Overview: Narcissistic Personality Disorder

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The authors trace the evolution of narcissistic personality disorder as a nosological entity in a critical survey of the literature, considering and comparing differing theoretical viewpoints regarding the genesis of this disorder. They review its various descriptions, including the one in DSM-III, *and develop a composite picture of the syndrome. The disorder consists of characteristic deficits in six broad areas of functioning: 1) self-concept, 2) interpersonal relationships, 3) social adaptation, 4) ethics, standards, and ideals, 5) love and sexuality, and 6) cognitive style. The authors identify guidelines for distinguishing the narcissistic personality from other personality disorders as well as areas needing continued research.*

The diagnosis of narcissistic personality disorder has been used with increasing frequency in recent years; *DSM-III* lists it as a distinct character disorder. Yet the concept remains poorly defined and controversial. It depends largely on data derived from clinical psychoanalysis and lacks phenomenological documentation from extensive patient samples. In this paper we attempt a critical survey of the literature relevant to narcissistic personality disorder with the goal of developing a composite picture of the syndrome. Similar efforts to clarify another controversial diagnosis, the borderline personality (1–3), have been useful in identifying diagnostic criteria and in defining areas for continued research.

HISTORY

In Greek mythology Narcissus fell in love with his own reflection in still water; unable to tear himself away from it, he died of languor. Havelock Ellis (4) first invoked this myth to illustrate a psychological state in reporting a case of male autoeroticism. In commenting on Ellis' work, Nacke (5) first used the term "narcissmus." The term "narcissistic" was first used by Freud in a 1910 footnote to "Three Essays on the Theory of Sexuality" (6). Otto Rank (7) wrote the first psychoanalytic paper on narcissism in 1911, and Freud's paper "On Narcissism" was published in 1914 (8).

In a 1925 paper that foreshadowed the work of more recent authors, Waelder (9) reported in detail on an individual with a "narcissistic personality." Waelder characterized such individuals as displaying condescending superiority, intense preoccupation with their self-respect, and marked lack of empathy and concern for others while maintaining an adequate external adaptation to reality. Their lack of empathy is often most apparent in their sexuality. Intercourse is a purely physical pleasure, the partner being less a person than a means to an end. Waelder also pointed out the narcissistic motives that underlie even the morality of these individuals. Unlike the usual superego dictate, "I must not do or think this, for it is immoral; my parents have forbidden it," narcissistic morality prompts something like, "This may not be, for it would humiliate me; it does not accord with my lofty and noble personality." Waelder indicated that these individuals often displayed a "narcissistic mode of thought," which included "libidinization of thinking" (thinking for thinking's sake), preference of concepts over facts, and an overvaluation of their mental processes.

Following these early papers, the term "narcissism" was used with various meanings. Pulver (10) and van der Waals (11), who catalogued the various meanings of narcissism from 1911 to the 1960s, pointed out that it was first used to denote a sexual perversion. Later, the word's connotations were expanded and changed to include an early stage of infant development, placement of psychic energy (the libidinal cathexis of the self), a type of interpersonal relationship, and, most recently, a synonym for self-esteem. In this overview we use Moore and Fine's definition of narcissism as "a concentration of psychological interest upon the self" (12).

An attempt to trace the evolution of the concept of narcissistic personality disorder is further complicated by the early interchangeable use of the terms "narcis-

Received Nov. 16, 1979; revised Aug. 18, 1980; accepted Oct. 15, 1980.

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The authors thank Drs. Andre Derdeyn, Paul J. Fink, Joseph Mooney, and Jeffrey Dekret for critical comments on earlier drafts of this paper. They also thank their fellow members of the Charlottesville Study Group for Psychoanalytic Psychotherapy (Drs. Amelia Burnham, Ron Heller, William Rheuban, Vamik Volkan, and Paul Wilkins) for their helpful suggestions and Mrs. Virginia Keenan and Ms. Lisa Marzo for editing the manuscript.

sistic neuroses," "psychoses," "dementia precox," and "schizophrenia." Waelder (9) considered narcissistic personality a muted variant of schizophrenia. In "On Narcissism" Freud (8) avoided character typology but pointed out that some people "compel our interest by the narcissistic consistency with which they manage to keep away from their ego anything that would diminish it." In 1931 Freud (13) wrote of the "narcissistic character type,"

> The subject's main interest is directed to self-preservation; he is independent and not open to intimidation. His ego has a large amount of aggressiveness at its disposal, which also manifests itself in readiness for activity. In his erotic life loving is preferred above being loved. People belonging to this type impress others as being "personalities"; they are especially suited to act as a support for others, to take on the role of leaders and to give a fresh stimulus to cultural development or to damage the established state of affairs.

Annie Reich (14) emphasized that "narcissistic pathology cannot be viewed as restricted to psychosis" and pointed out the "compensatory narcissistic self-inflation" in certain nonpsychotic individuals. These individuals, according to Reich, have "exaggerated, unrealistic—i.e., infantile—inner yardsticks" and constantly seek to be the object of admiring attention "as a means to undo feelings of inferiority."

In 1961 Nemiah (15) described individuals with a "narcissistic character disorder" as displaying great ambition, highly unrealistic goals, intolerance of failures and imperfections in themselves, and an almost insatiable craving for admiration. Such individuals, according to Nemiah, do very little in life because they want to; their actions are constantly influenced by what they think will make others like them.

Nemiah postulated that if the parents set unrealistically high standards for the child and if the child cannot live up to those standards, the parents treat the child with harsh criticism. The child internalizes these parental attitudes, and as an adult he demands too much of himself and becomes very ambitious. He also criticizes himself and reacts to even an ordinary setback with a dismal sense of inadequacy. Such an individual becomes "a prisoner of his aspirations, his needs, and his harsh self-criticism."

In 1967 Kernberg (16) presented a coherent clinical description of the "narcissistic pesonality structure." In a later paper Kernberg (17) cited several early authors who had contributed to the concept. Ernest Jones (18) had described patients with a God complex, and Abraham (19) and Riviere (20) had described patients who deprecated and defeated the analyst, behaviors observed by Kernberg in his narcissistic patients. Kernberg also acknowledged Rosenfeld's contributions (21), particularly the latter's emphasis on the rigid, pathologic ideal self-image and unconscious envy in these patients. Tartakoff (22) wrote of the Nobel Prize complex among people who are intellectually gifted and uniformly preoccupied with the pursuit of applause, wealth, power, or social prestige.

The term "narcissistic personality disorder" was introduced in the literature by Kohut in 1968 (23). Since then Kernberg and Kohut have been the major theoreticians examining the concept of narcissistic personality disorder.

(A more detailed historical account of the origin of the narcissistic personality disorder was provided by Rothstein in a publication that appeared after the submission of this paper [24].)

KERNBERG'S CONTRIBUTIONS

Kernberg's description of "narcissistic personality" (16) is derived from clinical psychoanalysis. Although most of his writings on pathological narcissism (25, 26) are theoretical, he does offer explicit descriptions of clinical characteristics and bases the diagnosis on readily observable behavior. Kernberg portrays patients with this condition as having excessive self-absorption, intense ambition, grandiose fantasies, overdependence on acclaim, and an unremitting need to search for brilliance, power, and beauty. He stresses the pathological nature of their inner world, regardless of their superficially adaptive behavior. This pathology is manifest in an inability to love; a lack of empathy; chronic feelings of boredom, emptiness, and uncertainty about identity; and exploitation of others. Kernberg also emphasizes the "presence of chronic intense envy, and defenses against such envy, particularly devaluation, omnipotent control, and narcissistic withdrawal" (25, p. 264). These defenses appear in their contempt for, anxious attachment to, or avoidance of secretly admired or envied others. There is also a tendency toward sexual promiscuity, homosexuality, perversions, and substance abuse and a peculiarly corruptible conscience, a readiness to shift values quickly to gain favor.

According to Kernberg, individuals with a narcissistic personality possess a capacity for consistent work and may even become socially quite successful, yet their work and productivity are in the service of exhibitionism, and these individuals lack genuine, in-depth professional interests. Kernberg calls this tendency "pseudosublimatory" (25, p. 229) in order to distinguish it from mature forms of productivity.

Kernberg holds that the narcissistic individual as a child was left emotionally hungry by a chronically cold, unempathic mother. Feeling unloved and "bad," the child projected his rage onto his parents, who were then perceived as even more sadistic and depriving. The child's sole defense then was to take refuge in some aspect of himself that his parents, particularly his mother, valued. Thus the grandiose self developed.

Kernberg proposes that the grandiose self (a term he borrowed from Kohut but uses with different etiological formulation) is formed by fusion of the admired aspects of the child, the fantasied version of himself that compensated for frustration and defended against rage and envy, and the fantasied image of a loving mother. These three psychic structures coalesce in the grandiose self. The unacceptable image of oneself as a hungry infant is dissociated or split off from the main functioning self, although an experienced eye can discern its presence behind the boredom, emptiness, and chronic hunger for excitement and acclaim.

Kernberg selectively integrated certain concepts from analysts of the British object-relations school, including Klein (27), Fairbairn (28), Guntrip (29), Rosenfeld (21), and Khan (30), and American psychoanalysts such as Mahler (31), Jacobson (32), and van der Waals (11). Kernberg maintains agreement with classical psychoanalytic theory, recognizing the contribution of instinctual drives to psychopathology and not proposing a "narcissistic libido" independent of early object relations, as Kohut suggests.

KOHUT'S CONTRIBUTIONS

Kohut's extensive writings on narcissism (23, 33–37) are based on the psychoanalytic treatment of patients with narcissistic personality disorder. Although his writings are clear articulations of psychoanalytic technique, they do not contain empirical diagnostic criteria. Kohut (34) specifically disavows "the traditional medical aim of achieving a diagnosis in which a disease entity is identified by clusters of recurring manifestations" (pp. 15–16), holding that "the crucial diagnostic criterion is based not on the evaluation of the presenting symptomatology or even of the life history, but on the nature of the spontaneously developing transference" (p. 23), mobilized during the analysis of these patients.

One can extract behavioral descriptions of narcissistic patients from Kohut's writings, however. He notes that these patients may complain of disturbances in several areas: sexually, they may report perverse fantasies or lack of interest in sex; socially, they may experience work inhibitions, difficulty in forming and maintaining relationships, or delinquent activities; and personally, they may demonstrate a lack of humor, little empathy for others' needs and feelings, pathologic lying, or hypochondriacal preoccupations. These patients also display overt grandiosity in unrealistic schemes, exaggerated self-regard, demands for attention, and inappropriate idealization of certain others. Reactive increase in grandiosity because of perceived injury to self-esteem may appear in increased coldness, self-consciousness, stilted speech, and even hypomaniclike episodes.

Profoundly angry reactions are characteristic of these individuals, as Nemiah (15) noted. Kohut eloquently describes this narcissistic rage, the reaction to an injury to self-esteem (35). Its central features are the need for revenge—the undoing of hurt by whatever means—and compulsion in this pursuit, with utter disregard for reasonable limitations. The irrationality of this vengeful attitude is frightening because reasoning is not only intact but sharpened. Narcissistically angry individuals see the "enemy" as a flaw in reality and a recalcitrant part of the self, the mere existence of which is an offense. They disregard the limits and definite goals characteristic of mature aggression in the service of a sound cause.

Kohut, who suggests that primary infantile narcissism is injured by inevitable maternal shortcomings, believes that the narcissistic personality stems from a developmental arrest. He sees the child defensively denying the narcissistic disequilibrium and then developing an even more megalomanic self-image, the grandiose self, to regain his narcissism. The child also defensively idealizes his parent and then regains self-esteem from association with this idealized parent imago.

Kohut considers these maneuvers typical of normal development, in which they are followed by affective neutralization of these psychic structures. The grandiose self is gradually made more realistic and age-specific by the mother's mirroring responses to her child's archaic grandiosity. For example, a 2-year-old's accomplishment of a task such as riding a tricycle receives enthusiastic approval from the mother. Similar accomplishment would elicit little applause a few years later, the mirroring enthusiasm being now reserved for more mature tasks. The idealized parent imago is internalized through phase-specific, nontraumatic disappointments in the parents as the child is exposed to realistic limitations. He gradually incorporates his earlier idealization into his own ideals and values to contribute to the superego system.

According to Kohut, the narcissistic personality disorder results from disruption of this normal developmental sequence. Archaic grandiosity may remain untamed if the mother's confirming responses are deficient. The idealized parent imago may not be internalized if the child is suddenly exposed to huge disappointment in his parents or, conversely, if he is never permitted to appreciate their real limitations. Then grandiosity and the seemingly contradictory tendency to idealize others and draw strength from them will persist.

Efforts are being made to document Kohut's descriptions on the basis of more clinical material (38), but the focus is on metapsychological and therapeutic issues rather than on the phenomenology of the disorder. Kohut has been criticized (25, 39) for his radical disregard of the traditional analytic theory of the part played by instinctual drives—especially aggressive ones—in the formation of character pathology and for

his proposal of a narcissistic libido independent of early investment in objects. This theoretical stance accounts for the lack of congruence between Kohut's and Kernberg's views.

THE KOHUT-KERNBERG CONTROVERSY

Kohut and Kernberg agree on the grandiose characteristics of the narcissistic personality. Their theoretical differences, however, substantially influence their suggested therapeutic techniques. Kohut sees the disorder as a developmental arrest. He posits a separate narcissistic libido, which follows a developmental sequence independent of object relations determined by libido and aggression. Kohut's suggested treatment initially allows the patient to display his grandiosity and to idealize the therapist. The therapist then empathetically points out the realistic limitations of the patient and himself or herself. The childhood determinants of such fixations are then highlighted. The purpose is to complete the arrested developmental tasks of taming archaic grandiosity and internalizing early idealizations. When narcissistic rage appears as anger in treatment, Kohut sees it as a reactive, secondary phenomenon: "I am angry because my supremacy is questioned."

Kernberg emphasizes the coexistence of feelings of inferiority with notions of grandiosity. He sees the grandiosity as purely pathological and defensive rather than as a halt in normal development. His treatment method centers on interpreting the defensive nature of grandiosity and mending the fragmented or split self-representations. This is accomplished through exploration of the dissociated hungry-infant self-images and their attached angry emotions. Kernberg applies the dual instinct theory of psychoanalysis to his object-relations theory. Kernberg sees aggression, specifically early childhood or oral rage, as the inciting agent in the formation of a narcissistic personality disorder: "I am grandiose because I feel unlovable and hateful and I fear I cannot be loved unless I am perfect and omnipotent."

Kohut's position is shared by Goldberg (40–42), the Ornsteins (43), and Schwartz (44), who see narcissism as separate from drive-determined conflicts. Prominent among Kernberg's supporters are Volkan (39) and Hamilton (45), who assert that aggression reflecting early deprivation is at the core of such a character disorder, and not an epiphenomenon, and that narcissistic investment and object investment occur simultaneously, influencing each other, so that one cannot study the vicissitudes of narcissism without studying those of object relations as well.

Spruiell (46) suggested that narcissistic patients may in fact be of two distinctly different types, one suffering from developmental arrest (with a fixation arising from parental failure to tame the child's archaic grandiosity) and the other with defenses against paranoia (consequent on projection of rage over early childhood frustrations). Our own experience in psychoanalytic psychotherapy makes us favor Kernberg's theoretical stance. However, many factors may be at work, with the possibility of etiological heterogeneity and as yet undetermined mechanisms.

OTHER PSYCHOANALYTIC CONTRIBUTIONS

Here we limit ourselves to those investigators who provided substantial additional insights into narcissistic personality disorder; Bach, Volkan, Modell, Horowitz, and Bursten seem representative of major contributors in this area.

Bach's main contributions (47–49) are in phenomenology. More than any other investigator, Bach has delved into the intricacies of what he calls the "narcissistic state of consciousness" (48). He indicates that the narcissistic person has defects in five crucial areas: 1) perception of self, including body-self, 2) language and thought organization, 3) intentionality and volition, 4) regulation of mood, and 5) perception of time, space, and causality. The disturbance in self includes a splitting of self, and the split-off self-representation may even have a distinct psychophysical embodiment such as a double. Even when such a personification does not occur, the split-off self shows a "mirror complementarity" with conscious complaints. An individual who has feelings of weakness and vulnerability may secretly harbor a grandiose and dangerously powerful split-off self, and one who exhibits paranoid arrogance may secretly fear the timid, dependent child-self. Among these individuals there is also relative predominance of self-oriented reality perception, and they display a tendency toward excessive self-stimulation.

The narcissistic individual uses language in a predominantly autocentric manner for well-being and self-esteem rather than for communicating or understanding. There is a peculiar gap between words and percepts, and the person gives the impression that he is talking to himself or that his words endlessly circle. A loss of flexibility in perspective results in overabstractness, concretization, or fluctuations between these extremes. The narcissist often uses impersonal subjects: for example, "the thought occurred . . .," "one feels that. . . ." Bach points to subtle learning problems and memory defects; the learning process, in its assumption of ignorance, inflicts an intolerable narcissistic injury. Along with these defects are restrictions in volition, spontaneity, and intentionality, often disguised by fruitless pseudoactivity. Mood regulation seems excessively dependent on external circumstances, with many ups and downs. Bach (48) differentiates these mood swings from the classical cyclothymia insofar as these are

> characterized by limited duration and rapid vacillations, with relative maintenance of insight and the general integrity of the personality. Typically, the depressions follow a narcissistic loss or defeat, have a primary quality of apathy and show a predominance of shame over guilt. . . . [However, the patient fears] he may overshoot the mark and become "too excited," lose contact, be unable to stop, be consumed and die. This *hyper*-arousal is associated with physical transcendence, grandiosity, and megalomania.

Bach also points out that for narcissistic individuals time loses its impersonal and abstract quality and is reckoned by its internal personal impact. Similarly, a causal relationship may be seen to exist between events solely because they occur simultaneously.

Volkan's main contributions (39, 50, 51) are his descriptions of the maneuvers used to protect the grandiose self from the assaults of reality. He points to three such mechanisms: externalization of the conflict and restructuring of reality, the glass-bubble fantasy, and the use of transitional fantasies. He notes that narcissistic individuals, particularly those in positions of power, may restructure their reality by devaluing or even eliminating those on whom their vulnerable self-representations have been projected. Also, they may surround themselves with admirers—extensions of the grandiose self for whom they have little empathy or concern. Volkan (51) finds that narcissistic individuals use the glass-bubble fantasy, which resembles what Modell (52) described as the initial cocoon phase of psychoanalytic treatment. Narcissists feel that they live by themselves in a glorious but lonely way, enclosed by impervious but transparent protection. Volkan notes that sometimes this fantasy is not readily disclosed but appears only in psychoanalytic treatment. He notes also the use of transitional fantasies (50), imaginary and rather stereotyped dramas of personal glory that narcissistic persons may habitually indulge in when faced with psychic trauma or even when falling asleep. Their manner of using these fantasies is reminiscent of a child's use of transitional objects (53).

Volkan suggests that such a person's mother has treated her child as "special" while staying unempathic and unnourishing and that, indeed, some narcissistic individuals were born as replacement children (54, 55) and became living linking objects (56) for mothers bereaved by the death of a significant person who had been regarded with ambivalence. Such a mother allegedly treats her child as special insofar as he becomes the replacement of the one lost, but she falls short of providing adequate mothering because of her ambivalence and her unresolved and chronic mourning.

Modell (52) bases his formulation largely on Winnicott's work (57) and holds that narcissistic individuals were traumatized as children when their sense of self was developing. Deficient maternal empathy at that stage necessitates the establishment of a precocious and vulnerable sense of autonomy, which is supported by fantasies of omnipotence and around which the grandiose self develops.

Horowitz (58) offers three sets of criteria for the diagnosis of narcissistic personality. The first two refer to traits and interpersonal relations and include the clinical characteristics described by Kohut and Kernberg. The third refers to the information-processing style, which Horowitz sees as consisting of paying undue attention to sources of praise and criticism, maintaining incompatible psychological attitudes in separate clusters, and using characteristic coping devices when faced with threats to self-esteem. The narcissist denies, disavows, or negates disappointing experiences or "slides around the meaning of events in order to place the self in a better light." Such fluid shifts in meanings, while permitting an apparent logical consistency, lead to a shaky subjective experience of ideas.

Bursten (59) has attempted definition and even subclassification of narcissistic personality disorder. His definition is similar to those outlined above. However, his subclassification of the disorder into four subtypes (craving, paranoid, manipulative, and phallic) seems too inclusive in that it subsumes such diverse character pathologies as passive-aggressive, antisocial, and paranoid under one nosological rubric.

SOCIAL AND EXISTENTIAL PERSPECTIVES

Some sociological studies (60–63) provide graphic descriptions of what could be seen as narcissistic personality disorder. For instance, in a study of contemporary corporate leaders, Macoby (61) noted that the modal character in this group "wants to be known as a winner . . . is seductive . . . has little capacity for personal intimacy and social commitment . . . feels little loyalty . . . lacks conviction." He likes a "sexy atmosphere," and, "once his youth, vigor, and even the thrill in winning are lost, he becomes depressed and goalless," finding himself "starkly alone."

Lifton's "protean man" (63) lives with "an interminable series of experiments and explorations . . . a certain kind of polymorphous versatility . . . a profound inner sense of absurdity . . . a severe conflict of dependency . . . a vague but persistent kind of self condemnation . . . a nagging sense of worthlessness . . . resentment and anger [and] . . . hunger for chemical aids to expand consciousness."

Contemporary fiction sometimes portrays such protagonists—the work of Heller (64) and Bellow (65), for example. Klass and Offenkrantz (66), in a review of Sartre's contributions to the understanding of narcissism, find the protagonist of *Nausea* stabilizing his fragmenting self with mechanisms they have seen in

narcissistic patients: reflection (a process by which consciousness tries to adopt an external viewpoint about itself), temporality (the establishment of one's continuity through time), and being for others (how one experiences another's view of himself). They consider the narcissist's hyperreflectiveness, his acute sense of the passage of time, and his inordinate sensitivity to others' assessment of him as defensive measures buttressing a fragile self-system.

Johnson's descriptive profile of the alienated man (67) also resembles that of the narcissist. Johnson reviewed the contributions of major existential thinkers in picturing the alienated man as "sitting in his own private theater at once the projectionist and the sole audience," feeling like "an actor, a player, or impersonator but never a person" with an ever-present "feeling of inauthenticity and meaninglessness." Concepts of sincerity or authenticity seem absurd to such an individual. Relating to others is accompanied by "such intense self consciousness that any kind of action seems overwhelmingly synthetic." Johnson portrays the alienated man as living in "caves, cocoons, containers, and bell jars . . . with the inevitability of this counterbalanced by the splendid private awareness of his own internal equipment."

All these descriptions bear a striking resemblance to the clinical picture of narcissistic personality disorder. Whether this likeness validates the existence of the disorder is not the issue; what is important is a synthesis of description from various sources—psychoanalytic, psychiatric, literary, sociologic, and existential—in order to grasp the essential phenomenology of this disorder.

DSM-III

DSM-III lists narcissistic personality disorder as a separate entity, giving the following diagnostic criteria and specifying that these are characteristic of the subject's long-term functioning and may not be limited to episodic behavior: A) grandiose sense of self-importance or uniqueness, B) preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love, C) exhibitionism (the person requires constant attention and admiration), D) cool indifference or marked feelings of rage, inferiority, shame, humiliation, or emptiness in response to criticism, indifference of others, or defeat, and E) at least two of the following characteristics of disturbances in interpersonal relationships: 1) entitlement (expectation of special favors without assuming reciprocal responsibilities), 2) interpersonal exploitiveness (taking advantage of others to indulge one's own desires or for self-aggrandizement and disregard for the personal integrity and rights of others), 3) relationships that characteristically oscillate between the extremes of over-idealization and devaluation, and 4) lack of empathy (inability to recognize how others feel).

Clearly, this is the first major attempt to develop diagnostic criteria for the narcissistic personality disorder. As a landmark in the evolution of a definition of this syndrome, the attempt deserves recognition and praise. Even the inclusion of the disorder as a separate entity in *DSM-III*, while it is yet to be mentioned in major textbooks of psychiatry, is a progressive step.

The diagnostic criteria themselves are quite detailed. However, including certain other clinical features mentioned in the literature may have rendered them deeper and more comprehensive. These features are chronic, intense envy and defenses against it; pseudosublimation or exhibitionistic motivation to work; the corruptibility of value systems; and cognitive peculiarities. Also, the description in *DSM-III* does not emphasize the coexistence of mutually contradictory stances, seen in almost all areas of functioning, that is to us a central feature of the condition. We hope to cover these areas clearly in the following composite picture of the narcissistic personality.

AN ATTEMPT AT SYNTHESIS

For our diagnostic criteria of the narcissistic personality disorder (see appendix 1) we drew on three sources: the literature, our own clinical experience, and the experience of our colleagues. We assigned the clinical findings to six areas of psychological functioning: 1) self-concept, 2) interpersonal relationships, 3) social adaptation, 4) ethics, standards, and ideals, 5) love and sexuality, and 6) cognitive style. We tried to distinguish between the overt, or readily observable, and the covert characteristics of the disorder. (In this context overt and covert do not refer to conscious and unconscious; both types of clinical features are consciously held, but some are more easily noticeable than others.) These diagnostic criteria are more comprehensive than those in *DSM-III*. We regard our conceptualization of the clinical features as overt and covert as a forward step serving to underline the centrality of splitting in narcissistic personalities and to emphasize their divided self. This not only gives sounder theoretical underpinnings to the disorder's phenomenology but also prepares the clinician for the mirror complementarity of the self that Bach (48) noted. Patients with narcissistic personality disorder may sometimes initially display some of the usually covert features, while most of the usually overt ones remain hidden in the first few interviews, but the therapist's awareness of the dichotomous self will encourage further inquiry and prevent misdiagnosis.

DIFFERENTIAL DIAGNOSIS

There are superficial resemblances between the narcissistic and other personality disorders. *DSM-III*

recognizes this but condones multiple diagnostic labels in such cases. We take exception to this; multiple labels allow for the coexistence of metapsychologically incompatible, psychogenetically heterogeneous, and experientially distinct psychiatric conditions in one person. We also disagree with *DSM-III*'s omission of obsessional personality from the differential diagnosis. We think that narcissistic personality disorder should be distinguished on the one hand from borderline and antisocial personality disorders and, on the other, from developmentally "higher" forms of personality disorders such as the obsessional and the hysterical. One important differential diagnosis, we feel, is the rather uncommon one involving atypical affective disorders.

Borderline personality. Splitting, or active dissociation of mutually contradictory self and object representations, is the central defensive mechanism in both borderline and narcissistic personality disorders (25). Patients with both disorders may exhibit shaky interpersonal relationships, inability to love, deficiencies in empathy, egocentric perception of reality, and solipsistic claims for attention. But there are important differences. In the narcissistic disorder the self is more cohesive, albeit pathological, and less in danger of regressive fragmentation (25, 34, 59); in borderline personality the self is poorly integrated and at greater risk of dissolution into psychoticlike states, especially under stress (2, 3). Because of the greater cohesion of the self, a person with narcissistic personality is able to achieve better social adjustment and greater capacity for work and social success than the person with borderline personality. In addition, the narcissistic person shows better impulse control and greater anxiety tolerance than the borderline person. Self-mutilation and persistent overt rage, often seen in the borderline personality (2), are not features of the narcissistic disorder.

(In an article that appeared after the acceptance of this paper, Adler [68] pointed out that narcissistic patients differ from borderline patients in having greater cohesion of the self, more stable narcissistic transferences, and greater ability for mature aloneness.)

Obsessional personality. The narcissistic personality may resemble the obsessional personality; both display high ego-ideals, great need for control, perfectionism, and a compulsive, driven quality, but important differences exist in the subjective experience and inner lives of the two (25, 39). The obsessional seeks perfection; the narcissist claims it. The obsessional does not devalue others, while the narcissist shows contempt for others. The obsessional is modest, the narcissist haughty. Moreover, the value system of the latter is generally corruptible in contrast with the rigid morality of the obsessional. Finally, although somewhat bland on the surface, the obsessional individual has genuine and deep moral and sociopolitical beliefs; the narcissist shows apparent zeal and enthusiasm about such issues without having any inner commitment to them.

Hysterical personality. Many authors (39, 59) have stated that narcissistic individuals seem like hysterical individuals: both tend to be demonstrative, exhibitionistic, dramatic, and, at times, seductive. However, the narcissistic patient's exhibitionism and seductiveness have a haughty, exploitive, and cold quality; the hysterical persona is more human, playful, and warm. Indeed, both obsessional and hysterical individuals, unlike narcissistic individuals, retain the capacity for empathy, concern, and love for others.

Antisocial personality. *DSM-III* includes antisocial personality in the differential diagnosis of narcissistic personality disorder. The narcissistic person may indulge in substance abuse, promiscuity, manipulativeness, and antisocial behavior. However, these behaviors are sporadic. The narcissistic patient is also devoid of the consistent, pervasive, calculated, and ruthless disregard for social standards evident in the sociopathic individual (25, 34). Unlike the sociopathic individual, the narcissistic patient retains the ability for consistent work and job-related success.

Atypical affective disorders. Narcissistic personality disorder, due to its tendency toward mood fluctuation, is sometimes confused with a mild and atypical affective disorder. These two conditions are, however, quite different and must be differentiated for the sake of appropriate treatment.

Individuals with an affective disorder have a positive family history of the disorder and display mood changes of endogenous origin and relatively long duration. They suffer from depressions with a quality of genuine, guilt-ridden sadness and from manias that are ego-syntonic, pleasurable states of elation. Between episodes, these individuals have fairly stable lives.

Narcissistic patients rarely have a family history of bipolar affective disorder and display mood changes of reactive origin and short duration. Their depressions have a quality of impotent rage, and their manias are ego-dystonic, anxious excitements. Between episodes, narcissistic patients display seriously pathologic character traits.

These distinctions, based on limited data, await research for validation.

COMMENT

There is a consensus about the existence of the nosological entity of narcissistic personality disorder and agreement about phenomenological characteristics, with only minor differences in emphasis. This certainly warrants the inclusion of the disorder in *DSM-III*. A relatively small number of patients have been studied, however, and all the clinical samples seem weighted with the affluent and articulate. Sociodemographic correlates remain unknown, and differ-

ential diagnosis is incomplete. The characteristics of narcissistic individuals on various psychological tests also remain to be studied. These lacunae will perhaps be filled once a larger data base becomes available with increasing use of *DSM-III*.

One of our observations not in the literature is that most of the patients who have been reported on are men. Is this simply a reflection of the predominance of men currently undergoing psychoanalysis (69)? Is there a diagnostic bias involved? Are male children at greater risk of being treated as ambivalently "special" in our culture? Finally, is the predominance of men evidence that the development of the narcissistic personality is somehow intertwined with male psychosexual development?

Insights from the study of pathologic narcissism are being applied to such diverse topics as administrative and political leadership (70, 71), literature (72), creativity (73), and religion, cults, and mystical states (60, 74). Kohut's concepts of narcissistic rage are being used to study terrorism and political turmoil in the Middle East (75). These admittedly important matters are, however, beyond the scope of this overview.

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APPENDIX 1. Clinical Features of the Narcissistic Personality Disorder

I. SELF-CONCEPT

Overt: inflated self-regard; haughty grandiosity; fantasies of wealth, power, beauty, brilliance; sense of entitlement; illusory invulnerability

Covert: inordinate hypersensitivity; feelings of inferiority, worthlessness, fragility; continuous search for strength and glory

II. INTERPERSONAL RELATIONS

Overt: lack depth and involve much contempt for and devaluation of others; occasional withdrawal into "splendid isolation"

Covert: chronic idealization and intense envy of others; enormous hunger for acclaim

III. SOCIAL ADAPTATION

Overt: social success; sublimation in the service of exhibitionism (pseudosublimation); intense ambition

Covert: chronic boredom, uncertainty, dissatisfaction with professional and social identity

IV. ETHICS, STANDARDS, AND IDEALS

Overt: apparent zeal and enthusiasm about moral, sociopolitical, and aesthetic matters

Covert: lack of any genuine commitment; corruptible conscience

V. LOVE AND SEXUALITY

Overt: seductiveness; promiscuity; lack of sexual inhibitions; frequent infatuations

Covert: inability to remain in love; treating the love object as extension of self rather than as separate, unique individual; perverse fantasies; occasionally, sexual deviations

VI. COGNITIVE STYLE

Overt: egocentric perception of reality; articulate and rhetorical; circumstantial and occasionally vague, as if talking to self; evasive but logically consistent in arguments; easily becomes devil's advocate

Covert: inattention toward objective aspects of events, resulting at times in subtle gaps in memory; "soft" learning difficulties; autocentric use of language; fluctuations between being overabstract and overconcrete; tendency to change meanings of reality when self-esteem is threatened.