

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,

become more evident. Interpersonal relationships may be easy for them to develop, but difficult to sustain, unless the persons are deferential to them or share a mutual need for status and admiration. Occupational success may also be impaired by their difficulty at times in acknowledging or responding appropriately or effectively to normal criticism and setbacks. They will at times simply deny or ignore valid criticism, failing to make appropriate adjustments and simple corrections, or they may explode in anger, rage, and retribution. As parents, they may attempt to live vicariously through the achievements of their children. Their own sense of personal adjustment and self-esteem may be fine as long as they continue to experience or anticipate success. However, they are prone to anxiety disorders when anticipating threats to self-esteem, and mood or substance-related disorders when they experience failure. Some may not experience any maladaptivity until middle age, when they may finally begin to question the excessive priority they have given to achievement and status (Kernberg, 1991).

Etiology and Pathology

The etiology of narcissistic personality disorder is unclear. There have not been any studies on the heritability of the disorder. Theories of etiology have been primarily sociological, psychodynamic, and interpersonal. For example, it has been suggested that Western society has itself become overly self-centered with a decreasing importance given to familial bonds and an increasing importance given to materialism, self-esteem, and self-satisfaction.

Excessive narcissism may also develop in part through a contingent provision of parental attention and affection. The child may learn through the relationship with the parents that a sense of worth, value, or meaning is contingent upon accomplishment or achievement. They are not persons who feel valued for their own sake. However, other theorists suggest that persons with this disorder received an excessive idealization by parental figures, which they incorporated into their self-image.

Conflicts and deficits with respect to self-esteem do appear to be central to the psychopathology of a narcissistic personality disorder. Narcissistic persons may continually seek and obtain signs and symbols of recognition to compensate for feelings of inadequacy. Self-esteem is contingent upon success, accomplishment, or status. Their feelings of insecurity may be masked by an overt indifference or a disdainful devaluation of the opinions of others, but the pathology may still be evident in such cases by the excessive reliance and importance given to status and recognition. Some narcissistic individuals may in fact envy most those persons who are truly indifferent to success and criticism, and who can enjoy a modest, simple, and unassuming life.

The most common form of treatment is psychodynamic psychotherapy, although cognitive-behavioral therapies are being developed.

[See also Narcissism.]

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NARCOLEPSY. The sleep disorder called narcolepsy is a heritable central nervous system disorder with a prevalence of about 0.03 to 0.06% in Western Europe and North America. Descriptions of the disorder appeared as early as 1862. However, Jean Baptiste Edouard Gelineau, in 1876, was first to apply the term *narcolepsy* to a syndrome comprising four key symptoms—the so-called narcolepsy tetrad: sleep attacks, cataplexy, hypnagogic hallucinations, and sleep paralysis (Guillemi-