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Abstract

Two types of trait narcissism have been identified empirically and clinically in the literature, both of which are conceptualized to possess core issues of entitlement and exploitativeness. Yet these two types behave quite differently, especially in the face of rejection. Overt narcissists are described as arrogant, aggressive, and hostile, whereas covert narcissists are described as hypersensitive, anxious, and shunning of others. Psychodynamic formulations of narcissism consider angry responses to rejection as an important diagnostic indicator, and overt narcissism has been experimentally linked to angry thoughts and behavior. However, no research to date has investigated the relationship between covert narcissism and anger. Implicit self-concept is a notion in social psychology which describes individuals’ automatic thoughts about themselves which are mostly outside of awareness and therefore difficult to manipulate. This project sought to test the hypothesis that both overt and covert narcissists have an implicitly angry self-concept, while only the overt type will explicitly endorse feeling angry on self-report measures after rejection. In addition, this project explored how each subtype copes with deficits in their primary psychic (selfobject) needs, as conceptualized by Kohut. Participants were 206 undergraduate students from diverse backgrounds. They first filled out a demographic sheet and the following questionnaires: Narcissistic Personality Inventory (Raskin & Terry, 1988), Hypersensitive Narcissism Scale (Hendin & Cheek, 1997), and Selfobject Needs Inventory (Banai, Mikulincer, & Shaver, 2005). Participants were then asked to rate their mood, with an emphasis on angry emotions, with the Positive and Negative Affect Scale (PANAS; Watson, Clark & Tellegen, 1988) and the PANAS-X Hostility Scale (Watson & Clark, 1994). They were then asked to recall and
focus for several moments on a personal rejection scenario, and were to rate their moods again with the PANAS. They then completed an Implicit Association Task (Greenwald & Banaji, 1995) meant to tap into implicit anger. Finally, they filled out the State-Trait Anger Expression Inventory (Spielberger, 1988) as a measure of trait anger. Results indicated that two types of narcissism do exist, yet neither type is related to implicit anger while both are positively related to state and trait anger. Additionally, overt narcissism was linked to seeking out high-status individuals to meet selfobject needs deficits, while covert narcissism was linked to avoiding opportunities to have needs met. These results suggest a lack of differentiation on anger expression or implicit anger in both narcissistic subtypes, but they also indicate distinct interpersonal styles for the two subtypes by which they cope with painful psychic deficits. The clinical and theoretical implications of these results are discussed, as are limitations of the project and suggestions for future research.
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As with any project of this magnitude and scope, the finished product is a result of more than just my own efforts and I would like to take this opportunity to thank the people I have been privileged to work with and be supported by in the past several years.

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Chapter 1

Introduction

What makes narcissism so fascinating for us to study and attempt to understand? The answer likely lies in the paradox that is at the core of narcissistic personality: while narcissists are grandiose, self-aggrandizing, and disinterested in other people on one hand, it is often not difficult to see that they also contain an inordinately sensitive and vulnerable nucleus that is easily hurt by criticism and wishes to be affirmed by the external world. One dilemma that this poses for narcissists is that although there is a deep yearning for acceptance and a need for the constant bolstering of self-esteem, they are quick to deny these needs and to threaten the relationships on which they depend.

In recent decades, there has been growing interest in narcissism as a personality trait in both the clinical and research literature. This interest has been fueled in part by the long-standing debate between Otto Kernberg and Heinz Kohut regarding the psychodynamics and etiology of narcissistic personalities. Additionally, with the recent appearance of various self-report scales to measure narcissism, a multitude of studies have been published that confirm the clinical observations of the maladaptive nature of pathological narcissism, such as impaired interpersonal skills and an increased need for power and attention (Morf & Rhodewalt, 2001).

According to the DSM-IV, pathological narcissism is defined as a pervasive pattern of grandiosity, a need for admiration, and lack of empathy. However, over the years a literature has emerged that describes this conceptualization as limited, as it highlights only the grandiose aspects of narcissism and not the more vulnerable core that
the grandiosity often veils (e.g., Gabbard, 1990). In fact, although it is acknowledged that both grandiose and vulnerable self-concepts exist within each narcissistic individual (e.g., Akhtar & Thomson, 1982; McWilliams, 1994), in recent years two subtypes of narcissists have been described in the literature, each delineated by which set of characteristics predominate. Empirical evidence has confirmed this separation of narcissists into two distinct subtypes with the same underlying dynamics of grandiosity and entitlement, yet with very different presentations (Wink, 1991). The overt narcissist, who neatly conforms to the DSM-IV definition, exhibits hostility, clear grandiose fantasies, and a need to be admired, while the covert narcissist is outwardly vulnerable, sensitive, and anxious and tends to withdraw from social situations to avoid rejection (Dickinson & Pincus, 2003; Smolewska & Dion, 2005).

Although the distinction of these two subtypes has been demonstrated empirically and descriptively in a variety of ways (Wink, 1991; Rathvon & Holmstrom, 1996; Lapsley & Aalsma, 2006), most narcissism research neglects the study of covert narcissists in favor of using measures that have been shown to assess exclusively overt narcissism. The reasons for this may be both methodological and conceptual, as the overt narcissism measures demonstrate excellent psychometric properties and are widely utilized (Raskin & Terry, 1988) and overt narcissists most resemble the narcissistic prototype outlined in the DSM-IV. However, the exclusion of covert narcissism in this literature is problematic, both because it renders our knowledge of narcissistic phenomena incomplete and because there is some research that suggests that of the two,
the covert subtype is the least healthy and the most at-risk psychologically (Wink, 1991; Lapsley & Aalsma, 2006; Rose, 2002).

This problem is particularly prominent in the research regarding narcissism and negative emotion. Anger is a defining feature of narcissism, particularly in the form of intense rage reactions (or narcissistic rage) after a self-esteem threat, described in the psychodynamic literature as a result of the fragility and tenuousness of the narcissistic self-concept. Though much research has attempted to investigate this clinical observation, methodological problems plague its study. One such problem is the lack of studies aimed at understanding the association between covert narcissism and anger. This relationship is expected to be a complicated one since covert narcissists tend not to behave angrily as overt narcissists do, yet they likely struggle with issues of anger related to their narcissistic core. Another issue in this literature involves the way that anger has been measured in narcissistic populations. Most of these studies rely on narcissists to report their anger after they have been threatened, though it is well known that overt narcissists often act with "cool indifference" to such slights even if they are feeling angry inside so that they can maintain the illusion of not caring about others (Kernis & Sun, 1994).

The aim of this dissertation is to remedy the problems in this research on two levels. First, covert and overt narcissists will be identified so as to investigate the process of anger after self-esteem threat in both established subtypes of narcissism. Second, an increasingly popular and well-validated measure of implicit processes will be utilized which will attempt to access anger that is outside of awareness and that is not in
conscious control. These techniques will hopefully add to the burgeoning literature on narcissistic anger by broadening the ways anger is studied and conceptualized for this population.

An additional component of this study is to investigate the experience of negative emotion within the two narcissistic subtypes in a more indirect way: through their methods of coping with chronically unmet selfobject needs. Kohut (1971) posits that narcissism originates from a caregiver’s persistent denial of a child’s normal self-enhancing (selfobject) needs, and that some narcissists exhibit “narcissistic rage” as a reaction to perceived threats to their tenuous self-concept. However, he noted that while some narcissists defend against and deny their unmet selfobject needs, others will actively yearn for and seek out these unmet needs. By examining the ways in which overt and covert narcissists cope with deficits in each of their three basic psychic needs, we may begin to put together a more comprehensive picture of their divergence in handling negative affect, and may also have a better diagnostic map to guide our understanding of these disparate yet related traits.
Chapter 2

Literature Review

This review will include a summary of the current conceptualization of narcissism, as well as the major etiological theories that have been instrumental in the understanding of this personality type. Next, there will be a reprise of the existing literature, both clinical and empirical, suggesting the separation of pathological narcissism into two subtypes. Then the focus will turn to establishing a strong link between narcissism and anger, including the burgeoning research on the concept of implicit anger. Finally, there will be a discussion of recent studies exploring the role of unmet selfobject needs orientation on narcissism and how it might relate to narcissistic subtypes and their experiences of anger.

Contemporary descriptions of narcissism and the DSM

The inclusion of Narcissistic Personality Disorder (NPD) in the third edition of the Diagnostic & Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association, 1980) represented the first attempt to assemble a comprehensive description of the clinical features of narcissistic personality in order to allow for formal diagnosis. The compilation of NPD symptoms listed in the DSM-III was influenced by psychodynamic models of narcissism (e.g., Kernberg, 1975; Kohut, 1971). However, unlike these models, which viewed narcissism as a normal personality trait that can be located on a continuum of healthy to pathological for all people, these diagnostic criteria were formed with the aim of classifying a fixed and diagnosable personality disorder. DSM-III diagnosis requires that individuals with NPD present with at least five of the
following criteria: interpersonal exploitativeness, a grandiose sense of self-importance, belief in his or her uniqueness, preoccupation with grandiose fantasies, a sense of entitlement, requiring constant attention and admiration, lack of empathy, preoccupation with feelings of envy, reaction to criticism with feelings of rage, shame, or humiliation even if not expressed (APA, 1980).

The fourth and most recent edition of the DSM (American Psychiatric Association, 1994) has upheld most of these criteria, with one major exception: “reacts to criticism with feelings of rage, shame, or humiliation, even if not expressed” (DSM-III, p. 250) has been changed to “shows arrogant, haughty behaviors or attitudes” (DSM-IV, p. 717). Though no reason could be found for this change, it is possible that the initial phrasing was considered too vague or unspecific. This modification is significant, as the previous wording hints at a sense of conflict at the core of the narcissistic personality regarding their underlying feelings versus the impression they exhibit to the world. As a result of the exclusion of any such reference in the current DSM, some have suggested that the DSM focuses on only one aspect of narcissistic personality (Gabbard, 1990), foregoing allusions to the shame and vulnerability that many such individuals attempt to conceal as well as the tendency for narcissists to react with intensive rage after the perception of threats to the self.

Nonetheless, the inclusion of NPD in the DSM has stimulated much research in the area of narcissism, including the development of various self-report measures to assess this construct. The majority of this research has been conducted not on those diagnosed with NPD, but rather on the nonclinical population, so as to investigate the
personality construct that is thought to exist on a spectrum from healthy to pathological, and this is the literature that will be reviewed here. This review will now turn to various etiological accounts of narcissism, as these theories form the basis for both the DSM-IV criteria as well as for the current research and debates about narcissism.

*Etiology of pathological narcissism*

Within the psychodynamic community, a longstanding debate lingers regarding the etiology of pathological narcissism. On one side of the debate stands the work of Otto Kernberg, which emphasizes the role of intrapsychic conflict in the development of narcissism. On the other side is Heinz Kohut, who viewed pathological narcissism as a developmental deficit (Glassman, 1988). Since the 1970's, the debate between these differing viewpoints has been intense and polarizing, and has resulted in a great many theoretical articles and, recently, experimental manipulations aimed at proving one or the other as the best explanation for the development of narcissistic personality. Though some authors have attempted to integrate both theories into a broader understanding of narcissism, it is important to understand the basic tenets of each side of this, at times, acrimonious debate.

According to Kernberg (1975), a psychoanalyst and object relations theorist, pathological narcissism emerges in the pre-Oedipal phase as the result of the child's inability to master the developmental task of merging good and bad objects. Kernberg views narcissists as functioning on the borderline level, with the core difficulty of combining positive and negative aspects of themselves and of others. He posits that the reasons underlying this problem are likely the result of a constitutionally strong
aggressive drive combined with chronic and severe frustration in the early years of life. He notes that many of the narcissistic patients that he has treated reveal similar family backgrounds, including a parental figure that functioned well on a superficial level but treated the child with nonverbal aggression, cruelty, and apathy (Kernberg, 1975). Kernberg further explains that when a child is reared in such an environment, it is no surprise that he or she would need to develop a way to defend against abandonment, extreme rage and hatred.

As a result of their innate aggressiveness and their need to manage the negative feelings generated by the neglect or cruelty of their caregivers, these children create a pathological fusion of the ideal self, ideal object, and actual self images (Kernberg, 1975). This fusion lets these individuals combine everything they want from an ideal other and all they grandiosely want for themselves into their self concept, allowing an experience of themselves as containing everything they already need (Adler, 1986). The outcome of this process is that their ideas about people (including themselves) remain polarized, causing them to think that they are “all good” or “all bad”. They are able to devalue others and deny their dependency needs while also denying the unacceptable parts of their own self-images by projecting them onto others (Gabbard, 1990). Though this fused self is pathological and fragmented, narcissists utilize primitive defense mechanisms to experience themselves as integrated, and hence they are able to present a smooth appearance to the world (Kernberg, 1975). These defenses include splitting, denial, and idealization/devaluation, all of which narcissists use to fulfill their primary need to protect the idealized self from “contamination” by the unacceptable aspects of
themselves. Splitting is particularly important in this conceptualization, as it allows narcissists to exhibit to the outside world a “grandiose self” that is extremely self-centered and disinterested in other people, while the vulnerable, dependent, and needy sides of their personalities remain below the surface.

Kohut’s theory on the etiology of narcissism diverged sharply from classical Freudian views that are drive-based, positing that narcissism is a normal and healthy part of development. Kohut (1971) suggested a line of narcissistic development, which is active from infancy and continues throughout one’s life, that moves toward consolidating a cohesive self, providing a sense of identity, meaning, and self-worth (Banai, Mikulincer & Shaver, 2005). According to Kohut (1971), the development of a cohesive self takes place along several dimensions, including the person’s ability to maintain self-esteem, form and hold personal goals and values, and have a sense of connectedness to others through intimate relationships.

To attain such self-cohesion, young children must first rely on their caregivers as external sources of regulation, and they therefore depend initially on the availability and responsiveness of parental figures (Banai et al., 2005). Kohut (1971) coined the term “selfobject” to refer to these significant people that play crucial roles in the early lives of children. In order for a child to develop a healthy amount of narcissism, these selfobjects must perform a variety of regulating and sustaining tasks for children that they are not yet able to perform for themselves. Kohut utilized the term selfobject to emphasize that a child expects the adult to act not as an independent individual, but as a part of the child (Banai et al., 2005). Growing children have three categories of needs that they depend on
these selfobjects to provide for them. The first need is “mirroring”, which is the need to be admired for one’s qualities and achievements. Kohut argued that grandiosity in children is normal and reflects the need for a caregiver who celebrates and encourages their progress and praises their accomplishments and developing capacities (Banai et al., 2005; Heiserman & Cook, 1998). The second selfobject need for the development of healthy narcissism is idealization, which is the need to idealize significant others and to then experience a sense of merger with them. Kohut (1971) theorizes that children need to identify with and admire a parental figure whom they perceive as omnipotent and powerful to derive a sense of self-worth and to internalize the ability to set high goals for themselves (Banai et al., 2005). The final category of selfobject needs is twinship, which is the need to feel similar to others and be included in relationships with them. Twinship experiences allow children to feel they are part of a group, and assist them in developing a sense of community and connectedness, as well as social skills and empathy (Banai et al., 2005).

When parental figures are consistently able to meet these selfobject needs, the child develops a cohesive self-structure and the ability to self-regulate. However, if the caregivers consistently deny these needs and fail to respond empathically to the child’s internal experiences, the child becomes unable to consolidate an integrated self structure and develops a narcissistic personality, which Kohut (1971) characterized as a lack of self-cohesion, vulnerable self-esteem and an inability to maintain deep connections to others. These children will become adults who are constantly seeking to satisfy their selfobject needs from people in their environments in order to maintain a cohesive sense
of self (Campbell, 1999) and they are prone to fragmentation when such responses from others are not forthcoming (Gabbard, 1990). Such a view of narcissistic etiology is in stark opposition to Kernberg’s conceptualization of narcissism as purely pathological. Rather, Kohut (1971) views the narcissistic adult as being in developmental arrest (Glassman, 1988), or as Gabbard (1990) puts it, as a “child in an adult’s body” (p.378).

Kohut viewed narcissists as individuals who had not received the proper psychic nourishment from their caregivers and were not able to consolidate their self-structure. Kohut’s descriptions of narcissists focused on a different set of characteristics than Kernberg, namely emptiness, depletion, and vulnerability (Gabbard, 1990).

While Kernberg (1975) emphasized narcissists’ use of splitting as a defense against their “divided selves”, Kohut (1971) discusses different types of splits in the psyches of narcissists, depending on their presentation and subjective feelings. According to Kohut, narcissists may produce a “horizontal split” which refers to repression of their non-dominant self-state. However, Kohut also describes a narcissistic “vertical split” in which the two aspects of the psyche (both the grandiose/entitled and vulnerable/sensitive parts) exist side by side in consciousness, with one or the other set of characteristics dominating at any given time. The vertical split is similar to Kernberg’s use of the term “splitting”, in that it captures the narcissist’s motivated splitting-off of the needy and vulnerable parts of themselves. In describing these two distinct axes which divide the self-structure of narcissists, Kohut (1971) allows for the presence of different subtypes of pathological narcissism. While some narcissists are governed by a horizontal split, allowing their “weaker” sides to be largely buried under consciousness so that their
grandiosity and entitlement remain permanently accessible, others will present with more conflict as their self-states oscillate between grandiose and vulnerable depending on a myriad of circumstances, both internal and external.

*The Kernberg/Kohut controversy*

Over the past several decades, the debate about narcissistic etiology has become increasingly polarized, with distinct camps emerging to support exclusively the theories of either Kohut or Kernberg. This debate has been largely theoretical and based on clinical material, causing rifts that have been acknowledged by many members of the psychoanalytic community (e.g., Gabbard, 1990; Glassman, 1988). Some researchers have attempted scientifically to compare these theories in order to provide evidence as to which better answers the question of narcissistic etiology. These studies tend to be methodologically murky, with results that are ambiguous or mixed. An example of such a study investigated the validity of these conflicting theories through subliminal means (Shulman & Ferguson, 1988). These authors found that the scores of narcissistic individuals on several projective measures of narcissism were much higher after they subliminally viewed a stimulus meant to reflect the core schema of Kernberg’s theory (“I’m needy and hateful”) then when they viewed a subliminal stimulus reflective of Kohut’s theory (“I’m not a complete person”) or a control message. Though the results point to Kernberg’s theory as the best explanatory model for narcissism, the researchers admit that their stimuli were not rigorously chosen and therefore may not accurately reflect the core schemas in the two theories (Shulman & Ferguson, 1988).
Recently, more researchers and clinicians have attempted to integrate these etiological theories, positing a new line of thought that suggests both Kernberg and Kohut were correct in their formulations. This middle ground stance reflects the idea that there is not a uniform prototype of pathological narcissism, and that each clinician was actually describing different forms of narcissism (Akhtar & Thomson, 1982; Gabbard, 1990). It is well known that Kernberg worked in a hospital setting where he saw mostly low-functioning and more pathological patients, whereas Kohut worked from his private practice, seeing mostly high-functioning psychoanalytic patients (Gabbard, 1990). It is thought that this difference in setting may have contributed to the different types of narcissistic patients that each analyst typically treated. As Adler (1986) wrote: “It appears that there are narcissistic patients who present issues closer to those described by Kernberg, which involve problems of envy, aggression, and guilt, while others present issues closer to the selfobject failures described by Kohut” (p. 435).

“The narcissistic paradox”

Though Kohut and Kernberg disagreed on the etiology and the best style of treatment with narcissistic individuals, at the heart of both of their theories lies a common supposition: that narcissists are individuals with conflicting senses of self who contain aspects of both grandiosity and vulnerability within their personality constructs, whether or not these aspects are both fully accessible to them. For Kernberg, this divided self is seen in the narcissist’s primary use of defensive splitting, whereas for Kohut it is represented in the vertical and horizontal splits inherent to the narcissistic psyche. McWilliams (1994) highlights the notion of the conflicted self in her suggestion that
every grandiose narcissist has within him a self-conscious and shame-prone child, whereas every depressed and self-critical narcissist has within him a grandiose vision of what he should be. However, she further writes that all narcissists are aware at some level of their fragility and are afraid of fragmentation, regardless of the way their narcissism manifests itself (McWilliams, 1994).

Morf and Rhodewalt (2001) encapsulate this dilemma in their explanation of the "narcissistic paradox", writing: "As narcissists yearn and reach for self-affirmation, they destroy the very relationships on which they are dependent" (p. 179). This paradox leads to great interpersonal difficulties for the narcissist, who simultaneously need and disdain others. For example, these individuals often become romantically involved with people who are perceived to be stand-ins for the longed-for parent figure in the hope that they will endlessly praise and love the narcissist; however, as soon as the significant other reveals himself as a "real" individual with needs of his own the narcissistic individual tends to end the relationship (Campbell, 1999). Narcissists are unable to sustain healthy and loving relationships because they are constantly seeking self-affirmation while being insensitive to and/or unaware of the needs of others and the social constraints of their environments (Morf & Rhodewalt, 2001). Clinical theorists view the narcissistic need for self-enhancement as an attempt to regulate an unconscious sense of inadequacy by countering it with strong conscious feelings of superiority (Robins, Tracy, & Shaver, 2001). This conclusion can be deduced from observations of narcissistic self-esteem. Though many narcissistic individuals will report high self-esteem (Emmons, 1987), in self-threatening contexts they react in ways uncharacteristic of those with truly stable and
genuinely high self-esteem, namely with intense rage and shame (Robins, Tracy, & Shaver, 2001). Although the DSM-IV categorization of NPD highlights only the “grandiose” aspects of narcissism, it is clear from a psychodynamic standpoint that this is only one of the aspects of narcissistic personality, and this grandiosity generally develops in tandem with a vulnerable self-concept that is often unconscious or hidden.

Proposed narcissism subtypes

Several psychodynamic theorists have realized that the divided self that is central to narcissistic dynamics manifests itself in different ways; some become Kernbergian grandiose narcissists and others become Kohutian depleted narcissists. Therefore, a variety of subtype classifications began to emerge in the literature aiming to find a way to bridge the gap between these two prototypes. Bursten (1973) divided narcissistic patients into four groups including the craving type, the paranoid type, the manipulative type, and the phallic type. He based his categories on the way in which each type maintains self-esteem as well as to what degree they have achieved self-object differentiation. While the craving type were described as clingy and demanding, requiring others to regulate their self-esteem, the other three types were described as variations on the more grandiose and aggressive narcissists discussed by Kernberg. Paranoid types tend to blame and become overtly envious of others, while manipulative types typically use deception to influence other people. Phallic narcissists in this conceptualization are exhibitionistic, arrogant, and at times cruel to others in order to feel powerful (Bursten, 1973).

Broucek (1982) distinguished between two types of narcissistic characters: egotistical and dissociative types. The prominent features of the egotistical type are their