

## Narcissism, Affect, and Gender *An Empirical Examination of Kernberg's and Kohut's Theories of Narcissism*

Arthur Heiserman, PhD, and Harold Cook, PhD  
*Teachers College, Columbia University*

The activation of narcissistically affirming and disaffirming early memories were used to assess Kernberg's and Kohut's propositions regarding the roles of hostile, depressive, and positive affect in narcissistic character structures. After completing the Narcissistic Personality Inventory participants wrote either an early memory of pride, an early memory of shame, an unspecified memory, or no memory before completing the Projective Affect Scale and Multiple Affect Adjective Checklist. ANOVAs were conducted on participants ratings of hostile, depressive, and positive affect. The results indicated that for high relative to low narcissists, prideful and nonspecific memories resulted in less hostility, less pride, and more positive affect. Shameful memories resulted in higher projected hostility for high narcissists. Shame was negatively related to narcissism for males and positively related for females.

Even to the casual observer of psychoanalysis it is apparent that issues of narcissism have taken center stage in recent years. The concept of narcissism has been pivotal in revisions of psychoanalytic theory, and the treatment of pathological narcissism central to innovations in analytic technique. In particular, the writings of Kernberg (1974, 1975, 1980, 1992) and Kohut (1971, 1972,

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Arthur Heiserman, PhD, and Harold Cook, PhD, Teachers College, Columbia University.

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Correspondence concerning this article should be addressed to Arthur Heiserman, PhD, 54 Morningside Drive, Apartment 1, New York, New York 10025.

1977, 1984) have become the focus of differing theoretical perspectives on narcissism.

The present study was designed to shed some light on the differential predictive power of Kernberg's and Kohut's divergent theoretical propositions regarding the role of hostility, depression, and shame in relatively high narcissists' affective life. The study investigated whether persons exhibiting more or less pronounced narcissistic character features differ in their affective responses to the self-disclosure of *narcissistically affirmative* (prideful) or *narcissistically injurious* (shameful) autobiographical memories.

#### Kernberg's and Kohut's Views on Narcissism and Aggression

Both Kernberg and Kohut have posited that the narcissist's rage reactions are implicated in his or her efforts to maintain, and when threatened, restore a positive internal self-representation. They disagree, however, with regard to the role hostile aggression plays in the etiology of the disorder. According to Kernberg (1974, 1975, 1980, 1992) aggression is the primary etiological agent of narcissistic personality disorders, whereas for Kohut (1972, 1977) aggression is secondary. Kernberg posits that narcissistic disorders are the result of unmanageable amounts of aggression stemming from early (oral) drive frustration threatening the individual's internal self- and object representations. When confronted with severe frustration, disappointment, deprivation, or loss, overwhelming rage and hate can arise in young children producing fear and anxiety that their anger will lead to the destruction of the loved person(s) or loving relationship. In an attempt to preserve threatened self and object representations, hostile aggression is projected out of the internal world and onto the external world. In such cases, argues Kernberg, the integrative functions of the ego are impaired such that "good" and "bad" self and object representations coexist in relative isolation. A continued need to "protect" good self- and object representations from "contamination" by bad self- and object representations leads to an excessive reliance on the mechanisms of splitting and projection. This lack of integration results in the pathological condensation of some aspects of the ideal self, ideal object, and actual self and object images in early childhood to form a grandiose self (Kernberg, 1974, 1975).

Unlike Kernberg, who views grandiosity as purely pathological and defensive, Kohut (1971, 1972, 1977, 1984) proposed that the formation of a grandiose self is developmentally "normal" and healthy. According to Kohut, grandiosity in early childhood represents a child's desire for merger with omnipotently perceived caretakers and his need to display his capacities and be admired for them. Kohut claims that caregivers' sustained failures to respond empathically to the young child's internal experiences and developmental

needs inhibit the child's ability to consolidate an integrated self structure. Thus, pathological manifestations of grandiosity and idealization seen in adult narcissistic personalities represent an arrest in normal development, a continued yearning for the unfulfilled narcissistic needs of early childhood (Kohut 1977, 1984; Kohut & Wolf, 1978; Stolorow & Lachmann, 1980). The narcissist's effort to maintain a narcissistic equilibrium that protects him or her against deterioration of self-cohesion involves reactive display of aggression directed against those who would bring into question the validity of his archaic grandiosity or idealizations. The aggression, conflict, and defense that Kernberg sees as pathognomonic of narcissism, Kohut interprets as expectable derivatives of unmet needs for affirmation and security secondary to empathic failures and failed idealizations.

#### Narcissism, Depression, and Shame

Kohut (1972, 1977, 1984) views both shame and *empty depression* (depletion of the self) as prominent responses to narcissistic injuries. He contends that the experience of feeling exposed and vulnerable to an imagined audience that accompanies shame is the result of repeated negative evaluation by parental figures of the young child's curiosity, attempts at mastery, and pleasurable display of her or his abilities. Shame is thus thought of by Kohut (1977, 1984) as a reaction to loss of grandiosity and fantasies of omnipotence in early childhood and, following psychic structuralization, to loss of narcissistic supplies afforded by idealized persons or activities. Consistent with this position, a number of other authors (Broucek, 1982, 1991; Kinston, 1983; Lewis, 1980, 1987; Morrison, 1983, 1989) contend that shame is the central affect in narcissistic disorders.

Kernberg (1974, 1975, 1984) also posits that feelings of shame are produced by a failure to live up to internalized ego-ideal imagoes while the successful identification with the admired ego ideal stirs feelings of pride. However, arguing that narcissistic disorders are the result of a failure to modify an archaic ego ideal by its integration into superego structures, Kernberg maintains that narcissistic personalities are generally very limited in their ability to fully experience affects that are induced by the superego, notably shame, guilt, and depression. Rather, the activation of negative self-imagoes that accompany experiences of shame and depression are split off, denied, or projected. As such, their aggression is typically externalized (resulting in paranoid trends) rather than internalized (resulting in depressive trends).

The research findings concerning the relationship between narcissism, shame, and depression are fairly equivocal. In support of Kernberg's formulation, both Harder and Lewis (1987) and Wright, O'Leary, and Balkin (1989)

reported moderate but significant negative correlations between shame and one dimension of narcissism (exploitativeness) among men. With regard to depression, Wright et al. (1989) failed to find a relationship between depression and narcissism. Watson, Taylor, and Morris (1987) reported slight overall negative correlations between depression and one measure of narcissism, and a positive correlation between depression and a second measure of narcissism.

#### Gender Differences, Narcissism, and Affects

Several reviews of the literature on narcissistic personalities (Akhtar, 1992; Akhtar & Thompson, 1982; Masterson, 1981; Philipson, 1985) have noted a disproportionate representation of men in the clinical case material. In addition, a number of authors (Haaken, 1983; Harder & Lewis, 1987; Harder & Zalma, 1989; O'Leary & Wright, 1986; Philipson, 1985; Reich, 1953, 1960; Richman & Flaherty, 1988, 1990) have suggested that there may be two basic forms of narcissism that divide along gender lines. The empirical support for gender differences remains, however, equivocal.

Gender differences in narcissists' propensity to experience shame and to exhibit hostile aggression and depressive affects have been noted by a number of clinicians. Lewis (1976), for example, suggests that women are more likely to experience shame than men, whereas men are more prone to express aggression and, as a result, experience greater guilt. Tangney's (1994) research suggested that women are more shame prone than men. However, Wright et al.'s (1989) results indicated that men and women do not differ in their propensity to experience shame, although they did observe a significant inverse relationship between one dimension of narcissism (exploitativeness-entitlement) and shame among male participants, along with a gender difference in the size and direction of this correlation.

With regard to depression, a number of findings suggest that women tend to be more depression prone than men (Randolph, 1986; Tarnower & Humphries, 1969; Wright et al., 1989). With regard to hostile aggression, several review articles on gender differences in aggression (i.e., Averill, 1982; Frodi, Macaulay, & Thome, 1977; Rohner, 1976; White, 1983) concluded that there are no major gender differences in the display of aggression, but that different precipitants elicit anger in women than in men.

#### Activation of Positive and Negative Self-Representations

There is a large body of research on the activation or priming of specific self-schemata by means of self-focus induction that has provided evidence of a

connection between self-focused cognitions and emotions. (See Higgins, 1989, for a review of this literature.) Studies using both active and passive priming tasks generally reveal that personality traits (such as narcissism) can exert a chronic and consistent activation of certain self-referent cognitions (such as a positive self-image), which in turn contribute to vulnerabilities or propensities to certain affective states. Furthermore, Bargh and colleagues (Bargh, Bond, Lombardi, & Tota, 1986; Bargh, Lombardi, & Higgins, 1988; Bargh & Pietromonaco, 1982; Bargh & Pratto, 1986; Bargh & Tota, 1988) suggested that the influence of both temporary and chronic accessibility of cognitive categories operates *automatically* (without conscious awareness) and affects participants' selection and interpretation of stimuli relevant to forming perceptions of self and others. Based on this substantial body of prior research, and Kernberg's and Kohut's propositions regarding narcissistic character pathology, it was assumed for the present study that the disclosure of an early memory of pride would activate an narcissistically affirming mental self-representation, and therein reduce the threat of narcissistic injury (as evidenced by lower levels of hostile or depressive affect and higher levels of positive affect) among participants with more pronounced, in contrast to those with less pronounced, narcissistic features. Furthermore, it seemed probable that the disclosure of an early memory of shame would activate a narcissistically disaffirming mental self-representation, and therein affects associated with narcissistic injury in participants with pronounced narcissistic features. Were this indeed so, high narcissists would respond to an injury to their internal self-representation with a rage-induced reaction, as Kernberg would predict, or a rage or a dysphoric reaction, as Kohut would predict. In addition, the study allowed us to examine whether people who exhibit pronounced narcissistic features are more shame prone (as Kohut would predict), less shame prone (as Kernberg would predict), or whether there are gender differences in the degree to which shame is part of the narcissist's experience (as others have suggested, e.g. Haaken, 1983; Philipson, 1985; Tangney, 1994).

## Method

### *Participants and Design*

First, 84 female and 48 male college students ranging in age between 17 and 27 (mean age 20.6 years) were randomly assigned to one of four early-memory treatment conditions: (a) an early memory of pride (PM), (b) an early memory of shame (SM), (c) an unspecified early memory (M), and (d) a no memory (NM). Then, following data collection, participants were blocked (high and low on a median split) in one of two ways: (a) on their total Narcissistic Personality Inventory-total (NPI; Raskin & Hall, 1981) score and (b) on a

subset of NPI items that are indicative of pathological narcissism (NPI-pathology). This resulted in a 4 (memory condition—NM, M, PM, SM)  $\times$  2 (level of narcissism—high, low)  $\times$  2 (gender—male, female) between-subjects factorial design.

#### *Instruments and Tasks*

*Premeasures.* The assessment of narcissistic character traits was obtained from the Narcissistic Personality Inventory (NPI) developed by Raskin and Hall (1979). The NPI is a reliable objective self-report inventory measuring individual differences in narcissism as a personality trait. The present version of the NPI was modified (Heiserman & Cook, 1989) from a 54-item, true-false format to a 45-item measure that requires participants to rate on a 3-point scale (1 = *not true*, 2 = *somewhat true*, 3 = *mostly true*) the degree to which an item accurately describes themselves. The 45 items were obtained from the component solutions of three factor-analytic studies (Emmons, 1984, 1987; Raskin & Terry, 1988). The present study used the total NPI score (NPI-total) and a NPI-pathology score. The NPI-pathology score was based on Emmons's (1984, 1987), Prifitera and Ryan's (1984), and Raskin and Terry's (1988) research indicating that this subset of NPI items assess the pathological aspects of narcissism. Because the theoretical assertions being explored in the present study pertain to pathological narcissism, it appeared appropriate to examine the NPI-pathology score in addition to the total NPI score.

*Posttreatment measures.* The Projected Affect Scale (PAS; Heiserman and Cook, 1989) requires participants to view a modified Thematic Apperception Test (TAT) image (Card 10BM) of a young child seated in a doorway and then to rate along an 8-point scale (from 0, *not at all*, to 7, *very much*) their impression of the child's personal characteristics with regard to 15 randomly ordered Hostile, Depressive, and Positive descriptive attributes. The modification of the TAT image used consisted of a slight alteration in the child's image so that the gender of the child was more ambiguous. Based on piloting and Heiserman and Cook's (1989) findings, the gender of the child depicted in the altered TAT image did not differentially impact male and female participants. The 15 PAS word items were subject to a principal components analysis using a varimax rotation. Based on the findings of the principal components analyses, the three PAS affect subscales scores used in all subsequent data analyses represent the sum of five of the Hostile-affect words (*hostility, vengeful, angry, annoyed, and embittered*), the sum of three Depressive-affect words (*depressed, sad, and withdrawn*) plus a fourth word with a negative loading (*confident*), and the sum of three Positive-affect words (*likeable, intelligent, and interesting*). The factor loadings of the individual PAS words on their respective components ranged between .67 and .84.

*The Multiple Affect Adjective Check List-Revised (MAACL-R; Zuckerman & Lubin, 1985).* The MAACL-R is a psychometrically improved version of the widely used MAACL (Zuckerman & Lubin, 1965). The state version of the MAACL-R is a 132-item self-administered instrument that directly assesses current affective states by asking respondents to check those adjectives that apply to "how you feel right now, at this moment." The three factors of this measure labeled *Hostility*, *Depression*, and *Positive Affect* were examined in the present study.

*Early-memory measures.* As an independent index of the treatment effects, the degree of pride and shame manifest in the participants' early memory were rated independently by three judges along a 10-point scale ranging from *none at all* to *very intense*. Two of the judges were volunteers and one was the experimenter. The raters were trained as the researchers provided them with definitions and examples of the concepts of pride and shame and then with 38 practice memories (20 pride memories and 18 shame memories) that were independently rated and subsequently discussed. To reduce order effect in the judges' ratings, six sets of memories (a random selection of half of the memories from the three memory conditions) were rated in counterbalanced order. The overall interrater agreement was 82%, with correlations among the judges' ratings ranging from .72 to .92.

#### *Procedure*

All tasks were administered to groups of 3 to 20 participants during a single session lasting approximately 40 minutes. Participants were told, "The study seeks to examine the general relationship between peoples' memory, self-concept, and the way they form impressions of other people." After signing a consent form, participants received a packet of materials consisting of the following: a biographical information sheet; the modified NPI; depending on the condition, instructions to write (a) an early memory of feeling proud of oneself (PM), (b) an early memory of feeling ashamed of oneself (SM), (c) an unspecified early memory (M), or no early memory (NM). Participants were allotted 10 minutes to write their respective memories. All participants then completed the PAS (Heiserman & Cook, 1989) and then the MAACL-R (Zuckerman & Lubin, 1985). Following data collection, all participants were debriefed.

#### Results and Discussion

Several  $4 \times 2 \times 2$  analyses of variance (ANOVAs) were performed on two sets of dependent variables: the PAS measure and the MAACL-R. The

between-subject variables were memory condition (M, PM, SM, NM), level of narcissism (high, low), and gender (male, female). On each subscale of the two measures of affect (PAS and MAACL-R), two ANOVAs were performed—one in which the narcissism factor was determined by a median split on the participants' NPI-total scores, and the other analysis by a median split on the participants' NPI-pathology scores.

### Hostile Affect

With regard to the analyses of hostile affect, only the ANOVA assessing projected (PAS) hostility where the level of narcissism was determined by participants' NPI-pathology score yielded statistically significant findings. Significant effects were found for memory condition ( $F = 2.84$ ,  $df = 3, 116$ ,  $p < .05$ ); gender,  $F(1, 116) = 4.22$ ,  $p < .05$ ; and the Memory Condition  $\times$  Level of Narcissism interaction,  $F(3, 116) = 3.20$ ,  $p < .05$ . With regard to the main effect for gender, male participants overall had higher ( $M = 16.90$ ,  $SD = 8.7$ ) hostility scores than females ( $M = 13.58$ ,  $SD = 9.1$ ). Inspection of Figure 1, which displays the memory condition by level of narcissism interaction, reveals that whereas low narcissists displayed little variation in their hostility scores across the treatment conditions, high narcissists variation was considerable. Thus, the main effect for memory condition was primarily

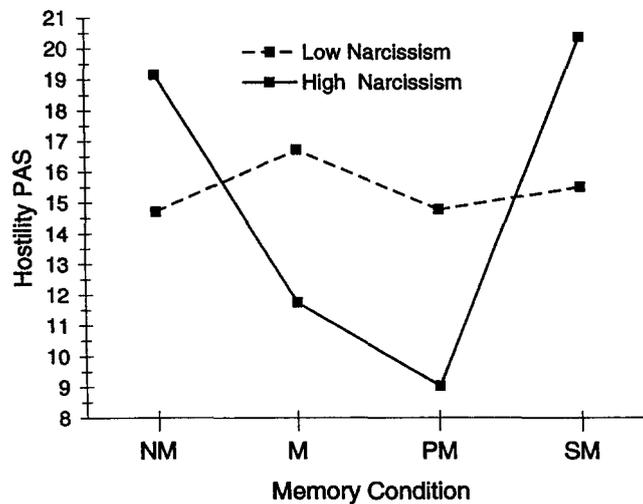


Figure 1. Hostile affect (PAS) as a function of memory condition and level of narcissism. NM = no memory, M = unspecified memory, PM = pride memory, SM = shame memory.

due to the differences in the high narcissists' hostility scores across the different memory conditions.

Tests of specific comparisons using the Bonferroni procedure (Dunn, 1961) conducted on the group means involved in the interaction revealed that high-narcissism (NPI-pathology) participants in both the NM ( $M = 19.15$ ,  $SD = 7.7$ ) and SM ( $M = 20.35$ ,  $SD = 8.6$ ) conditions had significantly ( $p < .01$ ) higher PAS hostility scores than those in the M ( $M = 11.75$ ,  $SD = 8.2$ ) and the PM ( $M = 9.03$ ,  $SD = 7.7$ ) conditions. Also, the means of high ( $M = 20.35$ ,  $SD = 8.6$ ) and low ( $M = 15.50$ ,  $SD = 10.5$ ) NPI-pathology narcissistic participants in the SM condition had significantly ( $p < .05$ ) higher PAS hostility scores than those low in NIP-pathology.

These results indicate that for the high narcissists, activating a positive self-representation (by means of prideful or a nonspecific early memory disclosure) resulted in lower hostility in comparison with activating a negative self-representation (by means of shameful early memory disclosure), or a control condition in which no memory was disclosed. This finding supports the general notion that the activation and maintenance of a positive self-representation is directly involved in high narcissists' self-regulation of hostile affect.

It also should be noted that the differences obtained by high and low narcissists in their display of hostile affect was only revealed for participants' projected affect (PAS), and not for their self-reported hostility (MAACL-R). This finding is consistent with both Kernberg's and Kohut's proposition that people with narcissistic personalities, because they have difficulty incorporating negative, self-contaminating affect into their experience, rely heavily on projection. Therefore, the results suggest not only that high narcissists' display of hostility was modulated by the activation of positive and negative self-representations, but also that the positive coloration of their self-representation may be maintained by means of their projection of hostility, as has been suggested by numerous authors (e.g., Chasseguet-Smirgel, 1985; Kernberg, 1974, 1975, 1980, 1984, 1992; Kohut 1971, 1972, 1977, 1984; Modell, 1975; Rosenfeld, 1964, 1971; Rothstein, 1979, 1984).

That the disclosure of an undirected early memory had a similar effect on high narcissists' display of hostility, as did the disclosure of a prideful early memory, is also consistent with Kernberg's and Kohut's models. As mentioned, both Kernberg (1974, 1975, 1984, 1992) and Kohut (1971, 1972, 1977, 1984; Kohut & Wolf, 1978) have emphasized the narcissistically impaired person's continual need to sustain a positive internal self-image. It follows that when asked to report any early autobiographical memory, persons high in narcissism would tend to spontaneously activate a positive internal self-representation that is organized by a positive affective state (Kernberg, 1992,

p. 87). As such, the activation of a self-representation organized by a positive affective state would attenuate negative affect, thus stabilizing affective reactivity.

To explore the possibility that high narcissism participants spontaneously activated positive self-referent images in their nonspecific early memories, the judges' ratings of the degree of pride in nonspecific early memories were analyzed by a Scheffé (1953) post hoc test of specific comparison. This statistical analysis revealed that high-narcissism (NPI-pathology) participants displayed significantly ( $F = 6.6$ ,  $df = 1.31$ ,  $p < .05$ ) more pride in their undirected early memories than low-narcissism participants. Thus, the data provide some indication that high- in contrast to low-narcissism participants in the undirected memory condition tended to spontaneously activate a greater degree of positive self-referent images.

#### *Depressive Affect*

The second set of findings relates to Kohut's, in contrast to Kernberg, assertion that depressive reactions (often characterized as depletion of the self), in addition to hostile reactions, are typical and pronounced responses to narcissistic injuries for narcissistically impaired individuals. None of the ANOVAs on depressive affect yielded any statistically significant findings. Therefore, Kohut's assertions that depressive reactions are prominent responses to narcissistic injuries was not supported. The failure to find differences in depression could be considered consistent with Kernberg's (1975, 1976, 1992) assertions that, due to pronounced superego deficits, narcissistic personalities often show a striking absence of genuine depressive reaction.

A second possible explanation for the failure of the narcissistically affirming (prideful) and disaffirming (shameful) autobiographical memories to impact depressive affect may be that the narcissism measure used in the present study (NPI) operationalized a particular style or form of narcissism that is relatively immune to depressive reactions. Both Kernberg (1975) and Kohut (1971, 1977) have postulated that narcissistic character pathology can take one of two distinct forms of expression: an *overt* form in which the traits of grandiosity, exhibitionism, assertiveness, and self-assurance are openly displayed, and a *covert* form in which feelings of grandeur are largely unconscious. It has been suggested (Blatt & Schichman, 1983; Wilson, 1986, 1989) that the covert form of narcissistic personality is susceptible to anaclitic or so-called empty depression (Blatt, 1974). A number of empirical findings (Emmons, 1987; Harder, 1990; Hibbard, 1992; Watson et al., 1987; Wink, 1991) suggested that the NPI operationalizes an assertive, overtly grandiose and exhibitionistic form of narcissism, and therein underrepresents a form of narcissism that is covert in expression. If indeed the present findings apply

more specifically to an overt variant of narcissism, they may underrepresent a form of narcissism in which an anaclitic, nonsuperego form of depression is experienced.

#### *Positive Affect*

With regard to the ANOVAs on positive affect, the following significant findings were revealed: (a) the ANOVAs with the level of narcissism factor determined by participants' NPI-total score for both the PAS and the MAACL-R dependent measures each yielded a significant main effect for level of narcissism,  $F(1, 116) = 4.78, p < .05$ , and  $F(1, 116) = 3.90, p < .05$ , for the PAS and MAACL-R, respectively, and (b) the ANOVA with the level-of-narcissism factor determined by participants' NPI-pathology score for the PAS dependent measure yielded a significant memory condition by level of narcissism interaction,  $F(3, 116) = 2.80, p < .05$ . An inspection of the means involved in the main effect of the narcissism factor (NPI-total) for both the PAS and the MAACL-R measures reveals that high-narcissism participants yielded significantly higher positive affect scores ( $M = 15.31, SD = 3.84$ , and  $M = 8.87, SD = 6.21$  for the PAS and MAACL-R, respectively) than low-narcissism participants ( $M = 13.99, SD = 4.36$ , and  $M = 6.74, SD = 5.34$  for the PAS and MAACL-R, respectively).

Planned specific comparisons (Dunn, 1961) on PAS positive affect between high-narcissism participants revealed that, as expected, high narcissism subjects in the M condition ( $M = 17.19, SD = 3.2$ ) had significantly ( $p < .01$ ) higher positive-affect scores than high-narcissism participants in both the NM ( $M = 14.30, SD = 4.3$ ) and the SM ( $M = 13.81, SD = 4.2$ ) conditions. In addition, specific comparisons between high- and low-narcissism groups revealed that, as expected, high-narcissism participants in the M condition ( $M = 17.19, SD = 3.0$ ) had significantly ( $p < .001$ ) higher positive affect than low-narcissism participants ( $M = 13.84, SD = 5.0$ ). See Figure 2 for a graphic display of the memory condition by narcissism (NPI-pathology) interaction on PAS positive-affect scores.

The finding that high narcissists' positive affect was higher in the nonspecific-memory condition than in the shame-memory and the no-memory conditions is consistent with both Kernberg's and Kohut's formulations of narcissistic characters. Proponents of both theoretical orientations emphasize, as mentioned above, that narcissists need to sustain a positive self-representation and high level of self-esteem in order to regulate their affect. Extrapolating from this formulation, it would be expected that narcissistically impaired people would spontaneously access positive self-representations when focusing on perhaps any autobiographical material, and, furthermore, that the activation of positive self-referent images would functionally enhance

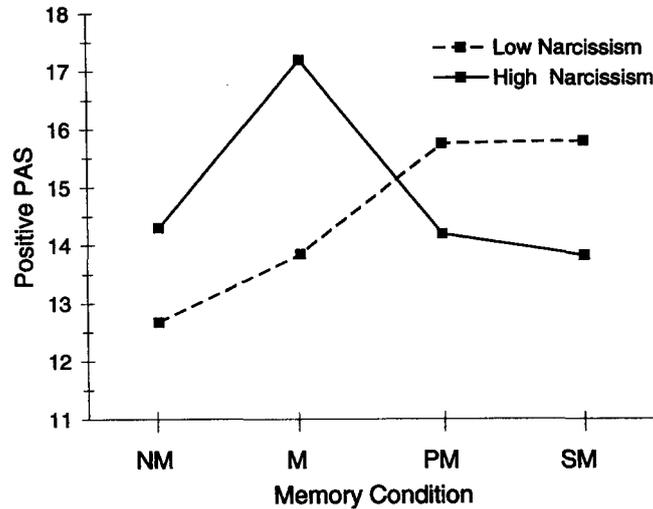


Figure 2. Positive affect (PAS) as a function of memory condition and level of narcissism. NM = no memory, M = unspecified memory, PM = pride memory, SM = shame memory.

self-esteem and positive affect. The finding that positive affect was higher for high narcissists in the nonspecific-memory condition is consistent with such a formulation. However, the fact that high narcissists' positive affect was not also enhanced subsequent to recalling an early *memory of pride* was contrary to expectations.

One possible explanation for the failure of the pride-memory condition to effect high narcissists' display of positive affect is that narcissistically impaired persons are limited in their capacity to experience deep, genuine feelings of pride. This possibility was explored by an analysis of variance (ANOVA) on judges' ratings of pride manifest in the pride memories and revealed that high narcissists exhibited significantly,  $F(1, 28) = 4.72, p < .05$ , less pride ( $M = 5.08, SD = 1.89$ ) in their pride memories than low-narcissism participants ( $M = 6.76, SD = 2.14$ ). Thus, there is some support for the proposition that people higher in narcissistic character pathology are compromised in their capacity to express or experience deep, genuine feelings of pride.

#### *Gender Differences, Narcissism, and Affect*

In order to investigate whether men and women higher and lower in narcissism differed in the degree of pride or shame expressed in their early memories, level of narcissism by gender ( $2 \times 2$ ) analyses of variance were conducted on

the judges' ratings of the degree of pride and the degree of shame in participants' memories. Only the analysis of judges' ratings of shame where level of narcissism was determined by NPI-pathology scores yielded a statistically significant finding—a level of narcissism by gender interaction,  $F(1, 95) = 7.25, p < .01$ . Thus, although the results failed to reveal any significant differences between men's and women's hostile, depressive, or positive affect, or their degree of expressed pride as a function of either their level-of-narcissism or early-memory condition, men and women did differ in their degree of expressed shame as a function of their level of narcissism (NPI-pathology). Post hoc tests of specific comparisons (Scheffé, 1953) revealed that high-narcissism men ( $M = 1.89, SD = 2.96$ ) exhibited significantly,  $F(1, 95) = 6.03, p < .05$ , less shame than low-narcissism men ( $M = 4.17, SD = 4.06$ ). By contrast, high-narcissism women ( $M = 3.22, SD = 4.10$ ) revealed slightly more (though not significantly more) shame than low-narcissism women ( $M = 2.08, SD = 2.56$ ),  $F(1, 95) = 5.17, p < .05$ . See Figure 3 for a graphic display of the narcissism level (NPI-pathology) by gender interaction on Judges' Shame ratings. This finding is consistent with those of Harder and Lewis (1987) and Wright et al. (1989), who reported a nominally significant negative correlation between shame and the narcissistic trait of exploitativeness among male college students, and a positive relationship between shame and narcissism among female narcissists.

The finding that high- relative to low-narcissism men have a diminished

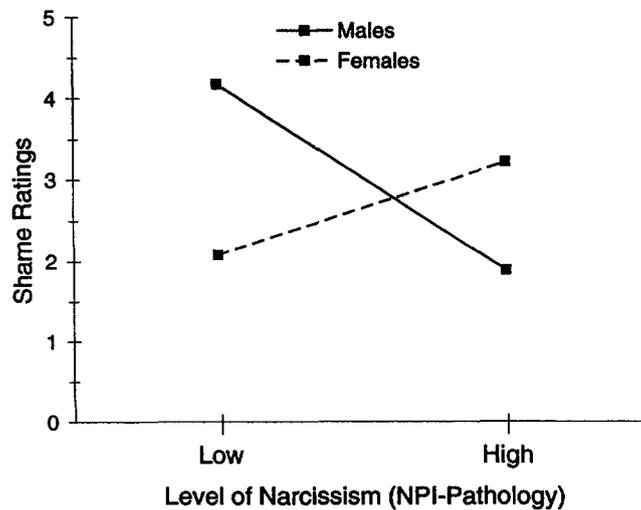


Figure 3. Ratings of shame in early memories as a function of level of narcissism and gender.

capacity to activate or express feelings of shame appears consistent with Kernberg's view that narcissistic disorders represent a failure to modify an archaic ego ideal by its integration into superego structures. Further support for this interpretation comes from a study by Hibbard (1992) who tested the hypothesis that denial mediates the relationship between narcissism and shame. Hibbard reported a negative relationship between narcissism and shame even when the variance attributable to denial was taken into account. It should be emphasized, however, that it was only male subjects who exhibited an inverse relationship between narcissism and shame. Nonetheless, the gender difference in shame propensity obtained in this and other studies (Harder & Lewis, 1987; Wright et al., 1989; Tangney, 1994) is inconsistent with the view held by some theorists (e.g., Broucek, 1982; Kinston, 1983; Lewis, 1971, 1987; Morrison, 1983, 1989) that narcissists (whether male or female) are inherently shame-prone individuals.

Consistent with the present finding of a positive relationship between narcissism and shame for women, in contrast to a negative relationship between narcissism and shame for men, is the notion put forth in the literature on the psychology of women (Benjamin, 1988; Haaken, 1983; Philipson, 1985) of gender-differentiated manifestations of narcissistic pathology linked to idealization needs in female narcissists and to mirroring needs in male narcissists. Following Kohut's model, Philipson (1985) argued that nonempathic mothers are more likely to treat their daughters than their sons as extensions or representations of themselves. Daughters of nonempathic mothers are therefore thought to be more likely to develop fluid or permeable ego boundaries than sons, and to establish their sense of self and identity in relation to others (see also Chodorow, 1978; Haaken, 1983; Lachmann, 1982; Lewis, 1976). This was seen by Philipson to produce female narcissistic issues that center on a quest for self-validation, as well as a sense of self-worth and self-esteem, through identification or fantasized merger with idealized others. By contrast, Philipson maintained that male narcissistic issues center on defensive separation (pseudoautonomy) from the nonempathic mother and quest for self-validation, self-worth, and self-esteem through a mirroring of their grandiosity. Most theorists (e.g., Burnstien, 1973; Chasseguet-Smirgel, 1985; Jacobson, 1954, 1964; Morrison, 1989; Parkin, 1985; Piers, 1953; Sandler, Holder, & Meers, 1963) have agreed that shame experiences are reactions to failed attempts of idealization, or to a failure to live up to ego-ideal standards based on internalized ideal parental imagoes. If indeed female narcissistic pathology centers more on idealization to regulate narcissistic equilibrium than does male pathology, it follows that women would be more shame prone than narcissistic men who are more inclined to rely on mirrored grandiosity to regulate self-esteem. Furthermore, a number of authors (e.g.,

Lewis, 1971, 1980; Morrison, 1989; Spero, 1984) proposed that shame is an affect rooted in incompletely differentiated, and thus at moments fluid, self-other boundaries.

In summary, the present results, in addition to indicating a causal relationship between the quality of high narcissists' self-representations and variations in their display of hostile and positive affects, also revealed that high narcissists tend not to be prone to depressive reactions, are somewhat limited in their capacity to experience or express both shame and pride, and tend to rely on projection in their management of anger. The overall pattern of results is more consistent with Kernberg's notion of the narcissistic grandiosity as a pathological self-structure (representing a condensation of "ideal-self," "ideal-object," and "actual-self" images) than with Kohut's notion of narcissistic grandiosity as a developmentally normative self-structure (reflective of unmet infantile needs for grandiosity and idealization). As previously mentioned, Kernberg asserts that, due to their failure to integrate early ego-ideal structures into a superego, narcissists tend not to readily experience affects such as depression and shame. Rather, according to Kernberg, the narcissist's rage reaction effectively expels from their inner world those self- and object representations that incite disparaging self-feeling. Hence, the activation of negative self-images that accompany experiences of shame and depression are dissociated, projected onto others, or denied (Kernberg, 1974, 1975, 1992). However, given that the NPI may be assessing only an overt in contrast to a covert form of narcissism, and therein one that is not prone to anaclitic depression, and that only high-narcissism men expressed a lesser degree of shame, the interpretations presented here should be considered tentative, or at least limited to those who manifest overt grandiosity and, perhaps, limited to men also.

The present findings account for but one of what should be many empirical inquiries into psychoanalytic theory. For far too long the richness and complexity of the psychoanalytic model has stymied the science of psychoanalysis. Using early memories as both independent and dependent variables in empirical research represents a promising means of overcoming the inherent limitations of single-case studies while minimizing the loss of the richness of individual histories or making too great a departure from actual clinical data.

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