

IDENTIFYING AND UNDERSTANDING THE
NARCISSISTIC
PERSONALITY



ELSA F. RONNINGSTAM

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Elsa Ronningstam

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To the memory of my mother,
Frideborg Rönnerberg Karlsson

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Introduction

Over the past century numerous studies on narcissism and narcissistic disorders have added to our present understanding of these conditions. Although there is by now a general agreement about the dynamics and features of pathological narcissism and narcissistic personality disorder (abbreviated NPD throughout this volume), there are still different and contradictory opinions about conceptualization and clinical descriptions of these conditions. The complex nature of pathological narcissism and the challenges involved in treating narcissistic patients have been major contributing factors. The official diagnostic system, Axis II of *The Diagnostic and Statistical Manual of Mental Disorders* (4th ed. and 4th ed. text revision; American Psychiatric Association, 1994, 2000; abbreviated *DSM-IV* throughout this volume), has presented some limitations in capturing personality pathology and reflecting the clinicians' usage of personality disorder diagnosis. This has been particularly consequential for diagnosing patients with narcissistic disorders. People with pathological narcissism that range beyond the *DSM-IV* criteria set, or people who have less extensive or less overt narcissistic disorders or who may show (even severe) pathological narcissism that is more specifically situational or contextually determined (e.g., expressed only within the marriage or in the workplace), tend to be overlooked and not correctly identified. In addition, the definitions and dynamic meaning and expressions of several of the characteristics for pathological narcissism are vague, and the vicissitudes in interpersonal interactions, self-esteem fluctuations, and affect dysregulation have until recently remained a relatively unexplored area.

This book is an attempt to translate studies of narcissism, that is, of specific narcissistic features and NPD, into the daily clinical practice of diagnosing and understanding people with disordered narcissism. In other words, this book represents an attempt to bridge the gaps between psychoanalytic, psychological, and psychiatric studies and to provide a first integrated clinical and empirical guideline to assist clinicians in their work with narcissistic patients. The long tradition of psychoanalytic observations and theory building on individual psychopathology, the academic psychological laboratory ratings of human functioning within a relatively normal range, and the psychiatric and psychosocial research efforts to find evidence of generalized and prototypical features have all interfaced in the studies of narcissism. The diversity and tension between these different methods offer a creative and very promising opportunity to enhance our knowledge and understanding. They also enable a choice between methods of observation and verification that can be better adjusted to the complex nature of narcissism and to individual variations.

This volume refers to narcissism as a dimension ranging from healthy and normal to pathological and to the long-term enduring arrogant NPD. It also positions pathological narcissism in a context ranging from “shy” NPD to psychopathic NPD. Based on an overview of available clinical and empirical studies, I have outlined some of the major characteristics of narcissistic self-esteem regulation, affect regulation, and interpersonal relatedness. Regulations of shame and aggression as well as specific narcissistic superego functioning are also addressed.

This book was written in the aftermath of the intense worldwide discussions on NPD during the 1970s and 1980s. The groundbreaking psychoanalytic contributions of Heinz Kohut and Otto Kernberg in the end of the 1960s inspired new conceptualizations of pathological narcissism. In addition, new theoretical and clinical approaches have developed for studying and treating narcissistic disorders that reflect far beyond the psychoanalytic realm. The introduction of NPD in Axis II of the *DSM* in 1980 opened the door for empirical studies of pathological narcissism and NPD as part of cluster B personality disorders. Since then, the academic nonclinical psychological studies on narcissism have proven to be increasingly valuable, providing important and clinically relevant information on the relations among narcissism, self-esteem, and affect dysregulation. Furthermore, studies of narcissism have moved into applied areas such as the workplace and suicidology, and several recent psychoanalytic con-

tributions have suggested new and more efficient treatment approaches that are adjusted to the specific nature of disordered narcissism.

As its title indicates, this book is mainly devoted to identifying and understanding narcissism, both in its healthy and in its pathological forms. I have left a thorough discussion of treatment for narcissistic disorders for a future volume, but address it briefly in chapter 7 in a section on treatment of suicidality in narcissistic patients and in chapter 8 on changes in pathological narcissism. The vast developments in current integrative treatment modalities, especially in the field of personality disorders, as well as new treatment developments in psychoanalysis and psychoanalytic psychotherapy, are beyond the scope of this volume.

The importance of a historical context when defining the presence and outlining the future was pointed out by the Danish philosopher Kierkegaard, who stated that “life must be lived forward but understood backward.” In other words, history is to be the guide for the future, and I believe that is particularly true for studies of narcissism. The rich and complex historical accounts on narcissism are described in chapter 1, “From Myth to Personality Disorder.”

The purpose of chapter 2, “A Normal Asset With Cultural Differences,” is to provide a basis for understanding the complex vicissitudes of healthy and pathological narcissism. Most of the characteristics that are considered core symptoms of pathological narcissism do indeed have their normal, healthy counterpart, for example, the personal sense of rights and expectations in normal entitlement, as compared to the pathological grandiose self-righteousness with unreasonable expectations in narcissistic entitlement, and the motivational role of grandiose fantasies in normal narcissism versus the defensive or self-enhancing function of pathological grandiose fantasies. In my work with people with narcissistic disorders, I have found it increasingly important to identify and highlight healthy narcissistic strivings, especially as they intertwine with pathological self-criticism, shame, and aggression.

Chapter 3, “The Origins and the Scope,” discusses the heritability and the early development that may promote pathological narcissistic functioning, and specific childhood roles and experiences that contribute to narcissistic character development. Available data on prevalence, age, and gender differences of NPD are also included.

In chapter 4, “Identifying Pathological Narcissism,” each characteristic is discussed in depth, and observations from both psychoanalytic and

empirical studies are integrated into a dynamic description of each characteristic. The purpose is to identify the core features and to capture the range and variations of narcissistic pathology. This chapter proposes a set of identifying diagnostic criteria for NPD and differentiating criteria for both shy and psychopathic NPD.

The co-occurrence of pathological narcissism and NPD in other personality disorders and major mental disorders is discussed in the chapter 5, "Differentiating Pathological Narcissism." I have paid specific attention to the narcissistic meaning and function of co-occurring symptoms and dynamics of other disorders.

Chapters 6 and 7 attempt to apply the discussions in preceding chapters to two major contexts in which pathological narcissism recently has proven to be particularly consequential: the workplace, and suicidality. Narcissism in the workplace can represent both valuable leadership qualities or outstanding individual performance, and unproductive self-esteem fluctuations or organizational exploitation, as discussed in chapter 6, "Asset or Disruption?" The role of pathological narcissism in suicide has been more acknowledged since recent studies have shown that suicidal behaviors occur even when people do not feel depressed, unhappy, hopelessness, or guilty. In narcissistic patients, the idea of suicide can raise the self-esteem; contribute to a sense of superiority, mastery, and control; and protect against threats and injuries. In chapter 7, "My Way or No Way," diagnosis and treatment of narcissistically charged suicidal ideations and behavior are discussed.

Finally, chapter 8, "Correction or Corrosion," addresses changes in pathological narcissism. People with narcissistic personalities have been considered especially resistant to change through treatment. Nevertheless, studies have shown that narcissistic people are specifically susceptible to life experiences than can both decrease and increase pathological narcissism.

Acknowledgments

This book is the result of more than 20 years of studies of narcissism both in my roles as a researcher, author, and editor and in my role as a clinician and candidate in psychoanalytic training.

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From Myth to Personality Disorder

The Antecedents

Paradoxically, the Narcissus myth by Ovid (Melville, 1986, pp. 61–66), which in our time has come to represent self-love or self-reflection, actually described the tragic inability to love at all (Winge, 1967). It is the story of a beautiful young man, son of the river nymph Liriope and the river god Cephissus, whose destiny—to die young if he gets to know himself—had been early prophesied. Because of his cold, hard pride, Narcissus could not be touched by the many young boys and girls who loved him, not even by Echo, whose “heart was fired” by the sight of him. When Narcissus fell in love with the image in the pool, he mistakenly took it for a real body and did not understand that it was a reflection of his own body. In other words, Narcissus could not conceive that he was in love with his own reflection; he was caught in an illusion. All efforts to converse with the unreachable image in the spring left Narcissus disheartened and filled with despair. Finally he realized: “I am he! Oh, now I know for sure the image is my own; it’s for myself I burn with love; I fan the flames I feel” (Melville, 1986, pp. 64–65). Heartbroken, he wished he could separate himself from his own body so that the image he loved would go away. He then sensed that death was the only solution as “now we two—one soul—one death will die” (p. 65). He faded away, and when the nymphs came to bury his body, they found a flower at its place.

How the narcissus myth came to represent self-love or self-admiration is unclear, but in art and literature during the medieval and early Renaissance eras the theme was used to illustrate the dangerous sinfulness and

deadly punishment attached to excessive self-preoccupation and self-adulation. Calderon de la Barca in the seventeenth century was the first to transform the classic description of Narcissus into a modern interactive stage play about the young man in *Eco y Narciso* (*Echo and Narcissus*; de la Barca, 1661/1976). Calderon moved away from moral condemnation of excessive self-love and created a dynamic outline of Narcissus (Gran, 1976). He explained Narcissus's love of his own reflection not as self-love but as a flight, a consequence of incompatible conflicts and desires in a young man, still attached to his domineering and protecting mother, confused by Echo's alternation between seductive invitation and mute rejection, and torn between warnings and ill-fated male advice. In other words, Calderon de la Barca introduced an interpersonal perspective to the Narcissus myth, and he was the avant-garde to what later was defined as narcissistic affect dysregulation, as he staged Narcissus's struggle with sudden intense and overwhelming sexual feelings, inner pride, and shame and confusion. With no natural outlet for his strong feelings, Narcissus turned to himself and his image in the spring, and died.

Another Spanish writer, Juan Valera, who was closer to modern thinking on narcissism as autoerotic self-love or admiration, described in his novel *Genio y Figura* (1897) the heroine Rafaela. She confessed that when looking in the mirror she was filled with love and admiration for herself, and she imitated Narcissus and kissed her own beautiful image on the surface of the mirror. But contrary to Narcissus, Rafaela was fully aware of the separateness of her own physical body and self from the image of her body she perceived in the mirror. She was also fully capable of experiencing pleasure. Valera's novel inspired both Havelock Ellis and J. Sadger in their psychological and psychoanalytic accounts of narcissism and female autoerotism (Ellis, 1928, pp. 352, 355).

The Narcissus theme has also inspired numerous artists. One of the earliest known attempts to portray Narcissus appears in a wall painting in Pompeii. During the Renaissance, several artists chose Narcissus to illustrate self-love, self-admiration, and the contemplation of one's own image. Caravaggio's *Narcissus* and Velasquez's and Titan's portraits of Venus are well-known examples. It is notable that the young Narcissus was gradually replaced by images of women who represented the fatal sin of self-admiration and vanity. In many paintings, among others by Baldung (sixteenth century), attractive women looking at themselves in the mirror are threatened by figures representing Death. In the twentieth century, the theme became one of mirroring and preoccupation with appearance,

self-recognition, and self-regard, as in Norman Rockwell's *Girl in the Mirror* and the etching titled *Adolescence* by the British artist Gerald Leslie Brockhurst. The themes of reflection and mirroring were specifically featured in an exhibition, "Mirror Image," at the National Gallery in London and further discussed in an accompanying book by J. Miller (1998).

Early Psychiatric and Psychoanalytic Development

Ellis (1898) introduced the phenomenon of narcissism to psychiatry in his psychological study of autoeroticism, in which he described the "Narcissus-like" tendency to absorb sexual feelings into self-admiration (p. 280). The following year, Paul Näcke (1899) was first to use the term "narcissism" in a study of sexual perversions. Freud first mentioned narcissism in a footnote added in 1910 to "Three Essays on the Theory of Sexuality" (Freud, 1905/1957), as a phase in the development of male homosexuality. In 1911 (Freud, 1911/1957) he referred to narcissism as the choice of self as a libidinal object, a normal stage of autoerotism in the early libidinal development. The concept was by then acknowledged among psychoanalysts, and in subsequent accounts narcissism was considered both a part of normal development and human functioning and a type of deviation or perversion.

In the first psychoanalytic paper on narcissism, Rank (1911) discussed the development of self-love, specifically expressed through a woman's dreams and her experience of being unable to love a man unless she first knows that he loves her. Freud, in his main paper on the subject, "On Narcissism" (1914/1957), and in his later comments (1915/1957, 1917/1957), outlined definitions of primary and secondary narcissism, identified narcissistic object choice, and connected narcissism to the development of the ego-ideal and to self-preservation and self-regard as the "libidinal complement of egoism." Another important observation of much relevance for the contemporary discussion of narcissism concerned the relationship between narcissism and inferiority. Freud suggested that the impoverishment of the ego due to the withdrawal of libidinal cathexis (investment of sexual drive energy) contributed to feelings of inferiority. In addition, he identified the role of narcissism in sleep and dreams and in the process of falling in love. Sadger (1910), another European psychoanalyst, viewed narcissism as a normal phenomenon, an overvaluation of oneself seen in children and in a certain degree of self-love among adults, but its fixations and extreme manifestations, such as the overvaluation

of one's own body, he considered to be pathological. He differentiated between normal egoism and narcissism, and suggested that friendship is an extended form of narcissism. The first American discussion on narcissism took place in 1915 in New York, at the sixth annual meeting of the American Psychopathological Association (1915). The program included a paper by J. S. Van Teslaar titled "Narcissism."

The connection between narcissism and self-esteem regulation, first alluded to by Freud in his discussion of self-regard and the development of the ego-ideal (1914/1957), was further developed by Horney (1939), who differentiated healthy self-esteem from pathological unrealistic self-inflation, a substitute for an undermined self-esteem. Anne Reich (1960) added considerably to the understanding of pathological self-esteem regulation, which, in her opinion, serves to maintain grandiosity and undo feelings of inadequacy and insufficiency. She described the strategy of compensatory narcissistic self-inflation, which fails and results in hypochondriac anxiety and depression. Excessive inner aggression and inordinate self-consciousness leading to dependency on outside approval contribute to these regulation failures. Kohut (1971) identified defects in self-esteem regulation as one of the core disturbances in narcissistic personality disorder (NPD), and Goldberg (1973) proposed a separate diagnostic category of acute narcissistic injury to one's self-esteem that may manifest itself as depression but should be differentiated and treated differently from general depressive reactions or disorder.

In the first account on treatment of narcissistic disorder, Walder (1925) outlined the difference between narcissism and psychosis, an essential distinction, as it was clear by then that the transference technique was not applicable either for narcissistic fixations or for psychosis. He discussed a technique focusing on "sublimation of narcissism," changing the narcissistic attachment to the objects within the subject's own ego, and "the mode of union of narcissism with these objects" (p. 273). At the Ninth International Psychoanalytic Congress, Clark (1926) proposed another therapeutic technique for narcissistic patients, "the fantasy method of analyzing narcissistic neurosis." By introducing a "mild self-hypnosis," not unlike daydreaming, a "disorganization of consciousness" occurred that could promote the development of a narcissistic transference. This process aimed at uncovering the narcissistic individual's primary personality and accessing memories of early mother-child interactions. The individual could then be helped to gain the ability to sublimate and to gain insight

into disabling narcissistic patterns, as well as to maintain the degree of narcissism that could be beneficial for overall well-being.

Narcissistic Personalities

Long before the introduction of the diagnosis of NPD in the late 1960s, numerous authors have described in great detail the complexity of this personality functioning. Few personalities have lent themselves to the imagination of subtypes and variations as well as has the narcissistic personality, and few have been observed and documented with such fascination, puzzlement, and awe. The accounts have shown unusual diversity and even opposing and contradicting features, both within the field of literature and within psychiatry/psychoanalysis.

In a remarkable, thoughtful, observant, and still most timely report, Jones (1913/1951) described the character traits of people with a “God complex.” He suggested that the excessive narcissism and exhibitionism involved in such a fantasy of being God or godlike and the accompanying admiration of one’s own power and qualities were manifested in a range of character traits. Contrary to later accounts of narcissistic personalities, Jones highlighted self-modesty, self-effacement, aloofness, and inaccessibility as the main features of this narcissistic personality. Narcissistic persons are surrounded by a cloud of mystery; they are unsociable and protective of their privacy. Jones distinguished between two major types: those whose qualities indeed are valuable, adaptable, and truly godlike and those whose unrealistic self-evaluation and difficulties in adjusting to social life leave them dissatisfied and outside.

Wälder (1925) discussed the intellectual functioning of the “narcissistic scientist,” a person with a superior attitude and who, although fully able to understand others intellectually, still is indifferent to them. He described a mathematician who was preoccupied with concepts and tended to prize the knowledge itself before its application. The main striving of this character was to fit theories into a logical systematic structure that enabled him to build constructs and make reductions as needed, in other words, a pursuit “to create a world for oneself.” When this failed, a state of dissociation occurred as if he had become two people inside. Indifference was the best protection against disappointment. Because of his profession, this man could withdraw from relationships and still stay connected with reality, avoiding psychotic regression by engaging in intellectual productivity.

After these earliest thoughtful and subtle accounts, the descriptions of narcissistic personalities became more influenced by the connection between narcissism and aggression. Freud (1931/1957) introduced the “narcissistic libidinal 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.” (p. 218). W. Reich (1933/1949) followed this view and proposed the phallic-narcissistic character, a self-confident, arrogant, vigorous, and impressive individual, an athletic type—hard and sharp with masculine features. These individuals are haughty, cold, reserved, or aggressive with disguised sadistic traits in relation to others. They resent subordination and readily achieve leading positions. When hurt, they react with cold reserve, deep depression, or intense aggression. Their narcissism is expressed in an exaggerated display of self-confidence, dignity, and superiority. They are often considered highly desirable as sexual partners because of their masculine traits, despite the fact that they usually show contempt for the female sex. Sexuality serves less as a vehicle of love than as one of aggression and conquest. Less frequent in women, Reich believed that the phallic-narcissistic character could develop either into a “creative genius or into a large scale criminal” (p. 206) depending upon capacity for genital gratification and opportunities for sublimation. He also noted that these characters could have the opposite features, that is, passive tendencies of daydreaming and addiction. These seminal characterizations of narcissistic personalities, although modified, still influence our present idea of NPD.

What followed after Freud and Reich was a series of clinical accounts of narcissistic characters that highlighted a broad range of characteristics, all captured under the umbrella concept of narcissistic character functioning. The focus was on achievements, grandiosity, and ambition. These influential descriptions further highlighted the diversity and complexity of the phenomenology of narcissistic personalities.

A “Nobel Prize complex” can, according to Tartakoff (1966), be found in some people who entertain ambitious goals. They are intellectually and artistically gifted, and admirable, and guided either by an active fantasy of being the powerful one (destined) or by a passive fantasy of being

the special one (chosen). However, their achievements become overshadowed by their preoccupation with acclaim, an attitude of “all or nothing,” or “dreams of glory,” of attaining a position of extraordinary power or worldwide recognition. These people are dependent upon the evidence of their success, and they can become hypersensitive to the lack of such evidence. Loss of significant persons in their life can reveal their dependency. They either avoid or just lack the corrective experiences of facing their own limitations. Disappointments and failure may force these people to seek treatment in hope of the magical cure.

The “Don Juan of achievements” is a paradoxical phenomenon in narcissistic people, described by Fenichel (1945) as a driven wish for success that can undo previous failures and guilt but still leave the person without inner satisfaction. He described an ambitious man who, despite his significant external achievement and success, struggled with chronic dissatisfaction, feeling he could never satisfy his wish to become a great man. It seemed as if he was driven by the need for achievement to undo an inner sense of remaining like a child. In his relations to women, he felt chronic dissatisfaction, and his marriage was characterized by childish dependency, revenge, rage, unfaithfulness, and lack of consideration.

The “Icarus complex” was identified by Murray (1955) in a phallic-narcissistic character usually found among young people who are fixated on Icarian pursuits of unattainable goals. These characters have “peak and fall” experiences as they oscillate between periods of intense achievements or energetic, ecstatic activities characterized by “effortless mastery, and unconditioned admiration, and affection,” and flat periods of dissatisfaction, emptiness, depression, boredom, and inability to find gratifying involvement (Weinberger & Muller, 1974, p. 581).

Volkan’s (1979) narcissistic personality is enclosed in a fantasy of self-sufficiency, the “glass bubble fantasy,” which functions like a protecting, invisible wall. This person’s behavior is motivated by the idea of being unique and invulnerable, “impregnable in his solitary glory.” The purpose of this “bubble” fantasy is to protect the cohesiveness of the person’s grandiose self. Relations to others are characterized by a “nonrelativeness,” a lack of emotional involvement. In psychoanalysis, the analyst becomes part of the patient’s concept of his own grandiosity, like a confirmer.

Modell (1975, 1980, 1991) developed this notion further by suggesting that some people with NPD develop a defense against affects, like a “cocoon,” or a “sphere within the sphere,” or a “private self” that supports an illusion of self-sufficiency and protects against fear of intrusion from