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Narcissistic Personality Disorder: An Overview

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ABSTRACT

The following paper aims to provide an overview of 'Narcissistic Personality Disorder' (NPD). It endeavors to do the same by covering the disorders various aspects, starting by exploring the terms mythological origins, the evolution of the definition and usage of the term, as well as psychoanalytic contributions. The paper then moves on to the various subtypes of the disorder as categorized by various theorists, followed by the diagnostic criteria and differential diagnosis as written in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR). The contributions and theories of Otto Kernberg and Heinz Kohut have also been touched upon, along with the treatment methods and therapeutic approaches used in clinical settings to treat NPD. Finally, the paper concludes with the topics of the societal impact of NPD and also briefly talks about the hypothesis of a 'narcissism epidemic'.

Keywords: Narcissism, Narcissistic Personality Disorder, NPD, Psychoanalysis, Pathological Narcissism, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition - Text Revision (DSM-5-TR), Grandiosity, Comorbidity, Transference, Countertransference, Narcissism Epidemic.

INTRODUCTION

Ovid's 'Metamorphoses' narrates the Greek myth of Narcissus, which tells of a tale of a hunter who falls in love with a reflection of himself in a pool of water, unable to tear himself away from it; the love he had for his own image ultimately leads to his demise. Havelock Ellis used the phrase 'narcissus-like' in his 1898 article describing a psychological state in reporting a case of male autoeroticism, describing self-directed eroticism observed in patients. "In commenting on Ellis' work, Naccke (5) first used the term 'narcissmus.'" (Akhtar, M.D. and Thomson, Jr., M.D. 12) The myth of "Narcissus" is the origin of the term 'narcissism.' Narcissistic Personality Disorder was not part of the Diagnostic and Statistical Manual of Mental Disorders, First Edition (1952), only gaining formal recognition in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (1980). Pathological narcissism often referred to as 'narcissistic personality disorder' (NPD) is classified as a personality disorder, within the "dramatic, erratic, and emotional" group of disorders (Cluster B) under the classifications specified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition - Text Revision (DSM-5-TR). Burness E. Moore and Bernard D. Fine in their 1967 work, defined narcissism as "a concentration of psychological interest upon the self." The term 'narcissism' was used first to denote a sexual perversion, as pointed out by Pulver and Van Der Waals who cataloged the various meanings of the term from 1911 to the 1960s. The connotations of the term were "expanded and changed to include an early state 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" (Akhtar, M.D. and Thomson, Jr., M.D. 12). The term 'narcissistic' was first used by Freud in a 1910 footnote to 'Three Essays on the Theory of Sexuality.' He introduced the concept of "narcissistic libido," by which libidinal energy could be invested in the self rather than in external objects. The first psychoanalytical paper on narcissism was written by Otto Rank in 1911 and has been a recurring topic in psychoanalysis. The term "narcissistic personality disorder" was introduced in the literature by Kohut in 1968 (Akhtar, M.D. and Thomson, Jr., M.D. 13). Austrian psychoanalyst, Robert Waelder, in a 1925 paper wrote of a detailed report on an individual with a "narcissistic personality" and characterized similar individuals as showing "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" (Akhtar, M.D. and Thomson, Jr., M.D. 12). Attempts to trace the evolution of the concept of NPD are further complicated due to the early interchangeable usage of the terms "narcissistic neuroses," "psychoses," "dementia precox," and "schizophrenia." "Waelder considered narcissistic personality a muted variant of schizophrenia" (Akhtar, M.D. and Thomson, Jr., M.D. 13). Otto Kernberg and Heinz Kohut's analytical writings constitute the major contributions to the development of the understanding of narcissistic personality disorder and have been the major theoreticians examining this concept. "Despite both adhering to the psychoanalytic perspective, they both had disagreements with each other on the theory of the phenomenon and on the approach of treatment" (Schmidt 1).

This paper aims to offer an overview of narcissistic personality disorder, covering the subtypes of narcissists. Additionally, a detailed analysis of current treatment techniques, based on psychodynamic/psychoanalytic principles, will be undertaken. In order to understand NPD, it is also important to understand the difference between other personality disorders and understand the importance of proper diagnosis (differential diagnosis). It is of utmost crucial to fathom how these disorders not only affect the client but also have larger societal impacts, affecting the support system around them. The paper closes with a discussion on the supposed current 'narcissistic epidemic' and scope for future research.

SUBTYPES OF NARCISSISTIC PERSONALITY DISORDER

Numerous prominent theories suggest various distinctions of the subtypes of narcissism. These subtypes are generally conceptualised as a difference between the more overt or grandiose presentation and the covert or vulnerable presentation. "The overt form has also been referred to as grandiose, oblivious, willful, exhibitionist, thick-skinned, or phallic; the covert form has been referred to as vulnerable, hypersensitive, closet, or thin-skinned (Akthar & Thomson, 1982; Bateman, 1998; Britton, 2000; Cooper, 1981; Gabbard, 1989; Masterson, 1981; Rosenfeld, 1987; Wink, 1991)." (Levy 2) The traits of overt narcissism are consistent with the criteria specified in the DSM-5-TR, where individuals may appear socially charming despite being indifferent to the needs of others, envious and exploitative in interpersonal relationships. Individuals that come under the categorisation of covert narcissism are often hypersensitive to the evaluations of others (concerned about the impression they make and how it is received), inhibited, observably and openly distressed and they also may appear as modest. These individuals also may express grandiosity via an overidentification with adversity or suffering. In essence 'grandiose NPD' is "characterized by overt arrogance, dominance, aggression, and blatant entitlement" (Karunaratna et al. 5). Grandiose or 'Malignant' narcissism has been referred to as "the most severe form of the narcissistic personality that is characterized by ego-syntonic aggression, paranoia, and antisocial traits, and for the antisocial personality disorder proper" (Kernberg, MD and Yeomans, MD 15). Whereas 'vulnerable NPD' "presents with covert defensiveness, hypersensitivity to criticism, and shame-driven fragility. These individuals may oscillate between outward self-assurance and inward self-loathing, leaving them vulnerable to mood disorders, anxiety, and interpersonal rejection. Because their pathology is less obvious, they are often overlooked in clinical settings, with their symptoms misattributed to depression or social anxiety" (Karunaratna et al. 5). From this information, the takeaway that can be derived is that NPD is not uniform in all diagnosed individuals but exists along a spectrum with distinct overt expressions. Both overt and covert narcissists foster unrealistic grandiose expectations from themselves and are extremely self-absorbed. Patients with NPD may also express grandiosity through displaying intellectual superiority, talking about prestigious social connections or networks and also by overemphasizing professional achievements, asserting status. In his paper, "*Some Narcissistic Personality Types*," Bernard Bursten proposed four different narcissistic personality types which are the following: "(a) craving individuals, who are clinging, demanding, and needy; (b) paranoid individuals, who are critical and suspicious; (c) manipulative individuals, who derive satisfaction from conscious and deliberate deception of others; and (d) the phallic narcissist who is aggressive, exhibitionistic, reckless, and daring. These distinctions seem overly broad and include characteristics of individuals with other disorders, but generally correspond to the overt-covert distinction (e.g., paranoid and phallic correspond to the grandiose type and craving corresponds to the vulnerable type)" (Levy 2). Distinctions and classifications of different subtypes of narcissistic personalities have also been made based on different criteria. Notably, Kohut and Wolf (1978) mention frequently observed narcissistic personality types:

- i. "*Mirror-hungry personalities* thirst for self-objects whose confirming and admiring responses will nourish their famished self. They are impelled to display themselves and to evoke the attention of others, trying to counteract, however fleetingly, their inner sense of worthlessness and lack of self-esteem. Some of them are able to establish relationships with reliably mirroring others that will sustain them for long periods. But most of them will not be nourished for long, even by genuinely accepting responses ... despite their sometimes-severe stage fright and shame they must go on trying to find new self-objects whose attention and recognition they seek to induce" (Kohut and Wolf 421). These individuals have a need for external admiration and validation and seek to search for new admirers.
- ii. "*Ideal-hungry personalities* are forever in search of others whom they can admire for their prestige, power, beauty, intelligence, or moral stature. They can experience themselves as worthwhile only so long as they can relate to self objects to whom they can look up. Again, in some instances, such relationships last a long time and are genuinely sustaining to both individuals involved. In most cases, however, the inner void cannot forever be filled by these means. The ideal-hungry feels the persistence of the structural defect and, as a consequence of this awareness, he begins to look for—and, of course, he inevitably finds—some realistic defects in his God. The search for new idealizable self objects is then continued, always with the hope that the next great figure to whom the ideal-hungry attaches himself will not disappoint him" (Kohut and Wolf 421). These individuals need someone powerful, admirable, or prestigious to idealise and feel their worth lies in their association with their idol (the 'idealized self-objects'). Individuals with 'ideal-hungry personalities' eventually point out flaws in their 'idealized self-object' and look for another 'ideal.'
- iii. "*Alter-ego-personalities* need a relationship with a selfobject that by conforming to the self's appearance, opinions, and values confirms the existence, the reality of the self. At times the alter-ego-hungry personalities, too, may be able to form lasting friendships—relationships in which each of the partners experiences the feelings of the other as if they had been experienced by himself. ... But again, in most instances, the inner void cannot be filled permanently by the twinship. The alter-ego-hungry discovers that the other is not himself and, as a consequence of this discovery, begins to feel estranged from him. It is thus characteristic for most of these relationships to be short-lived. Like the mirror- and ideal-hungry, the alter-ego-hungry is prone to look restlessly for one replacement after another." (Kohut and Wolf 421-422) In essence, these individuals look for people (selfobjects) who share similar thoughts, values, beliefs, opinions etc. to confirm the existence and reality of the self. Individuals with 'alter- ego personalities' may be successful in establishing relationships, however these relationships are short-lived, falling apart when differences arise. "Kohut and Wolf (1978) described three subtypes based on interpersonal relationships: (a) merger-hungry individuals who must continually attach and define themselves through others;(b) contact shunning individuals who avoid social contact because of fear that their behaviors will not be admired or accepted; and (c) mirror-hungry individuals who tend to display themselves in front of others" (Levy 2).

Theodore Millon in his works *Modern Psychopathology: A Biosocial Approach to Maladaptive Learning and Functioning, 1969, Disorders of Personality: DSM-III, Axis II, 1989, Personality Disorders in Modern Life, 1998*, conceptualized NPD as a prototype and differentiated between five distinct subtypes: “(a) an amorous subtype that shows prominent histrionic features and is exhibitionistic; (b) an unprincipled type that is exploitive and shows antisocial features; (c) a compensatory type that shows elevations in avoidant and/or passive-aggressive traits; (d) an elitist type that tends toward self-promotion and has an inflated self-concept; and (e) a fanatic type that is characterized by paranoid features and omnipotence.” Little research has been conducted to validate these different subtypes beyond the overt-covert distinction, whereas this distinction has been empirically supported through numerous studies (Levy 2). Eric Russ, Jonathan Shedler, Robert Bradley, and Drew Westen in their 2008 study, “*Refining the Construct of Narcissistic Personality Disorder: Diagnostic Criteria and Subtypes*” “found three subtypes among patients meeting criteria for NPD: (a) grandiose/malignant; (b) fragile; and (c) high functioning/exhibitionistic. Grandiose narcissists were described as angry, interpersonally manipulative, and lacking empathy and remorse; their grandiosity was seen as neither defensive nor compensatory. Fragile narcissists demonstrated grandiosity under threat (defensive grandiosity) and experienced feelings of inadequacy and anxiety, indicating that they vacillate between superiority and inferiority. High functioning narcissists were grandiose, competitive, attention seeking, and sexually provocative; they tended to show adaptive functioning and utilize their narcissistic traits to succeed” (Levy 3).

Interestingly, whilst some authors and contemporary theorists have categorised and made distinctions between different narcissistic personalities, other clinical writers have emphasised the co-occurrence and temporariness (changing nature) of grandiose and vulnerable mental states. “Reich (1960) proposed that narcissistic individuals suffer from an inability to regulate their self-esteem. Importantly, she was the first to emphasize that these individuals “suffer regularly from repetitive, violent oscillations of self-esteem” (p. 224)” (Levy 3). She also observed that clients with NPD may inflate or over-emphasise the importance of objectively minor activities whilst reacting with extreme despair to small slights from other individuals. “Rather than distinguishing between overt and covert types as discrete forms of narcissism, Kernberg (1992) noted that the overt and covert expressions of narcissism may reflect different clinical manifestations of the disorder, with some traits being overt and others covert. ... The overtly narcissistic individual most frequently presents with grandiosity, exhibitionism, and entitlement but, in the face of failure or loss, these individuals may become depressed, depleted, and feel painfully inferior. The covertly narcissistic individual will often present as shy, timid, and inhibited, but upon closer contact, reveal exhibitionistic and grandiose fantasies” (Levy 3-4).

DIAGNOSTIC CRITERIA, DIFFERENTIAL DIAGNOSIS AND COMORBIDITIES

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) classifies NPD as a personality disorder under cluster B (dramatic, erratic, and emotional group of disorders) along with antisocial personality disorder, borderline personality disorder and histrionic personality disorder, with which NPD shares overlapping features. The DSM-5-TR lists out the diagnostic criteria for NPD in the following manner:

“A pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- i. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognised as superior without commensurate achievements).
- ii. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
- iii. Believes he or she is “special” and unique and can only be understood by, or should associate with other special or high-status people (or institutions).
- iv. Requires excess admiration.
- v. Has a sense of entitlement (i.e., unreasonable expectations of especially favourable treatment or automatic compliance with his or her own expectations).
- vi. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends).
- vii. Lacks empathy: is unwilling to recognise or identify with the feelings and needs of others.
- viii. Is often envious of others or believes that others are envious of him or her.
- ix. Shows arrogant, haughty behaviours or attitudes” (American Psychiatric Association 760).

Narcissistic Personality Disorder was absent from the Diagnostic and Statistical Manual of Mental Disorders, First Edition (DSM-1) (1952), only getting formal recognition in 1980 in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-3). This reflected the acceptance of narcissism as a ‘clinically significant construct.’ (Karunaratna et al. 3) At the same time, the categorical clustering of the DSM’s have come under criticism for its “limited validity, as personality pathology is better conceptualized as existing along dimensional spectrums rather than rigid categorical boundaries. The absence of NPD from the DSM-1 and later inclusion in the DSM-3 signals a shift toward recognizing narcissism as a clinically significant and measurable pattern of behavior. The DSM-5-TR retains this clustering framework for continuity but also introduces dimensional models as an alternative diagnostic lens” (Karunaratna et al. 2).

In individuals with narcissistic personality disorder, there exists a vulnerability in self esteem which makes these individuals extremely sensitive to criticism, defeat or failure. Although this behaviour may not be overt, exposure to such situations may leave the individual feeling ashamed, humiliated etc. and can also lead to an “appearance of humility” (American Psychiatric Association 762) that masks and protects the grandiosity. Interpersonal relationships may be impaired due to tendencies of entitlement, need for admiration, disregard for others needs and feelings (sensitivities) etc. However, individuals with NPD can also be high functioning and competent, experiencing both professional and social success. “Professional capability combined with self-control, stoicism, and interpersonal distancing with minimal self-disclosure can support life engagement and even enable marriage and social affiliations.” (American Psychiatric Association 762) Some individuals with NPD have very low “vocational functioning”, which manifests in their unwillingness to take up opportunities which may result in defeat or failure. Suicide ideation may be invoked in individuals with narcissistic personality disorder on being exposed to imperfection, failure and being overwhelmed emotionally as a result of the perfectionism associated with the disorder. Suicide attempts in such individuals tends to be less impulsive yet characterised by a higher lethality in comparison to individuals with other personality disorders.

It is important to correctly identify and diagnose NPD from other psychiatric conditions as “symptom overlap” is common (Karunarathna et al. 8). A proper and accurate diagnosis allows for the appropriate path of treatment. Following the section of ‘Differential Diagnosis’ given in the DSM-5 the method of differentiating NPD from other disorders/traits will be covered in this section:

Other personality disorders and personality traits - due to common features in NPD and other personality disorders, there may be a confusion whilst giving a diagnosis. This can be done based on differences in their characteristic features. However, if the diagnostic criteria for other personality disorders is met along with NPD, all the disorders can be diagnosed. NPD can be differentiated from other personality disorders - histrionic, antisocial and borderline personality disorders, all in which “interactive styles are coquettish, callous, and needy, respectively” (American Psychiatric Association 763) by the characteristic of grandiosity in narcissistic personality disorder. In individuals with NPD, there is also a relative stability of self-image and self-control. There is also a “lack of self-destructiveness, impulsivity, separation insecurity, and emotional hyperreactivity” (American Psychiatric Association 763) that also helps distinguish NPD from borderline personality disorder (BPD). In order to differentiate NPD from histrionic personality disorder (HPD), the tendencies of excessive pride in achievements and the relative lack of emotional display and ignorance or disdain for others’ sensitivities, needs or emotions is to be noted. The attention requirement in individuals with NPD is needed to be ‘admiring’ in nature. This is used to differentiate between NPD and BPD or HPD, all in which a need for attention is prevalent. There is a common tendency in individuals with narcissistic personality disorder and antisocial personality disorder, to be “tough-minded, glib, superficial, exploitative and unempathetic.” Individuals with NPD, usually lack a history of conduct disorder in childhood or criminality in adulthood, also not necessarily including impulsive aggressivity and deceitfulness. Individuals with antisocial personality disorder may also be more indifferent and less sensitive to the critiques and reactions of others. In both NPD and obsessive-compulsive personality disorder (OCPD), “individuals may profess a commitment to perfectionism and believe that others cannot do things as well.” (American Psychiatric Association 764) Individuals with NPD tend to set high standards (usually in matters of appearance and performance) and to be “critically concerned if they are not measuring up.” (American Psychiatric Association 764) On the other hand, individuals with OCPD tend to be more concerned with order and rigidity and being more immersed in perfectionism. Suspiciousness and social withdrawal are tendencies used to distinguish between NPD and schizotypal avoidant, or paranoid personality disorder. When these tendencies arise in individuals with NPD, they are usually derived from “shame and fear of failure, or fear of having imperfections or flaws revealed” (American Psychiatric Association 764). This fear is rooted in the commitment to perfectionism associated with NPD. Many successful individuals may display personality traits that can be considered narcissistic, these traits when “inflexible, maladaptive, persisting” (American Psychiatric Association 764) and a cause for functional impairment and subjective distress constitute narcissistic personality disorder.

Mania or Hypomania - Grandiosity, a significant and defining diagnostic factor in NPD, may also emerge as a part of manic or hypomanic episodes. However, in order to distinguish these episodes from narcissistic personality disorder, “the association with mood change and functional impairment” (American Psychiatric Association 764) must be noted.

Substance use - Due to certain commonalities (e.g. increased irritability, outbursts of anger, feelings of superiority etc.), it is important to distinguish NPD from symptoms that may arise due to persistent substance use.

Persistent Depressive Disorder - Experiences and situations that may threaten the already vulnerable self-esteem of individuals with NPD can invoke a “deep sense of inferiority and sustained feelings of shame, envy, self-criticism and insecurity in individuals with narcissistic personality disorder” (American Psychiatric Association 764). This may result in negative feelings that are persistent in nature, resembling those seen in persistent depressive disorder (PDD). If the criteria for PDD are met along with NPD, both conditions can be diagnosed.

NARCISSISTIC PERSONALITY DISORDER IS ASSOCIATED WITH THE FOLLOWING DISORDERS

Depressive disorders: Struggles with self-esteem in individuals with NPD may lead to depressive symptoms as seen in persistent depressive disorder (PDD) and major depressive disorder (MDD)

Eating disorders: Individuals with NPD have the tendency to set high standards for, and have great focus and concern regarding their appearance. This tendency along with their commitment to perfectionism can lead to body image concerns, leading to eating disorders - anorexia nervosa.

Substance Use Disorders: Substance use disorders are associated with NPD “(especially related to cocaine)” (American Psychiatric Association 764).

Personality disorders: Other personality disorders - histrionic personality disorder (HPD), antisocial personality disorder (APD) and borderline personality disorder (BPD) are associated with NPD (American Psychiatric Association 764). “Kernberg classified NPD as a subtype of borderline personality organization, due to the similar structural organisation of ego and usage of defence mechanisms such as splitting, denial, projection identification, primitive dissociation and omnipotence. What differentiates the NPD from borderline patients is the narcissistic or grandiose self, which allows some ego integration, namely integration of good and bad objects into a unified self-concept, which borderline patients lack. Another differentiation is the relatively good social functioning, better impulse control and (sometimes outstanding) involvement in activities (school, work etc.). On the other hand, Kohut clearly separates the two disorders, arguing that narcissistic patients do have a nuclear cohesive self, while borderline patients are fixated on the stage of fragmented self” (Schmidt 4).

OTTO KERNBERG AND HEINZ KOHUT’S CONTRIBUTIONS

Otto Kernberg and Heinz Kohut were both psychoanalysts and gave the most influential modern day theories and explanations of NPD.

Kernberg - Kernberg categorises clients with NPD “as having excessive self-absorption, intense ambition, grandiose fantasies, overdependence on acclaim, and an unremitting need to search for brilliance, power, and beauty” (Akhtar, M.D. and Thomson, Jr., M.D. 13). He also provides a description of other traits idiosyncratic of this disorder such as an inability to love, a lack of empathy and feelings of boredom, emptiness and uncertainty of identity, as well as the tendency of such individuals to exploit others.

Kernberg’s description and understanding of a “narcissistic personality” is “derived from clinical psychoanalysis” (Akhtar, M.D. and Thomson, Jr., M.D. 13). He also offers “explicit descriptions of clinical characteristics and bases the diagnosis on readily observable behavior” (Akhtar, M.D. and Thomson, Jr., M.D. 13).

Kernberg mentions the tendency of individuals with NPD “toward sexual promiscuity, homosexuality, perversions, and substance abuse and a peculiarly corruptible conscience, a readiness to shift values quickly to gain favor” (Akhtar, M.D. and Thomson, Jr., M.D. 13). Kernberg states that said individuals may be highly functioning, both socially and professionally, possessing “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” (Akhtar, M.D. and Thomson, Jr., M.D. 13). Kernberg refers to this tendency as “pseudosublimatory” (25, p. 229) intending to distinguish it from “mature forms of productivity” (Akhtar, M.D. and Thomson, Jr., M.D. 13). Kernberg suggests that the narcissistic individual, in childhood, was left “emotionally hungry by a chronically cold, unempathic mother” (Akhtar, M.D. and Thomson, Jr., M.D. 13), which results in the child feeling unloved, causing the child to project his rage onto the parents, who are perceived as “sadistic and depriving.” (Akhtar, M.D. and Thomson, Jr., M.D. 13) In this context, the child’s main defence was to “take refuge in some aspect of himself that his parents, particularly his mother, valued.” (Akhtar, M.D. and Thomson, Jr., M.D. 13), resulting in the development of grandiosity. Kernberg proposes that the “grandiose self” is formed by the “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” (Akhtar, M.D. and Thomson, Jr., M.D. 14). Kernberg emphasises his understanding of narcissism as the stage of development before the oedipal phase, “associated with the superego development and forerunner of development of object relations” (Schmidt 1-2) that the individual needs to grow out of. He believes that the successful formation of the superego is crucial for the outgrowing of infantile narcissism (Schmidt 2). Kernberg’s theory remains in accordance to classical psychoanalytical theory, “recognizing the contribution of instinctual drives to psychopathology” (Akhtar, M.D. and Thomson, Jr., M.D. 14), not following Kohut’s suggestion of a “narcissistic libido” that is autonomous from early “object relations”.

Kernberg, in his treatment approach, “emphasizes the coexistence of feelings of inferiority with notions of grandiosity.” He views the grandiosity displayed by individuals with NPD 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 categorises aggression, “specifically early childhood or oral rage, as the inciting agent in the formation of a narcissistic personality disorder” (Akhtar, M.D. and Thomson, Jr., M.D. 15). In the therapeutic process described by Kernberg, in the transference projected by the client/individual, “projects primitive aggressive feelings (intense hatred, fear, envy) onto the therapist; as he does to all other significant others.” The client/individual becomes aware of the fact that this is “the projection caused by the infantile frustration caused by his mother.” At this point, the client/individual also becomes aware that his “ideal self concept” is a fantasy that “protects him from such fearful relationships” and hides in itself the longing for an “ideal mother” and her love. Now, the two images of “analyst-mother” can meet. “One being hated, dangerous and the other loved and admired. When the realization that the two images are really part of a whole comes about, the extremely emotional situation occurs when the patient feels guilty for previous aggressive feelings toward the analyst and others. The individual might feel despair and even have suicidal ideations.” Klein (1935) referred to this concept as “depressive anxiety”. Whilst working through this “crucial period”, the client/patient may now be able to “acknowledge the existence of the analyst and others as separate beings; and show them, for the first time in life, curiosity, interest, satisfaction, love and gratitude (p. 81-82, Kernberg 1970).” The client/individual requires “good ego strength” to “work through depressive feelings”, due to which Kernberg suggests providing “supportive treatment” instead of analysis (Schmidt 4-5).

Kohut

Kohut views narcissism as a “part of maturation and developmental achievement”, which leaves a residue throughout life. A view that stands in contrast to Kernberg’s theory. In this view, development is not perceived as the categorisation in accordance to distinct levels or separate stages in which “the previous develops into something new,” but is seen as an evolution, in which “the original narcissism does not transform, but evolves, always retaining the original position.” Development begins with the stage known as “primary narcissism”, which is inevitably disturbed by failures in parental care. Infants deal with these disturbances by creating a “new system of perfection” (p. 246, Kohut 1966).” This system consists of the “narcissistic self” or the “grandiose self”, “which protects the blissful world of the infant by entitling everything good as being part of the primary self and everything bad being outside of the self.” The “idealized parental imago” is another formation, which is “the projection of the primary narcissism of the child to the parent.” It entitles “outside objects with goodness and power” (Schmidt 2).

Kohut’s writings are based on the psychoanalytic treatment of clients with NPD, and are “clear articulations” of psychoanalytic treatment. However they do not contain “empirical diagnostic criteria.” One may extract behavioural descriptions of individuals with NPD from Kohut’s writings (Akhtar, M.D. and Thomson, Jr., M.D. 14). “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” (Akhtar, M.D. and Thomson, Jr., M.D. 14).

In terms of treatment, Kohut views NPD 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 suggested that treatment of individuals with NPD “initially allows the patient to display his grandiosity”, and allows the individual to “idealize the therapist.”, who then “empathetically points out the realistic limitations of the patient and himself or herself.” After which, “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” (Akhtar, M.D. and Thomson, Jr., M.D. 15). In the therapeutic/treatment process, Kohut “allows the regression in which the early infantile narcissistic imagos emerge (narcissistic/grandiose self and idealized parental imago).”

The analyst provides “mirror transference”, where the client’s/individual’s “grandiose self” emerges, in which he/she is in the service of “selfobject”, providing mirroring of the patient’s grandiosity, that the client/individual did not receive in the infancy. The analyst echoes the patient’s self-glorification, need for uniqueness and admiration. The analyst provides “idealizing transference” where the client’s/individual’s “idealized parental imago” emerges, in which the client/individual would idealise the analyst, who is once again, in the service of the client’s/individual’s “selfobject”. The analyst accepts and responds to such idealisation. The goal of the psychoanalytic process is for the client/individual to internalise the function of the analyst, and “develop gradually a psychic structure which would allow healthy self-perception” (Schmidt 5).

“Kernberg argues that we must emphasise the negative, destructive and controlling transformative potential and Kohut argues that we must be focused on positive transformative potential, stating that if one would treat the patient as Kernberg describes, by focusing on the negative then the transference would be suppressed, and the treatment would be impossible. The counter-argument to Kernberg is that, if one would treat by avoiding the negative, as Kohut described, this would be a failure to confront the patient with the negative transference and its underlying aggression (Russell 1985).” Therefore, in essence, Kernberg’s treatment approach focuses on the integration of the good and the bad, whereas Kohut’s treatment approach focuses on the completion of the “arrested development” (Schmidt 4).

	Kernberg	Kohut
1. Normal development	Stage to be outgrown	Developmental achievement, which residue remains throughout life
2. Pathology	Fixation at infantile narcissism. Pathological self-structure: a fusion of ideal self, ideal object and actual self	Fixation at an early stage of narcissism development. Unaltered persistence of narcissistic self and/or idealized parental imago
3. Cause	Cold, rejecting, destructive parent or being used as a narcissistic parent – lack of “good enough” mother-child symbiosis	
4. Object relations	1. Depreciation/ exploitative 2. Idealization 3. Feared/ dangerous	1. Contempt 2. Idealization
5. Aetiology	Oral stage of child’s development	Any time from late oral stage to latency
6. Classification	Subtype of borderline personality organization	Separate condition
7. Diagnostic sign	Transference manifestations	
8. Treatment	Emphasis on negative destructive, controlling transformative potential	Emphasis on positive transformative potential

Table-1: Categorical Comparison of Kernberg’s and Kohut’s Theory of Narcissism (Schmidt 2)

TREATMENT OF NPD

Narcissistic Personality Disorder has an “ego syntonic” nature, causing individuals to not view their behaviour or attitude as problematic. This makes the treatment of NPD extremely challenging. Clinical encounters with individuals with NPD seeking help are usually rooted in the pressure of external factors, be-it social, professional etc. rather than being voluntary in nature. This results in the “initial therapeutic focus” being the engagement of the client/individual in a manner that does not trigger “defensive hostility” and prevents “premature dropouts”. Therapeutic goals should be “individualised” while emphasising “functional stabilization rather than cure”. The aims of the therapeutic process include “reducing interpersonal conflict, improving psychosocial functioning, and enhancing emotional regulation” (Karunarathna et al. 8). In a clinical setting, transference and countertransference also play a role in the treatment of NPD. Clients/individuals with NPD “often evoke strong emotional reactions in clinicians. Transference may manifest as patients projecting their past experiences of invalidation, criticism, or admiration needs onto the clinician. Countertransference, in turn, may emerge as clinician frustration, anger, or even admiration toward the patient. If unrecognized, countertransference can bias diagnosis and treatment planning” (Karunarathna et al. 6). “Psychotherapy is the primary modality, though evidence of efficacy remains limited. Within psychotherapy, transference-focused therapy (TFT) has demonstrated promise because it directly engages the patient’s relational patterns and helps integrate split self-representations, leading to gradual improvements in interpersonal sensitivity and affect tolerance. Other modalities, such as cognitive behavioral therapy (CBT) and schema-focused therapy, may target maladaptive beliefs, entitlement attitudes, and vulnerability to narcissistic injury” (Karunarathna et al. 8). Transference Focused Psychotherapy (TFT/TFP) refers to a psychoanalytic psychotherapy designed to help treat clients/individuals with severe personality disorders. “It is based on psychoanalytic concepts and techniques that have been modified and organized into a systematic approach to address severe personality pathology (Clarkin, Yeomans, & Kernberg, 2006)” (Yeomans et al. 449). Cognitive Behavioural Therapy (CBT) refers to a “family of short-term, structured and problem focused psychotherapeutic treatment that primarily utilize cognitive (thought- and meaning-related) and behavioral (response- and action-related) interventions aimed at improving psychological functioning (46, 47). The central theoretical model underlying CBT posits that thoughts, behaviors, and emotions dynamically influence and maintain one another” (Nook, Ph.D et al. 379). Schema Focused Therapy (SFT) “is an integrative form of psychotherapy combining cognitive, behavioral, psychodynamic object relations, and existential/humanistic approaches (Young et al., 2003), and was developed by Jeffrey Young as a treatment for patients with personality disorders and other difficult to treat problems, who often show poor outcomes in other forms of therapy” (Bernstein et al. 169). The role of psychopharmacology in the treatment of NPD is symptom targeted. While pharmacotherapy has no direct role in the treatment of NPD, the comorbid psychiatric conditions often require medication (Karunarathna et al. 8).

SOCIETAL IMPACT AND NARCISSISM EPIDEMIC

Narcissism as a concept is characterised by grandiosity, a lack of empathy, a need for validation and admiration and an inflated sense of self-importance. These characteristics result in individuals with NPD being unable to develop and sustain deep interpersonal relationships and function in social and/or professional settings. However, theorists such as Kernberg believed individuals with NPD can be high functioning both socially and professionally. The concept “narcissism epidemic” is used to refer to “an increase in narcissism that has become apparent among youth in the 2000s and onward, with Millennials and Generation Z being allegedly more narcissistic than the previous generations, with similar hypotheses being brought in relation to the youngest generation, Generation Alpha” (Kuzman 1).

Many studies conducted indicate no clear evidence supporting the claim of a “narcissism epidemic”, due to which the “hypothesis has not been validated, with a significant amount of evidence going against the conclusion that younger generations (e.g., Millennials) are more narcissistic in comparison to older generations” (Kuzman 5).

CONCLUSION

This paper endeavours to provide an overview of ‘Narcissism Personality Development’. It starts by briefly covering the mythological origins of the Greek tale of ‘Narcissus’ found in Ovid’s ‘Metamorphoses’. It then draws a timeline regarding the evolution of the usage of the term ‘narcissism’ and its different definition, starting from Havelock Ellis’ use of the phrase ‘narcissus-like’ in an article published in 1898 describing a psychological state in reporting a case of male autoeroticism, describing self-directed eroticism observed in patients to the modern-day usage and understanding of the term. The introduction also highlights the psychoanalytic school’s influence on understanding narcissism, touching upon Freud’s usage in a 1910 footnote to ‘Three Essays on the Theory of Sexuality’, Otto Rank’s paper in 1911, which was the first psychoanalytical paper on narcissism and Kernberg’s and Kohut’s contributions. The paper then moves on to covering the various subtypes of narcissism, which are generally conceptualised as a difference between the more overt or grandiose presentation and the covert or vulnerable presentation of narcissism. The contributions of two psychoanalysts, Otto Kernberg and Heinz Kohut, their theories on the development of NPD and the treatment of the disorder, is then explained. Kohut views narcissism as a “part of maturation and developmental achievement”, which leaves a residue throughout life. A view that stands in contrast to Kernberg’s theory, who suggests that narcissism is a developmental stage that is to be outgrown. An introduction of the two theories is followed by a relatively detailed explanation of the theories, the different terminologies coined by the respective authors, and is finally accompanied by the different treatment methods prescribed by the two theorists. Three different psychotherapeutic modalities - TFT/TFP (Transference Focused Therapy/Psychotherapy), CBT (Cognitive Behavioural Therapy) and SFT (Schema Focus Therapy) are then briefly explained. The role of pharmacology in the treatment of NPD is also talked about. Finally, the societal impact (the social and professional aspects of NPD) and the concept of “narcissism epidemic”, a term used to refer to an increase in narcissism that has become apparent among youth in the 2000s and onward, with Millennials and Generation Z being allegedly more narcissistic than the previous generations, with similar hypotheses being brought in relation to the youngest generation, Generation Alpha is mentioned.

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