

Lydia Onofrei
A Critical Examination of the
Theoretical and Empirical
Overlap Between Overt
Narcissism and Male
Narcissism, and Between
Covert Narcissism and
Female Narcissism

ABSTRACT

Within the past twenty years, there has been a proliferation of empirical research seeking to distinguish between overt and covert types of narcissism and to elucidate the differences between narcissistic pathology among men and women, yet these two areas of research have largely been carried out independently of one another in spite of clinical observations suggesting a relationship between them. This project was undertaken to systematically examine whether an overlap exists between the clinical category of overt narcissism and male/masculine narcissism, or between the category of covert narcissism and female/feminine narcissism. Secondly, it sought to elaborate on areas of overlap between these categories.

Contemporary theoretical conceptualizations of narcissism and overt and covert types were presented, followed by a review of empirical research examining grandiosity/idealization, shame, self-esteem, and dominance and exploitativeness among overt and covert narcissists. Theories on gender and narcissism were then presented, followed by a review empirical research in the four categories previously listed. Areas of overlap with respect to both theory and research were identified and discussed.

The findings suggest that both overt and male/masculine narcissists are marked by a greater tendency toward openly displayed grandiosity, whereas covert and female/feminine narcissists show a greater tendency toward idealization. Exploitativeness was found to be higher among overt and male narcissists than among covert and female narcissists; however, support for the later finding was mixed. The findings also indicated that whereas shame and self-esteem differ quantitatively between overt and covert types, differences between men and women in these areas are qualitative.

A CRITICAL EXAMINATION OF THE THEORETICAL AND EMPIRICAL
OVERLAP BETWEEN OVERT NARCISSISM AND MALE NARCISSISM, AND
BETWEEN COVERT NARCISSISM AND FEMALE NARCISSISM

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CHAPTER I

INTRODUCTION: NARCISSUS AND ECHO

Freud's original concept of narcissism was based on the Greek character Narcissus. In Ovid's myth, Narcissus is begotten by the river-god Cephissus' rape of the water nymph Liriope. Narcissus grew to be exceptionally beautiful and was pursued by many men and women, but he would let none of them touch him. One of his admirers was Echo, a nymph cursed with only being able to talk by repeating the words of others. When Narcissus discovered her love for him, he rejected her harshly, whereupon she fled in shame, living in lonely caves, unable to love any other. Some time later, Narcissus was resting by the spring and saw the image of a beautiful boy reflected in the water. He fell in love with the image of himself and tried repeatedly to embrace his reflection, thinking it was real. Grief stricken at his inability to possess his love, he took his own life (Pullen & Rhodes, 2008).

The characters of Narcissus and Echo are inverse depictions of deep self-alienation. Narcissus seeks wholeness through the reflection of his own image. Echo's search centers on her wish to be joined with the beautiful Narcissus. But Echo is relatively unknown compared to her alter ego, Narcissus, as her quest for fulfillment leads not to dramatic demise but to a secret, shame-filled existence. The significance of gender in this tale has played out over the past decade of psychoanalytic theory. Many have suggests that narcissistic pathology in women more commonly takes the "feminine" form expressed by Echo and is marked by low self-esteem, shame, depression, hypersensitivity to slights, and an effort to incorporate the other as part of the self, whereas in men, the same underlying deficits and pathology more often fit the

“masculine” form associated with traditional concepts of narcissism—that is, they are marked by grandiosity, entitlement, exploitativeness, and fragile but positive self-esteem.

This distinction between masculine and feminine forms of pathological narcissism has often been implied and at times expressly stated, but relatively few theories have been proposed explaining gender-based differences. Moreover, narcissistic personality disorder as researchers and clinicians generally conceive of it reflects the grandiosity and exhibitionism of Narcissus while failing to appreciate the same basic problems in the quieter character of Echo, leaving some to ask, perhaps misguidedly, “are men more narcissistic than women?”

Although gender differences in the expressions of NPD are not emphasized in the main body of literature on narcissism, a similar distinction between two uncorrelated types has gained wide acceptance. Otto Kernberg and Heinz Kohut, the two major contemporary theorists on narcissistic pathology, have each noted the presence of two narcissistic presentations, one in which overt grandiosity and entitlement appear too strong (as with Narcissus) and one in which they appear too weak (as with Echo). The Psychodynamic Diagnostic Manual (PDM, 2006) likewise distinguishes between Arrogant/Entitled Narcissistic Personality Disorder, or overt narcissism, and Depressed/Depleted Narcissistic Personality Disorder, or covert narcissism.

Not surprisingly, overt and covert forms of narcissism have often been described in the literature with heavily gendered vocabulary and have historically described pathologies characteristic of males and females, respectively. O’Leary and Wright (1986) note that the characterizations of overt and covert types of narcissism “resemble stereotypical characterizations of male and female qualities in Western culture. Men are

expected to exude confidence, to be daring, and to display their power. Women are expected to be more emotionally vulnerable. Thus the discussion and descriptions of narcissism and narcissistic character pathology may have been complicated by gender related phenomena” (p. 331). The question, then, is not whether men are inherently more narcissistic than women but, as Jorstad wondered, “is Echo hiding in the woods?” (Pullen & Rhodes, 2008). In failing to fully appreciate the interplay between issues of gender and narcissism, we may have unwittingly obscured from view those features of narcissism that presently appear to be more common in women.

Needs as Presented by the Literature

In light of the longstanding overrepresentation of men in the literature on narcissism, a better understanding of the ways that gender impacts narcissistic expression certainly seems overdue. Simply and broadly defined, *narcissism* is the concentration of psychological interest upon the self (Akhtar & Thomson, 1982). This definition suggests neither health nor pathology and is not associated with any particular personality characteristics. Narcissistic personality disorder, on the other hand, has come to be associated with traits which are more often displayed by men.

Within the past twenty years, there has been a proliferation of empirical research seeking to distinguish between overt and covert types of narcissism and to elucidate the differences between narcissistic pathology among men and women, yet these two areas of research have by in large been carried out independently of one another in spite of clinical observations that clearly suggest a relationship between them. This lack of synthesis in empirical research represents a gap in the available literature on narcissism

and an opportunity to use existing information to promote a more comprehensive understanding of narcissistic problems.

This project constitutes an exploration of the convergence of empirical research in these two areas—overt/covert and masculine/feminine expressions of pathological narcissism—to determine the validity and particular nature of this long-suspected connection. I have chosen to compare these two areas of research specifically because of the strength of associations between them in the psychoanalytic literature and empirical research on narcissism and the equally weak support for these associations.

Research Questions

My research questions include the following: *Do expressions of narcissism in men and/or “masculine” expressions overlap significantly with overt narcissism? Do expressions of narcissism in women and/or “feminine” expressions overlap significantly with covert narcissism? What are the areas of overlap between these four discreet categories (overt, covert, masculine, feminine)?*

Relationship to Social Work and the Importance of this Project

This project will endeavor to bridge two areas of theory and research which have been carried out independently of one another: overt and covert expressions of pathological narcissism, and masculine and feminine expressions. It seems likely that this particular gap has thus far been filled on the one hand by assumptions of gender neutrality in the literature on narcissism and on the other by gender stereotypes which mask narcissistic pathology in women and normalize it in men.

To the extent that these bodies of literature remain separate, mental health professionals fail to utilize important and accessible knowledge, and as long as the

correlations between these areas is implied but not established, theorists and researchers cannot move past their hunches to new understandings of these phenomena.

The conclusions of this project would have significant political and mental health implications for both men and women. If, as hypothesized, the analysis of theory and research indicate substantial overlap between the overt type and narcissism in men and the covert type and narcissism in women, then the DSM emphasis on overt characteristics may be contributing to under-diagnosis of narcissism in women or misdiagnosis of narcissistic women as dependent, avoidant, or borderline personalities, which may in turn lead to inappropriate treatment choices. Another implication is that the large body of research on narcissism, which has focused almost exclusively on the overt type, may be only marginally applicable to women. Finally, since covert narcissists are generally considered to be lower-functioning, or at least to experience a great deal more distress than overt narcissists, findings suggesting a strong relationship between these types and gender would have important implications with respect to gender and the different emotional resources society makes available to men and women. If findings do not show substantial overlap in these areas, this too would have interesting clinical and theoretical implications in light of longstanding assumptions to the contrary.

Theoretical Perspectives

This project will utilize relevant contributions from both theory and research to bridge two distinct bodies of knowledge within the study of narcissism. The selected theories will provide context for the comparison of similar concepts and trends in the empirical research and will contribute importantly to the discussion of findings. To give context to my discussion of the selected theoretical emphases and respective areas of

empirical research, I will first present a brief history of narcissism's relationship to the progress of psychoanalytic thought.

Narcissism: History of the Concept

The concept of narcissism has captured the interest of psychoanalysts, dynamic psychiatrists, social psychologists, and personality researchers for the past one hundred years and in that time has undergone more changes in meaning and emphasis than perhaps any other psychoanalytic term. Narcissism was introduced into psychiatry by Havelock Ellis in 1898, who wrote that narcissism is "that tendency which is sometimes found, more especially perhaps in women, for the sexual emotions to be absorbed, and often entirely lost, in self-admiration" (as cited by Pulver, 1986, p. 92-93). In Freud's earliest use of the term, he described narcissism as a sexual perversion in which one treats his own body as a sexual object. In his paper "On Narcissism," published in 1914, Freud elaborated on the concept further, proposing stages of primary and secondary narcissism characterized in the first case by the young child's overvaluation of the ego during initial separation from the mother and, in the later, by identification with an idealized other, leading to formation of the ego ideal (Westen, 1990). The ego ideal was thus comprised of the idealized qualities of the parent that the child internalized and invested with libido formerly located in the ego itself. Yet Freud himself was dissatisfied with his original conception of narcissism and elaborated on the phenomenon in three distinct reformulations between 1911 and 1939 (Smith, 1985).

The concept of narcissism has also been complicated by the early interchangeable use of the terms "narcissistic neuroses," "psychoses," "dementia precox," and "schizophrenia" (Akhtar & Thomson, 1982). This confusion grew out of Freud's initial

attempt to account for delusional grandiosity in people experiencing mania and social withdrawal in patients with schizophrenia through a theory of narcissism (Westen, 1990). In more recent theory and research, narcissism and psychosis are rarely if ever compounded, due largely to the early work of Edith Jacobson and Annie Riech, authors who asserted that narcissistic pathology cannot be viewed as restricted to psychosis but should be understood instead as a regressive fusion of self and object representations, as Jacobson saw it, or in Riech's view, between a primitive ego ideal and the self as a means of undoing feelings of inferiority (Kernberg, 1975).

The second half of the twentieth century saw a rise in the number of narcissistic patients entering psychiatric treatment. It is unclear, however, whether this represented a true increase in narcissistic pathology or simply heightened interest in narcissism and the self within the psychoanalytic community. Several authors, including Kohut, Masterson and Lasch, have suggested that the contemporary human's struggle with issues of fragmentation, authenticity, and meaning are a reflection of our difficulty navigating a postmodern world that continuously challenges traditional truths and values. Whatever the multiplicity of causes, the past half century has seen rapid growth of interest in narcissism and a wealth of publications on the subject (Wink, 1996).

The explosion of interest in narcissism led to many new elaborations on the concept. Pulver's (1986) paper "Narcissism: The Term and the Concept" catalogues the various meanings of narcissism from 1911 through the 1960s, from its original denotation as a sexual perversion to its expanded use to include placement of psychic energy, an early stage of infant development, a mode of relating to objects, and a synonym for self-esteem. His was an effort to point out the difficulties inherent in Freud's economic

concept of narcissism and elaborate on the term from an ego psychology perspective.

Other authors followed suit. In 1975, Stolorow (1986) proposed a definition of narcissism drawing heavily on Pulver's work but emphasizing the unique *function* served by mental activities which clinicians have labeled as narcissistic. He writes, "Mental activity is narcissistic to the degree that its function is to maintain the structural cohesiveness, temporal stability and positive affective colouring of the self-representation" (p. 198). Contemporary understandings have, in a like manner, construed narcissism as a necessary ingredient of healthy functioning which in some cases goes astray, leading to pathology.

Narcissism has thus evolved alongside psychoanalytic theory itself and become increasingly complex as the term has been adapted to fit the changing frames of reference demanded by economic, structural, developmental, and functional emphases (Cooper, 1986). Much of contemporary debate has thus centered around the competing emphasis between the self or whole person on the one hand and the tripartite structure comprising the id, ego, and superego, on the other (Wink, 1996). Rather than leading to agreement among theorists regarding the meaning of the concept, these debates have often led to the term's increased ambiguity and overuse. Among its current uses are narcissism as a normal phenomenon, narcissism as a cultural phenomenon, narcissistic injuries, narcissistic defenses, narcissistic drives, narcissistic personality disorders, narcissistic perversions, regressions to narcissism, primary narcissism, phallic narcissism, and so on (Westen, 1990). This overuse has contributed to clinical confusion regarding diagnosis and therapeutic interventions and to researchers' struggle to operationalize dimensions of narcissism.

Importantly, however, disagreements regarding narcissism have also spurred tremendous growth within contemporary psychoanalysis. Bromberg (1986) has stated that “it is not the definition of narcissism arrived at as much as the struggle to arrive at one, which is the essence of recent progress in psychoanalytic thought” (p. 438). He is referring to the gradual movement of mainstream psychoanalysis in the theoretical realm toward the interpersonal context as the medium of both normal maturation and therapeutic change, with attention turned to the growth of “self” as inseparable from the interrelationship of “self and other.” The struggle of defining narcissism has thus become the much larger task of understanding the self, object relations, and the maintenance of self-esteem. The work of two major contemporary theorists on narcissism, Otto Kernberg and Heinz Kohut, reflect the progress afforded by the better part of the past century and, in spite of several areas of disagreement, are presently the most widely accepted views on normal and pathological narcissistic development.

Theoretical Emphases of this Project

I have chosen to draw primarily on the two most prominent contemporary theories of narcissism—the object relations perspective of Otto Kernberg and a self psychology perspective of Heinz Kohut. For the purposes of this paper, a synthesis of these theories that reflects the clinical necessity for diverse models applicable to different types of clients will provide the base from which to explore overt and covert expressions of narcissism and compare empirical research on these two umbrella terms.

Psychology of women and gender socialization perspectives will provide the underpinnings for the discussion of gender differences in the expression of pathological narcissism. Contributions from psychology of women perspectives have drawn on theory

from object relations, attachment, and self psychology frameworks, and thus connect seamlessly with the preeminent contemporary theories on narcissism. The synthesis of psychology of women and gender socialization perspectives has in my view provided the most complex and inclusive theoretical understanding of the relationship between gender and narcissistic development to date.

Overview of the Following Chapters

The following Methodology section will map out the method for comparing research on overt/covert types with male/masculine and female/feminine expressions of narcissism. Chapter III, the “Phenomenon” section, will elaborate on the overrepresentation of men in the literature and on the current emphasis on “masculine” expressions of narcissism. Chapter IV, “Overt and Covert Narcissism,” will first review the preeminent self and object relational understandings narcissism, with an emphasis on overt and covert types, followed by a review of empirical findings relevant to these two categories. Chapter V, “Narcissism and Gender,” will provide a review of psychology of women and gender role theories, followed by a review of empirical findings relevant to these two categories. Chapter VI, the “Discussion” chapter, will examine the overlap between empirical findings laid out in chapters IV and V, drawing on theories presented in each chapter to support the discussion of findings. The research questions will be addressed in the final discussion. These include: Do expressions of narcissism in men and/or “masculine” expressions overlap significantly with overt narcissism? Do expressions of narcissism in women and/or “feminine” expressions overlap significantly with covert narcissism? What are the areas of overlap between these four discreet categories (overt, covert, masculine, feminine)?

CHAPTER II

METHODOLOGY: A METHOD OF COMPARISON

This project will explore the hypothesis that overt narcissism overlaps significantly with pathological narcissism in men and/or “masculine” expressions, and covert narcissism overlaps significantly with pathological narcissism in women and/or “feminine” expressions. Before articulating my methodology for comparison, it may be helpful to provide some basic definitions.

Although the term *narcissism* is usually defined as the concentration of psychological interest upon the self (Akhtar & Thomson, 1982)—a definition that implies neither health nor pathology—for the purposes of this paper, the word *narcissism* will be used generally to connote narcissistic personality disorder, though it should not be understood as confined to any one description of the disorder. Overt and covert narcissism will be understood as umbrella terms describing two distinct clusters of symptoms and traits associated with narcissistic personality disorder. *Overt narcissism* describes an individual who presents as dominant, entitled, grandiose, exhibitionistic, arrogant, exploitative, and envious. *Covert narcissism* describes an individual who is overtly diffident and depressed, inhibited, easily wounded, internally preoccupied with grandiose fantasies, makes attempts to ingratiate himself to others, and tends to idealize others. With respect to the gender-specific expression of narcissism, *feminine* and *masculine* are not synonymous with female and male biological sex but refer instead to socially constructed male and female types, as exemplified by Narcissus and Echo.

There is a dearth of literature which adequately elaborates on the suggested relationship between male gender with overt narcissism and female gender with covert

narcissism. This project will therefore compare theory and research on overt and covert types with theory and research on gender differences in narcissism to achieve a rough comparison of these categories. I will first present a review of the theoretical contributions relevant to current conceptions of narcissism and of overt and covert types, as identified in the Introduction, followed by an examination of empirical contributions which have distinguished between these two categories. I will then review theoretical contributions most relevant to a contemporary understanding of gender differences in narcissism, as identified in the Introduction, followed by an examination of empirical contributions which have identified gender-related differences.

I have chosen several categories for examining the empirical research in each of these two areas. The following categories were selected based on their clear relationship to theory and on the fact that they are common both to research on narcissistic types and to research on gender differences in narcissism: grandiosity/idealization, shame, self-esteem, and dominance and exploitativeness. After examining the theory and research on both typology and gender with respect to each of these categories, I will discuss areas of overlap in the final chapter.

CHAPTER III

PHENOMENON: NARCISSISTIC TYPOLOGIES AND GENDER DISPARITIES

The phenomenon this section will explore is two-fold. It will elaborate further on the implied relationship between male and overt narcissism and between female and covert narcissism, and it will seek to explore the overrepresentation of men and the emphasis of “masculine” expressions of narcissism in the literature. In so doing, this section will highlight the gap in literature that this project endeavors to address—namely, the lack of synthesis between narcissism research supporting the association between pathological types and gender issues. This chapter will flesh out the basis for asking the central questions of this study—namely, what, if any, are the areas of overlap between narcissistic typologies and gender?

Two Types of Pathological Narcissism: Overt and Covert

Contemporary theoretical and empirical understandings of narcissistic personality disorder generally acknowledge two basic manifestations, overt and covert (Wink, 1996). The Psychodynamic Diagnostic Manual (PDM, 2006) distinguishes between Arrogant/Entitled Narcissistic Personality Disorder, or overt narcissism, and Depressed/Depleted Narcissistic Personality Disorder, or covert narcissism. Overt narcissism describes an individual who appears to be dominant and is relatively high-functioning and adaptive but is behaving in ways that illustrate an overt sense of entitlement. More often than not, this individual is devaluing of others and comes across as either vain and manipulative or charismatic and commanding (PDM, 2006). In contrast, covert narcissism is exemplified by an individual who is likely less successful, appears overtly diffident and depressed, makes attempts to ingratiate herself to others, is

looking for other individuals she can idealize, is easily wounded, and is internally preoccupied with grandiose fantasies (PDM, 2006).

Recent empirical research has supported this broadly accepted distinction between overt and covert presentations of NPD (Hendin & Cheek, 1997; Rose, 2002; Dickinson & Pincus, 2003; Lapsley & Aalsma, 2006; Fossati et al., 2005; Wink, 1991, 1992).

However, reviews (Heiserman & Cook, 1998; Thomaes, Stegge, & Olthof, 2007) of the empirical studies on narcissism indicate that researchers have tended to focus exclusively in their study of narcissism on the overt expressions at the expense of more covert manifestations. On the most concrete level, this is due largely to the lingering ambiguity of the construct, the DSM's emphasis on the overt features of narcissistic personality disorder, and the overuse of DSM-based self-report measures of narcissism in empirical research. The following two sections will offer brief discussions on the DSM NPD criteria and NPD self-report measures.

DSM-IV-TR NPD

The DSM-IV-TR (2000) diagnostic criteria for Narcissistic Personality Disorder includes features of grandiosity, need for admiration, and lack of empathy beginning in early adulthood and present in a variety of contexts, as indicated by five or more of the following:

- (1) has a grandiose sense of self-importance (e.g. exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
- (2) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- (3) believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
- (4) requires excessive admiration
- (5) has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations

- (6) is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
- (7) lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
- (8) is often envious of others or believes that others are envious of him or her
- (9) shows arrogant, haughty behaviors or attitudes (p. 717)

In spite of the validity and internal consistency of this diagnostic category, not all psychoanalysts would agree with all aspects of this definition since it places excessive stress on the overt grandiose and exhibitionistic qualities of the self to the exclusion of covert expressions in which only feelings of shyness and shame, unworthiness, and fears of competition and exhibition are conscious. Many authors note this weakness (Cooper, 1986; Wink, 1991; Dickinson & Pincus, 2003; Hendin & Cheek, 1997); however, there exist some disagreements regarding the nature of the DSM-IV-TR construct. Dickinson and Pincus (2003) argue that the DSM-IV construct (similar to that of the DSM-IV-TR) is related to overt narcissism, whereas Fossati et al. (2005) suggests that the DSM-IV NPD symptoms split into two correlated factors that they label overt and covert narcissism. The three out of nine criteria that seem to be better descriptors of the covert variant include grandiose fantasies, needs for admiration, and envy (Fossati et al., 2005). The DSM-IV NPD criteria thus appear to depict an overt type with a possible covert component.

Self-Report Narcissism Scales

Several of the most-commonly used NPD self-report measures were developed using DSM-III criteria for the narcissistic personality disorder (which are very similar to those of the DSM-IV listed above) and the internal consistency method of test construction. The internal consistency method has the advantage of producing scales with

items that are highly inter-correlated with one another and with the scale as a whole; however, its main disadvantage lies in the insensitivity of these scales to the multifaceted nature of the construct.

The most widely used scale developed using the DSM-III criteria and the internal consistency method is the Narcissistic Personality Inventory (NPI). Several studies have noted that the NPI appears to be a measure of overt narcissism (Rose, 2002; Hendin & Cheek, 1997; Wink, 1991), whereas the nature of the DSM-IV construct is less clear. Additional scales developed using the DSM-III criteria and the internal consistency method include the Wink and Gough California Psychological Inventory (CPI) and MMPI Narcissism scales, Raskin and Novacek's MMPI Narcissism scale, and the Morey, Waugh, and Blashfield Narcissism scale. All of these scales are highly intercorrelated and each scale correlates significantly with observer ratings of narcissism (Wink, 1996). These DSM-III-based scales share inventory correlates indicative of self-aggrandizement, rebelliousness, outgoingness, egotistical tendencies, and impulsivity. In short, they measure the narcissistic characteristics of openly displayed grandeur and exhibitionism emphasized in the DSM-III and DSM-IV (Wink, 1991).

A second group of self-report narcissism scales reflect themes of vulnerability and sensitivity and, as Wink (1996) notes, several studies have shown them to be uncorrelated with the NPI and other scales developed using the internal consistency method. Among these scales is Ashby, Lee, and Duke's Narcissistic Personality Disorder scale (NPDS), which was developed empirically by contrasting item endorsement rates of diagnosed narcissists in treatment with control groups of other patients and individuals not in treatment. The NPDS correlates positively with Serkownek's narcissism-hypersensitivity

and with Pepper and Strong's ego-sensitivity scales—two measures of narcissism derived from MMPI's Masculinity-Femininity scale—and all were significantly correlated to observer ratings of narcissism (Wink, 1991).

Although this latter group of scales is increasingly being used in combination with DSM-based scales to measure narcissism, the large body of literature on narcissism reflects researchers' over-reliance on the NPI and similar scales measuring the overt type. An example of such research is Heiserman and Cook's 1998 study of the role of hostility, depression, and shame in the affective life of relatively high narcissists. Based on results from this study, Heiserman and Cook concluded that, consistent with Kernberg's notion of grandiosity narcissistic personalities, shame and depression are dissociated, denied, or projected onto others (but not felt); however, as the authors note, this study was weakened by its reliance on the NPI as a measure of narcissism. Including a measure of covert narcissism would have provided a more complete picture with respect to the range of pathological narcissism and the relationship of narcissism to experiences of shame, depression, and hostility. Thomaes et al. (2007) likewise reported findings that support an overt model of narcissism but used a measure comparable to the NPI and did not assess for covert narcissism.

In spite of the sizable body of research which conflates narcissism with overt narcissism, much of the recent empirical research supports the distinction between overt and covert types (Hendin & Cheek, 1997; Rose, 2002; Dickinson & Pincus, 2003; Lapsley & Aalsma, 2006; Fossati et al., 2005; Wink, 1991, 1992), calls for the elaboration of this distinction in the DSM (Fossati et al., 2005; Dickinson & Pincus,

2003) and recommends the use of covert measures in future research on narcissism (Hendin & Cheek, 1997; Wink, 1991).

The Overrepresentation of Men

The DSM-IV-TR (2000) notes that 50%-75% of patients diagnosed with NPD are men, and several authors have pointed out that men are largely overrepresented in this diagnostic category (Ahktar & Thomson, 1982; Foster, Campbell, & Twenge, 2003). In their 1990 research on the relationship between gender and narcissism, Richman and Flaherty concluded that the DSM NPD features are more descriptive of men, an observation supported by Perry and Perry (2004). With respect to DSM-based scales, researchers who have used the NPI and similar scales based on the NPI to analyze gender differences report significantly higher mean scores for men than for women (Wink, 1996; Wright, O'Leary, & Balkin, 1989; Miller & Campbell, 2008). Those using the PDQ-4, a measure touted as the most accurate DSM-IV NPD instrument, have likewise found that men scored higher than women (Miller & Campbell, 2008).

The higher prevalence of men diagnosed with NPD and the elevated predictive power of the NPI and PDQ-4 (measures developed using DSM-III criteria for NPD) for men suggests that the DSM criteria better fit the experience of men than women. Harder (1990) makes the point unreservedly, stating, "Most of the NPI items and a majority of its subscales (viz., leadership, exploitativeness, specialness, grandiosity, and self-admiration) seem best to reflect the kind of self-versus-other phallic narcissism most common in men (Harder, 1984)" (p. 287). There also appears to be a gender bias in the clinical case material that forms the basis of our understanding of narcissism, with men being highly overrepresented. Among 29 cases of various manifestations of NPD

presented by Kernberg in *Borderline Conditions and Pathological Narcissism* and Kohut in *Analysis of The Self and Restoration of The Self*, only 5 depict women. In an acclaimed casebook of successful analyses of narcissistic patients, 4 of the 6 cases are of men, and one of the two cases of women is entitled “Commentary on the Analysis of a Hysterical Personality.” This must be considered in light of the fact that two-thirds of psychiatric patients are women (Philipson, 1985).

Another important trend with respect to gender is that overt and covert forms of narcissism have often been described in the literature with heavily gendered vocabulary and have historically described pathologies characteristic of males and females, respectively. O’Leary and Wright (1986) note that the characterizations of overt and covert types of narcissism, “resemble stereotypical characterizations of male and female qualities in Western culture. Men are expected to exude confidence, to be daring, and to display their power. Women are expected to be more emotionally vulnerable. Thus, the discussion and descriptions of narcissism and narcissistic character pathology may have been complicated by gender related phenomena” (p. 331).

While gender issues have been implicit in the articulation of overt and covert types, Philipson (1985) has criticized Kernberg, Kohut, and Lasch for depicting a narcissistic pathology common in men while failing to appreciate parallel problems in women. Indeed, though these theories are ostensibly gender-neutral, few if any cultures in the modern world can in like manner claim gender-neutrality, suggesting that even our most comprehensive theories are woefully incomplete with respect to the reciprocal influence of gender development and narcissistic development.

Conclusions

Theorists and researchers on narcissism have tended to focus primarily and often exclusively on overt expressions at the expense of more covert manifestations. Multiple factors have contributed to this, including the lingering ambiguity of the construct, the DSM's emphasis on the overt features of narcissistic personality disorder, and the overuse of DSM-based self-report measures of narcissism in empirical research. Meanwhile, several writers, drawing on clinical observations and theoretical considerations, have noted an overlap between overt narcissism and male narcissism, and between covert narcissism and female narcissism. This overlap seems even more likely in light of both the overrepresentation of men in the literature and a noteworthy emphasis, particularly within research, on overt narcissism to the exclusion of the covert type. The following two chapters will lay the groundwork for a comparison of theory and research in the areas of overt and covert narcissism and gender and narcissism.

CHAPTER IV

OVERT AND COVERT NARCISSISM

This section will lay out the basic tenets of the two most prominent contemporary theories of narcissism, one proposed by Otto Kernberg and the other by Heinz Kohut. It will focus on etiological and dynamic components in order to bring the reader up to date with current theoretical conceptualizations of narcissistic pathology. It will also include a review of diagnostic features as presented by each theorist in order to anchor the later discussion on narcissistic typologies. Following summaries of each theory, areas of agreement and disagreement and a widely accepted synthesis will be discussed. This chapter will conclude with a review of empirical research on overt and covert types in the areas of grandiosity/idealization, shame, self-esteem, and dominance and exploitativeness. The theories and research presented in this chapter will provide a basis for comparing the constructs of overt and covert narcissism with male/masculine and female/feminine narcissism.

Theoretical Contributions

Although narcissism remains ambiguous both as a nosological entity and a metapsychological concept, two major contemporary theorists, Otto Kernberg and Heinz Kohut, have contributed immensely to the task of defining narcissism in both of these respects and to the psychoanalytic treatment of narcissistic pathology. Though conflicting in several respects, their distinct theories have offered possibly the most comprehensive formulations of healthy and pathological narcissistic development to date.

Kernberg

Otto Kernberg has attempted to understand the dynamics of narcissism within the structural dynamic and object-relational points of view and has drawn heavily on the works of Mahler, Jacobson, Reich, and the British School to develop his conception of the self as an original fused self/object internalization. In his view, 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. In the narcissistic personality, 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 (Cooper, 1986).

Description of Narcissistic Personalities. Kernberg (1975) focuses on what he calls "a pure culture of pathological development of narcissism," for which patients he reserves the term "narcissistic personalities" (p. 227). Although most of Kernberg's writing on pathological narcissism is theoretical, he does offer descriptions of the narcissistic personality based on clinical observations. In *Borderline Conditions and Pathological Narcissism*, Kernberg (1975) writes:

"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 seem to have things they do not have or 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” (p. 228).

Kernberg emphasizes in the preceding description of the disorder an *overt* presentation—i.e., grandiosity, entitlement, exploitativeness, and apparent fragile positive self-esteem that make quite an impression on others. He acknowledges, however, that narcissistic personalities also frequently present with the flip side of this pathology, marked by conscious feelings of inferiority and vulnerability that often alternate with feelings of greatness and omnipotent fantasies. Alternatively, unconscious narcissistic grandiosity and fantasies of omnipotence may require a period of analysis before coming to the surface. In brief, self representations of the narcissistic personality are split between a grandiose, inflated representation and a devaluated representation, such that the presence of extreme contradictions in self concept is often the first clinical evidence of severe pathology in the ego and superego of these patients (Kernberg, 1975).

Kernberg stresses the pathological nature of these patients' inner world, regardless of their superficially adaptive behavior. One consequence of their relative lack of emotional depth is proneness to feelings of boredom, emptiness, and uncertainty about identity. With respect to interpersonal functioning, he notes that narcissistic patients are generally exploitative, ruthless, and sometimes parasitic, seeming to feel that they have the right to possess and control others without guilty feelings. Although they may be

considered to be dependent because of their need for tribute and adoration from others, they are in fact completely unable to really depend on anybody because of their deep distrust and depreciation of others. Kernberg asserts that their controlling behavior is a defense against paranoid traits related to the projection of oral rage, which is central in their psychopathology. Additionally, narcissistic patients display a predominance of primitive defenses such as splitting, denial, projective identification, omnipotence, and primitive idealization to defend against feelings of inferiority, envy, and dependency needs (Kernberg, 1975).

Dynamic and Etiological Factors. Akhtar and Thomson (1982) offer a concise and accessible summary of Kernberg's theory of the etiological and dynamic features of the narcissistic personality:

“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. Kernberg proposes that the grandiose self (a term he borrowed from Kohut but uses with different etiological formulation) is formed by fusion of the admired aspects of the child, the fantasied version of himself that compensated for frustration and defended against rage and envy, and the fantasied image of a loving mother. These three psychic structures coalesce in the grandiose self. The 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 chronic hunger for excitement and acclaim” (p. 13-14).

As a result of the confusion of ideal self, ideal object, and actual self images, there are not only distortions of the self but also structural distortions of the superego. These distortions of the superego result from the failure to condense idealized images, parental demands, and aggressively determined superego forerunners, a state of affairs which serves to maintain primitive components of the ideal self and object images and which leads to a deterioration of object-relations and severe disturbances of interpersonal relationships. Kernberg differentiates three levels of functioning of narcissistic personalities: the first maintains effective surface adaptation and are troubled by limited neurotic symptoms; the second and most common group presents with severe disturbances in object relations and complicating symptoms in many areas of functioning; and the third group presents with borderline features (Kernberg, 1975).

Kohut

Heinz Kohut's extensive writings on narcissism are based on his psychoanalytic clinical observations of patients with narcissistic personality disorder and are situated within his broader theory of self psychology, which takes the *self* as the core of the personality and the guiding force of psychic life. Kohut proposed a bipolar self composed of tendencies toward exhibitionism and ambition on the one hand and idealization of parent and self on the other. Between these two poles is an intermediate area of basic talents and skills that are activated by the tension arc between ambitions and ideals. Narcissistic character disorder, in Kohut's view, is a deficiency disease resulting from

arrested development of adequate psychic structure. At the center of narcissistic disorders lies a weakened or defective self covered over by defenses, symptomatology, and pathological behaviors (Kohut & Wolf, 1986).

Description of Narcissistic Disorders. Kohut's writings offer clear articulations of therapeutic technique but do not contain empirical diagnostic criteria. He specifically disavows the traditional medical aim of achieving a diagnosis identified by clusters of symptoms and emphasizes that the nature of the transference is the crucial diagnostic criteria rather than symptoms or life history (Akhtar & Thomson, 1982). However, in an attempt to develop more accurate diagnostic criteria for narcissistic personality disorder, Akhtar and Thomson (1982) have extracted descriptions of narcissistic patients from Kohut's writing.

“Sexually, they may report perverse fantasies or lack of interest in sex; socially, they may experience work inhibitions, difficulty in forming and maintaining relationships, or delinquent activities; and personally, they may demonstrate a lack of humor, little empathy for others' needs and feelings, pathologic lying, or hypochondriacal preoccupations. These patients also display overt grandiosity in unrealistic schemes, exaggerated self-regard, demands for attention, and inappropriate idealization of certain others. Reactive increase in grandiosity because of perceived injury to self-esteem may appear in increased coldness, self-consciousness, stilted speech, and even hypomaniclike episodes” (Ahktar & Thomson, 1982, p. 14).

These patients are also identifiable through their angry reactions described by Kohut as narcissistic rage, the central feature of which is the need for revenge with complete disregard for reasonable limitations.

Kohut distinguishes between primary and secondary disturbances of the self. The primary disturbances of the self include the psychoses and the borderline states. His writings have focused, however, on the secondary disturbances of the self, which are more resilient and include the *narcissistic behaviour disorders* and the *narcissistic personality disorders*. Patients with narcissistic behaviour disorders often display perverse, delinquent, or addictive behavior, which exposes them to grave physical and social dangers. These behaviors are understood as efforts to maintain vigor or cohesion of the self during temporary states of enfeeblement or fragmentation. In the narcissistic personality disorders, break-up, enfeeblement or distortion of the self are also temporary but symptoms (hypochondria, depression, hypersensitivity to slights, lack of zest) concern not primarily the actions and interactions of the individual but rather his psychological state. Regarding the similarity of these two types, Kohut and Wolf (1986) write:

“To external inspection, the clusters of symptoms and personality features that characterize the narcissistic behaviour disorders on the one hand, and the narcissistic personality disorders, on the other hand, are completely different: the self-assertive claims of the first group appear to be too strong, those of the second not strong enough. But depth-psychological investigation demonstrates that the psychopathological basis of both disorders—the disease of the self—is, in essence, the same” (p. 192-193).

The former Kohut describes as those who make overly loud narcissistic claims and who appear overly self-assertive and demanding; the later, as those who are overtly shy, unassertive and socially isolated but who maintain grandiose fantasies.

Dynamic and Etiological Factors. Kohut developed his theory of the bipolar self based on his observation of two distinct types of transference that emerged in treatment with narcissistic patients, the *mirror transference* and the *idealizing transference*. The mirror transference is the term used for those transferences in which a childhood need for being noticed, admired, and approved in his grandiose aspirations is revived in the treatment situation. The idealizing transference is that which reveals his need to endow his caretakers with idealized capacities for power and omniscience with which he can identify and from which he can borrow qualities of strength and calmness. In his later work, Kohut (1984) elaborated a third transference, the *twinsip or alter ego transference*, through which the damaged intermediate area of talents and skills seeks an object that will make itself available for the reassuring experience of essential likeness. Kohut posited 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 development of a cohesive self lead to drive derivatives expressed as pathological sexual and aggressive behaviors (Kohut & Wolf, 1986; Cooper, 1986).

One of Kohut's major contributions to the understanding of the self and of narcissistic disturbances is the concept of the *selfobject*. Selfobjects are objects that the child experiences as part of the self and which she expects to control much in the same way an adult expects to control parts of her own body. Selfobjects are objects that are not yet perceived as autonomous in their own right but are internalized as aspects of the self

and its needs. Kohut distinguished two kinds of selfobjects, the *mirroring selfobject* and the *idealized parent imago*, which correspond to the two poles of the self. Mirroring selfobjects respond to the child's sense of vigor, greatness, and perfection, whereas the idealized parent imago provides an image of calmness, infallibility, and omnipotence to whom the child can look up and with whom he can merge. Faulty interaction between the child and his selfobjects result in a damaged self. Depending on the quality of the interactions, the self may emerge either as a firm and healthy structure or as a more or less seriously damaged one, with varying degrees of coherence, vitality, and functional harmony (Kohut & Wolf, 1986).

Kohut sees self pathology as resulting from pervasive pathogenic factors in the child's early selfobject interactions—that is, factors which consistently interfere with the normal development of the self. Instead of responding to the child's age-appropriate needs for mirroring and idealization, the parents instead respond to the needs of their own insecurely established self. Kohut approximates the emergence of the self at around second year of life, when the child begins to recognize, at least in part, the separateness of the object. The self develops within a particular selfobject environment and via a specific process of psychological structure formation called *transmuting internalization*. This process requires a previous stage in which the child's mirroring and idealizing needs were sufficiently responded to. Minor failures in response to the child's mirroring and idealizing needs are necessary for the process of internalization, during which the child replaces selfobjects and their functions with a self and its functions (Kohut & Wolf, 1986). Disorders of the self result from pervasive failures in the child's selfobject environment.

Kernberg and Kohut: Agreements, Disagreements, and Synthesis

The most significant area of difference between these two theories is that Kohut emphasizes narcissistic pathology as an arrest in normal development while Kernberg stresses the pathological nature of the narcissistic patient's internal object relations and ego structures such that the continuation of normal development is hindered (Kernberg, 1975). Kernberg's work is thus more in line with traditional psychoanalytic theory which emphasizes conflict and pathology, while Kohut emphasizes developmental arrests and consequent deficits of the self. In my view, an understanding from both perspectives is needed to appreciate the complexity of narcissistic patients, among whom both conflicts and deficits may be prevalent.

Another primary area of disagreement lies in each author's view of the relationship between the self and the object. Kohut and his supporters (including Goldberg, the Ornsteins, and Schwartz) posit a separate narcissistic libido, which follows a developmental sequence independent of object relations determined by libido and aggression. Kernberg and his supporters (including Volkan and Hamilton) assert that narcissistic investment and object investment occur simultaneously, so that one cannot study the vicissitudes of narcissism without studying those of object relations as well (Ahktar & Thomson, 1982). This latter point is well taken; however, one need not conclude that Kernberg's theory is complete—rather, it seems to me that both theories address different aspects of narcissistic disturbance.

Regarding these fundamental differences, several authors (Spruiell, 1975; Lachmann & Stolorow, 1976) have pointed out that Kernberg and Kohut may have been treating different patient populations and that narcissistic patients may in fact be of two

distinctly different types, one suffering from developmental arrests caused by selfobject failures, as described by Kohut, and the other from faulty development resulting in the projection of oral rage and the defenses against it, as described by Kernberg. It seems likely that at the least they represent two different areas of pathology that may be descriptive of different patient populations or, alternatively, may coexist to differing degrees in the same patient. Clinicians writing about the treatment of narcissistic personality disorder predictably fall on spectrum, with a sizable number of supporters in each camp as well as many who recommend a flexible approach which recognizes that each theory may be more or less useful depending on the patient. Among the later are Consolini (1999), Lachmann and Stolorow (1976), and myself.

In spite of heated theoretical debates on the Kernberg-Kohut controversy (or perhaps because of them), there has emerged a relatively consensual psychoanalytic formulation of the origins and phenomenology of narcissistic pathology. Paul Wink (1996) refers to the consensus on narcissism as “the received view.” In light of some fundamental differences in the way Kernberg and Kohut view narcissistic disorders, it may be helpful to briefly examine the synthesis which has emerged, since it seems to reflect an appreciation for the scope of narcissistic problems and avoids getting bogged down in metapsychological debates about the structure of the psyche. The received view holds that narcissism is the product of un-empathic parenting by a cold or vulnerable parent, wherein the lack of attunement is not catastrophic enough to prevent the development of a basic sense of self but does result in the use of splitting, an insufficient integration of positive and negative affect, and a tendency toward fragmentation. In some

cases, the child may identify with a narcissistic parent in order to escape a parent who is even more psychologically disturbed.

Frequently, the child is treated as special by his parents; however, the lack of authentic attunement over the course of childhood results in the development of the grandiose self and feelings of vulnerability and inferiority. Although broad consensus exists regarding the centrality of grandiosity, there is disagreement concerning the origins of the grandiose self. For Kohut, it is a product of a developmental arrest and reflects the only partially transformed grandiosity of the young child, whereas for Kernberg the narcissistic grandiose self is a pathological fusion of psychic representations of the real self, the ideal self, and the ideal object (other), which serves the defensive function of keeping at bay feelings of aggression and envy. In both cases, the grandiose self is accompanied by split-off feelings of inferiority and vulnerability (Wink, 1996).

In adulthood, narcissistic grandiosity is accompanied by impaired empathy, exhibitionism, entitlement, and exploitativeness. Interpersonally, narcissists use others to fulfill their own psychological needs and maintain stability of the self—sometimes to affirm or mirror their actions, sometimes through merger with an idealized individual. The other is invariably related to as a selfobject and valued for how well that person meets the narcissistic person's needs. Projected feelings of envy and aggression may additionally prevent the formation of deep and close attachments and may lead to withdrawal. In work, boredom, dissatisfaction, and lack of meaning prevail, perhaps due to the presence of a false self, misalignment of what inspires enthusiasm and the ideals and goals pursued, or a need to devalue achievements to avoid feelings of envy. Finally,

there is a tendency to oscillate between feelings of grandiosity and feelings of inferiority and depletion, so that these two experiences of the self remain separate (Wink, 1996).

Overt and Covert Narcissism

Kernberg and Kohut each present a clinical picture of narcissism marked by various combinations of qualities including grandiosity, entitlement, exploitativeness, self-absorption, intense ambition, feelings of inferiority, boredom, emptiness, lack of empathy, overdependence on admiration and acclaim, and the tendency to over-idealize certain others. They also acknowledge the presence of two narcissistic presentations, one in which overt grandiosity and entitlement appear too strong and one in which they appear too weak, while positing that the underlying pathology is in essence the same. This dichotomy is thought to stem from the centrality of splitting in narcissistic personalities and from the fundamentally divided self which can be observed in these patients (Ahktar & Thomson, 1982).

Recent empirical research has supported the widely accepted distinction between overt and covert presentations of NPD (Hendin & Cheek, 1997; Rose, 2002; Dickinson & Pincus, 2003; Lapsley & Aalsma, 2006; Fossati et al., 2005; Wink, 1991, 1992). For the purposes of this paper, overt and covert narcissism will be understood as umbrella terms describing two distinct clusters of symptoms and traits associated with narcissistic personality disorder. *Overt narcissism* describes an individual who presents as dominant, entitled, grandiose, exhibitionistic, arrogant, exploitative, and envious. *Covert narcissism* describes an individual who is overtly diffident and depressed, entitled, inhibited, easily wounded, internally preoccupied with grandiose fantasies, makes attempts to ingratiate himself to others, and tends to idealize others.

In spite of marked differences in presentation, overt and covert types have been shown to share a variety of characteristics that express key narcissistic themes, including conceit and arrogance, the tendency to give in to one's own needs and disregard others (Wink, 1991), entitled expectations, domineering and vindictive interpersonal problems (Dickinson & Pincus, 2003), and separation-individuation pathology (Lapsley & Aalsma, 2006). The following section will examine empirical research on overt and covert expressions of narcissism in order to facilitate a more focused comparison of narcissistic types and factors related to gender.

Empirical Research

The following categories are common both to research on overt and covert types and research on gender and narcissism: grandiosity/idealization, shame, self-esteem, and dominance and exploitativeness. These categories were also selected for their relevance with respect to the theoretical contributions presented in this paper.

Grandiosity/Idealization

Narcissistic individuals use others to fulfill their own psychological needs and maintain stability of the self. They sometimes use others to affirm or mirror their grandiose self-concept and sometimes seek merger with an idealized individual. Grandiosity and idealization both occur when real qualities are not accurately recognized or acknowledged. For the purposes of this review, idealization is defined by the failure to recognize the real qualities of others, whereas grandiosity is the failure to recognize real qualities of the self. Views of self and other are thus inflated either due to a developmental inability to register and affirm the real qualities of the self or objects, or

because there is a defensive denial of real qualities of the self or objects (Lachmann & Stolow, 1976).

Empirical research has shown a stronger link between overt narcissism and grandiosity, and between covert narcissism and idealization. Dickinson and Pincus (2003) cite a 1995 study by Hibbard and Bunce, in which overt narcissists scored significantly higher on a measure of grandiosity than covert narcissists. Wink (1991) found that in a sample of 350 subjects in the San Francisco Bay area who had taken part in extensive assessments at the Institute of Personality Assessment, only overt narcissism correlated with observer ratings of openly displayed self-admiration, grandiosity, and entitlement. Similarly, Rhodewalt and Morf (1995) found that among 114 undergraduate psychology students, high NPI scores were associated with a self-aggrandizing attributional style. Since the NPI has been shown to measure only overt narcissism, we may also conclude from this study that overt narcissism correlates with a self-aggrandizing, or grandiose, style.

Raskin et al. (1991b) found that narcissism, as measured by three separate DSM-based narcissism scales, was correlated with the defensive process of grandiosity rather than efforts geared toward attaining social desirability. Although Raskin et al. (1991b) acknowledge Kohut's model of the bipolar self, marked by both aggrandizement of self and idealization of others, they equate narcissism with the overt presentation reflected in the DSM while referring to needs for approval indicative of idealization as a "conformist" personality style.

Other studies have established an explicit connection between idealization and covert narcissism. Lapsley and Aalsma (2006) found that in two samples (N = 204 in

study 1; N = 210 in study 2) of late adolescents attending Midwestern universities, covert narcissists had a very strong tendency toward dysfunctional idealization, where idealization was characterized by conformity, desire to be recognized and admired by others, and fear of being separated from others. Dickinson and Pincus (2003) similarly found that among 90 core participants from an original sample of 2,532 undergraduates at a large rural university, overt narcissists were more grandiose, arrogant, and exhibitionistic than covert narcissists and subjects comprising the control group. Covert narcissists, in contrast to overt and control groups, presented with heightened fears of relating to others, lack of confidence in social relationships, and fears of being disappointed or ashamed of their needs within relationships—all tendencies which reflect an overreliance on idealization and inability to self-enhance. Dickinson and Pincus (2003) contend that grandiose self-enhancement is a major factor enabling overt narcissists to effectively manage their entitlement. Because covert narcissists are less able to utilize self-enhancement strategies, they are easily ashamed when their entitled expectations are not met.

Shame

Many theorists, including Lewis, Lowenfeld, Jacobson, and Broucek, have emphasized the centrality of shame experiences in pathological narcissism. Briefly, shame refers to what is often “a sudden, painful experience of being seen by present and/or internalized others as defective, debased, or weak in a manner that seems to capture a selectively unattended truth about oneself” (O’Leary & Wright, 1986, p. 330). In shame states, self-awareness is split between the diminished self and the perceived disapproval of the other, reducing the boundaries between self and other (O’Leary &

Wright, 1986). There is general consensus among theoreticians that shame occurs when there is a failure to live up to one's ego ideal, or the internalized admired aspects of the parent (Hibbard, 1992; O'Leary & Wright, 1986).

Theoretical contributions suggesting a close relationship between narcissism and shame experiences have led many researchers to hypothesize a consistently positive correlation between the two; however, empirical research suggests a more complicated relationship, mediated in part by grandiosity. Shame and grandiosity are thought to hold a reciprocal relationship, in that grandiose defenses protect people from the painful shame feelings that may follow their undoing (O'Leary & Wright, 1986). O'Leary and Wright (1986) conclude, based on their review of the literature on shame and narcissism, that there are at least two categories being described under so-called narcissistic disorders:

“In one of the categories, shame is repressed or dissociated, and a shameless grandiosity seems to occupy the center stage of the individual's conscious experience; in the other category, issues of shame and defectiveness are at the center of conscious experience, and expansive, elitist, and arrogant attitudes are denied or dissociated” (p. 331).

Several studies support the claim that covert narcissism is positively correlated with consciously experienced shame whereas overt narcissism correlates negatively with shame. In a study presented at a 1996 symposium conducted at the American Psychological Association, Cheek and Hendin found that shame correlated positively in the .36 to .49 range with covert narcissism (as measured by the HSNS) and negatively in the range of -.12 to -.21 with the NPI, a measure of overt narcissism (cited by Hendin &

Cheek, 1997). Similarly, in a sample of 100 college students at a large urban university, Wright et al. (1989) found a significant negative correlation (-.21) between shame and narcissism as measured by the NPI. And in a study examining relative level of pathology in overt and covert types, Watson et al. (1996) found that among 459 undergraduate psychology students, measures of “healthier/defensive narcissism” including the NPI and three categories of the NPI considered separately (Leadership/Authority (LA), Superiority/Arrogance (SA), Self-Absorption/Self-Admiration (SS)) served as inverse predictors of shame. Measures of “unhealthier/dissociative narcissism” including the Exploiteness/Entitlement factor of the NPI and the Multiphasic Narcissism Inventory (OMNI), which is shown to measure covert narcissism, were positively correlated with shame.

The experience of shame appears to be central to the distinction between overt and covert types. In a correlational study among 701 psychology students at the University of Tennessee, Hibbard (1992) found that shame primarily accounted for the differences between narcissistic style, correlating negatively (-.21) with overt and positively (.45) with covert narcissism. (It is important to note, however, that these two distinct group comprised only 26.5% of the whole sample, and that the majority of subjects fall somewhere between these extremes.) The findings of this study strongly suggest that the degree to which “grandiosity” or “vulnerability” determines narcissistic experience will vary with the degree of consciously felt shame.

Additionally, shame likely contributes to different interpersonal problems among overt and covert narcissists. Dickinson and Pincus (2003) found that covert, but not overt, narcissists display interpersonally cold and socially avoidant behaviors. Cold and socially

avoidant behaviors are congruent with the prototypical response to shame, which is to hide or withdraw the self to escape painful exposure. Although this so-called “submissive” response to shame can be maladaptive, it is generally thought to serve important interpersonal functions, the purpose of which are to reestablish social bonds (Thomaes et al., 2007).

These studies strongly support Wink’s (1996) assertion that “The propensity toward feelings of shame appears to be confined to covertly narcissistic individuals, and it tends not to be consciously experienced by overt narcissists” (p. 158). However, as Hibbard (1992) emphasizes, since the majority of narcissistic individuals fall somewhere between these extremes, it may be more useful to consider each individual’s “narcissistic balance” between overt and covert tendencies with respect to shame.

Self-Esteem

Dickinson and Pincus (2003) elaborate on differences between overt and covert narcissists with respect to self-esteem, stating that the overt narcissist, “is more likely to regulate self-esteem through overt self-enhancement, denial of weaknesses, intimidating demands of entitlement, consistent anger in unmet expectations, and devaluation of people that threaten self-esteem” (p. 189), whereas the covert narcissist, “is less equipped to use self-enhancement strategies to modulate self-esteem, and often must rely upon external feedback from others to manage self-esteem” (p. 189). Often these individuals experience conflict around entitled expectations and thus disavow them, which then often leads to anger and hostile outbursts followed by the experience of shame and depression. Their self-esteem tends to be much more tenuous than that of overt narcissists.

Theorists have agreed that covert narcissists' greater shame is accompanied by low self-esteem and that the conscious grandiosity of overt narcissists serves the defensive function of warding off shameful feelings and maintaining fragile but positive self-esteem. This understanding of the relationship between self-esteem, shame, and grandiosity among overt narcissists is supported by Rhodewalt and Morf's (1995) research examining consistent characteristics of "the NPI-defined narcissist." They found that across three samples of undergraduate psychology students, NPI narcissists (i.e., overt narcissists) were marked by highly positive self-evaluations, self-concepts that were low in complexity and showed little actual/ideal discrepancy, and self-attributions that took greater credit for positive outcomes than did those who scored lower on the NPI (Rhodewalt & Morf, 1995). These findings suggest that for overt narcissists, fragile positive self-esteem and grandiose self-enhancement go hand in hand.

In a 2002 study specifically examining overt and covert narcissism in relation to self-esteem and happiness, Rose found that among 262 undergraduates, indicators of overt narcissism were positively related to self-esteem whereas indicators of covert narcissism were negatively related to self-esteem. Other recent studies support these findings. In a sample of 204 late adolescents attending a mid-sized Midwestern state university, Lapsley and Aalsma (2006) found that there were no significant differences between covert and overt narcissists on indices of anxiety, relationship problems, depression, or pathology of separation-individuation; however, covert narcissists indicated significantly lower self-esteem and more family problems than did overt narcissists. Similarly, among 90 core participants from a large (N = 2,532) undergraduate sample, Dickinson and Pincus (2003) found that overt narcissists reported attachment

styles marked by positive self-views whereas covert narcissists reported attachment styles marked by negative self-views.

Watson et al. (1996) found that inverse NPI correlations with shame were mediated in whole or in part by variance associated with healthy self-esteem and that direct linkages with shame were diminished when self-esteem was entered into the prediction equations before unhealthy/dissociative narcissism. These findings suggest that covert narcissism may be associated with greater overall pathology, such that its incompatibility with healthy self-esteem contributes to its direct association with shame. Although this conclusion is at odds with the view that narcissistic shame, grandiosity, and self-esteem function in relation to one another, the findings of this study are basically in agreement with those above. These studies provide reliable support for the notion that self-esteem correlates positively with overt narcissism and negatively with covert narcissism.

Dominance and Exploitativeness

In general, narcissism has been associated with needs for power and dominance and a tendency to exploit others; however, the extent to which dominance and exploitativeness are similarly or differentially linked to overt or covert types has not been established. Available research suggests a clear relationship between overt narcissism, dominance, and exploitativeness. Brown and Zeigler-Hill (2004) examined whether the variability in associations between narcissism and different measures of self-esteem is explained in part by the degree to which a given self-esteem measure is related to dominance. In a sample of 329 undergraduates, controlling for dominance substantially reduced the correlations between the NPI and each of five commonly used self-esteem

measures, suggesting that dominance largely accounts for the positive correlations often found between overt narcissism and self-esteem.

Raskin et al. (1991b) also found that dominance was an important factor in the management of self-esteem among high scorers on three DSM-based measures of NPD. In three samples of undergraduates at the University of California (study 1 N = 84; study 2 N = 59; study 3 N = 300), the variance common to hostility, grandiosity, dominance, and narcissism were substantially related to subjects' reports of high self-esteem, and grandiosity and dominance appeared to mediate the covariance among hostility and narcissism. These findings support theoretical assertions regarding the dominant nature of overtly narcissistic individuals but give little indication of the relationship between dominance and covert narcissism.

Research examining both overt and covert types has produced mixed results. Wink (1991) found that the openly expressed power orientation and manipulateness of overt narcissists is not reflected in the covert type. Likewise, Fossati et al. (2005) linked exploitativeness to overt but not covert narcissism. A more comprehensive study by Dickinson and Pincus (2003) found that among 90 undergraduates, overt and covert narcissists alike were marked by dominant/vindictive interpersonal problems and a core of exploitativeness and entitlement. However, while overt narcissists peaked in the dominant/vindictive quadrant and reported little distress with respect to these problems, covert narcissists displayed a broader range of interpersonal conflicts, including cold and socially avoidant behaviors, and the study found significant within-group variability as to which interpersonal problems were most distressing.

Summary of Empirical Research

This review of empirical literature provides strong support for clinical observations that overt narcissists express greater overt grandiosity, experience little conscious shame, and maintain positive (albeit fragile) self-esteem. It also supports observations that covert narcissists are marked by greater idealization of others, experience significant conscious shame, and have low self-esteem. Although the dominant and exploitative tendencies of the overt narcissists have been well established, more research is needed to understand whether dominance and exploitativeness are integral components of covert narcissism. Based on the research I have reviewed here, it seems likely to me that dominance and exploitativeness are present in the covert narcissist but are not as openly expressed and are, perhaps, less prominent than in the overt type, wherein there is a consistent pattern of dominant behavior. The theory and research presented in this chapter are consistent in their depiction of overt and covert types.

CHAPTER V

GENDER AND NARCISSISM

This chapter explores gender differences in narcissism by providing an overview of major theoretical contributions in the specific area of narcissism and women's psychology. In the following theoretical review, I will emphasize contributions which draw heavily on object relations, self psychology, and gender socialization perspectives, and include specific contributions from gender role theory. The chapter will conclude with a review of empirical research on gender and narcissism with respect to grandiosity/idealization, shame, self-esteem, and dominance and exploitativeness. The theories and research presented in this chapter will provide the basis for comparison between narcissistic typologies and gendered expressions of narcissism for the purpose of determining areas of overlap.

Psychology of Women Perspectives

As early as the 1950s, Annie Reich portrayed a decidedly feminine narcissistic pathology, which included the tendency to idealize others and then to identify subserviently with the powerful other, thereby gaining narcissistic gratification (Reich, 1953). Her description of narcissism in women was an early parallel to the later elaboration of the covert type and contrasted with Wilhelm Reich's "phallic-narcissistic" personality type, which was grandiose, exhibitionistic, arrogant, self-centered, and expectant of approval and admiration from others (Reich, 1949). More recently, Philipson (1985) has elaborated this theme, drawing primarily on the work of Kohut and Chodorow. (Nancy Chodorow utilized object relations and gender socialization

perspectives to develop her theory of how family structure leads boys and girls to develop differently).

Philipson (1985) posits that narcissistic personality, although assumed to describe both female and male experience, in fact describes an experience that is primarily, if not exclusively male, and that a particular family structure underlies this development of narcissism in men and leads to asymmetrical yet intersecting problems in women. While there is little evidence that mothers experience faulty empathy, inconsistent responsiveness, or ambivalence regarding their children's separation with their daughters more than their sons, or vice versa, the difference in the actual *character* of un-empathic treatment is noteworthy. Faulty empathy is frequently the result of unconsciously viewing the child as another person, an extension of oneself, or as embodying salient characteristics of a significant other. Drawing on Chodorow's work, Philipson (1985) writes:

“When mothers view their children in such a manner, they seem to do so in a gender specific fashion. That is, sons are most likely to be seen as husbands, fathers, and brothers, while daughters are seen as women's mothers or as extensions of themselves. What this means is that a son is more likely to be seen as the other in his mother's unconscious projections, and daughters are more likely to be viewed as extension of a self that is, to some degree, an extension of its own mother's, given a woman's more fluid boundaries with the woman who was her primary caretaker” (p. 220).

This observation is confirmed in Philipson's "Guidance Study," where it was evidenced on a conscious level in women's descriptions of their children. For example, one woman said she felt closer to her son because, "Tommy looks like my father" (Philipson, 1985, p. 221). Another showed less empathy for her younger son, whom she said resembled her husband, than for her older son, whom she noted was like her own father. Regarding daughters, one woman said, "The reason she [oldest daughter] is so disturbing to me is because she is a carbon copy of me," and another stated, "Well, my mother took it out on me, and so I think I do on her. Because she's my first child, and then too, I think it's the fact that she's a girl" (Philipson, 1985, p. 221). Chodorow (1978) describes how daughters who have experienced a mother's faulty empathy act as extensions of their mothers whereas sons react to their mother's feelings and wishes as if they were the objects of their mother's fantasies rather than the subjects. Thus, a mother's faulty empathy has a different meaning for boys and for girls. To be masculine, boys must erect well-defined ego boundaries. For girls, because they are mothered by someone of the same gender, there is a greater sense of continuity and more fluid ego boundaries result, as well as a sense of identity in relation to others.

Philipson (1985) posits that this asymmetrical situation provides sons and daughters with different psychological and emotional resources for responding to the mother's faulty empathy. A son may use his "otherness" to rigidly defend himself, whereas a daughter may fail to develop the ego boundaries that permit her to be psychologically autonomous. The manner of extracting external validation may also vary according to their developmental position vis-à-vis the mother. A daughter may gain self-esteem by acting as an extension of her mother, and as an adult by choosing a love object

she views as omnipotent and experiencing identification or fusion with that person. Thus, relational patterns differ between “narcissistic” men and women, where men are more exploitative and use women for admiration, and women are more likely to incorporate new love objects as part of the self. Philipson thus posits that boys’ and girls’ reactions to maternal failures differ, and that in most cases “narcissism” refers to the male's narcissistic defense. Displays of grandiosity and self-centeredness and need for admiration are more likely to occur in males as reenactments of being an other to his mother.

In spite of her distinction between the ways in which narcissistic men and women develop defenses, manage self-esteem, and relate to others, Philipson (1985) notes that “the low self esteem, the deficient psychic structure, and the deeply unconscious hunger for love that is at the root of the narcissistic dilemma is shared by both women and men” (p. 225). Based on similar observations, Haaken (1983) posits that gender socialization leads men to develop symptomatology more characteristic of NPD and women to develop that associated with borderline conditions, a conclusion that suggests that gender issues lead to significant differences between men and women in structure formation. My own opinion is closer to those of Philipson (1985) and Lachmann (1982), who states that given a functional definition of narcissism—that is, given Stolorow’s (1986) definition of narcissism as any mental activity whose functions is to maintain the structural cohesiveness, temporal stability and positive affective coloring of the self-representation—we cannot propose sex differences in structure formation but we can note them “in the content and elaboration of the self-representation and in defensive or

compensatory styles” (p. 49). For this perspective, gender differences would likely be qualitative and unrelated to degree of pathology.

Yet the complex nature of this relationship between gender and narcissism is evident in two case examples offered by Lachmann and Stolorow (1976) in an article entitled “Idealization and Grandiosity: Developmental Considerations and Treatment Implications.” From a descriptive, diagnostic standpoint, both Reginald and Jane qualify for inclusion in either Kernberg or Kohut’s conceptualization of narcissistic personality disorder. Both present a great need to be loved and admired, an inflated self-concept, need for tribute from others, envy of others, and the tendency to idealize some people from whom they expect narcissistic supplies. Both patients exhibit vulnerability in their self-esteem and fear of rejection or humiliation, and both possess inflated self-expectations and a need to protect the grandiose self. Lachmann and Stolorow (1976) also note a striking similarity in the family constellation of Reginald and Jane, such that both sustain an attachment to an ‘intrusive’ mother and recall a ‘distant’ relationship with the father.

In spite of these similarities, Reginald and Jane clearly differed with respect to grandiosity and idealization. For Jane, the grandiose self reflected prematurely repressed exhibitionism and its uncovering evoked shame, whereas for Reginald, the grandiose self was a defense against vulnerability and rage. It was consciously kept secret and its uncovering evoked anxiety and rage. Jane’s idealizations of her friends were conscious and, to her, justified. They were a perpetuation of the idealization of her mother, and actual contact had to be maintained with the idealized others to preclude fragmentation of ego functions. Jane’s vulnerability was both accepted and despised as a syntonic aspect of

her self-representation, and she devalued herself for her dependence on others.

Reginald's idealizations had been repressed, lest awareness of them confront him with his need for others and his fear of falling embarrassingly short of their expectations. For him, the idealization of others was an expression of a conflictual need for them. His consistent devaluation of others was an attempt to deny his dependence on them and his vulnerability to their reactions, and thus to defend himself against experiencing the fragility of his self-esteem (Lachmann & Stolorow, 1976).

This comparison of Reginald and Jane parallels Philipson's account of gender differences with respect to developmental contributors and adult expressions of pathological narcissism. Two somewhat parallel presentations of narcissistic types are portrayed by Rovik (2001) in an article comparing the treatment of a covert narcissist, Mrs. A., and an overt narcissist, Mr. B. It is important to note, however, that neither article was intended to elaborate specifically on the role of gender. Lachmann and Stolorow's (1976) state, "There is, of course, an obvious difference between the two patients—in their sex. However, it seems to us that this difference *per se* was not decisive in promoting their respective psychopathologies" (p. 582, *italics mine*). Indeed, sex is neither inherently decisive, nor is it ancillary to the issue of narcissistic expression. Gender role theory provides additional context regarding the influence of sex and gender on narcissism.

Gender Role Theory

The field of social psychology makes a clear distinction between *sex*, which refers to a person's biological anatomy related to reproduction, and *gender*, which is specific to humans and connotes all the attributes ascribed by culture(s) to human females and

males. In short, sex is biological. Gender is a learned social category (Lott & Maluso, 1993). *Gender roles* refer to the expected normative behavior for men and women in a given culture and are marked at either extreme by “femininity” (that is, with characteristics including emotionality, compassion, empathy, gentleness, tactfulness, and communication) and “masculinity” (including characteristics of self-confidence, independence, leadership, and assertiveness). Although narcissism is often associated with a masculine role in Western society and likewise more often diagnosed in men, there certainly exist women narcissists.

Wink (1992) examined personality change in three types of narcissists who were members of a longitudinal sample of women. These types included hypersensitive (which corresponds with the covert type), willful (which corresponds to the overt type), and autonomous (which describes a more healthy form of narcissism). Wink notes that all three narcissistic syndromes are incongruent with the traditional feminine role, and that willful and autonomous women show interests in high-status occupational careers more common among men and tend to prefer a “masculine” lifestyle.

Wink’s findings support Philipson (1985) and Haaken (1983) in their conclusion that narcissism is more characteristic of men than women but challenge any assumptions regarding invariable relationships between men and masculinity, women and femininity, men and overt narcissism, or women and covert narcissism. He notes, additionally, that there are several ways for women to develop narcissistic personality structure. In the case of willfulness, for example, women showed a strong identification with a narcissistic father, which appeared to lead to the choice for a more “masculine” lifestyle than that pursued by hypersensitive women (Wink, 1992). Several studies support Wink’s findings

that characteristics of overt narcissism are associated with a masculine gender role (Carroll et al., 1991; Watson, Biderman, & Boyd, 1989; Sawrie, Watson, & Biderman, 1991). Socialization dynamics contributing to this dynamic were identified by Carroll et al. (1996), who found that characteristics of overt narcissism result in increased social rejection and the perception of greater pathology when displayed by women than when displayed by men, and Richman and Flaherty (1990), who have suggested that women's greater depressive mood in relation to grandiose fantasies may be a consequence of environments which respond more "supportively" to certain healthy or pathological narcissistic needs in men compared with women. An examination of sex roles and narcissistic style focuses on the personality but not at the expense of ignoring the crucial contributions of social-environmental factors (Watson et al., 1989).

Synthesis of Theories

With respect to the overrepresentation of men in the literature on narcissism, Ahktar and Thomson (1982) ask, "Is there a diagnostic bias involved? Are male children at greater risk of being treated as ambivalently 'special' in our culture? Finally, is the predominance of men evidence that the development of the narcissistic personality is somehow intertwined with male psychosexual development?" (p. 19). In light of the preceding theoretical considerations, the answer appears to be "yes." Gender-determined differences in the particular character of parental care likely result in differences between boys' and girls' emotional resources for coping with chronic deficits in their selfobject environment. While gender differences do not imply that a person's biological sex will be predictive of their narcissistic style, and while there certainly exist women narcissists who fit the DSM-IV-TR criteria, in most cases "narcissism" refers to the male's

narcissistic defense (Philipson, 1985). Since overt narcissism has a stronger association with masculinity, it is no surprise that it is more commonly found among men. Although covert narcissism has not been clearly linked to traditional feminine role, women may be more likely to cluster here due to differences in maternal care and a need to achieve a gender role that is less masculine and therefore more acceptable for women. Differences in narcissistic pathology are likely to manifest in areas such as the development of defenses, maintenance of self-esteem, content and elaboration of self-representations, and mode of relating to others.

Empirical Research

This section will provide a review of narcissism and gender research in the specific areas of grandiosity/idealization, shame and self-esteem, and dominance and exploitativeness. These categories were selected because they are common both to research on overt and covert types and research on gender and narcissism, and because they are relevant to the theoretical contributions presented in this paper. The following review parallels in structure the review of empirical research on overt and covert types.

Grandiosity/Idealization

Kohut's theory of the bipolar self proposed two early selfobject-relational needs: the need to display and be admired for one's evolving capabilities and the need to experience a sense of merger with an idealized parental imago. However, whereas Kohut used the imagery of 'Tragic Man' to depict ostensibly gender-neutral psychic deficits resulting from un-empathic parenting, several researchers have suggested that deficits related to grandiose needs may be more prevalent in men, whereas deficits related to needs for merger with an idealized parental imago may be more prevalent in women

(Richman & Flaherty, 1990; Sawrie et al., 1991), a theory that appears consistent with psychology of women perspectives on men's striving for differentiation and the women's striving for continued connection.

Richman and Flaherty (1990) conducted two related studies to test this hypothesis. In study 1, 195 medical students took the Narcissistic Traits Scale (NTS), a measure developed by these researchers based on DSM-III criteria for NPD. Their analysis of this scale revealed no significant differences between the sexes on the overall scale; however, men scored higher on items including grandiosity, fantasies of unlimited success and power, and lack of empathy, while women more strongly endorsed getting upset over slights from others (reactions to indifference). In study 2, the researchers used an expanded version of the NTS, the NTS-RV, to further tap gender differences in narcissistic traits in a sample of 184 medical students. In the second study, contrary to the psychology of women perspective, grandiosity, fantasies of unlimited success, requirements for admiration, and lack of empathy were manifested to the same extent in both sexes. Women again more strongly endorsed getting upset over slights from others. Conjointly, the two studies lend partial support to the hypothesis that grandiosity and idealization cluster according to male/female sex categories.

A more nuanced picture of the association between grandiosity and maleness and idealization and femaleness can be drawn from two studies which examined grandiosity/idealization with respect to masculine and feminine gender roles. Sawrie et al. (1991) found that among 371 undergraduate psychology students, masculinity roughly corresponded to the grandiose elements of Kohut's bipolar self while femininity was linked to its idealizing sector. Similarly, in a sample of 256 undergraduate psychology

students, Watson et al. (1989) found positive correlations between masculinity and grandiosity and between femininity and dependency as a measure of immature idealization.

Watson et al. (1989) additionally found that more mature forms of grandiosity as operationalized in such measures as the NPI Leadership, Superiority, and Self-Absorption factors were linked to a desirable masculinity, and covariances were established between undesirable masculinity and immature grandiosity, and between undesirable femininity and immature dependency. Mature masculinity was observed to inhibit immature femininity, and mature femininity was found to inhibit immature masculinity. In this study, the researchers' hypothesis that sex role descriptions of personality bear striking similarities to Kohut's definition of the bipolar self was confirmed.

Based on these studies examining the relationship between grandiosity and idealization with males and masculinity and females and femininity, gender roles appear to be more dependable categories than male and female sex, and there is support for the supposition that categories of masculinity and femininity, respectively, overlap significantly with Kohut's grandiose and idealizing poles of the self.

Shame and Self-Esteem

Most theorists 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. Lewis, who has extensively discussed the differences between men and women with respect to their experience of self, contends that women are more prone to shame reactions than are men because socialization processes teach women to be more centered on and sensitive to others. Thus, others are able to make women more ashamed

than men because shame is an affect that is so “other-connected.” Feminist analyses by Chodorow, Gilligan, Miller, and Philipson are in agreement that relatedness is a more powerful given in the lives of women (O’Leary & Wright, 1986).

Researchers have observed what appear to be gender differences in the degree of shame experienced by narcissistic men and women. Heiserman and Cook (1998) note, “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” (p. 87-88). Inversely, O’Leary and Wright (1986) state that narcissistic typology is mediated by the extent to which grandiosity and shame are consciously experienced by an individual, and that the tendency to experience one or the other in most cases corresponds to one’s sex. They observe that “where grandiosity is conscious and central, there is a distinct shame avoidance quality. Males tend to be overrepresented in this category. Where grandiosity is disavowed, although unconsciously present, there is a heightened sensitivity to shame. Women seem to cluster here” (O’Leary & Wright, 1986, p. 327). Many have thusly supposed that female narcissists experience more conscious shame than male narcissists as a result of both greater reliance on idealization and disavowal of grandiosity.

In support of this theory, Heiserman and Cook (1998) found that shameful memories resulted in high projected hostility for high NPI (overt) narcissists, and that shame was negatively related to narcissism for males and positively related for females. Moreover, men and women differed in their degree of expressed shame as a function of their level of NPI narcissism. Post hoc tests of specific comparisons revealed that high-

narcissism men exhibited significantly less shame than low-narcissism men. By contrast, high-narcissism women revealed slightly more shame than low-narcissism women. However, as noted by the authors, this study was significantly limited by its complete reliance on the NPI as a measure of narcissism. Results from this study more likely suggest that overt narcissism in men may correlate negatively with shame and overt narcissism in women may correlate positively with shame.

Wright et al. (1989) likewise tested the hypothesis that for narcissistically inclined women, shame feelings would be more conscious and narcissistic experience (as measured by the NPI) more unconscious. For narcissistic men, NPI narcissism would dominate while shame would be dissociated. As expected, men scored higher on the NPI, but no significant differences were obtained between the sexes on the shame and guilt measures. Rather, specific *sources* of difference on shame were obtained. The researchers found that there were significant inverse correlations between shame and leadership and shame and grandiosity for women but not for men. Men produced significant negative correlations between shame and exploitativeness, whereas for women there was a non-significant but positive correlation between these two variables. The findings of this study suggest that women who experience narcissistic problems experience greater shame around aspirations toward leadership and grandiosity, which may in fact inhibit these strivings, and that for men but not for women, exploitative tendencies and shame are inversely related. "Femininity" as it relates to narcissism may thus serve to inhibit leadership, grandiosity, and exploitativeness.

In Hibbard's (1992) study of correlations between measures of narcissism, shame, masochism, object relations, and social desirability among 701 psychology students at the

University of Tennessee, only small univariate sex differences were found. These findings and those of Wright et al. (1989) suggest that univariate or bivariate sex differences alone may not provide useful information, but that aggregating measures has potential to reveal interesting differences. In Hibbard's (1992) study, masochism was a better predictor of shame in women than was narcissism (as measured by instruments tapping both overt and covert characteristics), whereas there was little difference between masochism and narcissism for predicting shame in men. Hibbard suggests that this difference may be related to gender differences with respect to anaclitic and introjective personality dimensions. Anaclitic refers to preoccupation with issues of interpersonal relatedness and is more common in women; introjective refers to the preoccupation with issues of self definition and is more common in men. Hibbard suspects, then, that wherein the greater shame associated with narcissism for men is an introjective matter, while the greater shame associated with masochism for women is an anaclitic matter.

An individual's reaction to shame is intimately tied to his or her self-esteem. When people are confronted with threats to their ego, they can accept the threat and revise their self-esteem downward, or reject the threat to prevent a sudden drop in self-esteem (Thomaes et al., 2007). Acceptance of the threat is referred to as an internalizing response and rejection of the threat as an externalizing response. In a 2007 study by Thomaes et al. examining externalizing shame responses, narcissism, and self-esteem in 122 pre-adolescent children from two elementary schools in mid-sized towns in The Netherlands, externalizing shame responses and NPI narcissism marked by grandiose self-inflation were strongly linked to male sex. This study suggests that individual responses to shame may also be linked with gender, such that gender socialization

encourages males to externalize and females to internalize shame threats. If this is the case, it follows that narcissistic women may be more likely than narcissistic men to revise their self-esteem downward in response to shame threats.

Yet research on narcissism, self-esteem, and gender suggests not that women narcissists have lower self-esteem than male narcissists, but that self-esteem is differentially linked to narcissistic traits among men and women. For example, Richman and Flaherty (1990) found that among 195 medical students, correlations between items on the Narcissistic Traits Scale (developed using DSM-III criteria) and self-esteem indicated that more of the narcissistic traits were associated with low self-esteem in women (7 or the 10 items) than in men (4 or the 10 items). Additionally, some items were linked to low self-esteem in one sex but not in the other. For example, lack of empathy correlated with low self-esteem in men but not in women, whereas vulnerability to slights and a sense of entitlement related to low self-esteem in women but not in men. In a second study, among 184 medical students, more narcissistic traits were associated with low self-esteem in men than in women, and only one item—uniqueness of problems—manifested a strong link to low self-esteem in men but no relation to female self-esteem. Overall, these two studies provide mixed results regarding levels of self-esteem associated with DSM NPD among men and women. On the other hand, they suggest that different narcissistic traits are associated with low self-esteem in men than in women.

In spite of multiple hypotheses by theorists and researchers that narcissistic women are prone to quantitatively greater shame than narcissistic men, there is weak support for this theory. Rather, research provides greater support for qualitative differences between narcissistic men and women with respect to characteristics

associated with shame as well as likely responses to shame. For women, grandiosity, leadership, exploitativeness, and masochism are associated with greater shame, whereas for men, research suggests an inverse relationship between shame and grandiosity and leadership, and mixed findings with respect to exploitativeness. Self-esteem also appears to differ in quality but not in relative quantity.

Dominance and Exploitativeness

Narcissism research on the relationship between exploitativeness and gender indicates that femininity inhibits an unhealthy display of exploitative self-concern (Watson et al., 1987), and that exploitativeness is more central to the construct of narcissism in males than in females (Tschanz et al., 1998; Richman & Flaherty, 1990). Richman and Flaherty (1990) found that in one of two studies, among 184 medical students, men scored higher on items tapping exploitativeness and entitlement. Though these findings were not replicated in their second study, other research has indicated a connection between exploitativeness and masculinity. In a sample of 100 college students at a large urban university, Wright et al.'s (1987) found that femininity, as measured by the MMPI sex role measures, was inversely related to NPI and NPDS items tapping exploitativeness. Tschanz et al. (1998) similarly found that although males and females showed striking similarities in the manner in which most of the facets of narcissism were integrated with each other, the Entitlement/Exploitativeness (E/E) factor showed significantly weaker correlations with all other Emmons factors among females than it did among males, suggesting that the E/E factor is less well integrated with the other NPI factors for women than for men.

The authors of both studies (Wright et al., 1987; Tschanz et al., 1998) attribute sex differences with respect to exploitativeness to male and female socialization factors that do not sanction exploitative behavior when displayed by women. Research indicating a negative correlation between shame and exploitativeness among college males lends some support for this hypothesis (Wright et al., 1989). It is important to note, however, that Hibbard's 1992 study failed to replicate these findings.

With respect to dominance, Perry and Perry (2004) found that DSM-III-R NPD was significantly associated with male gender, positively associated with the psychodynamic conflict of "dominant goal," and negatively associated with the conflict of "dominant other." These findings indicate a higher prevalence of overt narcissism in men, and a strong relationship between overt narcissism and dominance. Although these findings do not adequately elaborate on the relationship between masculinity, femininity, narcissism, and dominance, they are congruent with the large body of research on overt narcissism and the overrepresentation of men within this category.

Overall, research on the relationship between narcissism, gender, and exploitativeness indicates a positive relationship between masculinity and exploitativeness and suggests that femininity protects from exploitative tendencies. A significant weakness of this body of literature is its primary reliance on sex categories rather than gender roles. More research in the area of gender role theory is currently needed.

Summary of Empirical Research

This review of empirical research on gender and narcissism indicates that in the area of grandiosity/idealization, categories of masculinity and femininity overlap

significantly with grandiose and idealizing poles of the self. There is also some support for the hypothesis that men are more prone to grandiosity and women to idealization.

In the area of shame and self-esteem, there is weaker support for the theory that narcissistic women are prone to quantitatively greater shame than narcissistic men. Rather, research suggests that differences between men and women with respect to experiences of shame, reactions to shame, and self-esteem in general are qualitative in nature—that is, differences in shame and self-esteem are differentially linked to specific characteristics associated with narcissism.

Finally, in the area of dominance and exploitativeness, the research indicates a positive relationship between masculinity and exploitativeness and suggests that femininity protects from exploitative tendencies. With respect to dominance, there is support for the broad association between dominance and maleness as an extension of men's overrepresentation in the literature on narcissism. However, more research is currently needed to flesh out possible similarities or differences among masculine and feminine individuals with respect to dominance. A significant weakness of this body of literature is its primary reliance on sex categories rather than gender roles. Sex, in and of itself, has been shown to be a poor predictor of behavior. Studies which utilize sex categories may thus be more difficult to replicate.

CHAPTER VI

DISCUSSION: AREAS OF OVERLAP

This project has sought to explore whether the association between overt narcissism and men and covert narcissism and women is supported theoretically and empirically. It has asked specifically: Do expressions of narcissism in men and/or “masculine” expressions overlap significantly with overt narcissism? Do expressions of narcissism in women and/or “feminine” expressions overlap significantly with covert narcissism? What are the areas of overlap between these four discreet phenomenological categories (overt, covert, masculine, feminine)?

The association between narcissistic types and male and female sex categories has been both implied and expressly stated by theorists and researchers on narcissism from the very inception of the concept. Indeed, even in Ovid’s narcissus myth, the male and female characters of Narcissus and Echo are imbued with distinct qualities which cluster according these two narcissistic types, now labeled “overt” and “covert” narcissism, respectively. Narcissus, who is much admired and marvels at his own reflection, dies tragically because he cannot embrace the image of himself, whereas Echo, who can only speak by repeating the words of others, flees in shame following her rejection by the idealized Narcissus and hides away in caves. As the myth seems to predict through its characterization and plot, narcissistic personality disorder as we generally conceive of it reflects the grandiosity and exhibitionism of Narcissus while failing to appreciate parallel problems in the quieter character of Echo. Men, moreover, have been consistently overrepresented in all areas of the literature on narcissism, leading some to wonder

whether men are more narcissistic than women, and others to ask, as Jorstad has, “is Echo hiding in the woods?” (Pullen & Rhodes, 2008).

Psychodynamic feminist writers have criticized contemporary theorists on narcissism for failing to appreciate gender-specific developmental and social factors (Philipson, 1985). Meanwhile, there has been a proliferation of empirical research over the past twenty years seeking to distinguish between overt and covert types and to elucidate the differences between narcissistic pathology among men and women. But in spite of obvious associations between these two areas of research, they have by in large been carried out independently of one another. Both the critique of narcissism theory and the lack of synthesis in empirical research represent a gap in the available literature on narcissism and an opportunity to use existing information to promote a more comprehensive understanding of narcissistic problems. The following section will compare the theoretical and empirical contributions on narcissistic types with theoretical and empirical contributions on gender and narcissism to determine areas of overlap between overt, covert, masculine, and feminine types.

Areas of Overlap

Overt narcissism describes an individual who presents as dominant, entitled, grandiose, exhibitionistic, arrogant, exploitative, and envious. Covert narcissism describes an individual who is overtly diffident and depressed, entitled, inhibited, easily wounded, internally preoccupied with grandiose fantasies, makes attempts to ingratiate himself to others, and tends to idealize others. Theoretical contributions on narcissism have generally acknowledged the existence of these two types and understood them as

dichotomous presentations of the same underlying deficits and conflicts (Kohut & Wolf, 1986; Kernberg, 1975).

Grandiosity/Idealization

The overt narcissist is described as markedly grandiose, whereas the covert narcissist comes across as ingratiating but harbors grandiose fantasies. The latter also tends to idealize certain others from whom he/she expects narcissistic supplies. A review of empirical research on grandiosity and idealization supports clinical observations that overt narcissism is more strongly linked to grandiosity and covert narcissism is more strongly linked to idealization. Similarly, clinical and theoretical depictions of narcissistic disturbance in women emphasize the centrality of idealization and suggest that the prevailing image of the narcissist as grandiose and exhibitionistic reflects male defenses.

A. Reich (1953) and Philipson (1985) have each proposed theories of narcissism in women wherein a central feature is the tendency to idealize others and then to identify subserviently with those others for narcissistic gratification. Thus, while the theories of both Kernberg and Kohut claim gender-neutrality, others have suggested that deficits related to grandiose needs may be more prevalent in men, whereas deficits related to needs for merger with an idealized parental imago may be more prevalent in women, a theory that appears consistent with psychology of women perspectives on men's striving for differentiation and women's striving for continued connection (Richman & Flaherty, 1990; Sawrie et al., 1991; Philipson, 1985).

The review of empirical research indicates that categories of masculinity and femininity overlap significantly with grandiose and idealizing poles of the self and lends partial support for the hypothesis that men are more prone to grandiosity and women to

idealization. Thus, a comparison of overt/covert narcissism with male/masculine and female/feminine narcissism indicates significant overlap with respect to grandiosity and idealization, such that overt narcissism overlaps with male/masculine narcissism, and covert narcissism overlaps with female/feminine narcissism.

Shame

Shame has been identified by theorists as the affect most central to narcissistic disturbances, yet empirical research suggests that shame feelings do not correlate equally with overt and covert narcissism. O’Leary and Wright (1986) propose that the two types of narcissism divide according to whether (1) shame is dissociated and grandiosity is conscious, or (2) shame is at the center of conscious experience and grandiose attitudes are dissociated. Wink (1996) agrees, stating, “The propensity toward feelings of shame appears to be confined to covertly narcissistic individuals, and it tends not to be consciously experience by overt narcissists” (p. 158). Empirical research supports this broad generalization, with one study even indicating that shame primarily accounts for differences between overt and covert types (Hibbard, 1992).

A similar generalization can be found in the literature on narcissism and gender. Since socialization processes teach women to be more centered on and sensitive to others, women are prone to shame reactions more than are men because shame is a distinctly “other-connected” affect (O’Leary & Wright, 1986). Some researchers have reasoned that female narcissists are likely to experience more conscious shame than male narcissists in connection with both their greater reliance on idealization and their more frequent disavowal of grandiosity (Heiserman & Cook, 1998; O’Leary & Wright, 1986). This is, in fact, the same argument made by researchers who study overt and covert types, with

the exception that whereas studies on narcissistic types emphasize the role of grandiosity, gender studies emphasize both grandiosity and idealization as highly significant in relation to shame. In light of the established overlap between overt/masculine and covert/feminine with respect to grandiosity and idealization, the reciprocal relationship between grandiosity and shame, and a theoretically established connection between idealization and shame, it follows that narcissistic women would experience quantitatively greater shame than narcissistic men.

However, the empirical literature provides, at best, weak support for this conclusion. Findings point instead to *qualitative* differences between shame among narcissistic men and women—that is, differences with respect to characteristics and conflicts associated with shame, as well as likely responses to shame. For women, grandiosity, leadership, exploitativeness, and masochism were found to be associated with greater shame, whereas for men, the research suggests an inverse relationship between shame and grandiosity and leadership, and some support for a negative correlation between shame and exploitativeness.

These trends in research suggest that contrary to expectation, categories of overt narcissism and male/masculine narcissism do not show a direct overlap with respect to shame, nor do covert narcissism and female/feminine narcissism. Rather, characteristics associated with overt narcissism, including grandiosity, leadership, and exploitativeness, are likely linked to greater shame in women than in men. Moreover, the same tendencies that are linked with shame in women appear to protect against shame in men. One study additionally found that the relationship between grandiose self-concept and externalizing

responses to shame was significantly more common among boys than girls, as girls showed less externalizing behavior.

An implication of these findings is that for women, a grandiose self-image may both protect against shame and induce shame reactions. This state of affairs creates a kind of conundrum which could account in part for the greater repression of grandiosity in women who present with narcissistic disturbance. For men, the relationship between grandiosity and shame appears to be strictly an inverse one, which may account for greater openly displayed grandiosity in male narcissists. Idealization, which it was thought would contribute to greater shame in women, appeared to be non-significant in this respect. The strong predictive power of masochism for shame in women suggests that the relationship between shame, gender, and narcissistic types is likely complicated by multiple other factors.

Self-esteem

Theorists have agreed that covert narcissists' greater shame is accompanied by low self-esteem and that the conscious grandiosity of overt narcissists serves the defensive function of warding off shameful feelings and maintaining fragile but positive self-esteem. This understanding of the relationship between self-esteem, shame, and grandiosity among overt narcissists is well supported by empirical research, with several studies indicating that overt narcissism and self-esteem are positively correlated. In contrast, researchers have suggested that the covert narcissist is less equipped to use self-enhancement strategies to manage self-esteem, relying more heavily instead on feedback from others. Indeed, empirical research indicates a consistent negative correlation between covert narcissism and self-esteem. Research on narcissism, self-esteem, and

gender mirrors the research on shame, suggesting that self-esteem among narcissistic men and women is differentially linked to specific traits and conflicts. There was thus no clear overlap between overt and male narcissism and covert and female narcissism with respect to self-esteem.

Dominance and Exploitativeness

In general, narcissism has been associated with needs for power and dominance and a tendency to exploit others; however, the extent to which dominance and exploitativeness are similarly or differentially linked to overt or covert types has not been well established. Theoretical contributions suggest that these traits are common to both types. For example, Kernberg (1975) notes that narcissistic patients are generally exploitative, ruthless, and sometimes parasitic, seeming to feel that they have the right to possess and control others without guilty feelings. In the received view, Wink (1996) states that grandiosity is associated with exploitativeness in adulthood and that narcissists use others to fulfill their own psychological needs without regard for the needs of the other person. Yet most clinical descriptions of covert narcissism include some reference to submissive and deferential behavior and do not include dominance or exploitativeness as notable features.

Empirical research suggests a clear relationship between overt narcissism and both dominance (Brown & Zeigler-Hill, 2004) and exploitativeness (Raskin et al., 1991b; Raskin et al., 1991a). However, research examining both overt and covert types has produced mixed results, with findings from one study (Wink, 1991) indicating that an openly expressed power orientation is not reflected in the covert type, and another suggesting that both types are marked by dominant interpersonal problems and

exploitativeness, though the overt type shows a consistent pattern of dominance while the covert type fluctuates between dominant and submissive tendencies (Dickinson & Pincus, 2003). Based on theoretical contributions and limited research in this area, it seems likely that dominance and exploitativeness are present in both types but are not as openly expressed by the covert narcissist and/or are less prominent.

With respect to dominance, exploitativeness, and gender, Philipson's (1985) theory of narcissistic problems in women, who experience greater continuity between self and other, points to a possible negative relationship between dominance and exploitativeness among narcissistic women. Indeed, narcissism research indicates that femininity inhibits an unhealthy display of exploitative self-concern (Watson et al., 1987), and that exploitativeness is more central to the construct of narcissism in males than in females (Tschanz et al., 1998; Richman & Flaherty, 1990). Although the large body of research on narcissism indicates a high prevalence of overt narcissism in men and a strong relationship between overt narcissism and dominance, the research does not adequately elaborate on relationships between narcissism and dominance among men and women, or on those between masculinity, femininity, and dominance.

Thus, theory and research suggest that exploitativeness is perhaps less prominent among covert than among overt narcissists, and decidedly less prominent among feminine than among masculine narcissists. Exploitativeness is less well integrated into the construct of narcissism for females than for males. The results of this comparison appear to be inconclusive, then, in determining whether overt narcissism overlaps with male or masculine narcissism, and whether covert narcissism overlaps with female or

feminine narcissism with respect to exploitativeness. No notable overlap has been established among these categories with respect to dominance.

Implications and Conclusions

This study suggests that males and females show both similar and different patterns of relationships between and among the various facets of narcissism, as do overt and covert types. In some, but not all, respects, differences between males and females overlap with differences between overt and covert types. The clearest area of overlap between overt and male/masculine narcissism and covert and female/feminine narcissism is in the area of grandiosity/idealization. It does not follow, however, that shame is higher and self-esteem lower among female narcissists than among male narcissists. Differences in shame and self-esteem among men and women are qualitative rather than quantitative, a finding that supports Phillipson's (1985) and Lachman's (1982) conclusions that sex differences are found in the content and elaboration of the self-representation and in defensive, compensatory, and relational styles.

Findings were mixed with respect to the overlap between narcissistic types and gender in the area of exploitativeness. As theory and research suggest that exploitativeness is perhaps less prominent among covert than among overt narcissists, and decidedly less prominent among feminine than among masculine narcissists, an overlap between overt and male narcissism and covert and female narcissism is only partially supported in this domain, suggesting that factors related to narcissistic type and factors related to gender may contribute somewhat differently to one's degree of exploitativeness.

One conclusion of this study, which has implications for theory, research, and clinical practice, is that overt and covert narcissism are meaningful constructs in that they don't consistently overlap with gender differences. Meanwhile, overlap in some areas strengthens feminist critiques of Kernberg and Kohut's theories on narcissism, since this overlap suggests that narcissism, at least narcissism as we conceive of it, is not gender-neutral and that issues of narcissism and gender likely interact in a multiplicity of ways. It may not be accurate, then, to say that issues of narcissism and gender have been conflated—rather, issues of narcissism and gender are to some extent the self-same issues. It seems to me that the nature and extent of differences in narcissistic style between sexes, and the consistency with which these can be observed at a particular point in time within a particular culture, are directly related to the meanings and significance ascribed to gender.

An implication for clinical practice is that expressions of narcissism and gender-related phenomena should, ideally, be considered simultaneously and with attention to manner of interaction between them. That is to say, to gain a fuller understanding of personality, it is important to consider a patient's narcissistic style both separately and in connection with the gendered aspects of the patient's experience. Knowledge about areas of overlap between typology and gender may contribute to increased clinical understanding and more effective treatment choices. With respect to research, an implication of this study is that measures that load on grandiosity may not adequately capture narcissism in women and measures that load on idealization may not adequately capture narcissism in men.

Finally, with respect to metapsychology, theorists and researchers who study gender and narcissism appear to favor Kohut's model of the bipolar self over Kernberg's emphasis on the grandiose self, suggesting that Kohut's theory is more conducive to a gender-specific conceptualization of narcissism. A likely explanation for this is the equal importance Kohut's theory places on grandiosity and idealization—an elaboration which has proved to be highly meaningful in this study as well.

Suggestions for Future Research and Limitations of the Current Study

Further research is needed to clarify quantitative versus qualitative differences with respect to narcissistic types and gender. Future research should also critically examine the conclusion of some researchers that covert narcissism is more common among women and overt narcissism is more common among men, particularly in light of the fact that research specifically examining differences between these typologies has found gender to be a non-significant factor (Lapsley & Aalsma, 2006; Dickinson & Pincus, 2003). Finally, an examination of the role of societal and familial power dynamics in the development and maintenance of personality disorders, particularly of NPD, would add an interesting social perspective to narcissism research.

Future research examining gender and narcissism should take into account the interdependence of discourses on gender and narcissism and the social and cultural fluidity of each construct. In other words, notions of gender change continuously and shape our understanding of narcissism, and in turn, understandings of narcissism change and are likely to affect and shape our understanding of gender. This dynamic likely plays an important role in the process of elaborating psychological theories and conducting empirical research.

Some limitations of this research include its dependence on empirical research that has relied primarily on undergraduate white participants, and the limited quantity and scope of the research examined. Comparing empirical studies in which constructs were defined and operationalized differently also presented a challenge. Narcissism continues to be an ambiguous term which is used often and imprecisely. Gender, likewise, is a moving target which reflects the qualities and potentialities that societies afford men, women, and inter-sexed people. In general, this study is limited by its own descriptive nature and by the impossibility of describing the true range of human experiences. For example, it does not include an appreciation of these issues as they relate to inter-sexed or queer individuals. It is also culturally limited to the West and, perhaps more specifically, to the U.S. In spite of its limitations, this project has endeavored to critically examine the figures of Narcissus and Echo and has found that the dichotomies of narcissism are not so neatly gendered.

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