



**N=1 DESIGNS.** See Single-Case Experimental Design.

**NARCISSISM.** The term *narcissism* was coined by Havelock Ellis in 1898 to refer to a sexual perversion characterized by the taking of the self as a sexual object. Sigmund Freud in his essay "On Narcissism" (London, 1914/1957) broadened the term to include any aspect of thinking and feeling in which the major emphasis was on oneself. Relationships in which the choice of one's partner was based predominantly on one's picture of oneself as one is, as one was as a child, or as one would like to be, were called narcissistic, in contrast to relationships in which the actual qualities of the other were more important. In terms of the self, narcissism refers to any aspect of the complex state of self-esteem, and includes such things as overweening pride, arrogance, and sensitivity to insult. However, in contemporary psychoanalysis, the meaning of the term has been expanded to the point of fuzziness. Perhaps a workable definition is a cognitive, affective, and motivational preoccupation with the self.

Freud, in keeping with the psychoanalytic thinking of his time, thought of the "love of the self" in terms of the libidinal drive. He viewed this as an explanation of the self-centeredness of schizophrenia, dreaming, and hypochondria. He called the earliest stages of infant development, before the infant achieves the ability to differentiate itself from others, the narcissistic stage of development. As psychoanalysis developed, object relation theories, which viewed attachment to other people as the important factor in human motivation, gained prominence. Narcissism was then seen in object-relationship terms. Edith Jacobson in *The Self and the Object World* (New York, 1964), developed the concept of self representations (the images and ideas one has of oneself), and described the intricate inter-

play of feelings of both love and hate directed toward self representations in the development of self-esteem. Those self representations, which consist of an ideal view of the self and one's view of an ideal love object and ideal relationship, together form a structure in the mind called the "ego ideal." To an important degree, self-esteem is determined by the degree of success one achieves in striving to meet those ideals.

By this time, the term *narcissism* had shed its burden of drive theory and had come to be used almost exclusively to mean self-esteem. The pejorative tone that had invested it began to disappear with the recognition that the term had been used to designate both "good" self-esteem, based on nonconflictual identifications and solid accomplishments, and "bad" self-esteem, based on defensive and compensatory fantasies of grandiosity and the depreciation of others. Attention then turned to clinical aspects of narcissism. In the 1930s, Wilhelm Reich in *Character Analysis* (New York, 1933) described a common solution to feelings of inferiority and inadequacy (disturbances of narcissism or self-esteem) in women, namely, the choice of a partner who had the aggressive and powerful features that the woman herself once desired. In the 1970s, Heinz Kohut focused attention on narcissism in *The Analysis of the Self* (New York, 1971). He proposed a theory of the development and treatment of narcissistic disorders, which while not entirely new, presented an approach that enabled therapists to work with people who had hitherto been deemed untreatable. He viewed narcissism as developing in two structures, which together constituted Freud's ego ideal. The first consisted of the grandiose self, which embraced those self representations which were part of the individual's grandiose fantasies, as, for instance, in young children's normal fantasies that they can do or be anything. The second, the idealized parent imago, was comprised of the internalized idealized pictures of the more or less perfect parents. Together, these

structures determine the individual's ideals and ambitions. In people who are relatively healthy, these ideals and ambitions become more realistic over time, and self-esteem derives in part from realistic attempts to attain them. In narcissistic disorders, both these idealized views of what one can be and the person's view of who he is may remain grandiose and unrealistic, leading to a fragile and unrealistic sense of self-esteem.

No matter how well developed self-esteem may be it still requires support from others. Kohut called those who provided such support "selfobjects." Kohut described several specific ways in which narcissistic patients make use of relationships. They may idealize the other person and bask in their perfection, or they may treat the other as important only if the other reflects and supports their own centrality. The relationship can be thought of as narcissistic if the individuality of the other is ignored and the focus in one way or another is on the person himself rather than his partner. In therapy, these modes of relating led to specific types of transference and to specific methods of working with them. This in turn led to the development of the school of self psychology, and has had an enduring effect on broadening the scope of psychotherapy and psychoanalysis. Concomitantly, Otto Kernberg, in *Borderline Conditions and Pathological Narcissism* (New York, 1975) developed an approach to the treatment of pathological narcissism along more traditional lines. Controversy between these two psychotherapeutic approaches to narcissistic disorders continues today.

[See also Narcissitic Personality Disorder.]

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**NARCISSISTIC PERSONALITY DISORDER** is one of the personality disorders included within the American Psychiatric Association's *Diagnostic and Statistical Man-*

*ual of Mental Disorders*. It is characterized by a chronic and pervasive arrogance and grandiosity, and a persistent need for admiration. Narcissistic persons will often be preoccupied with fantasies of unlimited success, power, brilliance, or beauty. They will believe that they are special and unique, and that they should be associated with or treated by other special, high-status persons. They will often expect or demand especially favorable treatment by others and an automatic compliance with their wishes, requests, and needs. They will often lack feelings of empathy for others, and may even be very exploitative of them. They will believe that others are envious of them, but will often be very envious of those who are receiving benefits or recognition that they feel are more appropriately provided to them (Gunderson, Ronningstam, & Smith, 1995).

### Description

The diagnosis of a narcissistic personality disorder was not officially recognized until 1980, when it was included in the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*. No prior edition of the manual included this diagnosis, and the disorder is still not recognized within the international nomenclature of the World Health Organization (WHO). Narcissistic conflicts and traits, however, have been recognized and researched for some time by psychodynamically oriented clinicians and personality trait researchers. Narcissistic personality disorder is one of the less reliably diagnosed personality disorders, due to the substantial amount of clinical judgment that is necessary to assess for the presence of the diagnostic criteria (e.g., lack of empathy, arrogant attitudes, and need for excessive admiration).

Modesty (versus arrogance) is one of the facets of agreeableness (versus antagonism), a fundamental dimension of personality functioning. Up to 18% of males and 6% of females may be characterized as being excessively immodest or conceited, but only a proportion of these persons would be diagnosed with a narcissistic personality disorder. The disorder is diagnosed more often in males than in females (Widiger & Sanderson, 1997).

As adolescents, they are likely to have been self-centered, assertive, gregarious, dominant, and perhaps arrogant. They will have a high motivation for achievement, and may in fact be quite successful within significant areas of their lives (e.g., career). Their motivation for success and their sustained self-confidence in the face of setbacks may indeed be helpful to their advancements and achievements. However, their relationships with friends and colleagues will often become strained as their exploitation of others for their further success, their need for deferential admiration, and their lack of empathy for the needs and concerns of others,