Overview: Narcissistic Personality Disorder

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The authors trace the evolution of narcissistic personality disorder as a nosological entity in a critical survey of the literature, considering and comparing differing theoretical viewpoints regarding the genesis of this disorder. They review its various descriptions, including the one in DSM-III, and developing a composite picture of the syndrome. The disorder consists of characteristic deficits in six broad areas of functioning: 1) self-concept, 2) interpersonal relationships, 3) social adaptation, 4) ethics, standards, and ideals, 5) love and sexuality, and 6) cognitive style. The authors identify guidelines for distinguishing the narcissistic personality from other personality disorders as well as areas needing continued research.

The diagnosis of narcissistic personality disorder has been used with increasing frequency in recent years; DSM-III lists it as a distinct character disorder. Yet the concept remains poorly defined and controversial. It depends largely on data derived from clinical psychoanalysis and lacks phenomenological documentation from extensive patient samples. In this paper we attempt a critical survey of the literature relevant to narcissistic personality disorder with the goal of developing a composite picture of the syndrome. Similar efforts to clarify another controversial diagnosis, the borderline personality (1-3), have been useful in identifying diagnostic criteria and in defining areas for continued research.

HISTORY

In Greek mythology Narcissus fell in love with his own reflection in still water; unable to tear himself away from it, he died of languor. Havelock Ellis (4) first invoked this myth to illustrate a psychological state in reporting a case of male autoeroticism. In commenting on Ellis's work, Nacke (5) first used the term "narcissism." The term "narcissistic" was first used by Freud in a 1910 footnote to "Three Essays on the Theory of Sexuality," (6) Otto Rank (7) wrote the first psychoanalytic paper on narcissism in 1911, and Freud's paper "On Narcissism" was published in 1914 (8).

In a 1925 paper that foreshadowed the work of more recent authors, Waelder (9) reported in detail on an individual with a "narcissistic personality." Waelder characterized such individuals as displaying condescending superiority, intense preoccupation with their self-respect, and a strain of lack of empathy or concern for others while maintaining an adequate adaptation to reality. Their lack of empathy is often most apparent in their sexuality. Intercourse is a purely physical pleasure, the partner being less a person than a means to an end. Waelder also pointed to narcissistic motives that underlie even the morality of these individuals. Unlike the usual super-ego dictate, "I must not do this, for it is immoral; my parents have forbidden it," narcissistic morality prompts something like, "This may not be for it would humiliate me; it does not accord with my lofty and noble personality." Waelder also indicated that these individuals often displayed a "narcissistic mode of thought," which included "libidinization of thinking," or a tendency toward sexual, perversion, and substance abuse and a peculiarly corrosive conscience, a readiness to shift values quickly to gain favor. According to Kernberg, individuals with a narcissistic personality possess a capacity for consistent work and may even become socially quite successful, yet their work and productivity are in the service of exhibitionism, and these individuals lack genuine, in-depth professional interests. Kernberg calls this tendency "pseudoalexithymia." (25, 229) in order to distinguish it from mature forms of narcissism.

Kernberg holds that the narcissistic individual as a child was left emotionally hungry by a chronically cold, unempathic mother. Feeling unloved and "bad," the child projected his rage onto his parents, who were then perceived as even more sadistic and depriving. The child's sole defense then was to take refuge in some aspect of himself that his parents, particularly his mother, valued. Thus the grandiose self developed.

The subject's main interest is directed to self-preservation; he is independent and not open to intimidation. His ego has a large amount of aggressiveness at its disposal, which also manifests itself in readiness for activity. In his erotic life loving is preferred above being loved. People belonging to this type impress others as being "personalities"; they are especially suited to act as a support for others, to take on the role of leaders and to give a fresh stimulus to cultural development or to damage the established state of affairs.

Annie Reich (14) emphasized that "narcissistic pathology cannot be viewed as restricted to psychotics" and pointed out the "compensatory narcissistic self-inflation" in certain nonpsychotic individuals. These individuals, according to Reich, have "exaggerated, unrealistic, i.e., infantile—inner yardsticks" and constantly seek to be the object of admiring attention "as a means to undo feelings of inferiority." In 1961 Nemiah (15) described individuals with a "narcissistic craving for admiration" as having an insatiable craving for admiration. Such individuals, according to Nemiah, do very little in life because they want to: their actions are constantly influenced by what they think others think of them.

Nemiah postulated that if the parents set unrealistically high standards for the child and if the child cannot hold up to those standards, the parents treat the child with harsh criticism. The child internalizes these parental attitudes, and as an adult he demands too much of himself and becomes very ambitious. He also criticizes himself and reacts to even an ordinary setback with a dismal sense of inadequacy. Such an individual becomes a "prisoner of his aspirations, his need to prove himself to his father." In 1967 Kernberg (16) presented a coherent clinical description of the "narcissistic personality structure." Kernberg then perceived the term "narcissistic" as "a concentration of psychological interest upon the self." (12).

An attempt to trace the evolution of the concept of narcissistic personality disorder is further complicated by the early interchangeable use of the terms "narcissistic neuroses," "psychoses," "dementia precox," and "schizophrenia." Waelder (9) considered narcissistic personality a muddled variant of schizophrenia. In "On Narcissism" Freud avoided character typology but pointed out that some people "compel our interest by the narcissistic consistency with which they manage to keep away from their ego anything that would diminish it." In 1531 Freud (13) wrote of the "narcissistic character type."
Kernberg proposes that the grandiose self (a term he borrowed from Kohut but uses with different etiologi- cal connotations) is formed by the admixture of two aspects of the child, the fantasized version of himself that compensated for frustration and defended against rage and the fantasized image of a loving mother. These three psychic structures coalesce in the grandiose self. This unacceptable image of oneself as a hungry infant is dissociated or split off from the main functioning self, although an experienced eye can discern its presence behind the boredom, emptiness, and withering hunger for excitement to fashion a plausible facade.

Kernberg selectively integrated certain concepts from analysts of the British object-relations school, including Klein (27), Fairbairn (28), Guunt (29), Rosenfield (31), and Khan (30). Among American psychoanalysts such as Mahler (31), Jacobson (32), and van der Waals (11). Kernberg maintains agreement with classical psychoanalytic theory, recognizing the con- tribution of instinctual drives to psychopathology and not proposing a "narcissistic libido" independent of early object relations, as Kohut suggests.

**KOHTH'S CONTRIBUTIONS**

Kohut's extensive writings on narcissism (23, 33–42) are based on the psychoanalytic treatment of patients with narcissistic personality disorder. Although his writings are clear articulations of psychoanalytic technique, they do not contain empirical diagnostic criteria. Kohut (34) specifically disavows "the traditional medical aim of achieving a diagnosis in which the present state of the patient and his re-occurring manifestations" (pp. 15–16), holding that "the crucial diagnostic criterion is based not on the evaluation but on the presentation of the patient's representations. This is accomplished through explor- ation of the dissociated hungary-infant self-images and their attached angry emotions. Kernberg applies the dualistic theory of narcissism to his object relations theory. Kernberg sees aggression, specifically early childhood or oral rage, as the inciting agent in the formation of a narcissistic personality disorder: "I am grandiose because I feel unlovable and hateful and I fear I cannot be loved unless I am perfect and omnipotent."

Kohut's position is shared by Kernberg (40–42), the Ormsteins (43), and Schwartz (44), who see narcissism as separate from drive-determined conflicts. Promi- nent among Kohut's contributions is his elaboration on narcissistic rage. Kernberg sees the narcissistic person has defects in five crucial areas: 1) perception of self, including body-self, 2) language and thought organization, 3) intentionality and voli- tion, 4) regulation of mood, and 5) perception of time, space, and aesthetic disintegration and disintegration of self, and the split-off self-representation may even have a distinct psychophy- bical embodiment such as a double. Even when such a personification does not occur, the split-off self shows a "mirror complementarity" with conscious complaints. An indi- vidual who has feelings of weakness and vulnerabil- ity may secretly harbor a grandiose and dangerously powerful split-off self, and one who exhibits paranoid arrogance may secretly fear the timid, dependent child-self. Among these individuals there is also rela- tive predominance of self-oriented reality perception, and they display a tendency toward excessive self- stimation.

The narcissistic individual uses language in a pre- dominantly autocentric manner for well-being and self-esteem rather than for communicating or understanding. There is a peculiar gap between words and per- cepts, and the person gives the impression that he is talking to himself or to a circle. A loss of flexibility in perspective results in overabstrac- teness, concretization, or fluctuations between these extremes. The narcissist often uses impersonal sub- jects: for example, "the thought occurred . . ." "one feels that . . .". Bach points to subtle learning prob- lems and major neurological defects, and the narcissist's overemotional rage often seems to develop in the absence of irri- tations. It may represent a "split off self" or "self-ideal." The assumption of ignorance, inflicts an intolerable narciss- istic injury. Along with these effects are restrictions in movement, sensory, and intentionality, often dis- guised by fruitless pseudoactivity. Mood regulation seems excessively dependent on external circum- stances. Moreover, with many patients, Kohut sug- gests these mood swings from the classical cyclohy- mania insofar as these are
were traumatized as children when their sense of self was developing. Deficient maternal empathy at that stage necessitates the establishment of a precarious and vulnerable sense of autonomy, which is supported by fantasies of omnipotence and around which the grandiose self develops.

Horowitz (58) offers three sets of criteria for the diagnosis of narcissistic personality. The first two refer to traits and interpersonal relations and include the clinical characteristics described by Kohut and Kernberg. The third set of criteria is a phenomenological style, which Horowitz sees as consisting of paying undue attention to sources of praise and criticism, maintaining incompatible psychological attitudes in separate clusters, and using characteristic coping devices when faced with threats to self-esteem. The narcissist denies, disavows, or negates disappointing experiences or "slides around the meaning of events in order to place the self in a better light." Such fluid shifts in meanings, while permitting an apparent logical consistency, lead to a shaky subjective experience of ideas.

Burston (59) has attempted definition and even subclassification of narcissistic personality disorder. His definition is similar to those outlined above. However, his subclassification of the disorder into four subtypes (craving, paranoid, manipulative, and phallic) seems too inclusive in that it subsumes such diverse characteropathologies as passive-aggressive, antisocial, and paranoid under one nosological rubric.

SOCIAL AND EXISTENTIAL PERSPECTIVES

Some sociological studies (60-63) provide descriptive portraits of those who are described as narcissistic personality disorder. For instance, in a study of contemporary corporate leaders, Macoby (61) noted that the character in this group "... is seductive ... has little capacity for personal intimacy and social commitment ... feels little loyalty ... lacks conviction." He likens them to "a sexy atmosphere," and, "... once his youth, vigor, and even the thrill in winning are lost, he becomes depressed and goalless." Finding himself "... starkly alone."

Lifton's "protean man" (63) lives with "an intermittent series of experiments and explorations ... a vogue but persistent kind of self-frustration ... a nagging sense of worthlessness ... resentment and anger [and] ... hunger for chemical aids to expand consciousness."

Whether this likeness validates the existence of the disorder is not the issue; what is important is a synthesis of description from various sources—psychodynamic, psychiatric, literary, sociologic, and existential—in order to grasp the essential phenomenology of this disorder.

Dsm-iii

Dsm-iii lists narcissistic personality disorder as a separate entity, giving the following diagnostic criteria and specifying that these are characteristic of the subject's long-term functioning and may not be limited to episodic behavior: A) grandiose sense of self-importance or uniqueness, 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 a sense of rejection (indifference of others, or defeat, and E) at least two of the following characteristics of disturbances in interpersonal relationships: 1) excessive or inappropriate self-admiration, 2) derogatory attitudes of the alienated man (67) also resembles that of the narcissist. Johnson reviewed the contributions of major existential thinkers in picturing the alienated man as "sitting in his own private theater at once the protagonist and the audience," feeling like "an actor, a player, or impersonator but never a person." With an overweening feeling of inauthenticity and meaninglessness, concepts of sincerity or authenticity seem absurd to such an individual. Relating to others is accompanied by "such intense self-consciousness that any kind of action seems overwhelmingly synthetic." Johnson portrays the alienated man as living in "caves, cocoon, containers, and bell jars ... with the inevitability of this counterbalanced by the splendid private awareness of his own equipment." All these descriptions bear a striking resemblance to the clinical picture of narcissistic personality disorder.

Clearly, this is the first major attempt to develop diagnostic criteria for the narcissistic personality disorder. As a landmark in the evolution of a definition of this syndrome, the attempt deserves recognition and praise. Even the inclusion of the disorder as a separate entity in Dsm-iii, while it is yet to be mentioned in major textbooks of psychiatry, is a progressive step.

The diagnostic criteria themselves are quite detailed. However, including certain other clinical features mentioned above, they seem to make them deeper and more comprehensive. These features are chronic, intense envy and defenses against it; pseudodelimination or exhibitionistic motivation to work; the corruption of value systems; and cognitive peculiarities. Also, the description in Dsm-iii does not emphasize the coexistence of mutually contradictory stances, seen in almost all areas of functioning, that is to us a central feature of the condition. We hope to cover these areas clearly in the following.

DIFFERENTIAL DIAGNOSIS

There are superficial similarities between the narcissistic and other personality disorders. Dsm-iii...
narcissistic personality disorder, as demonstrated by questionnaire data, is described. The central issue for the diagnosis of narcissistic personality disorder is the presence of grandiosity, manipulativeness, and a lack of empathy and capacity for emotional involvement. The prevalence of narcissistic personality disorder is estimated to be approximately 1%, with a higher prevalence among men than women. The clinical features of narcissistic personality disorder include a preoccupation with success, a need for admiration, and a lack of empathy for others. The diagnosis of narcissistic personality disorder is often complicated by the coexistence of other psychiatric conditions, such as depression or anxiety disorders. The management of narcissistic personality disorder is challenging and may require a combination of psychodynamic therapy, medication, and support from family and friends.
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VI. COGNITIVE STYLE


VII. MATURATIONAL PROCESS AND THE FACILITATING ENVIRONMENT


APPENDIX I. Clinical Features of the Narcissistic Personality Disorder

I. SELF-CONCEPT

Over: inflated self-regard; haughty grandiosity; fantasies of wealth, power, beauty, brilliance; sense of entitlement; illusory invulnerability
Covert: inadequate hypersensitivity; feelings of inferiority, worthlessness, fragility; continuous search for strength and glory

II. INTERPERSONAL RELATIONS

Over: lack of depth and involvement for social and emotional growth; occasional withdrawal into "splendid isolation"
Covert: chronic idealization and intense envy of others; monstrous hunger for acclaim

III. SOCIAL ADAPTATION

Over: social success; sublimation in the service of exhibitionism (pseudoexhibitionism); intense ambition
Covert: chronic boredom, uncertainty, dissatisfaction with professional and social identity

IV. ETHICS, STANDARDS, AND IDEALS

Over: apparent zeal and enthusiasm about moral, sociopolitical, and aesthetic matters
Covert: lack of any genuine commitment; corrigible conscience

V. LOVE AND SEXUALITY

Over: seductiveness; promiscuity; lack of sexual inhibition; frequent infatulations
Covert: inability to remain in love; treating the love object as something other than a person

VI. ATTITUDE AND ACTION

Over: egocentric perception of reality; artificial and rhetorical; obsessive and occasionally vague, as if talking to self; evasive and logically consistent in arguments; easily becomes devil's advocate
Covert: caution toward objective aspects of events, resulting at times in subtle gaps in memory; "soft" learning disabilities; autistic use of language; fluctuations between being overweight and overconcrete; tendency to change meaning of reality when self-esteem is threatened.

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Syndromes Attributed to “Minimal Brain Dysfunction” in Childhood

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The author considers two main concepts of minimal brain dysfunction: 1) a continuum notion, in which minimal brain dysfunction is viewed as a lesser variant of gross traumatic brain damage, and 2) a syndrome notion, in which minimal brain dysfunction constitutes a genetically determined disorder rather than a response to any form of injury. The evidence on the former indicates that subclinical damage to the brain may occur and may involve psychological sequelae—but the damage probably has to be rather severe, and the result is not a homogeneous syndrome. The second alternative remains a possibility, but the claims for outlining the empirical findings that could justify them.

The view that the presence of hyperactivity might itself be used as an indication of damage to the brain drew considerable attention from Strauss’s very influential studies of what he regarded as “brain-injured” children (9). In essence, he and his colleagues found that various characteristics, including hyperactivity, disinhibition, and distractibility, differentiated brain-injured mentally retarded children from those who were not brain-injured. On this basis they argued that all brain lesions were followed by a similar kind of behavioral disturbance and, moreover, that this type of behavior was always due to brain damage. Not only is that logic quite seriously faulty but also the signs and symptoms of brain injury on which it was based were of dubious validity. In spite of these grave deficiencies, the “Strauss syndrome” rapidly came to be accepted as one involving organic brain dysfunction.

The next landmark in the story of minimal brain dysfunction was provided by Pasamanick and Kohn-

loch’s studies in the 1950s and early 1960s of the association between pregnancy complications and a range of outcomes extending from cerebral palsy and mental retardation to hyperactivity and reading disorders. They postulated a “continuum of reproductive casualty” in which the effects of damage to the brain during the prenatal period and the birth process were thought to vary according to the extent of the damage. When the damage was severe, clear-cut neurological disorders resulted, but when it was mild there was a predisposition to behavioral difficulties, which was unaccompanied by any overt signs of neurological abnormality. Thus Pasamanick and Kohnloch hypothe-

ized the existence of minimal brain injury, which was similar in kind, but not in degree, to which gave rise to cerebral palsy and mental retardation.