily, to escalate the self-punishment; and (3) depression, self-pity, and feelings of being singled out for “bad luck.”

Cooper suggests that these individuals are basically narcissistic-masochistic characters and that their analysis regularly reveals that narcissistic defenses of grandiosity and entitlement are used to ward off masochistic tendencies toward self-abasement and self-damage. Concurrently, masochistic tendencies are used to disguise the full extent of the damage to the grandiose self. Treatment must therefore address both sides of the equation. Interpretation of narcissistic defenses produces masochistic reactions of victimization and self-pity, while interpretation of masochistic behaviors produces feelings of narcissistic humiliation.

Countertransference

Anyone who has attempted the treatment of narcissistic character pathology has noted the exceptional difficulties that arise in trying to maintain an appropriately attentive, sympathetic, and empathic attitude. The therapist is more than likely to find himself bored, or angry, or unable to make sense of the material, or just generally uneasy with the feeling of lifelessness presented in the treatment. Examination of the therapeutic situation will usually reveal that the therapist is responding to one or several of the following:

1. The patient's failure to acknowledge the therapist's existence in emotional terms. The therapist's interventions are ignored or denigrated; there is no curiosity about him, no indications that any tie exists between the two parties.
2. The patient's unspoken, grandiose, magical demand for total attention and effort on the part of the therapist, without any sense of a reciprocal relationship. The patient's feeling of icy control and detachment can be disconcerting.
3. Denigration of all therapeutic gain or effort, and destruction of all meaning.
4. Emergence of the extent of the patient's feelings of emptiness and hollowness, communicated to the therapist.
5. The patient's primitive idealizations of the therapist, arousing narcissistic anxieties in the therapist.
6. The patient's cold grandiosity, which arouses a retaliatory anger in the therapist.

Understanding the meanings of these reactions and making suitable preparations for them can aid the therapist to tolerate these periods, to remain alert for the shifts in the emotional climate of the treatment, and to avoid excessive guilt or anger on his own part.

Summary

Issues of narcissism and the self have occupied a central role in psychodynamic theory and practice from the time of Freud's earliest researches. In the past several decades, increasing investigations into the diagnosis and treatment of the narcissistic personality disorders have been implemented by: (1) newer knowledge of infant development and the stages of individuation and separation; (2) developments in psychoanalytic theory that place greater emphasis on the central role of internal self and object representations and the maintenance of self-esteem; and (3) possible changes in the culture that may have produced more frequent and more severe forms of pathological narcissism. While the treatment of these patients is difficult and challenging, significant advances have been made and worthwhile therapeutic goals can often be achieved.

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