

Narcissism and the narcissistic personality disorder: A comparison of the theories of Kernberg and Kohut

Gillian A. Russell

Narcissism has been a perennial topic for psychoanalytic papers since Freud's 'On narcissism: An introduction' (1914). The understanding of this field has recently been greatly furthered by the analytical writings of Kernberg and Kohut despite, or perhaps because of, their glaring disagreements. Despite such theoretical advances, clinical theory has far outpaced clinical practice. This paper provides a clarification of the characteristics, diagnosis and development of the narcissistic personality disorder and draws out the differing treatment implications, at various levels of psychological intensity, of the two theories discussed.

Carrilio (1981, p. 107) observes how in recent years: '... mental health professionals have been increasingly confronted with individuals who do not fit into traditional categories. They manifest a range of impulsive behaviour, feelings of emptiness, isolation, alienation and rootlessness, which may be seen as manifestations of narcissism'. During the last 15 years or so, there has been, within psychoanalytic circles, an intense preoccupation with the theoretical and clinical aspects of narcissistic phenomena. This may partly be accounted for by an increased understanding of the child's earliest years, exemplified by the observational studies of Mahler *et al.* (1975), and because narcissistic phenomena are no longer dismissed as defences against Oedipal difficulties which traditionally constituted the focus of psychoanalysis. The American Psychiatric Association's (1980) introduction of the diagnostic category of the narcissistic personality disorder (NPD) in their *Diagnostic Manual (DSM-III)* finally gave formal psychiatric recognition to the importance of the concept of narcissism in mental disorders. Within a general framework of the concept of narcissism, this paper examines the NPD and relates it to various treatment approaches. The term narcissistic patient is used as shorthand for a patient with a narcissistic personality disorder (NPD).

On narcissism

Narcissism, the common concept of which is self-adoration with an aloofness that denies the need for another person, is a subject of long-standing human concern. Ovid's myth of Narcissus in his *Metamorphoses* (8 AD), in which a Greek youth falls in love with his own image and, frustrated by the impossibility of uniting with his own love object, pines away and dies, began a long literary tradition, carefully traced by Vinge (1967). Clearly the popular view only touches the surface of a vast and complicated phenomenon.

Ellis (1898) originally coined the term 'narcissism' to apply to auto-eroticism, i.e. a sexual perversion where the person takes himself as a sexual object. Despite its subsequent varying usage, the term has nevertheless retained the implication of a positive libidinal feeling towards the self. The definition most widely accepted is Hartmann's (1950) 'the libidinal investment of the self', this departing little from Freud's original formulation in his paper 'On narcissism: An introduction' (1914).

Freud gave narcissism a place in the regular course of human sexual development as part of his libido theory. Assuming that the individual has a fixed quantity of libido at his disposal, his central tenet was that libidinal cathexis of the subject is object love and libidinal cathexis of the self is narcissism. Freud's stage of primary narcissism commenced

the moment that the individual possessed a rudimentary subject awareness. In primary narcissism, all libido was invested in the self-representation. As ego boundaries were constructed, libidinal cathexis of the object arose, some libido staying attached to the self as residual primary narcissism. In secondary narcissism, occurring after libidinal constancy was reached, libido was withdrawn and reinvested in the self, augmenting residual narcissism. Secondary narcissism occurred in the pathological conditions, the 'narcissistic neuroses', in which there was a withdrawal of love from the object on to the self. Freud was here referring to patients we would today probably label as borderline psychotic or schizophrenic. Freud (1914, p. 90) put forward two main paths towards the choice of an object: the narcissistic path, whereby one loved according to the image of oneself, what one was, what one would like to be or someone who once was part of oneself; or the anaclitic (attachment) path, whereby one loved the woman who had fed one or the man who had protected one. Freud therefore saw narcissism as an immature self-centred trait, indulged in only at the expense of object love. Relinquishing one's narcissism was seen as an important maturational step.

Building on Freud's important work, the chief contemporary stirrers in the pool of Narcissus are the psychoanalysts Otto Kernberg and Heinz Kohut, whose radically different theories have led to the development of what may be identified as the two main schools of narcissism. Their contrasting viewpoints form the focus of this paper. Kernberg's *Borderline Conditions and Pathological Narcissism* (1975) represents a culmination of his writings since 1966 on a variety of personality disorders from the viewpoint of early object relations in personality structure. In contrast, Kohut's *The Analysis of the Self* (1971) departs sharply from classical Freudian and object relations theories.

Characteristics of the narcissistic personality disorder

In the literature defining the clinical features of NPD there are many areas of agreement. Whilst Freud originally used the term 'narcissistic disorder' to refer to the psychoses, it has come to denote non-psychotic clinical phenomena of disturbances in the experience of the self. The major problems are specific peculiarities in the attempts to regulate self-regard and maintain it at normal levels. An ambiguous relationship prevails between NPD and other diagnostic categories. The general clinical impression, however, is that NPDs are less severe than borderline personality disorders and psychoses yet more severe than neuroses.

The DSM-III lists five diagnostic criteria of NPD:

- (1) a grandiose sense of self-importance or uniqueness;
- (2) preoccupation with fantasies of unlimited success, power, brilliance, beauty or ideal love;
- (3) exhibitionism, the person requiring constant attention and admiration;
- (4) cool indifference or marked feelings of rage, inferiority, shame, humiliation or emptiness in response to criticism or defeat; and
- (5) at least two of the following characteristics of disturbances in interpersonal relationships: entitlement (expectation of special favours without assuming reciprocal responsibilities), interpersonal exploitativeness, relationships that characteristically alternate between the extremes of over-idealization and devaluation, and lack of empathy.

In great contrast to the DSM-III, the two principal authorities rely on transference manifestations in therapy as diagnostic signs. Kernberg (1970, p. 63) looks for the denial of the analyst as an independent person, whilst Kohut (1972, p. 371) diagnoses patients as narcissistic only when their transference relationship is 'idealizing' (i.e. the analyst serves as an idealized self-object) or 'self-aggrandizing' (i.e. the analyst serves as a mirror for the

patient's grandiose self). The self-object concept in therapy refers to a relationship between patient and therapist in which the therapist performs certain mental functions for the patient which are absent in the patient.

Kohut emphasizes the narcissistic patient's failure to develop sufficiently the internal structures necessary for maintaining the cohesiveness, stability and positive self-colouring of the self-image which is related to a sense of stable identity. The capacity for full object relations is hindered: patients are uncertain of the boundaries of self and others. Disturbances in the self reveal themselves in extreme vacillations in self-regard, reflecting the existence in the same patient of two contradictory dissociated states of narcissistic equilibrium: a state of grandiosity and a state of inferiority. Kohut describes how patients rely on others to perform what in normal development becomes a progressively endo-psychoic function – the capacity for internal self-esteem regulation. A persistent intense need to attach to certain objects, termed 'self-objects', is exhibited not for a true object relationship, but to replace functions of segments of mental apparatus not established in childhood. Such patients are unable to relate to or appreciate objects as separate persons in their own right, experiencing themselves merely as a part of others. Indifference and contempt are shown for those from whom the needed narcissistic emotional support is not forthcoming, whilst those from whom it is anticipated are idealized. Kernberg (1970, p. 52) describes the relationships of narcissistic personalities as 'exploitative and parasitic: it is as if they feel they have the right to control others and to exploit them without guilt. Often patients are considered dependent . . . but on a deeper level they are completely unable to depend on anybody because . . . the deep-seated belief is that anything good will vanish'.

Kohut identifies the vulnerability to breakdown of feelings of wholeness, these 'fragmentations' resulting in experiences of emptiness, feeling unreal, of playing a role, emotional dullness and hypochondriasis. Such a regression may occur in response to a threat to precariously balanced narcissistic equilibrium when, for example, a real or imagined slight occurs to self-esteem. An alternative response is 'narcissistic rage' (Kohut, 1975), an easily activated destructiveness and ruthlessness, with no limits to the need for redressing the perceived grievance. The narcissistic patient is insatiable in his or her demands from others: all limitations and frustrations, no matter how legitimate, are experienced as malicious, irrational deprivations.

Other symptoms may include feeling incapable of loving or understanding others, whilst very little enjoyment is obtained from life other than the tributes received or from grandiose fantasies. Kernberg emphasizes the role of hatred, coldness and of chronic intense envy of those who seem to possess things the narcissist does not have. He sees the tragedy of these patients as being that they need so much from others, but are unable to acknowledge that which they do receive.

Superficially, narcissistic personalities may function very well socially and possess good impulse control (Kernberg, 1970, p. 51). However, behind the capacity that may exist for active consistent work, which permits them partially to fulfil their ambitions of greatness, one often finds evidence of 'superficiality', whilst underneath their charm lies a ruthless disregard for others (Kernberg, 1975, p. 225). More commonly, narcissism may be manifested in 'anti-social' behaviour, Kernberg (1970, p. 52) classifying the 'anti-social' personality as a subtype of the narcissistic personality. Addicts, including alcoholics, gamblers and drug addicts, often develop their dependence in an effort to establish a sense of inner equilibrium and to provide a temporary sense of power against feelings of inadequacy (Palombo, 1976, p. 152; Loewenstein, 1977, p. 140; Scott, 1980, p. 111). Impulsive acting out, although invariably multiply determined, is common (Kohut, 1971, pp. 153–156). Berkowitz (1977, pp. 14, 18) identifies two broad categories of acting-out behaviour: 'self-endangering', representing an unconscious attempt to assert omnipotence and a grandiose denial of feelings of vulnerability, and 'other-endangering', a response of

narcissistic rage. Furthermore, sexual deviations, including homosexuality and nymphomania, may result: 'self-damaging and self-denigrating activities may be sexualised and reinforced by masochistic trends' (Joffe & Sandler, 1967, p. 65). Hence one is left, particularly in Kernberg's estimations, with a very negative picture of the narcissistic personality. The resultant incapacity to deal with other people as 'real' becomes a tragic situation that dominates their lives.

Kernberg's and Kohut's theories of narcissistic personality disorders are compared below and Table 1 gives a summary comparison of their theories. Six main theoretical divergencies may be identified.

Table 1. A summary comparison of the theories of Kernberg and Kohut

	Kernberg	Kohut
A. Theoretical divergencies		
1. Relationship of self-love and object love	The two lines are interdependent	The two lines are independent of each other, i.e. a double axis
2. Definition of narcissistic libido	Libido is defined as narcissistic by the self as target	Libido is defined as narcissistic by its idealizing or aggrandizing quality
3. The meaning of pathological narcissism	Pathological narcissism involves a pathological self-structure, i.e. the grandiose self as a defence against rage and envy. Normal immature narcissism is not the same as pathological narcissism	Pathological narcissism involves a fixation at an early stage of narcissistic development. Normal immature narcissism is the same as pathological narcissism
4. Aetiology of NPD	NPD originates at late oral stage of development	NPD originates at any time from late oral stage throughout development even into the latency stage
5. Classification of NPD	NPD is a subtype of borderline personality disorder	Clear distinction between NPD and borderline personality disorder
6. The role of aggression/rage	Aggression seen primarily in instinctual terms is fundamental to Kernberg's formulations and is a fixed feature of NPD. Rage engendered by early frustrations must be confronted in treatment	Aggression seen primarily in reactive terms is secondary to narcissism and is a transient affect in NPD. No confrontation of rage in treatment
B. Theoretical convergencies		
1.	A defective self is involved in pathological narcissism	
2.	The nature of the attachment experience forms the core of healthy or pathological narcissism, NPD patients lacking a 'good enough' mother-child symbiosis	
3.	Archaic grandiose self-images and archaic idealized parent images play a psychopathological role in NPD patients by persisting and not becoming integrated into the mature structures of the personality	
4.	Psychoanalytic treatment centres on the activation of the grandiose self	

Kernberg's theory of narcissistic personality disorder

(1) *The relationship of self-love and object love*

In Kernberg's complex formulations, Freud's thinking regarding narcissism has been elaborated in a point of view characterized as that of traditional psychoanalytic psychology and ego psychology. Following Freud, he defines narcissism as 'the libidinal investment of the self', maintaining that in *normal* development one passes beyond narcissism to the Oedipal stage. For Kernberg, the two lines of self-love and object love are interdependent, i.e. narcissistic and object relations realms of psychic functioning are inseparable. He sees people developing:

- (a) pathological narcissism and bad object relations as a consequence of bad inner object relations; *or*
- (b) healthy narcissism and abundant object love as a consequence of good inner object relations (Kernberg, 1975, pp. 263–313).

Kernberg makes an important distinction between healthy narcissism in its immature forms (a sense of diffuse well-being and overall pleasure with life) and mature forms (self-esteem) vs. pathological narcissism. Although pathological narcissism develops and exists at the expense of object love, unlike Freud Kernberg holds that the opposite is true of healthy narcissism, an increase in which leads to an increased investment in the object world.

(2) *The definition of narcissistic libido*

For Kernberg, libido is defined as narcissistic by the self as its target.

(3) *The meaning of pathological narcissism*

In Kernberg's NPD a specific pathological kind of infantile narcissism exists: pathological narcissism does not simply reflect libidinal investment in one's self. Rather, pathological narcissism is libidinal investment in a pathological although integrated self-structure termed 'the grandiose self' (Kernberg, 1975, p. 316). The grandiose self derives from pathological object relationships as a defence against the child's experiences of severe, overwhelming frustration in the mother-child relationship, which results in envy, hatred and rage against the person who produced the traumata. It represents a defence against a frightening world experienced as devoid of food and love. The child, enraged at the mother, withdraws affection from her and cathects him/herself. Kernberg (1970, p. 59) maintains that narcissistic personalities often experienced their parents as callous and indifferent: 'there is consistently a parental figure, usually the mother, who functions well on the surface . . . but with a degree of . . . nonverbalised spiteful aggression'.

The grandiose self possesses its own dynamics and is composed of a fusion of three structures or some aspects of:

- (a) the 'real self', i.e. the specialness of the child that was reinforced by early experience;
- (b) the 'ideal self', i.e. the fantasies of self-images of power, wealth and beauty that compensated the small child for the experience of severe oral frustration, rage and envy; and
- (c) the 'ideal object', i.e. the fantasy of an ever-giving, ever-loving and accepting mother, in contrast to the experience in reality.

It is important to understand that, by contrast, the narcissistic structures of neurotic and other character disorders result from fixation at the level of *normal* infantile narcissism and are not accompanied by the development of a grandiose self.

The capacity of some narcissistic patients to use various talents to win the admiration

they crave is evidently due to their having had as a child some quality that could have objectively aroused admiration and envy in others (e.g. a talent or physical attractiveness) or else having had some such quality attributed to them. Being seen as somehow special became a refuge from feelings of being unloved and the objects of revengeful hatred. Often the mother invaded and exploited the child with her own narcissistic needs: for example, placing her ambitions upon him and using the child as a narcissistic extension of herself. Narcissistic personalities have never acquired healthy self-love because they have never been valued for themselves but only as extensions of their parents. The child is responded to only when he validates his mother's projections: his image is wholly governed by expectations and can therefore never be spontaneous. Under these circumstances the child must perform on the mother's terms in order to receive any narcissistic supplies. By conforming to expectations, he thereby validates his early megalomaniac, unbounded grandiose expectation that *his* behaviour determines the existence of the world. The child is therefore conditioned towards identifying with the aggressor and treating others in a similar manner.

If parents hold up an excessive ego ideal as a result of overinvestment in the child, the later adult will suffer from lifelong dissatisfaction with the self regardless of his reality achievements. He will try to reach the ego ideal through strivings for fame and glory or, lacking talent and opportunity, may resort to defensive grandiosity. Finally, if narcissistic defences fail, he may become paranoid and enraged.

Kernberg's grandiose self may be seen to explain some of the clinical characteristics of NPD patients. As noted above, the grandiose self represents the building up of an inflated self-concept to conceal feelings of worthlessness. Unacceptable aspects of the self-concept are projected on to others who are devalued and experienced as unreliable. Idealized others represent projections of the aggrandized self-concept, whilst dangerous others are projections of the primitive characteristics of the superego and the exploitative nature of the narcissistic personality. Thus, although superficially appearing to present a remarkable lack of object relationships, on a deeper level patients' interactions reflect very intensive, frightening, primitive, internalized object relationships. The integration of ideal images into a stable superego is also prevented: the few superego components that are internalized, such as primitive parental demands, preserve a distorted, primitive, aggressive quality because they are not integrated with the loving aspects of the superego, which are normally drawn from the ideal self and object images and which are missing.

The combination of an inflated self-concept and devaluation of others enables a denial of feeling dependent upon anyone who proves frustrating. In their fantasies, narcissistic personalities identify with their own ideal self-images: it is as if they were saying that 'the ideal person that would love me, my ideal image of that person, and my real self are all one, and better than the ideal person whom I wanted to love me, so I do not need anybody else anymore' (Kernberg, 1970, p. 52).

(4) *Aetiology of the narcissistic personality disorder*

Kernberg believes that NPDs originate at the late oral stage of development.

(5) *The role of aggression/rage*

Aggression is fundamental to Kernberg's formulations. It is seen primarily in instinctual terms and is a fixed feeling of the NPD. Oral rage and envy represent the persistence of the primitive fantasy that the maternal object is aggressively withholding gratification. Rage engendered by early frustration must be confronted in therapy (as discussed below).

(6) *Classification of the NPD*

For Kernberg, NPDs are a subtype of borderline personality disorders. Their structural characteristics of the ego and defensive organizations are similar in the predominance of mechanisms of splitting or primitive dissociation, the main difference being the presence in the NPD of the 'grandiose self' (Kernberg, 1975, p. 316). The grandiose self allows some ego integration which borderline patients lack. Pathological narcissism can only occur after the development of a self in which good and bad object representations have become integrated into a unified self-concept, whereas borderline personalities develop their pathology at a developmental stage prior to the development of stable ego boundaries.

Kohut

(1) *The relationship of self-love and object love*

In contrast to Kernberg, Kohut (1971, p. 220) introduced a 'double-axis' theory of libido with two largely independent, *normal* developmental lines of object love and self-love, each subject to its own disturbances.

The first 'object relations' line leads from auto-eroticism via narcissism to gradually maturing object love, i.e. to the investment of others as separate individuals. This grows out of the parents loving the child with object love, leads to the resolution of the Oedipal conflict and involves the instinctual impulses of love and hate. The other 'narcissistic line', involving the impulses of admiration and contempt, leads from auto-eroticism via narcissism to socially valuable higher forms and transformations of narcissism. These mature adult forms, essential to ego maturation, include people's creativity, their ability to empathize and to contemplate their impermanence, their sense of humour and wisdom. This line grows out of the parents loving the child with narcissistic love and leads to relationships in which others are experienced as self-objects. Kohut believes the need for self-objects continues throughout life to some degree: we all need narcissistic gratification that comes to us through people or pursuits that reflect ourselves. This view represents an important philosophical difference from strict object relations theory, according to which the ability to maintain true object relations and a cohesive sense of self is the *achievable* goal of the lifelong individuation process. Kohut's position thus requires the abandonment of Kernberg's view that narcissism is merely a precursor of object relations and thereby a developmental stage to be outgrown.

(2) *Definition of narcissistic libido*

Kohut's view on narcissism diverges widely from its definition as 'the libidinal investment of the self'. He maintains the economic metaphor but uses it differently: narcissism is defined not by the 'target' of libido (i.e. self vs. object) but by its nature – the attachment to self or object being narcissistic if it is 'idealizing' or 'aggrandizing'.

(3) *The meaning of pathological narcissism*

To understand Kohut, we must see how his work centres on the development of two archaic narcissistic configurations: firstly, the 'grandiose self', an exhibitionistic 'I am perfect' image of the self, which represents an archaic '*normal*' primitive self (not a pathological structure as for Kernberg); and, secondly, the idealized parent image or omnipotent object, whereby perfection is ascribed to an admired (transitional) self-object, the 'you are perfect but I am part of you' view of the parent. Both are natural steps in the normal development of narcissistic libido. Under favourable circumstances they become integrated into the adult personality: the grandiose self is transformed into normal self-esteem, ambition and self-confidence, whilst the idealized parent is introjected as the

idealized superego, providing the capacity for mature admiration of others and for enthusiasm about one's own achievements. The essential point is that for Kohut pathological narcissism results when the transformation of the archaic configurations is *arrested* and they persist unaltered and split off, continuing to press for expression in adulthood.

In normal development the two images develop concomitantly, paralleling each other, but on separate developmental lines. Both are built up as the state of primary narcissism is disturbed by natural, unavoidable shortcomings in maternal care and as the child becomes painfully aware of its relative insignificance and vulnerability. By developing the two systems of perfection, the child attempts to reinstate the sense of primary narcissism. The grandiose self is manifested in expectations from others for gratification and admiration. To experience an age-appropriate, grandiose self-image the child must feel that exhibitionistic display, which represents his/her first attempt at individuation, is safe and effective. The child is assured that this is so by the mother's 'mirroring'. The normally responsive adult, for example, reacts to such 'trivial' achievements as walking and learning new words with tremendous pleasure and praise. With maturation, the child gradually becomes aware of the limitations of his/her omnipotence and grandiosity is tamed. On the other hand, the child uses the attributes with which he/she has endowed the idealized parent to establish a sense of wholeness and to regulate tension. The infant's gradual detection of inevitable shortcomings in the parent enables the image to be transformed and the adult's functions internalized.

In healthy development, narcissistic libido is therefore withdrawn from the two archaic images and what Kohut terms 'transmuting internalization' (i.e. internalization that leads to structure building) occurs. Derivations of primitive over- and underestimations of the self blend into an integrated cohesive self, where modulated regulation of self-esteem is internalized and narcissistic equilibrium is maintained. Maternal empathy is essential for healthy development which will only occur where the inevitable shortcomings in maternal care (i.e. 'empathic failures') represent manageable 'optimal frustrations', i.e. gradual, tolerable, phase-appropriate disillusionment of the idealized parent.

Pathological narcissism results from massive shortcomings in mothering, as where the child experienced the parent as cold, rejecting or destructive, or was used as a narcissistic object (cf. Kernberg). The grandiose self is pathologically retained if the child is not permitted to experience the sense of fulfilment that comes from being valued through mirroring. In contrast, the idealized parent image persists where the child is unable to extend an idealization to a significant other and have that idealization received. The self-structure in narcissistic personalities therefore represents a stage of *arrested* development with the self not basically disturbed – a 'nuclear self' is still attempting expression.

Throughout life the narcissistic personality will mobilize one of these two archaic configurations to stabilize the resulting precarious sense of self. The mobilization of the grandiose self results in the individual seeking a self-object to continuously mirror his/her grandiosity, whereas the mobilization of the idealized parent imago results in the individual requiring merger with an idealized omnipotent object. No replacement figure can, however, ever live up to the expectations demanded, so that the disappointment with the parent will invariably be repeated, idealized individuals eventually being rejected with contempt. The continuous threat of fragmentation of the self arises from insufficient narcissistic cathexes of the more mature segments of the self, since these cathexes are still invested in the archaic images.

(4) *Aetiology of the narcissistic personality disorder*

For Kohut, NPDs originate at any time from the late oral stage throughout development even into the latency stage.

(5) *Classification of the narcissistic personality disorder*

Kohut (1971, p. 4) clearly distinguishes between narcissistic and borderline conditions as separate entities. However, in concepts which have some overlap with Kernberg's, he describes how narcissistic patients have attained a nuclear cohesive self in which disturbances are then experienced, whereas borderline patients are fixated on a stage of 'fragmented self', corresponding to Freud's stage of auto-eroticism which precedes the stage of primary narcissism.

(6) *The role of aggression/rage*

Kohut's narcissistic rage arises when self or object fail to live up to the expectations directed at their function: for example, absolute control of the object is essential to the maintenance of self-esteem. Aggression is therefore seen primarily in reactive terms, is secondary to narcissism and is a transient affect in NPDs. There is no confrontation of rage in therapy. (The reader is referred back to Table 1 for the four main theoretical convergencies between Kernberg and Kohut.)

The psychological treatment of the narcissistic personality disorder

Freud (1914) declared that those whom he termed narcissistic were incapable of developing a transference because of their difficulties in establishing sound object relations. It was not until the contributions of Kernberg and Kohut, who realized that transference phenomena were not absent in NPDs but take profoundly disturbed and atypical forms, that a theoretical and clinical systematization of these phenomena gained an eminent position in structural theory and confirmed the analysability of narcissistic disturbances. Their conflicting theories, however, give rise to two very different treatment approaches for narcissistic patients. Three broad groups of individual treatments are distinguishable: psychoanalysis, psychoanalytic/dynamic psychotherapy/casework, and supportive psychotherapy/casework. An understanding of analytic treatment is vital in order to inform other less intensive treatment methods.

(a) *Psychoanalysis*

Kernberg's (1970, pp. 259–260) goal is to expose the defensive purpose of the grandiose self which is mobilized in the transference, thereby integrating the narcissistic with the healthier parts of the personality. The mobilization permits the re-enactment of the type of relationships patients have with others, i.e. relationships of omnipotent control and idealization. The analyst systematically interprets the positive *and* negative (hostile) aspects of the transference. The negative aspects centre around a recognition that the patient's narcissistic resistances of idealization and control serve a double function. Firstly, they defend against the emergence of oral rage and envy and against fears and guilt about this rage. Secondly, they serve to preserve a good relationship with the analyst: patients cannot tolerate facing their hateful feelings because they believe they would destroy all hope for a good relationship which they so desperately desire due to their terrifying hunger for love.

Kernberg maintains that a neglect of negative aspects increases the patient's fear of his/her (unacknowledged) aggression, thereby intensifying the need for narcissistic resistances and leading to a disastrous higher level of functioning of the pathological grandiose self. Interpretation of the positive transference focuses on the remnants that exist

of a capacity for object love and for a realistic appreciation of the analyst's efforts. The patient is thereby helped to face and verbalize his/her split-off contempt and envy, becoming aware that the feared and hated analyst-mother is really one with the longed-for analyst-mother. The patient is thus enabled to acknowledge the analyst and significant others as independent beings whom he/she needs and to whom he/she can feel love.

In contrast, Kohut (1971, pp. 81–82) believes that what is reactivated in the transference is the early infantile narcissistic imagos (i.e. the grandiose self and the idealized object) that have not yet completed their normal development. Treatment aims to permit their unfolding, thereby developing a cohesive sense of self and transforming archaic narcissism into more mature forms. Where the archaic grandiose self is reactivated a 'mirror transference' develops, wherein identification with the analyst prevails. Patients are here seeking confirmation of their grandiosity that they failed to receive when young. The analyst echoes the patient's emerging grandiose fantasies of self-glorification, especially the wish to feel special to and admired by the analyst. Where the idealized parent image is reactivated an 'idealizing transference' develops, whereby perfection is assigned to the analyst who comfortably accepts and responds to such admiration. In both transferences, the analyst allows himself/herself to be used as a self-object, the patient feeling whole when the transference is established.

Kohut maintains that transferences will develop only if the analyst appreciates that the patient's archaic demands are phase-appropriate to the particular infantile fixation points from which they re-emerge (i.e. rather than interpreting them as defences as does Kernberg), and if he or she reveals 'an attitude of complete non-judgemental, empathic acceptance and non-interference'. Although Kernberg sees this as Kohut's failure to confront the patient's negative transferences and underlying aggression, Kohut asserts that, if the analyst acts as Kernberg describes, the transference will be suppressed and treatment precluded. Kohut thus stresses the positive transformative potential of NPD patients while Kernberg emphasizes their negative, destructive and controlling nature.

Kohut's process of 'working through' focuses on the repeated disturbances of the transference which occur due to unavoidable empathic failures by the analyst or to physical separations, e.g. weekends and cancelled appointments. The patient experiences these as personal rejections, i.e. narcissistic injuries, because the analyst here fails to fulfil his/her function as a narcissistic self-object. Temporary regressions result, but the transferences are repeatedly restored by the analyst tracing their minute precipitants and their current dynamic-structural meaning which becomes buttressed by genetic reconstruction.

The success of therapy depends on the 'good enough analyst' whose empathic failures do not exceed tolerable limits for the patient. Developmental pathways not experienced in childhood are reopened (i.e. rather than simply modifying existing psychic structures as most analysts believe occurs in the neuroses); the analyst's function is internalized and he/she is brought from the status of a self-object to a separate person.

(b) Psychoanalytic/dynamic psychotherapy/casework

The application of Kernberg's formulations in psychotherapy/casework (e.g. by Friedman, 1973; Murray, 1973) has led to a stress on limit setting, reality testing and confrontation, notably for patients prone to acting out. This approach implies an 'educational effort' which exhorts or requires the patient to relinquish his/her infantile, unrealistic and grandiose expectations and develop more realistic object relationships. The focus in the transference is on interpreting the patient's defensive need not to recognize dependency on the therapist and his/her rage at the therapist as representing the displaced figure of a non-nurturing mother, interpretations emphasizing the role of aggression.

This approach has been criticized within a framework which acknowledges that there is some place for confrontation in treatment (e.g. Myerson, 1973; Doroff, 1976, p. 148; Palombo, 1976, p. 160; Berkowitz, 1977, p. 18). Confrontation may effectively mean that the narcissistic personality's fears are realized, merely perpetuating his/her illusion that the conflict is between him/her and the outside world. It may be experienced as extremely unempathic and critical as the therapist becomes confused with the rejecting parent. Patients can respond in two ways only: marshalling their narcissistic grandiosity or suffering the pain of assault at the hands of someone upon whom they are dependent for their well-being.

In therapeutic approaches based on the application of Kohut's formulations, as in analysis, the patient uses the empathic, non-judgemental therapist as a self-object and stable transferences are allowed to develop within the context of a controlled regression (Strean, 1972; Offenkrantz & Tobin, 1974; Palombo, 1976). As in analysis, this approach is based on recognizing the therapist's participation as a narcissistic object. Stolorow (1976) has identified striking parallels between Kohut's understanding and analytic treatment of narcissistic disturbances and Rogers' (1951) conceptualization of the process of client-centred therapy: Rogers' recommendations seem to be ideally suited to promote the development of a mirror transference.

Horner (quoted in Doroff, 1976, p. 157) describes a useful manner of interpretation that utilizes a description of the basic trauma:

If you can imagine a very young child who has some sense of being separate from his mother: as he begins to have a better sense that she is not part of his body, he is frightened as though he has lost part of himself. He needs to control her, to have her respond to his needs, even without his communicating them. Having to communicate makes him further realise that she is separate. If mother is responsive to his communications then he doesn't feel too bad about having to communicate and it is part of growth that is acceptable. If she doesn't respond he feels even more helpless and becomes enraged.

(c) Supportive psychotherapy/casework

Kernberg (1974, p. 257) recommends a supportive psychotherapy approach for narcissistic personalities who, in spite of a clearly developed narcissistic personality structure, function on an overtly borderline level. They usually present a contra-indication for more analytical approaches because 'they cannot tolerate severe regression in the transference . . . without psychotic decompensation'. Many therapists, however, advocate that depth exploration be avoided for *all* narcissistic personalities because they need to strengthen their defences against primitive feelings. Strean (1972, p. 271) holds that 'they do not respond to measures which might produce insight in other clients . . . because their difficulties are ego-syntonic'. This paper suggests that virtually all these supportive approaches may be understood as further modifications of Kohut's analytical techniques. Within this framework, Strean (1972, p. 272) and Grinker (1978, p. 915) see the most critical ingredient in therapy as the 'corrective emotional experience of having the therapist play the role of the good-enough mother'.

Conclusion

From this overview comparing Kernberg's and Kohut's theories of the NPD, it is clear that in this field exciting new conceptualizations in metapsychology are developing and going hand in hand with some promising clinical developments. This paper has attempted to show that the complex analytical formulations are of value to therapists working with narcissistic personalities at varying levels of psychological depth and intensity, although research in this area has only just begun.

However, whichever of the two schools of thought one chooses to adhere to, perhaps the most important result of recent speculation has been an increased forbearance of the previously vastly misunderstood narcissistic personality, whose oft-quoted 'self-centredness' and 'selfish preoccupation' may now be viewed within an entirely new and much more sympathetic light.

Acknowledgements

The author would like to thank David Holt (Oxford) for originally stimulating her interest in the concept of narcissism; and Dr David Millard (Oxford University), Dr Mike Hobbs (St George's Hospital) and Dr Don Montgomery (Longrove Hospital) for their help in preparing this paper.

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Received August 1983; revised version received July 1984

Requests for reprints should be addressed to Gillian A. Russell, St George's Hospital, Department of Adult Psychiatry, Clare House, Blackshaw Road, London SW17 0QT, UK.