

CHANGING IDEAS IN A CHANGING WORLD

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The Shy Narcissist¹

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Ever since the *DSM-III* recognized Narcissistic Personality Disorder as a distinct entity, attempts have been made to refine its phenomenological portrait. An important aspect of these efforts (Akhtar, 1989; Akhtar & Thomson, 1982; Cooper, 1989a; Horowitz, 1989; Kernberg, 1989; Ronningstam, 1988; Ronningstam & Gunderson, 1989) has been to note that the characteristic manifestations of this disorder – grandiosity, exhibitionism, envy, ambition – are sometimes hidden underneath a superficial facade of modesty and shyness. A detailed clinical description of this variant of narcissistic personality disorder, and of its distinctions from the usual flamboyant type, have not yet been provided.

In this paper, I will attempt to delineate the profile of such a "shy narcissist". I will do so by combining the insights gleaned from (1) revisiting the pertinent material covered in my two earlier reviews (Akhtar, 1989; Akhtar & Thomson, 1982) of the literature on narcissistic personality; (2) relevant publications by others since my last review of the topic; and (3) my own experience of treating narcissistic patients. I will also highlight the similarities and differences the shy narcissistic personality has with the usual narcissistic personality and certain other personality disorders. I will conclude by commenting upon the implications of recognizing this syndrome.

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SURVEY OF THE LITERATURE

Freud introduced the term *narcissism* into psychiatric literature (Freud, 1905d) and delineated its role in object choices and ego-ideal formation (Freud, 1914c). Later, he described the "narcissistic character type" (Freud, 1931a) and noted its impressive, assertive, and power-seeking attributes. Freud's pioneering description, however, offered little clue regarding the existence of a shy or covert type of narcissistic personality.

The first such hint is found in a paper by Jones (1964), written 18 years before Freud's 1931 description of the narcissistic character. While the term *narcissistic personality* does not appear in Jones's paper, the "God complex" it described is perhaps the first portrayal of the condition. Jones eloquently described the narcissist's grandiosity, exaggerated need for praise, search for glory, and love of language. More significantly, he noted that narcissistic grandiosity is often masked by an "unusually strong series" of opposing tendencies. Prominent among these were undue humility, social reserve, and pretended contempt for money in real life. Unlike the flamboyant, openly acquisitive, and assertive type of narcissistic personality, such individuals are:

characterized by a desire for aloofness, inaccessibility, and mysteriousness, often also by a modesty and self-effacement. They are happiest in their own home, in privacy and seclusion, and like to withdraw to a distance. They surround themselves and their opinions with a cloud of mystery, exert only an indirect influence on external affairs, never join in any common action, and are generally unsocial. They take great interest in psychology . . . phantasies of power are common, especially the idea of possessing great wealth. They believe themselves to be omniscient, and tend to reject all new knowledge. [p. 262]

Following Jones, Reich (1933) also noted that narcissistic personalities either acquire fame and social power or tend toward daydreaming and addiction. Tartakoff's (1966) later distinction between the active fantasy of being the "powerful one" (destined to perform outstanding deeds) and the passive fantasy of being the "special one" (chosen by virtue of inherent uniqueness to receive windfalls) also hinted at two types of narcissistic organizations. Bach (1977b) more directly addressed this issue. He noted that narcissistic patients have a divided self in which the hidden part of themselves shows a "mirror complementarity" with their conscious complaints. To the now well-recognized phenomenon of a grandiose individual

being secretly afraid of his timidity, Bach added that those who feel weak and powerless on the surface often harbour a dangerously powerful split-off self image.

Kernberg's (1970; 1975; 1980; 1984; 1989) extensive writings on narcissism largely dealt with the more overt type of narcissistic personality. However, he too noted that "some patients with narcissistic personalities present strong conscious feelings of insecurity and inferiority" (Kernberg, 1975, p. 229). Their unconscious fantasies of grandiosity and omnipotence emerge only after a sustained contact has been established with them. Unlike the usual narcissistic individuals who are often sexually promiscuous, such persons show much restraint in their erotic lives. With the onset of middle age and its threatening reminders of life's limitations, however, the two types of narcissistic personalities tend to switch places. According to Kernberg (1980):

the sexually more inhibited narcissistic character of early adulthood may now initiate the road to sexual promiscuity and various sexual deviations which other narcissistic patients are already abandoning in middle age because of their accumulated experience of dissatisfaction with the scant narcissistic gratification in sexual encounters. [p. 145]

Kohut (1971; 1977) too mentioned the less colourful and socially hesitant type of narcissistic personality. Such individuals have a "horizontal split" in the psyche, which keeps their grandiosity repressed and, consequently, their reality ego depleted of confidence. They present with symptoms of narcissistic deficiency including low self-esteem, diminished zest for work, and lack of initiative. They also display hypochondriacal preoccupations and a marked propensity towards shame. They feel intense discomfort about their need to display themselves and often suffer from severe stage fright (Kohut & Wolf, 1978). Not surprisingly, such individuals keep their distance from others from whom they desire narcissistic sustenance and feel painfully embarrassed upon the exposure of such needs. Alongside this prevailing symptomatology of narcissistic depletion, there are spasmodic breakthroughs of anxious hypomanic-like excitement, which give vent to their suppressed grandiosity.

The tense and conflicted existence of such narcissistic patients also drew Cooper's (1981a; 1984a; 1989a) attention. He noted that the surface manifestations of narcissistic personality might be charm, ambition, and accomplishment or these might include depression, invitations to humili-

ation, and feelings of failure. Cooper emphasized that narcissistic and masochistic tendencies frequently co-exist. Indeed, narcissistic tendencies might become unconscious vehicles for attaining masochistic disappointments, and masochistic injuries an affirmation of distorted narcissistic fantasies. More pointedly, Cooper and Ronningstam (1992) described narcissistic patients whose overt presentation is the mirror image of the usual description and who are "too inhibited to expose their fantasies to public view" (p. 94).

In my own two earlier reviews of the literature on narcissistic personality (Akhtar, 1989; Akhtar & Thomson, 1982), the manifestations of the disorder were divided into *overt* and *covert* categories. These designations did not necessarily imply conscious or unconscious occurrence, although such topographical distribution could certainly exist. The overt features included grandiosity, compulsive socialization, intense ambition, uneven morality, uninhibited sexuality, caricatured modesty, and an impressively articulate manner of speech. The covert features included morose self-doubts, envy, chronic boredom, materialistic lifestyle, inability to remain in love, and inattentiveness to details. While it was observed that some narcissistic patients initially display the usually covert features while the usually overt ones remain hidden in the first few interviews, the existence of two subtypes of narcissistic personality was not explicitly noted. The current contribution is thus an extension of my earlier work in this area.

Thinking along the same lines, Gabbard (1989b) observed that the "official" diagnostic criteria for narcissistic personality characterize only the arrogant and boastful individual who constantly demands attention, and fail to identify "the shy, quietly grandiose, narcissistic individual whose extreme sensitivity to slights leads to an assiduous avoidance of the spotlight" (p. 527). Gabbard named the two types as the *oblivious* and the *hyper-vigilant* narcissistic personalities. The former was characterized by persistent attention seeking, lack of empathy for others, and arrogance. The latter was characterized by hypersensitivity to others' reactions and a self-effacing attitude that hid their "secret wish to exhibit themselves in a grandiose manner" (p. 529).

Masterson (1993) too delineated roughly similar subtypes of narcissistic personality. His *exhibitionistic* type subsumed individuals who flaunt their grandiosity to valued others and his *closet* type subsumed individuals who submit to idealized others and vicariously live out their own grandiose fantasies via such association.

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While not mentioning such subtypes, *DSM-IV* (1994) did note that some narcissistic patients give "an appearance of humility that may mask and protect grandiosity" (p. 659). They might drift towards low social functioning in order to avoid the risk of defeat in competitive situations. The combination of such social retreat and defensive humility stands in sharp contrast to the usually assertive, attention-seeking, and entitled picture of narcissistic individuals.

Finally, Hunt (1995) described the *diffident narcissist* whose grandiosity is hidden and who feels enormous shame at revealing it. His omnipotent strivings are not ego syntonic and he professes to be egalitarian. Unlike the overt narcissist who frequently throws temper tantrums, the diffident narcissist shows lofty indifference to realistic setbacks. Unaffected by the present hardships, he lives in the future, continually relying on unrealistic hope (Akhtar, 1996; Mehler & Argentieri, 1989), and waiting for a transforming event without taking much action to achieve it. Hunt further stated that:

Castration anxiety in men, and in women, fear of loss, or loss of love, are prominent. At least in men, there is in both types a sense of a special relationship with the mother, based on her idolisation of him. The overt narcissist feels that he has won the oedipal conflict. The diffident narcissist may feel the same way, but in him this only increases the fear of the jealous, still dangerous, father. [p. 1260]

The inclusion of such "higher level" (Kernberg, 1975) conflicts, usually ignored in the descriptions of narcissistic personality, was a superior feature of Hunt's description. However, he made little effort to relate the profile of his diffident narcissist to the existing but scattered literature on this topic and to distinguish the syndrome from the phenomenologically akin obsessional and schizoid personality disorders. These deficiencies are rectified in this current paper.

CLINICAL PROFILE

Synthesizing this literature in the light of related observations made in my psychotherapeutic and psychoanalytic practice (Akhtar, 1991; 1992; 1994; 1996; 1999) yields the following composite profile of the shy narcissist.

Like the ordinary narcissist, the shy narcissist is ambitious, omnipotence-seeking, involved with fantasies of glory and fame, lacking in empa-

thy for others, and defective in his capacity for deep object relationships. He also yearns for acceptance by everyone, praise, and widespread recognition. Like his better known counterpart, the shy narcissist too believes that he or she is unique and can only be understood by other special or high status people. Unlike the usual narcissist, however, the shy narcissist keeps his grandiose beliefs and aspirations tightly under cover. He appears modest and uninterested in social success. Indeed, he might display overt disdain for money and material acquisitions.

The shy narcissist also possesses a conscience stricter than that of the ordinary narcissist. He holds high moral standards and is less vulnerable to ethical lapses. More than his flamboyant phenomenological sibling, he feels gnawing, dark remorse at his oedipal transgressions as well as at his incapacity to empathize with others. While unable to feel genuine concern for others, he is forever helpful to them. Unlike the ordinary narcissist, who discards others after having used them for his purposes, the shy narcissist is capable of feeling grateful and offering reparation to others. The strict conscience responsible for this also pushes his grandiosity and ambition into hiding. Unlike the usual narcissist, who feels humiliated upon the exposure of his blemishes, the shy narcissist experiences shame upon the unmasking of his ambition and grandiosity. Indeed, he might live out his own ambition vicariously by playing "second fiddle" to someone whose success he has himself silently engineered.

Keeping a tight rein on his wishes to be noticed, the shy narcissist feels especially uncomfortable upon being photographed; the attention of a camera suddenly floods his ego with primitive exhibitionism and causes him much anxiety. Though yearning to be recognized, he "prefers" to be left alone in social get-togethers. Such reticence gives the shy narcissist yet another quality. His impaired capacity for deep relationships does not become readily visible to others. The difficulties of his sexual and marital life, resulting largely from chronic self-absorption as well as from clandestine and barely disguised transgressions of the incest barrier, also go unnoticed for long periods of time.

Cognitively, the ordinary narcissist comes across as impressively knowledgeable, decisive, and opinionated. The shy narcissist, in contrast, appears dreamy, forgetful, a bit absent-minded, and unable to carry on a sustained intellectual debate with another individual. However, in a circle of close associates, where the availability of soothing admiration is assured, the shy narcissist can shed his reserve and allow his suppressed raconteur self to emerge. Often this requires the help of alcohol. Indeed, the shy

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narcissist, more than his assertive counterpart, is vulnerable to such dependence. The apparent inconsistency between pervasive reticence on the one hand, and talkativeness with a select few of similar persuasion on the other, is due to the underlying mechanism of splitting, which keeps the two aspects of his personality apart.

DIFFERENTIAL DIAGNOSIS

The particular variety of narcissistic personality disorder described here also needs to be distinguished from obsessional and schizoid personality disorders. Both narcissistic and obsessional personalities display high ego ideals, perfectionism, and great need for control (Akhtar, 1989; Akhtar & Thomson, 1982; Kernberg, 1975). Like the obsessional, the shy narcissist appears modest, careful, emotionally restricted, and interpersonally reticent. Unlike the obsessional, such an individual shows hidden grandiosity, limited empathy with others, an impractical lifestyle, disdain for details, and vulnerability to daydreaming.

Both the narcissistic and schizoid individuals prefer ideas over people and lack wholesome rootedness in their bodily existence (Akhtar, 1989; Bach, 1977b; Kernberg, 1975). Like the schizoid individual, the shy narcissist is self-absorbed, timid, socially hesitant, lacking in spontaneity, and driven by his secret, innermost plans. Unlike the schizoid individual, however, the shy narcissist is ambitious, covertly optimistic, and given to an increase in his hidden grandiosity under stress, not withdrawal into objectless states of psychic emptiness. Facing disappointments in others and/or injuries to self esteem, the shy narcissist resorts to "transitional fantasies" (Volkan, 1973), that is, imaginary and rather banal tales of personal glory mentally evoked for the purpose of self-soothing. Schizoid individuals typically lack the ability to soothe themselves under such circumstances.

COMMENT

While the foregoing demonstrates the existence of the shy narcissist syndrome, little seems to be known about its actual prevalence. The use of masculine pronouns throughout this paper is only for literary ease and not meant to suggest that all shy narcissists are men. Indeed, I have encountered the syndrome in both male and female patients; Hunt (1995) has also

mentioned such patients of both sexes. Also, while the syndrome can be more readily discerned in the setting of intense psychotherapeutic contact, it is not restricted to individuals undergoing such treatment. Shy narcissists might present with dysthymic complaints, vague inhibitions, and hypochondria to general psychiatrists and might, at times, be brought to clinical attention by their frustrated spouses. Another aspect of the syndrome's epidemiology pertains to culture. Since child rearing patterns play a crucial role in the manifestation or suppression of an individual's ambitiousness, it is possible that cultures that place a great emphasis upon modesty might have a greater prevalence of the shy type rather than the boastful type of narcissistic personality. My earlier observation that *narcissistic asceticism* (Akhtar, 1992, p. 63) might be a more frequent presentation of narcissistic personality in Oriental cultures is pertinent in this context.

Delineating the syndrome of the shy narcissist serves to underscore the centrality of splitting mechanisms in narcissistic personalities (Akhtar & Thomson, 1982; Bach, 1977b; Cooper, 1989a; Cooper & Ronningstam, 1992; Kernberg, 1970; 1975; Volkan, 1982) and to highlight their divided self. It also brings to attention the fact that diagnostic criteria relying exclusively on manifest symptomatology fail to diagnose narcissistic grandiosity when only the defences against it are clinically apparent. In contrast, the description of the shy narcissist offered here is based upon the inclusion of both the manifest symptomatology and deeper, sub-surface constructs. With this broadened vantage point, multiple and even contradictory psychic phenomena can be accommodated in a clinical profile that is closer to human complexity than the grasp offered by behavioral check lists; it is only with such a perspective that one can understand the occasional occurrence of a hysterical overlay on a schizoid core (Fairbairn, 1952b) and the co-existence of expedient mendacity (Tobak, 1989) with moralistic self-righteousness in paranoid individuals. This not only gives sounder theoretical underpinnings to the disorder's phenomenology but also prepares the clinician for the "mirror complementarity" of the self that Bach (1977b) has noted. The therapist's awareness of the essentially dichotomous self in such individuals will encourage further inquiry and prevent misdiagnosis.

The clinician also will benefit from the awareness that psychological weakness, hypochondria, undue stoicism, chronic waiting for magical events (Akhtar, 1996; Angel, 1934; Mehler & Argentieri, 1989; Potamianou, 1992), and exaggerated humility often mask grandiosity, omnipotence, and masochism. Knowledge of such a defensive constellation will enhance his or

her empathy with the patient's underlying, if conflict-ridden, agenda. Interpretive efforts, at first directed at the anxious need for such defence, and later at the covert narcissistic and masochistic fantasies, can then be made.

Finally, the recognition that some narcissistic patients are painfully shy opens up challenging aetiological realms for investigation. For instance, does the conflict between exhibitionistic desires and their inhibition emanate from an upbringing in which fame was upheld as desirable and modesty as virtue? Or does this tension emanate from a battle between a constitutionally given, "hard-wired" propensity towards shyness (Kagan, 1984; Thomas & Chess, 1977) on the one hand and an environmentally acquired pressure for outstanding recognition on the other hand? Or does some combination of the two hypotheses, or even explanations hitherto not adequately considered (e.g., involving cultural factors), apply here?

While answers to such questions await further research, it seems that recognizing the syndrome of the shy narcissist does have implications for aetiological, diagnostic, and therapeutic realms alike.