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Narcissistic Personality Disorder: A Current Review

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Abstract The diagnosis of narcissistic personality disorder in the *DSM-IV* has been criticized foremost for its limitations in capturing the range and complexity of narcissistic pathology. The attention to the narcissistic individual's external, symptomatic, or social interpersonal patterns—at the expense of his or her internal complexity and individual suffering—has also added to the diagnosis' low clinical utility and limited guidance for treatment. Recent studies and reviews have pointed to the need for change in the diagnostic approach to and formulation of narcissism. This review focuses specifically on studies of features that add to the identification, understanding, and treatment of patients with pathological narcissistic functioning and narcissistic personality disorder. They have been integrated into a regulatory model that includes the functions and fluctuations of internal control, self-esteem, perfectionism with accompanying self-criticism, shame, and empathic ability and functioning.

Keywords Narcissistic personality disorder · Perfectionism · Empathy · Self-esteem · Internal control

Introduction

Although the validity of the narcissistic personality disorder (NPD) diagnosis has been confirmed, the present criteria set and diagnostic approach to NPD in the *DSM-IV* have been criticized for their overlap with those of other personality disorders, the foremost being borderline personality disorder, antisocial personality disorder, histrionic personality disorder, and obsessive-compulsive disorder.

Similarities between NPD and borderline personality disorder include sensitivity to criticism, ragefulness, and entitlement. Individuals with NPD and those with antisocial personality disorder share grandiose fantasies, believe in their invulnerability, and need admiring attention, and both can feel entitled, envious, and have strong reactions to criticism. Individuals with NPD and those with histrionic personality disorder can demonstrate exhibitionistic, dramatic, and seductive behavior, while perfectionism and emotional distance or coldness are shared by individuals with NPD and those with obsessive-compulsive disorder [1].

The diagnostic criteria have also been criticized for their limitations in capturing the range and complexity of narcissistic pathology. The attention to narcissistic individuals' external, symptomatic, or social interpersonal patterns (ie, their grandiosity; arrogance; and self-serving, self-enhancing, and disagreeable behavior) at the expense of their internal complexity (dysregulation in self-esteem, affects, and empathic capability) and individual suffering (inferiority, insecurity, shame, and intense self-criticism) has also added to the diagnosis' low clinical utility and limited guidance for treatment. In addition, the categorical approach to personality disorders had specific consequences for the narcissistic type. Identification of the dimensional range of narcissism from normal and healthy to pathological and malignant, and the occurrence of healthy and pathological aspects of narcissistic functioning within each individual was compromised by the categorical diagnostic approach. Recent reviews and studies have emphasized the need for changes in the diagnostic approach to narcissism and NPD, foremost the need to attend to internal experiences and emotions, the range of phenotypic presentation and functioning, and the reactive and regulatory nature of narcissism [2••–4••].

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The introduction of subtypes of NPD (ie, the shy, covert [5] in addition to the arrogant, overt, grandiose, and oblivious) helped highlight the phenomenologic range of pathological narcissism. This subtyping has also been empirically verified [6, 7]. Historically, the psychoanalytic literature focused on the narcissistic individuals' internal suffering and torment (aggression and vulnerability) [8–10]. Although psychoanalytic theories and case studies of patients with narcissistic character pathology influenced the introduction of NPD in the *DSM-III*, the official diagnosis and criteria set have nevertheless only attended to some of the overtly striking narcissistic characteristics and behavior. Narcissistic individuals' relatively high surface functioning and/or absence of symptomatology, combined with interpersonal distance and difficulties with self-awareness and self-disclosure, may support their internal control and allow their internal suffering to remain bypassed or hidden. Nevertheless, limitations in the individuals' functioning (eg, restrictions to certain areas, such as work) requiring certain conditions, such as recurrent evidence of success, or lasting only a certain period of time, in addition to the sometimes tormenting internal self-criticism, insecurity, and emotional dysregulation, warrant labeling this condition a personality disorder.

Alternatively, narcissistic pathology also has been co-occurring and overshadowed by Axis I disorders such as major depression, substance use, bipolar spectrum disorders, and eating disorders [11].

NPD Diagnostic Criteria

NPD is described in the *DSM-IV-TR* as "a pervasive pattern of grandiosity, need for admiration, and lack of empathy." The nine criteria delineating NPD are as follows: grandiose sense of self-importance and accompanying grandiose fantasies, belief in being special and unique, need for admiring attention, sense of entitlement (expectations of special treatment and exceptions), exploitation (taking advantage of other people), arrogance and haughtiness, lack of empathy (ie, unwilling to recognize or identify with the feelings and needs of others), and envy of others or belief that others envy them. The *DSM* also acknowledges the associated features of vulnerable self-esteem; feelings of shame, sensitivity, and intense reactions of humiliation, emptiness, or disdain to criticism or defeat; and vocational irregularities resulting from difficulties tolerating criticism or competition.

Empiric studies have indicated additional significant features (ie, interpersonal control and hostility) and strong intense reactions both to perceived threats to self-esteem and to criticism and defeat [12], passive-aggressiveness and long-lasting manifestations of covert indirect aggressiveness [6], interpersonal vulnerability and competitiveness, and underlying emotional distress with difficulty regulating affects [2••]. The study by Russ and colleagues [2••], which was based on clinicians' ratings of their patients in treatment, was especially informative about narcissistic patients' internal dynamic, vulnerability, affect dysregulation, distress, and psychic pain.

Prevalence and Functional Range

Estimates of the prevalence of NPD range from 1% to 17% in the clinical population and up to 20% in outpatient private practice [4••]. The Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions found a lifetime prevalence rate of 6% (7.7% for men, 4.8% for women) in the general population, with considerable psychosocial disability, especially among men, and co-occurring mood disorders (depression, bipolar spectrum disorder), anxiety disorders, personality disorders, and substance use disorders [13••]. However, NPD has also been diagnosed in private practice and clinics, as well as in nonpsychiatric professional settings such as the military and in medical schools, indicating that people with NPD can be high functioning and professionally, creatively, or socially successful. In other words, narcissistic traits and NPD do not necessarily cause or are they necessarily accompanied by impairment in ability to work or in social or daily functioning. This was acknowledged in the study by Russ and colleagues [2••], which proposed a third subtype of narcissistic personalities: the high-functioning exhibitionistic subtype. A study by Miller et al. [14••] confirmed that depression and anxiety may not be endemic to narcissistic functioning but rather develop as a result of encountering failures and limitations, especially in vocational, social, and romantic areas.

The more recent discussions about narcissism and narcissistic personalities in the media tend to ascribe "narcissistic" to socioculturally encouraged personality functioning. Included are self-confidence, independence, assertiveness, dominance, attention seeking, and various extreme expressions of self-enhanced or self-focused behavior. Although this interest has increased our awareness of a wide range of self-driven, self-promoting interpersonal and social behavior, the call for guidelines to differentiate and identify the range of pathological narcissism and its internal dynamic is urgent.

People with NPD can present with psychopathic or antisocial characteristics ranging from inconsistent and contradictory moral standards (moral perfectionism vs moral compromises and dishonesty) to specific criminal behavior [15]. They can occasionally commit criminal acts if enraged or as a means of avoiding defeat but normally do

not display recurrent antisocial behavior (except for those with advanced drug abuse) [16]. Whereas exploitativeness in antisocial personalities is likely to be conscious and actively related to materialistic or sexual gain, it is more passive or unwitting in narcissistic personalities. More specifically, in people with NPD, exploitative behavior may be unconsciously motivated and emanate from feeling superior or entitled, which serves to enhance self-image by gaining attention, admiration, and status. Exploitativeness can also stem from the narcissistic individual having compromised empathic ability and being unable to identify the boundaries and feelings of others [15].

Etiology

Two studies have suggested a genetic influence on the development of NPD, as indicated by a 45–80% heritability [17, 18]. Inherited variations in hypersensitivity, strong aggressive drive, low anxiety or frustration tolerance, and defects in affect regulation are important to the development of NPD [19]. In addition, Fonagy et al. [20] suggested that an incongruence between a child's actual emotional state and the caregivers' misperceptions and insufficient mirroring leads to the development of NPD. The theoretical accounts of both Schore [19] and Fonagy et al. [20] further specify the developmental foundation for the narcissistic characterological self-regulation. Such problem postures that protect and help the individual to manage in life may not be experienced as problems by the individual himself or herself but may be seen as essential parts of the self (ie, like armor protecting against insecurity, intense feelings, and sudden loss of control, or against depression and anxiety). Although they contribute to certain interpersonal rigidity, distancing, or provocative behavior, without these, the individual will quickly respond with anger, rage, and shame and with automatic defensive reactions such as self-enhancing interpersonal patterns, blaming, and devaluation. One study even suggests that people with NPD primarily cause distress and pain in their significant others before facing their own failures and impairment and their accompanying reactions, such as anxiety and depression [14••].

Children can learn to live and manage two worlds: one external, based on others' perceptions and expectations, and one internal, referring to their own feelings, reactions, and experiences. Some may have been overly gratified or indulged [21], others learned to master threats or inconsistencies, and still others took on roles and expectations beyond or inconsistent with a child's normal developmental tasks [22].

In an attempt to explain the paradoxical combination of grandiosity and fragility, a recent study suggested that parental coldness and overevaluation (ie, excessive admiration and praise or belief that the child has exceptional talents and abilities) were the key factors in predicting both overt and covert narcissism [23]. Another study found both anxiety and avoidance attachment in covert narcissism, the first reflecting hypervigilance to rejection, the second serving as protection for a fragile self [24]. Both of these studies of nonclinical samples, as well as other clinical accounts imply a complexity in developmental, experiential, and interpersonal patterns that can lead to adult narcissistic pathology.

NPD and Trauma

A recently proposed diagnostic term, *trauma-associated narcissistic symptoms* [25], indicates that stress associated with an external traumatic experience in adults can overwhelm the self and trigger narcissistic symptoms such as shame, humiliation, and rage. Trauma-associated narcissistic symptoms are usually triggered by specific personally significant interpersonal events that in one or another way affect or intrude upon the protective narcissistic shield (ie, the individual's self-esteem, internal control, and self-regulatory functioning). Although such events can vary in intensity and duration, the significance is that they are experienced by the individual as a humiliating or traumatizing attack. One study suggested that narcissistic vulnerability, as indicated by grandiosity, self-esteem dysregulation, idealization, and exploitation, can even contribute to the development of post-traumatic stress disorder in trauma survivors [26]. However, people with relatively healthy self-esteem can also develop narcissistic symptoms after experiencing a more or less severe narcissistic humiliation. The connection between psychological/experiential trauma and narcissistic vulnerability and symptomatology of both trauma and pathological narcissism is an important diagnostic juncture for identifying the internal dynamic and suffering of the narcissistic individual.

A Model for Regulating Self and Functioning

Studies in several areas (academic psychology, interpersonal and clinical psychology, neuropsychology, clinical psychiatry, psychotherapy, and contemporary psychoanalysis) are now confirming and adding to the longstanding psychoanalytic observations and conclusions that during the past decade have formed our knowledge base on narcissism and NPD. There are presently several significant aspects of narcissistic functioning that are less attended to and not incorporated into the present diagnostic outline of NPD. Within a model for narcissism that focuses on regulation of the self and self-esteem and a broad range of

functioning, several central features that add to the identification, understanding, and treatment of pathological narcissistic functioning and NPD can be included (Fig. 1). A self-regulatory model and conceptualization of pathological narcissism outlined by Morf and Rhodewalt [27] described interpersonal strategies that protect and enhance self-esteem. This model includes in the narcissistic regulatory process the functions and fluctuations of internal control, self-esteem regulation (including management of ego ideals), perfectionism (and one of its correlates, self-criticism), and empathic ability.

Internal Control

Internal control is a psychological function that serves to maintain an inner sense of mastery, cohesiveness, power, separateness, and self-sufficiency. Related to the concept of self-cohesiveness, which Kohut [10] considered central to narcissistic functioning, internal control includes the efforts to maintain a sense of control and an underlying fear of loss of control. Capability of and flexibility in internal control are central to self-esteem regulation but also to tolerance of affects and the ability to manage interpersonal relations. Recent efforts to understand narcissistic patients' consistent rejection of therapeutic intentions highlight their fear of loss of self-sufficiency, internal control, and ultimately of self-disintegration in response to such interventions.

Fear of loss of control can be triggered by internal and external experiences, especially those related to sustaining meaning and self-sufficiency, and when facing emotional flooding and shaming. Self-sufficiency and interpersonal control, major obstacles in treatment of the narcissistic patient [28–30], are expressed in a range of attitudes and behavior, from self-assertive independence and self-protection; to dominance and power; and to critical, aggressive, sadistic intrusiveness or cruelty to others. Sometimes this is also noticed as interpersonal control (ie, in avoidant, distant, or uncommitted interpersonal behavior that serves to escape potential intolerable affects or threats to self-esteem evoked in closeness to others).

Self-Esteem Dysregulation

Closely related to internal control is self-esteem dysregulation and the associated states ranging from experience of grandeur perfectionism to those of inferiority, insecurity, and worthlessness. Grandiosity (ie, enhanced or unrealistic sense of superiority, uniqueness, or capability) is expressed in unwarranted expectations, exceptionally high aspirations, and self-centeredness, as well as in fantasies of unfulfilled ambitions or unlimited success, power, brilliance, beauty, or ideal relationships. As one of the key features of narcissism, grandiosity is now the most distinguishing and discriminating evidence-based criterion for NPD. Nevertheless, grandiosity has also been proven changeable, with variable degrees of overtness or distinguishability [31]. Vulnerability and fluctuations in self-esteem regulations cause changeability in grandiosity. Several studies support the shifts in self esteem-related internal experiences and their overt expressions [32, 33]. Vulnerability and insecurity usually have been assigned to the range of NPD that also includes the shy, covert, shame-ridden phenotype. However, such shifts may be easily bypassed in people within the arrogant aggressive phenotypic range or covered up by their surface presentation. Alternatively, indications of vulnerability may only become overtly noticeable in the context of ultimatums or failures or when individuals feel trapped, with no way out. They are then expressed in rage attacks, retaliation, or suicidal behavior.

Case Vignette

Mr. R, a successful businessman, told his friends when he was about to get married to the most attractive woman he had ever met that his life was just perfect. When his daughter was born, he sensed that he had everything he ever wanted and needed, that his life was complete. A few years later, he encountered serious problems in his business and began to suspect that his wife was unfaithful. When his suspicions were proven correct, he made a serious suicide attempt that he barely survived. In psychotherapy, he

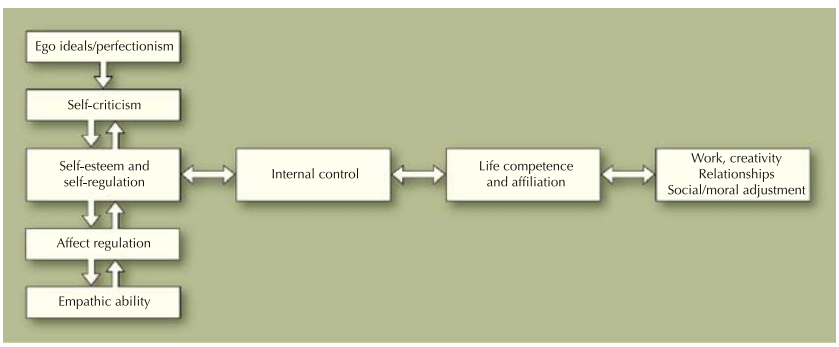

Fig. 1 A regulatory model for narcissism

revealed a lifelong deep sense of insecurity and fear of not being good enough. Meeting his wife made him feel for the first time like he could measure up to his successful father, whose ability to attract women and succeed in business had seemed almost unattainable for Mr. R. Encountering problems with his business and his failing marriage, the two most important markers of his manliness, evoked intolerable feelings of rage, failure, self-criticism, and shame, making suicide seem like the only option.

For the purpose of clinical utility, it is essential to evaluate grandiosity not only in terms of its surface expressions but also in the context of its functional base. In other words, it is important to distinguish unrealistic and defensive aspects of grandiosity and grandiose fantasies from potentially realistic competence or from hidden capability for factual or even successful achievements that for various reasons (eg, shame, negative self-criticism, insecurity) have not been accomplished. Self-esteem regulation is related to the functional range in narcissistic individuals. The differentiation between enhanced and unrealistic grandiosity, and the inclusion of capability and fantasies of unfulfilled achievements, serves to capture the functional range and to make the NPD diagnosis applicable to those who are vocationally higher functioning and those who are functionally disabled. For instance, an individual who is fantasizing or even believing or acting as if he/she will win or has already won the World Cup after having won several national championships presents with a certain reality-anchored self-enhancement or grandiosity. This is different from someone who participated and lost in the first competition and avoided further trails for fear of failing but still fantasizes, believes, or acts as if he/she has the potential or is entitled to such worldwide recognition but has not yet been discovered. Such an individual presents with grandiosity that has minimal or no anchoring in reality.

Perfectionism

Progress in studies of the nature and range of perfectionism has shown its impact on self-esteem, emotional regulation, performance, and treatment [34••, 35]. Perfectionism and high ideals and standards have long been considered a significant part of narcissistic personality functioning [36]. Some narcissistic individuals readily reveal their perfectionist pursuits, whereas for others, it can take extended treatment to disclose and address this highly charged characteristic. Perfectionism affects the individual and the treatment in several ways. It is also associated with self-criticism, shame, and anger.

The research of Hewitt and colleagues [34••] clarified the context and function of perfectionism. First, perfectionism can be identified as a trait (ie, the mandate to feel or be perfect), which can be self- or other oriented, or experienced as required from outside. In particular, self-prescribed and externally required perfectionism can contribute to self-esteem vulnerability and to various problems (eg, relationships, achievements, shame, self-criticism, and hypervigilance).

Second, perfectionism can relate to self-presentation (ie, to appear to others as if one is perfect). This aspect of perfectionism is more interpersonally enacted and problematic, as it is tied into concealing something that is not perfect. In other words, this represents an interpersonal relational style or self-presentation strategies that promote the individual's supposed perfection to others and conceal his/her perceived imperfections from others. As such, this is a significant aspect of narcissistic self-enhancing behavior that can be actively self-promoting or self-protective via the nondisplaying (not concealing) or nondisclosing (not admitting) of imperfections. Hewitt and colleagues [34••] suggest that perfectionist self-presentation can lead to reluctance to acknowledge and thus be seen as imperfect and hence reluctance to seek help for one's own distress and actually engage in and benefit from treatment interventions.

A third aspect of perfectionism relates to the accompanying automatic cognitive processing and an appraisal of interpersonal situations as excessively threatening (ie, an overconcern with the expectations of others and with the awareness of shortcomings that could potentially lead to failure to meet expectations, exposure of imperfections, and other negative judgement). Perfectionism has been associated with several significantly negative consequences for treatment, such as difficulty building a positive alliance with the therapist, the inability toself-disclose problems related to imperfections, and treatment disruption and negative outcome [34••, 35, 37].

Applied to the narcissistic personality, perfectionism can be present in conjunction with one or all of the following: ego ideals, serving as a goal, motivation, or standards; self-esteem regulation (ie, "I am good/better/superior because I am perfect" or "I have higher or more perfect standards than others"), indicating self-esteem-related perfectionism or perfectionism-based self-esteem; or internal control, to which perfectionism may be crucial for affect regulation and serve as protection against a delusional state of powerlessness or incompetence and potential suicidality.

Closely related to perfectionism are self-criticism and shame. The threatening imbalance between these three in the context of failed perfectionism can be intolerable for the narcissistic individual. In his article on analyzing self-criticism in narcissistic patients, Kris [38] noted the following: "Punitive unconscious self-criticism very frequently becomes part of a vicious cycle of self-deprivation and excessive demandingness." Developmental injuries that are perpetuated in entitled attitudes can become the target of self-criticism and self-depravation, which can operate effectively

or unconsciously or be externalized. Kris [38] also suggested that failure in self-control causes punitive unconscious or even conscious self-criticism or depressed affect.

Feelings of shame can be intrusive, tormenting, and sometimes paralyzing, but they can also be unacknowledged and hidden, bypassed, and not felt and identified at all. Alternatively, they can be expressed as chronic low self-esteem; feeling undeserving, bad, or worthless; or in aggressive behavior, rage outbursts, and suicide [19, 39]. From an interpersonal perspective, shame has been conceptualized as a traumatization. Relevant to its relationship to perfectionism is the conceptualization of shame as a reaction to interpersonal traumatization (ie, a response to facing unacceptable or imperfect aspects of one's self as perceived by others in a social context) [40].

Empathic Ability and Functioning

Empathy has a neurological origin and is a neuropsychological- and characterological-based ability that is enhanced in certain situations and inhibited or compromised in other situations, depending on several factors [41, 42]. The differentiation between cognitive and emotional empathic functions and capabilities has helped identify specific empathic deficits and fluctuations that are the most relevant to narcissistic empathic functioning, deficits, and phenotypic range [4••]. Ritter and colleagues [43•] assessed cognitive and emotional empathy in patients diagnosed with NPD. They concluded that although NPD involves deficits in emotional empathy, the cognitive empathy is unaffected and intact. This challenges the previous notion that people with pathological narcissism or NPD "lack" empathy.

Factors that can influence empathic functioning in narcissistic individuals include the following:

1. Lack of motivation, curiosity, interest, or other orientation/narcissistic withdrawal (negative narcissism)
2. Underdeveloped self-other distinction
3. Self-centeredness
4. Emotional dysregulation, low affect tolerance
5. Superego deficits

In circumstances in which their self-esteem is less challenged or they feel more in control of their emotions, people with disordered narcissism can appropriately empathize. Some can empathize more with others' positive experiences than with negative, whereas others are able to empathize in specific contexts (eg, a friend having difficulties with work or marriage, but not when coworkers or spouses have difficulties) [4••].

Empathic impairment can be a source of vulnerability to loss of internal control. The perception of others' feeling states can cause overwhelming helplessness, disgust, shame, or envy, triggering hostile reactions or withdrawal (emotional and/or physical). Note that empathy is not only related to others' distress, but for narcissistic people, others' happiness and joy can be equally or even more challenging with which to empathize. Empathic dysfunction and compromised capability for empathic processing also work the other way (ie, the narcissistic patient may be unable to accurately perceive and experience empathy from another person). This is very important to remember in treating narcissistic patients, who can easily misinterpret genuine efforts to help [44].

Conclusions

Recent research and accounts of clinical observations have begun to add important knowledge and address more relevant and clinically meaningful aspects of narcissistic functioning that can help identify and explain its complexity. A regulatory model and conceptualization of the range of functioning among people with pathological narcissism should help integrate observations and identify more central characteristics of NPD. The major implication for diagnosing and treating the narcissistic patient is to first acknowledge the protective aspects of narcissistic functioning for the individual's sense of internal control and self-esteem. There are two sides to narcissistic functioning: the external (ie, being self-enhanced and self-preoccupied, controlling, insensitive, critical, aggressive, condescending, or provocative, which may serve as protective armor) and the internal (ie, the low self-esteem, harsh self-criticism, insecurity, inferiority, and loneliness/isolation, with hypersensitivity, fear, rage, shame, and pain indicating vulnerability, dysregulation, and compromised abilities).

The phenotypic range and variations indicate that additional research is needed to find central mechanisms that enable people with narcissistic disorder to form affiliations and relationships and sustain the ability to work and be creative.

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