INTERPERSONAL VULNERABILITY AND NARCISSISM: A CONCEPTUAL CONTINUUM FOR UNDERSTANDING AND TREATING NARCISSISTIC PSYCHOPATHOLOGY

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In an elaboration of Kohut's theory, multiple sources of self-affirmation are identified and placed on a continuum that ranges from self-contained and intrapersonal sources to sources requiring interpersonal vulnerability. The multiple sources and the continuum are used to clarify healthy narcissism and narcissistic psychopathology. Narcissistic symptoms are explained as the result of a deficit in self-esteem, of the attempt to compensate, and of the avoidance of the interpersonal sources of self-affirmation. Recommendations for the psychotherapeutic treatment of narcissistic psychopathology are derived from this model. A case example is used to illustrate the changes during therapy of narcissistic symptoms and sources of self-affirmation.

The extensive literature on narcissistic psychopathology has failed to clarify its essential nature.

For example, Kohut (1971, 1977, 1984) describes narcissistic pathology as the individual's attempt to compensate for a deficiency of parental empathy. Whereas Millon (1981) teaches that overindulgence causes a learned overvaluation of the self, and Kernberg (1975) emphasizes that narcissistic symptoms are a result of an aggressive decision to turn away from object relationships and instead rely exclusively on the self for gratification. These differences leave the therapist in the quandary of not knowing whether a symptom is a result of deprivation, overindulgence, or excessive rage. Each position is supportable. Patients who have been abused and neglected in childhood seem to use narcissistic behavior to compensate for this deprivation, supporting Kohut's theory. For others, the overvaluation and praise of their beauty or talents appears to result in self-indulgent egotistical behavior, supporting Millon's theory. The aggressive use of others for self aggrandizement is characteristic of the narcissistic personality disorder (American Medical Association, 1987), supporting Kernberg's theory.

The model of narcissistic psychopathology presented in this article integrates and clarifies these seemingly contradictory explanations. Based upon Kohut's theory and an elaboration of his comments about self-esteem enhancing activities, multiple sources of self-affirmation are described and placed on a continuum of interpersonal vulnerability. The healthy and pathological manifestations of the sources of self-affirmation are delineated, and a dynamic model of narcissistic psychopathology is presented. Finally, the model is illustrated with a case example.

Theoretical Basis

Kohut (1971, 1977, 1984) presents the idea that a narcissistic line of development— parallel to the development of the drives—is necessary

to the development of a healthy and cohesive self. He emphasizes strengthening the self primarily by developing selfobject relationships. If one type of selfobject relationship is underdeveloped, a person can compensate by developing another type of selfobject relationship (Kohut, 1984). Kohut (1984) defines three types of selfobject relationships: relationships that give affirming and confirming responses (mirroring selfobjects), relationships that allow one to feel connected to an idealized person (idealized selfobjects), and relationships that allow one to experience an essential alikeness with another person (twinship or alterego selfobjects).

Selfobject needs, which are most prominent during one's early years, increase during periods of stress. Moreover, needs for narcissistic supplies and mature selfobjects along all three of these pathways exist throughout life (Kohut, 1984; Wolf, 1988). As selfobject relationships are internalized, self-esteem increases, and the ongoing need for selfobjects decreases.

Kohut's theory emphasizes that one pathway may compensate for a problem in another pathway and that a secure sense of self and self-esteem develop through interpersonal relationships with valuable others. Kohut's conceptualization that narcissism is a demonstration of a need for particular kinds of important object relationship contrasts with the positions of a number of psychoanalysts (Blank & Blank, 1974; Freud, 1914/1986; Kernberg, 1975; Mahler, Pine & Bergman, 1975) who treat narcissism as the regression to a preobject relations stage of development.

In understanding selfobject relationships, the clinician must recognize that unless the selfobject is valuable, the relationship has little power. Moreover, since selfobjects may fail and cause disappointment, the very value and importance of selfobjects creates interpersonal vulnerability. Examples of valued selfobject relationships are patient–therapist, child–parent, protégé–mentor, supervisee–supervisor, and close friendship.

Some relationships appear to be selfobject relationships but are so thoroughly controlled by the individual there is little risk of vulnerability. In addition to the loss of autonomy, the potential for strengthening the self is also lost. For example, a politically powerful person may be surrounded by compliant employees who dutifully provide affirmation, but little self-strengthening can be generated by the mirroring of subservient followers. Or those who have great talents (such as athletes

or musicians) can arouse the admiration of others whom they neither know nor value. Although the audience is certainly affirming the "star," the admiration may have only temporary self-enhancing value.

The difference that power and value make in selfobject relationships becomes apparent when contrasting the experiences of receiving praise in different types of relationships. If a professional woman is praised by a salesperson trying to close a contract, she will find the praise meaningless. However, if she is appreciated by colleagues or students for her professional work, she will feel affirmed. If the praise comes from a nationally renowned leader in her profession, she may feel the warm glow of self-satisfaction for weeks on end.

Although Kohut mentions pathways other than selfobject relationships for strengthening the self, he leaves these underdeveloped in his writings. The following is a partial listing of his clear references to additional sources of self-affirmation:

The solving of the intellectual or esthetic problem . . . leads to narcissistic pleasure which is the emotional accompaniment of restoring a narcissistic balance. (Kohut, 1971, p. 316)

The successful exercise of skills and talents, more over, in turn increases the cohesion, and thus the vigor, of the self. (Kohut, 1977, p. 135)

Here belong such everyday phenomenon as the reconsolidation of a temporarily debilitated self (shaken by blows to a person's self-esteem) through physical exercise . . . or through the performance of intensive mental activities, which leads to self-confirmation. (Kohut, 1969/1978, p. 587)

A review of Kohut's writings finds numerous references to compensatory structures or activities used to increase self-cohesion and self-esteem. The list of these references includes: the use of drugs to alter the feelings of low self-esteem (1971, 1975/1978*a*, 1976/1978), voyeuristic activities and sexual perversions (1971, 1975/1978*a*, 1975/1978*b*), erotic and sexual activities (1968, 1977), delinquent acts that attempt to demonstrate invulnerability and omnipotence (1976/1978), reckless drives in speedy cars (1968), fantasized grandiose athletic feats (1968), the hypochondriacal concern for body parts (1971), the focus of attention on body parts (1977), the stimulation of isolated body zones (1975/1978*b*), physical stimulation (1971), pride in one's physique (1974/1987), the addiction to mental health routines (1984), intense mental activities (1969/1978), hot drinks (1974/1978), food or any oral ingestion (1977), showers or warm baths (1974/1987), any intense experience

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(1984), pride in one's capacity to love objects (1974/1987), physical exercise (1969/1978, 1974/1987, 1984), sports (1957, 1971), dancing (1971), artistic pursuits (1957, 1971), listening to or playing music (1957, 1971, 1977), rage (1972/1985), control over the environment (1972/1985), self-perfection (1974/1987, 1976/1985), the exercise of skills and talents (1977), achievement (1971), intellectual activities (1971, 1974/1987), the attachment to creative products (1966), creativity (1974/1987, 1977), hobbies (1957), professional pursuits (1957), work (1974/1987), success (1970/1978, 1971, 1974/1987), fulfilling goals (1974/1987), living up to values (1974/1987), knowledge (1984), pursuing ideals (1966, 1976/1985), and the admiration of great cultural ideals (1984).

At times Kohut considers these compensatory activities derivatives of selfobject relationships or remnants of the grandiose and exhibitionistic self of early childhood. But regardless of their de-

velopmental origins, the important point is many effectively provide self-strengthening in adult life.

Kohut describes those activities that increase self-esteem or self-cohesion as providing narcissistic supplies. Because of the pejorative use of the word *narcissism* with its association to psychopathology, I am introducing the term *self-affirming activities*, which refers to *all activities that increase one's feeling of self-esteem or feeling of self-cohesion or feeling that the self is strong*. The comprehensive listing includes activities that may be healthy or pathological; the increased feeling of self-esteem or self-cohesion may be strong or weak, enduring or temporary.

Sources of Self-Affirmation

The sources of self-affirmation, which include both healthy and pathological activities, are arranged below in six groups according to the degree of interpersonal vulnerability required (*see* Table 1).

TABLE 1. The Healthy and Pathological Manifestations of the Groupings of Sources of Self-Affirmation

Groups of Activities That Are Sources of Self-Affirmation	Examples of Healthy Manifestations	Examples of Pathological Manifestations
Group 1: Health, food and chemicals	Health maintenance, good hygiene, physical exercise, proper diet, medication, relaxation, music appreciation	Drug abuse, anorexia nervosa, bulimia, hypochondriasis, and dietary obsessions
Group 2: Traits and possessions: (a) Valuable or perfected traits (b) Unique traits (c) Valuable or ideal possessions	Developing skills, abilities, mastery, artistic talents, or intellectual talents; pride in friends and possessions; normal feelings of deserving respectful treatment; and concern about appearance	Envy, extreme feelings of entitlement, obsession with possessions, obsession with talents, vanity, materialistic obsessions, dwelling upon or exaggerating unique qualities
Group 3: Control over others who can provide self-affirmation	Healthy empowerment, social influence, and interpersonal effectiveness	Rage, revenge, jealousy, obsessions with power, self-aggrandizing behavior, domination of others, and abusive behavior
Group 4: Distant selfobject relationships including self-instruction	Admiration of cultural heros and mental health self-instruction	Erotomania, superficial use of jargon without understanding, and cultism
Group 5: Pursuit of ambition, productivity, and personal values	Sense of values and pursuit of values, creativity, productivity, work, avocations, and accomplishments	Workaholism, obsessions with a life goal, and maladaptive value systems
Group 6: Selfobject relationships: (a) Mirroring relationships (b) Idealized relationships (c) Twinship or alter-ego relationships	Self-affirming and esteem-enhancing selfobject relationships with mirroring, idealized, and twinship selfobjects that are autonomous and valuable	Shaming and abusive selfobject relationships, the pursuit of the perfect selfobject while avoiding available selfobjects, and the pursuit of a constant union with a selfobject

Group 1: Health, Food, and Chemicals

Group 1 includes activities that create a sense of health and freedom from malaise, which lead to enhanced self-strength and cohesion. Examples are strenuous physical and mental exercise, special care for diseased or injured parts of the body, good hygiene, proper use of medications, freedom from environmental toxins, healthy diet regulation, relaxation activities, listening to soothing music, and the pleasure engendered by hot tubs. Individuals high in self-esteem take care of their bodies, which can result in raising self-esteem.

The activities in Group 1 do not require any interpersonal relationship, even on the fantasy level. When these sources are symbolic of an interpersonal relationship, they may belong in another group (e.g., a medication may symbolize the understanding and concern of physician as a self-object).

Creating feelings of well-being in the body does not always lead to enduring self-esteem or self-strength. Drugs and alcohol, which can be used as sources of self-affirmation, are very short acting, and the long range effects of substance abuse weaken the self. Nevertheless, many individuals with narcissistic psychopathology use chemicals to create the illusion of self-strength and self-esteem. Similarly, eating disorders and extreme exercise programs can create chemical and psychological changes resulting in temporary feelings of self-esteem without risking interpersonal vulnerability.

Obsessive hypochondriasis and hygienic rituals fit within this category. When self-esteem is injured, during depression for example, one may focus on a body organ or external contaminant as the suspected cause of the feelings of deterioration; consequently, the hypochondriacal concern or obsessive ritual can be an attempt to provide self-affirmation by making the body healthy.

Group 2: Valuable or Perfected Traits and Valuable or Ideal Possessions

Group 2 includes developing valuable or perfected traits, having unique traits appreciated by only a few others, or acquiring valuable or ideal possessions. Examples are mastering a task, feats of self-discipline, body building, musical talents, beauty, athletic skills, intellectual accomplishments, artistic talents, owning a classic sports car, living in a model home, or being associated with attractive people. The common feature is that one

who possesses something so valuable, ideal, or unique can command or imagine the admiration of others while risking only minimal vulnerability.

Whereas developing one's positive traits is often a healthy attribute, when these traits are hyper-developed in an obsessive manner, excluding other healthy activities, it becomes pathological. Likewise, whereas it is healthy to feel pride in one's home, friends, and partner, obsession with possessions or social status of friendships is usually pathological. At times the desire for ideal possessions or perfected traits takes the form of envy, which represents a frustrated wish to have self-affirmation by association with valuable property or prized characteristics.

The uniqueness or specialness of traits and characteristics contributes to the self-affirmation value: Suffering can acquire value because it is especially painful and unique; imagining a privileged connection to the spiritual world can create a feeling of specialness; and belonging to a family with a unique history can give a sense of importance. The feeling that each person's uniqueness and individuality is valuable is healthy and adaptive; the development of maladaptive qualities because their uniqueness is valued is pathological. Likewise, the idea that all people are valuable and entitled to respect is a basic principle of normal assertiveness, healthy self-esteem, and empowerment; excessive feelings of entitlement are a symptom of pathological narcissism.

Group 3: Control over Others Who Can Provide Self-Affirmation

This group includes interpersonal relationships that depend on using power and control to reduce one's vulnerability. Because the selfobjects are subjugated or controlled, they lose some of their value and power.

Control activities include physical and abusive control, social influence, control of information, financial power, guilt induction, and coercive behavior. Narcissistic rage and pursuit of revenge following an injury to self-esteem also are partially an attempt to regain control (Wolf, 1988). Jealousy may occur if a selfobject's autonomy raises the fear of loss. However, when the jealous lover controls the selfobject, the lover's ability to provide self-affirmation is diminished.

Power over one's environment, control over resources, and influence over others are important contributors to normal self-esteem, but if excessive, are self-aggrandizing and pathological. Excessive

control over selfobjects can destroy their ability to provide self-affirmation except as a symbol of the controller's power and dominance.

Group 4: Distant Selfobject Relationships Including Self-Instruction

This group of self-affirming activities includes distant relationships with a selfobject—attempts to provide for oneself, in thought and fantasy, what would otherwise come from selfobjects. Common, normally healthy examples are admiring, idealizing, or identifying with a cultural hero, rock star, or sports figure. In the extreme, being obsessed with these fantasies to the detriment of real-life relationships is pathological.

Mental health self-instruction is included here because *it is an attempt to benefit from the teaching* of selfobjects without risking the vulnerability of a personal relationship. Self-object functions are provided through self-mirroring (accepting one's self), imagining acceptance and mirroring from the teacher, incorporating idealized pieces of wisdom (merging with the idealized object), and the knowledge that there are others similar to one's self (twinship). Healthy self-instruction activities include self-talk exercises, exercises in positive thinking, the study of popular psychology and meditation; pathological activities include the excessive devotion to self-instruction that interferes with relationships and results in imagined, rather than realistic, solutions.

Group 5: Ambitions, Productivity, and Personal Values

This group of activities is characterized by a dependence on either external standards or past selfobject relationships: living consistently with a value system, creativity, achievements, productivity, devotion to a religion, pride in parenting, caring support of friends, athletic accomplishments, and services to worthy causes.

Deficiencies in relationships with childhood selfobjects can decrease the ability to use this group of sources of self-affirmation. If the child's talents and abilities were unappreciated, the adult may have difficulty utilizing those skills. If the idealized childhood figures established unrealistically high goals and standards, the adult may have difficulty finding satisfaction in realistic accomplishments. Fortunately, most people experienced some healthy past selfobject relationships and consequently develop an ability to attain some productivity and creativity.

Often these activities are performed without an awareness of vulnerability, giving a sense of autonomy, as with artistic expression and creativity; however, because there is a product, the creator is vulnerable to judgment—by both internal and external standards.

Many people find these powerful and enduring sources of self-affirmation are capable of maintaining their self-esteem throughout life. Unfortunately, if achievement and productivity are the only sources of self-affirmation, changes like retirement can be devastating. Pathology also may occur when a person clings to rigid idealized values (e.g., authoritarian, racist, or sexist values) that are inconsistent with those of contemporary society.

Group 6: Selfobject Relationships

This group of self-affirming activities is characterized by relationships with valuable others and tremendous interpersonal vulnerability and it includes relationships with mirroring selfobjects, idealized selfobjects, and twinship or alter-ego selfobjects.

The internalization of selfobject experiences results in an increase in self-cohesion and self-esteem. Through using selfobject relationships, new values may be internalized and new sources of self-affirmation may be developed, helping one adapt to changing life circumstances and to major stress.

The quest for selfobjects can be pathological when a person avoids the intrapersonal sources of self-affirmation as a result of the pursuit of finding either a perfect selfobject relationship or continuous selfobject relationships. Examples are the quest to find the perfect mate or the search for a guru, whereas responsive potential selfobjects are rejected; or the continuous social activity of a dependent and emotionally needy person who avoids self-affirming autonomous activity. Another pathological selfobject relationship is the attachment to a shaming or abusive selfobject. Commonly, children of alcoholics or those who suffered abuse in their childhoods form these relationships in adulthood.

Continuum of Interpersonal Vulnerability

The sources of self-affirmation can be placed on a continuum (*see* Table 2)—one end has self-contained, intrapersonal sources that require little interpersonal vulnerability—the other end has sources that involve great interpersonal vulnerability.

TABLE 2. Continuum of Interpersonal Vulnerability for Sources of Self-Affirmation

Self-Contained Sources			Sources with Interpersonal Vulnerability		
Primarily intrapersonal Requires little vulnerability Often called narcissistic			Primarily interpersonal Requires great vulnerability Involves some dependency		
Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Health, food, and chemicals	Traits and possessions: (a) Valuable or perfected traits (b) Unique traits (c) Valuable or ideal possessions	Control over others who can provide self-affirmation	Distant selfobject relationships including self-instruction	Pursuit of ambitions, productivity, and personal values	Selfobject relationships: (a) Mirroring relationships (b) Idealized relationships (c) Twinship or alter-ego relationships

Grouping the sources of self-affirmation helps us understand narcissism and the development of self-esteem; however, the number of groups and the placement of each group are not essential to the theory elaborated here. Moreover, multifaceted and complex behavior may fit into more than one group. An example is an intense focus on healthy appearance and beauty that could result in self-affirming gratification by focusing on health and proper diet (Group 1), perfecting the personal trait of beauty (Group 2), providing a means for controlling members of the opposite sex (Group 3), providing a fantasized connection with an idealized famous sex symbol (Group 4), conforming with idealized parental values of following good health and creating a healthy-appearing body (Group 5), or attempting to please a mirroring selfobject (Group 6). It is therefore important to understand the unique meaning of any behavior to the individual.

Narcissistic Psychopathology

Narcissistic psychopathology and symptoms can be understood as the combination of three dynamic factors:

1. *A marked deficit in self-esteem or self-cohesion.* This deficit may be lifelong, as is the case of the narcissistic personality disorder, or temporary, for example, during stress or after an injury to self-esteem. This deficit has been thoroughly documented by Kohut (1971, 1977, 1984).

2. *An intense effort to compensate for the deficit by pursuing the sources of self-affirmation that have been successful.* This acknowledges the importance of learning (Millon, 1981) in the development of narcissistic symptoms.

3. *The pursuit of self-affirmation without risking interpersonal vulnerability.* The failures of selfobjects to be responsive result in a conflict between the wish for a selfobject relationship and the fear of disappointment. Consequently, the pursuit of self-affirmation is shifted to the self-contained and intrapersonal end of the continuum. This shift acknowledges that narcissistic symptoms are a turning away from interpersonal relationships and feelings of dependency as emphasized by Kernberg (1975) and Freud (1914/1986).

Narcissistic Dynamics Applied to the DSM-III-R

These three dynamics can be applied to the definition of narcissistic personality disorder (DSM-III-R, American Medical Association, 1987). The first factor, the deficit in self-esteem or self-cohesion, is demonstrated by feelings of shame, humiliation, dysphoria, and hypersensitivity to criticism. The second factor, the efforts to compensate for the deficit, is demonstrated by grandiosity in fantasy and behavior (Group 2: perfected traits); feelings of envy (Group 2: the feeling associated with pursuit of ideal possessions), rage (Group 3: feeling associated with attempts to control sources of self-affirmation); interpersonal exploitation (Group 3: control over sources of self-affirmation); a belief that one's problems are unique and can be understood only by special others (Group 2: unique traits); fantasies of unlimited success, power, brilliance, beauty, or ideal love (Group 2: perfected traits); a sense of entitlement or specialness (Group 2: unique traits); and a constant need for attention and admiration (Group 3: control over sources of self-affirmation). The third factor, the avoidance of selfobject relationships is manifested by all of the above symptoms falling on the intrapersonal, self-contained end of the interpersonal vulnerability continuum.

The narcissistic personality disorder notes one additional symptom—"the inability to be empathic." This can be understood as a result of the effort to compensate for low self-esteem consuming so much energy that there is little remaining for understanding others. In addition, narcissistic people who often never have experienced a healthy mirroring selfobject relationship may be unable to provide another with what they have not received.

Guidelines for Psychotherapy

The ideas in this article suggest some guidelines for the conduct of psychotherapy.

First, because narcissistic symptoms are partially effective in compensating for deficits in self-esteem, patients will have difficulty reducing these symptoms. Therefore, confrontation or analysis of a hyperdeveloped source of self-affirmation is unlikely to remove narcissistic symptoms unless alternative underdeveloped sources of self-affirmation are simultaneously encouraged.

Second, when patients confront injury to their self-esteem, their natural response will be to pursue

habitual sources of self-affirmation, often returning to narcissistic symptoms. Therapy must go beyond analyzing the narcissistic symptoms and question why other sources of self-affirmation are not more fully developed. The treatment goal is to develop resilient, adaptive, and enduring sources of self-affirmation to replace the hyperdeveloped narcissistic symptoms.

Third, narcissistic patients have such severely damaged self-esteem that they need the powerful self-affirmation provided by selfobjects. The past failures of selfobjects must be resolved and new selfobject relationships developed both in therapy and outside therapy.

Fourth, this model distinguishes between the apparent selfobjects in Group 3 and the selfobjects in Group 6. The apparent selfobjects are manipulated, controlled, dominated, and devalued by their lack of autonomy. Self-affirmation is provided by affirming the personal traits of control, manipulation and power. However, the self-affirmation available from these relationships is small compared to the true selfobject relationships with valuable, independent and autonomous others. The psychotherapist must carefully analyze what appears to be a selfobject relationship. Interpretations of the self-affirmation of Group 3 relationships will focus on the good feelings and security resulting from power, control, and dominance. Interpretations of the self-affirmation of Group 6 will focus on being confirmed and acknowledged by a valuable person, feeling enhanced because of identification with an ideal person, or feeling validated by association with a similar person.

Case Example

Jim, a 33-year-old married professional man in treatment for chronic depression and low self-esteem, was sensitive to criticism, preoccupied with fantasies of business success, unable to be empathic, and required constant attention from his wife to help him with his depression. Below is an outline of how he expanded a very restricted range of sources of self-affirmation during treatment.

Group 1

Initially, Jim was physically inactive, hypochondriacal, and mildly obsessed with his aging process. During treatment he found an exercise program gave him feelings of self-affirmation and he became less concerned about aging and disease.

Group 2

He initially felt pride in his skills as an amateur naturalist but not in his professional abilities. He had fantasies of success but felt defeated because his daily work was far below his

grandiose fantasies. Although he was a handsome and attractive man, he obsessed about minor imperfections in his and his wife's appearance and physique.

Treatment focused on accepting self-affirmation resulting from his realistic abilities and talents as professional, friend, and husband. Both he and his wife improved their appearance and physique through diet and exercise. He accepted the realistic self-affirmation from being good-looking and was able to abandon his obsessions about physical imperfections.

Group 3

At the beginning of treatment, he preferred to avoid close relationships. Although he thought his wife was a supportive and caring woman, he dominated her with controlling criticism and moodiness, otherwise withdrawing from intimacy. This tightly controlled relationship provided safety but only a small amount of self-affirmation.

As therapy proceeded, his interpersonal skills improved so that he could effectively negotiate and communicate. These skills generated a self-affirming pride and confidence that he could be safe while behaving in a less controlling style in his marriage.

Group 4

When therapy began, he requested specific techniques for managing his emotions in order to avoid risking interpersonal vulnerability by talking about his feelings. He wanted to change his career, having decided that proper career choice is the only way a man finds true self-satisfaction. He only agreed to talk about the emotions to comply with a prescribed part of therapy but personally doubted its value.

As treatment progressed, he felt pride in his newfound wisdom that talking about feelings does change the way a person feels. He gave up trying to find the perfect career and found ways to satisfy his professional and interpersonal needs within his current position.

Group 5

While Jim was a productive and hard-working person, he had internalized the ideals of his father—that true happiness is found only through pursuit of the proper career. When his career choice failed to bring him this total happiness (just as his father never found happiness), he became greatly disillusioned and received no satisfaction through his productivity. Because most of his time was consumed by his career, little time was left for enjoying himself as a naturalist.

As he supplemented his sources of self-affirmation with selfobjects, he no longer looked to his job to satisfy all of his self-esteem needs. He was then able to develop self-affirmation from a realistic sense of satisfaction and pride in his career. Through starting a business manufacturing his inventions, he discovered creativity is a powerful source of self-affirmation.

Group 6

Although he had no active selfobject relationships prior to treatment, he quickly entered both a mirroring and idealizing transference. Brief couple's therapy helped him to use his wife as a mirroring selfobject, and as he became open with his feelings, friends and colleagues were able to provide some mirroring and twinship selfobject relationships.

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Summary and Conclusion

There are multiple sources of self-affirmation that can be placed on a continuum of interpersonal vulnerability. First, the healthy and pathological implications of this model were outlined. Then narcissistic psychopathology was clarified as a three-part process:

1. There is a deficit in self-esteem or an injury to self-esteem.
2. The person compensates by pursuing sources of self-affirmation.
3. The sources of self-affirmation that require interpersonal vulnerability are avoided, resulting in hyperdeveloped intrapersonal sources.

This model provides for a dynamic understanding of the narcissistic personality disorder and has implications for psychotherapy.

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