

## **Narcissistic Personality Disorder**

Lena Agree, JD, PsyD

It has been suggested that narcissists are fascinating because “they seem like adult versions of infantile characteristics most people leave behind early in the course of development” (Morf & Rhodewalt, 2001, p. 177). They bring to mind the “High Chair Tyrant” (Moore, R & Gillete, D, 1990): The adult man, feet dangling, banging his spoon in a combination of dominion and desperation. However, the pathological narcissist is a much more complex character than the simple spoiled brat. This paper discusses Narcissistic Personality Disorder (NPD) from various perspectives. First, the contextual background of the disorder is briefly reviewed, together with the definition furnished by the current *Diagnostic and Statistical Manual of Mental Disorders (4th Edition, Text Revision, 1994)* (DSM). Second, the general etiology of narcissism is addressed. Third, narcissism is discussed by reference to James Masterson’s (1981, 1985, 1988, 2000) developmental self and object relations model of personality disorders.

### **Background**

The concept of narcissism was coined by Freud in a footnote to a 1910 paper, and was discussed in his works, but not defined in significant detail (Chessick, 1985; McWilliams, 1994). Following Freud’s introduction, narcissism was addressed by many psychoanalysts, perhaps most notably Heinz Kohut and Otto Kernberg (Chessick, 1985, McWilliams, 1994). It was not added to the *Diagnostic and Statistical Manual of Mental Disorders* until 1980 (Millon, 1996).

Narcissistic Personality Disorder is a relatively elusive construct, due to continuing controversy over its etiology, symptomatology and taxonomy (e.g. Masterson, 2000; Mollin, 1996; Morf, 2006; Rasmussen, 2005). The empirical literature on the topic is quite paltry. Within that selection, approximately 80% of publications take a theoretical or case study perspective (Miller & Campbell, 2010). Consequently, the statistical data for NPD is dubious. By way of example, the current DSM reports that NPD affects only 1% of the general population. However, some clinicians (Campbell & Foster, \_\_\_\_\_) note that NPD describes numerous clients they see in practice. Hence, it has been suggested that, “the underestimation of NPD prevalence might reflect the fact that to be diagnosed with NPD you must first present yourself for treatment. Why would you seek treatment if you think that you are wonderful”? (Campbell & Foster, p. 116).

### ***Diagnostic and Statistical Manual Classification and Definitions***

According to the DSM, a personality disorder is generally defined as, “an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment” (p. 685). The DSM groups the ten specific personality disorders into three clusters based on symptomatic similarity, although such classification admittedly “has serious limitations and has not been consistently validated” (p. 686). Narcissistic Personality Disorder is included in Cluster B, along with Antisocial, Borderline, and Histrionic Personality Disorders. These disorders are characterized by drama, emotionality and erraticism.

The DSM describes the essential attribute of NPD as “a pervasive pattern of grandiosity, need for admiration, and lack of empathy that begins by early adulthood and is present in a variety of contexts” (p. 714). The diagnosis requires the presence of at least five of nine features

which can be grouped into four broad clinical categories: Interpersonal, Self-image, Cognitive, and Behavioral (Millon, 1996). The Interpersonal domain predominates with five criteria: (1) is interpersonally exploitative, as evidenced by the consistent taking advantage of others; (2) shows lack of empathy, exhibited by an unwillingness or incapacity to identify with the feelings of others; (3) is envious of others, and believes others are envious of him or her; (4) solicits and requires excessive admiration from others; and (5) exhibits a sense of entitlement, by expecting to be treated as if he or she were superior to others (Millon, 1996, p. 403).

The Self-image criteria are two-fold: (1) presents a grandiose sense of self-worth by hyperbolizing talents and accomplishments, and (2) believes that one is “special” and unique, and can only be understood by, or associate with, like individuals or institutions. The Cognitive domain is marked by a preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love. Finally, the Behavioral criterion consists of displaying an arrogant, supercilious, disdainful attitude coupled with haughty, condescending behaviors. In addition, individuals with NPD have a fragile sense of self-esteem, which makes them hypersensitive to criticism (DSM, p. 715), and likely to respond “with feelings of rage, defiance, shame, and humiliation” (Morf & Rhodewalt, 2001, p. 177). They also vacillate between idealization and devaluation of others (Morf & Rhodewalt, 2001).

### **Etiology of Narcissism**

Although much disagreement exists regarding the nature of narcissism, clinical authorities seem to agree that the narcissist is predominantly reared rather than born. More specifically, “they all in essence describe narcissists as individuals whose self-needs in childhood were not met due to deficiencies in early parental empathy or neglect, and who thus seek to fulfill these needs in their adult relationships” (Morf & Rhodewalt, 2001, p. 179). Kernberg,

Kohut, and Millon provide oft-cited views of this development (Morf & Rhodewalt, 2001; Otway & Vignoles, 2006). Kernberg (1975) attributed narcissism to a repudiating mother and the child's resulting feelings of abandonment. Kohut (1971) generally ascribed the disorder to inconsistent, mercurial, or cold, unempathic parenting. In contrast, Millon (1981) suggests that narcissism may be precipitated by overindulgent parents who tend to exalt their children. Despite the discrepancies among theorists regarding the precise causal construction of NPD, they share the view that the adult narcissist is motivated by the drive to compensate for unmet developmental needs (Otway & Vignoles, 2006).

### **Masterson's Model of Narcissistic Personality Disorder**

As with ostensibly every form of psychopathology, myriad theories emerge boasting varying levels of explanatory power. In seeking a thorough understanding of the etiology and nosology of NPD, and of personality disorders in general, I have elected to review a single model in detail. For this purpose, I have selected the developmental self and object relations model proposed by James Masterson (1981, 1985, 1988, 2000) because it provides a parsimonious theory of all personality disorders that seems to accurately reflect my own clinical and life experience.

### **Disorders of the Self**

Masterson (2000) considers all personality disorders "disorders of the self." In his view, these disorders revolve around a single theme, which he calls "the disorders-of-the-self triad." This theme represents the process by which personality disorders operate: "self activation leads to separation anxiety and abandonment depression, which leads to defense" (p. 59).

*Self-activation* is the "ability to identify one's own unique individuality, wishes, dreams, and goals and to be assertive in expressing them autonomously" (Masterson, 1988, p. 43). It also

includes *self-assertion*: defending and persevering in one's desired direction in the face of opposition or disapproval. For instance, becoming a pastry chef in opposition to one's parents who insisted on medical school would exemplify self-activation and self-assertion. In Masterson's view, failures in the separation and individuation phases of early childhood result in intrapsychic enmeshment with one or both parents (usually the mother), and an impaired *real* self which cannot tolerate self-activation or true separation (Masterson, 1988, 2000). *False* selves are based on infantile fantasies. While the real self seeks to master reality, the false self (or selves) seeks to avoid it at all cost, because it is not equipped to tolerate the separation anxiety stemming from the devastating fact that one is *alone* (Masterson, 1988).

The autonomous individual, emerging from a healthy parent-child relationship, and, thus, dominated by a real self, embraces self-activation as a genuine expression of individuality. Conversely, the disordered person, who failed to detach, subsists in a purgatory, where self-activation portends a level of separation anxiety that threatens psychic submergence into the netherworld of *abandonment depression*. Disorders of the self result from the desperate attempts by the false self to avoid abandonment depression (Masterson, 1985, 1988, 2000). The next sections of the this paper will attempt to explain how this phenomenon occurs.

### **Object Relations Theory**

Object relations theory is "the psychoanalytic study of the internalization of early relationships, mostly with the mother, and later with the father" (Masterson, 2000, p. 65).<sup>1</sup> In object relations theory, the term *object* generally denotes "both real people in the external world and the images of them that are established internally" (Greenberg & Mitchell, 1983, p. 14). The

---

<sup>1</sup> Because of Masterson's focus on the mother, and the fact that the mother is typically the primary caregiver, I have elected to use the term *mother*, as opposed to another, perhaps more politically correct euphemism.

nomenclature of object relations consists of the self-representation, the object representations, the affects that connect them, together with the ego functions and defenses. Masterson (1985)

defines *self-representation* as a

more enduring schema than self-image, constructed by the ego out of of the multitude of realistic and distorted self images which an individual has had at different times. It represents the person as he consciously and unconsciously perceives himself and may be dormant or active. (pp. 20-21)

He describes the *self-image* as the image a person has of the self within a specific time and situation, consisting of body image, mental representations of his state, and which may be conscious, unconscious, accurate or distorted (p. 20). He refers to *object representation* as the internalized image of the relationship between the self and the object, in the form of a representation of the self interacting with the object based on the individual's experience with the object (Masterson, 1985, p. 21).

### **The Real Self**

Masterson (1985, 1988, 2000) defines the term *real self* as a healthy self - one that obtains its images predominantly from reality, and is concerned with mastering reality tasks in order to attain psychic equilibrium and self-esteem. The real self comprises the "sum total of the intrapsychic images of the self and its associated object representations" (Masterson, 2000, p.60).

Masterson (1988) explains,

The real self can accept and modulate the various, even conflicting, self-images and resolve any apparent, temporary confusions. It can integrate diverse aspects of our lives to form a whole. It becomes the guidance system that motivates much of our behavior and keeps that behavior on the appropriate path. (p. 26)

### **Capacities of the Self**

According to Masterson, (1985, 1988, 2000), only a well-developed self is capable of performing several imperative functions. These include: (1) the capacity for *self-activation*, as defined above; (2) “the acknowledgement of self-activation and maintenance of self-esteem” (p. 62), which means identifying and acknowledging that one has coped with an affective state or issue or task in a manner that is positive and adaptive. According to Masterson (2000), this acknowledgment fuels self-esteem; (3) the capacity to *self-soothe*; (4) the capacity for *intimacy* without excessive anxiety over abandonment or engulfment; (5) the capacity to regulate affect and self-esteem with minimal anxiety about abandonment or engulfment; (6) the capacity for *spontaneity* and animated affect; (7) the capacity for *commitment*; (8) the capacity for *self-entitlement*; and (9) the capacity for *creativity*.

According to Masterson (2000), the self does not crystallize into an enduring construct until the end of adolescence. Until that time, it requires maternal supply to cultivate these manifold capacities. Throughout adulthood, the capacity for growth continues; however, such growth is, presumably incumbent on the individual outside of the parent-child dyad.

### **Developing the Real Self**

Imperative to the formation of a real self is separation and individuation from the mother. This process is two-fold: first, it requires the separation of the self-image from the image of the mother; second, it demands the parallel development of the self. These processes are mutually dependent, in that, the child cannot intrapsychically evict the mother from his or her concept of self, without concomitantly replacing her image with components of the real self. When these processes are hindered, the individual remains both intrapsychically dependent on the mother, and unable to successfully develop a real self (Masterson, 2000).

In Masterson's (1988, 2000) view, three factors impact whether a child will develop a healthy, "real self": (1) a genetically-driven capacity for individuation, (2) the absence of significant environmental separation stressors during the early developmental years, and (3) a mother who emotionally supports the child's emerging self. Hence, for an otherwise healthy child within a "normal" environment, the role of the mother is the pivotal factor in the development of the self.

Healthy development requires the mother to meet the child's genetic drive for individuation with the appropriate amount of emotional support. Masterson (1988) explains, every "child needs emotional 'supplies' for the emerging self and will keep returning to the mother to receive them, in the form of her acknowledgement and support for the unique displays of self-expression and achievement the child demonstrates" (p. 31). During this oscillation between autonomy and retreat, the child puts increasing space between the self and the mother both physically and intrapsychically. By this process, the child discovers that he or she is not fused to the mother, but rather, they are separate, distinct objects. Within the space of this recognition, the self of the child can fully emerge.

However, the stage is set for disorders of the self when the mother is not able to provide the necessary emotional supplies, particularly prior to age three. The mother's failure in this regard can be in the form of physical or sexual abuse, but also a broad range of less obvious behaviors, including:

the borderline mother who clings to the child's regressive behavior to defend against her own abandonment depression and is not able to support the child's individuation, a narcissistic mother who requires the child to idealize her; a schizoid mother who cannot tolerate closeness to the child and withdraws, a psychopathic mother who either neglects the child or uses the child as a tool for her satisfaction, a mother who cannot tolerate the



child's dependence and pushes the child to be independent prematurely. (Masterson, 1988, p. 34)

In each case, the mother is unable to emotionally support and attune to the child as a unique, developing individual. As the mother withholds support for aspects of the child's developing self, the child learns early on to ignore those facets of him or herself that are met with lack of maternal approval so as to secure the mother's continuing emotional supply (Masterson, 1988).

Between 18 and 36 months of age, this child experiences conflict between the internal thrust toward individuation and the fear of the mother's withdraw of emotional support, which the child needs for self-development. The child is faced with an ultimatum between developing ego structure for separation and individuation, or preserving maternal support required for survival. Since maternal abandonment is not a viable option, the child relinquishes his or her autonomous initiative in exchange for security (Masterson, 1988).

Importantly, irrespective of the particular maternal behavior, the child experiences the withdrawal of the mother's support in response to his or her developing self as a partial loss of the self (Masterson, 1988, 2000). This loss triggers early abandonment depression which the child cannot tolerate, and, hence, devises defenses in order to avoid (2000, p. 34). In addition, the self fails to develop its many capacities, and both the child's ego and object relations become abidingly split (2000, p. 53).

### **Splitting**

Masterson (2000) explains that splitting is a mechanism by which healthy infants organize experience, but which becomes fixed in disorders of the self. The early process of splitting occurs in the second month of life (Greenberg & Mitchell). Here, the infant begins to separate the idea of the self from the idea of the mother (the child's human *object*). The infant

configures these experiences into three components: an object image, a self image, and the affect that links them. Because at that age, the ego is too cognitively undeveloped to integrate varying kinds of experiences, it splits them into two basic categories based simply on whether they make him or her feel good or bad (Greenberg & Mitchell). Thus, the child splits *good* object images from *bad* object images, and *good* self images from *bad* self images. All young children hold these parallel images of self and object. The good object (mother) image consists of “experiences in which the mother provides pleasure, comfort, warmth, affection” (Masterson, 1988, p 34). The bad object image is composed of “experiences in which the mother frustrates the child’s impulses, shows displeasure, punishes, or in fact physically harms or inflicts pain on the child” (p. 34). Similarly, good self-images are based on feeling good: comforted, fed, safe, etc, while bad self-images arise from feeling bad: hungry, frustrated, scared, etc. (Masterson, 1988).

In normal development, by age three, these split images unite, giving way to the recognition of wholeness of self and object: The child learns that both he or she and the mother are each whole, that good and bad exist within most everything, and that reality entails ambiguity (Masterson, 1988). However, when the splitting defense persists, the child sees him or herself as a good self when behaving in ways that appease the mother, and a bad self when he or she acts in a self-activating manner. Similarly, the child continues to split the mother into the good mother who approves of the good (emotionally compliant) child, and the bad mother who acts hostile and angry in response to behaviors the mother cannot tolerate (Masterson, 1988).

### **Abandonment Depression and the False Self**

As mentioned, Masterson opines that the central psychodynamic theme of all personality disorders is the “disorders-of-the-self triad,” in which self-activation leads to separation anxiety and abandonment depression, which provokes defense (2000, p. 59). The concept of

abandonment depression describes a complex, “catastrophic set of feelings” (1988, p. 59).

Masterson likens it the second stage of despair John Bowlby used to describe infants who had been separated from their mothers for long periods during hospitalization (Masterson, 1988).

During this stage, the child is hopeless: “The child sinks into despair and may even stop moving. He tends to cry monotonously or intermittently, and becomes withdrawn and more inactive, making no demands on the environment as the mourning state deepens” (p. 58).

Masterson reports that when patients who lack real selves experience a separation against which they have spent their lives defending (ie., losing an object), they seem to respond like the infants Bowlby described in the second stage of despair. For these adults, the abandonment depression represents a recapitulation of their infantile drama in which they sought maternal support and encouragement, but did not receive it because of an unavailable or incapable mother (Masterson, 1988, p. 59).

Masterson describes abandonment depression as a composite of six affects, which he refers to as the “Six Horsemen of the Psychic Apocalypse” (Masterson, 1988, p. 61). These include: homicidal rage, suicidal depression, panic helplessness and hopelessness, guilt, emptiness, and void (2000, p. 67). In a person with an impaired sense of self, these feelings can rapidly become insufferable: “They create a panicky state of helplessness, of being out of control, and an inexorable need to feel protected and safe again, even in the pseudo-armor of pathologic pleasure the false self forges for the embattled self” (1988, pp. 62-63). When these feelings arise, the false self strides in gallantly to offer relief in the form of the drugs, unhealthy relationships and self-destructive fantasies and habits that one has implemented precisely to avoid this pain. In this way, the defensive process is perpetuated.

Abandonment depression is far more critical than other forms of depression that people might cycle in and out of. As Masterson (1988) describes,

In the throes of abandonment depression, a person will feel that part of his very self is lost or cut off from the supplies necessary to sustain life. Many patients describe this in graphic physical terms, such as losing an arm or leg, being deprived of oxygen, or being drained of blood. (p. 62)

In the deepest travails of this state, one can sink into utter hopelessness that true relief, in the form of the real self, will ever be found. For, the only way to find the real self is to overcome the abandonment depression. Suicidal ideation for these patients is not uncommon, and suicide occurs in some cases where devastating external separations strongly reinforce feelings of abandonment before enough of the real self can be developed (Masterson, 1988)

With the false self at the helm, people often find themselves confined to superficial, dysfunctional relationships based on unconscious fantasies. Masterson (1988) cites the case of a 38-year old lawyer who was experiencing abandonment depression as a result of his wife leaving him after twelve years. This narcissistic patient was oblivious to his wife's feelings of being continuously ignored. He later realized that his motivation for marrying was to establish a home that replicated his boyhood experience of devoting himself to his schoolwork and receiving praise from others. Hence, during his marriage, he busied himself with activities that would bring him adulation, and paid little attention to his wife, simply using her as a primary source of praise. Her departure sent him into a tailspin of abandonment depression, which he expressed in graphic terms: "It would be like my hand being cut off from my wrist. How would I be able to live with only one hand? . . . I wouldn't be able to live without it" (p. 64). In this man's case, his false self had convinced him to design his life according to the defensive strategy he had employed as a

child to gain parental approval. It was not until it finally failed, that he was forced to glimpse his enfeebled real self. Masterson explains,

It is the nature of the false self to save us from knowing the truth about our real selves, from penetrating the deeper causes of our unhappiness, from seeing ourselves as we really are - vulnerable, afraid, terrified, and unable to let our real selves emerge. Nevertheless, when the defenses are down and the real self is thrown into situations calling for strong self-assertion, situations that trigger the repressed memories of earlier separation anxieties and feelings of abandonment by the mother, the serious nature of the depression is glimpsed and felt. (p. 64)

### **Masterson's Suggested Etiology of Narcissistic Personality Disorder of the Self**

Masterson posits that narcissism may ensue when the child of a severely unattuned mother resonates with the mother's idealized image of him or her. In return for the child meeting the mother's emotional demands, the mother idealizes the child, and the child embraces that image of him or herself. Essentially, he or she repeats (or never emerges from) Mahler's symbiotic stage that is said to typify infants between two and four months of age. During this period, the child believes the mother is omnipotent, that he or she is a constituent of her omnipotence, and by extension, perfect to the extent of her approval (Mahler, 1963, 1968, as cited in Masterson, 2000, p. 10). This symbiosis persists throughout the child's development, coalescing into the perception of the permanently fused "grandiose child-omnipotent mother" (Masterson, 1988, p. 102).

Alternatively, Masterson (1988) suggests that the origin of NPD may involve an identification with the father: When confronted with an emotionally unavailable mother, the child may look to the father for salvation from the mother and ensuing abandonment depression that interaction with her precipitates. If the father shows sufficient interest in the child, then,

the child transfers his fused, symbiotic image of the mother and himself, together with all the associated feelings and yearnings, onto the father in order to deal with his abandonment depression and preserve his sense of omnipotence which he doesn't want to lose. (p. 103)

If the father is narcissistic himself, and the transfer occurs when the child believes he or she is still an extension of parental omnipotence, then the child's sense of grandiosity will endure and be reinforced by identification with the father. However, a healthy father who places realistic emotional demands on the child may be in position to curb the child's narcissistic development (p. 103).

The child who develops within this psychological cocoon, in which the grandiosity and omnipotence of complete symbiosis with the mother or father are preserved, emerges as an adult who perceives of him or herself just as perfect and powerful as a three-month old infant.

However, the identification with the grandiose omnipotent parent is fragile and superficial:

Underneath this defensive, fused, grandiose self is the inadequate, fragmented, impaired real self with its rage and depression and the intrapsychic image of the angry attacking mother who disapproved of his emerging self when it sought self-expression along lines other than the perfection and grandiosity that she required. (Masterson, 1988, p. 102)

This dichotomous personality reflects the split intrapsychic structure of the narcissistic mind.

### **Structure of Narcissism According to Masterson**

Pursuant to object relations theory, our general intrapsychic landscape comprises a "self-representation," "object representations," and the affects that connect them (in addition to ego functions, which this paper will not specifically address) (Masterson, 2000). According to Masterson (2000), all disorders of the self are caused by a structural split, called the "split object relations unit," meaning that the self-representation and the object representation(s) are each split in half. The two parts reflect the internalization of two themes of interaction with the mother

(good and bad). Each part self-representations is connected to a part object-representation by a particular affect or set of affects.

In the case of narcissism, fusion occurs between the part self- and part object-representation on each side of the split, which reflects the failure to separate and individuate from the parent. One part unit is the “grandiose self-defensive part unit” (2000, p. 70). This part unit comprises a grandiose self-representation and an omnipotent object- representation. The linking affect is a feeling of “being unique, special, great, admired, adored, perfect, and entitled” (p. 72). This part-unit constitutes the intrapsychic fusion of the grandiose infant-omnipotent parent dyad: The grandiose self part-unit houses the parts of the self that were idealized by the parent, and thus, retained as the good self. The idealized object part-unit consists of the omnipotent, good parent that idealized the child for gratifying the parent’s emotional needs. This part unit supplies the grandiose exterior described by the nine DSM characteristics.

The second part unit is the “harsh, aggressive, attacking part unit” (2000, p. 70). This part-unit contains an object-representation that is harsh, punitive, attacking, and/or devaluing, and a self-representation that is inadequate, fragmented, unworthy, humiliated and empty. The linking affect is abandonment depression (Masterson, 1981, 2000). This part-unit reflects the bad parts of the self that were rejected by the mother and repressed by the child to secure maternal approval. It also contains the rejecting or withholding aspects of the mother, who psychically threatened to abandon the child if he or she did not gratify her emotional needs.

Masterson (1988, 2000) explains that the grandiose part-unit is a defensive fantasy created to defend the self from the aggressive fused part-unit that reflects the underlying reality. For the narcissist in particular, separation stress, self-activation or a failure in empathy will

trigger the underlying aggressive part-unit, causing separation anxiety, which the narcissist defends against with grandiosity. Thus, the narcissist's quintessential grandiosity is a defense which relies on the fused "omnipotent parent-grandiose infant" dyad to inhibit abandonment depression.

The narcissist's grandiosity is manifest in two themes: complete absorption with personal perfection, and total preoccupation with attaining the narcissistic supplies to sustain the grandiose self-image (1988, p. 92). For the typical exhibitionist narcissist described by the DSM, both are obtained through *mirroring*. Masterson (1988) likens mirroring to *reinforcement feedback*:

The narcissist looks to others in his environment, and to the environment itself- clothes, car, home, office - to reflect his exaggerated sense of importance and perfection. . . . Wealth, power, and beauty in himself and those who are part of his life . . . must also be perfect since their perfection highlights his own and justifies his grandiose image of himself. (p. 92)

When the sense of perfection and grandiosity falters, such as in a failure in mirroring, the underlying depression of the aggressive part-unit begins to surface. In such instances, the narcissist is likely to resort to anger to defend against abandonment depression. Since the narcissist denies all weakness, he or she will deny feeling depressed, because it implies a personal flaw. In contrast, anger suggests a deficiency in others, and is consistent with the defensive image of perfection. Thus, the narcissist will activate anger to displace the depression that surfaces as a result of diminished narcissistic supply.



### **Masterson's three Types of Narcissistic Personality Disorder**

In contradistinction to the DSM, Masterson (2000) describes three types of NPD: the *exhibitionist*, the *closet* and the *devaluer* (p. 72). The exhibitionist type presents the grandiose self described by the DSM. This type of NPD is the most common (Masterson, 2000).

The closet type has the same intrapsychic structure as the exhibitionist (grandiose self-image fused with omnipotent parent). However, he or she is more invested in the omnipotent other than the self. This type of narcissist is not able to express his or her grandiosity with the brash conspicuousness of the exhibitionist. Therefore, rather than seek the mirroring of his or her own perfectionism, the closet narcissist defends against abandonment depression by idealizing others just as he or she did the parent. The grandiosity of the closet narcissist is gratified through “basking in the glow of the object's idealized omnipotence and perfection” (p. 72). Masterson (1988) suggests that this type of narcissism may develop when one or both of the parents were exhibitionistic narcissists, such that idealizing the parent(s) would be necessary for survival. Alternatively, the mother may have idealized the child's grandiosity early in life, but became critical of it later when it conflicted with the mother's wishes (Masterson, 1988).

The third type of narcissist is the devaluer (Masterson, 2000, p. 72). Masterson does not explain this type in depth. He describes this patient as one who activates the unique defensive strategy of projecting and acting out aggressively: The devaluing narcissist projects the inadequate self on to another, and becomes the attacking object who proceeds to devalue the other in order to achieve intrapsychic equilibrium. Thus, the grandiosity of this subtype is quite covert.

According to Masterson (1988), all three types of narcissists present numerous deficiencies and distortions of the self. In each of them, the capacity for self-entitlement is

excessively inflated and unrealistic. In addition, the capacities of self-activation, self-soothing, intimacy, regulation of affect and self-esteem, and commitment and intimacy are impaired.

This paper has traced various aspects of NPD. It began by reviewing the general characteristics of NPD in general. It then focused particular attention on Masterson's (1981, 1985, 1988, 2000) developmental self and object relations model of personality disorders, with an emphasis on narcissism. Masterson posits that all disorders of the self constitute defensive reactions to the consequence of a failed separation and individuation process. Thus, while the grandiosity of the narcissist may appear to be a strength, in reality, it is a flight from the infantile drama of abandonment depression engendered by a woefully inadequate mother.

Due to time and space constraints, this paper is limited in its depth and scope concerning such a vast topic. Additional review of the literature is warranted in terms of the intrapsychic structure and process of NPD, including the role of the ego. Such research should also address the myriad therapeutic considerations involved in treating personality disorders such as narcissism.

## References

- American Psychiatric Association, (2000). *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC: American Psychiatric Association.
- Campbell, W.K., & Foster, J. D. (\_\_\_\_). Narcissism. In, *The Self*. \_\_\_\_\_,\_\_\_\_: \_\_\_\_\_.
- Chessick, R. D. (1985). *Psychology of the self and the treatment of narcissism*. Northvale, NJ: Jason Aronson.
- Greenberg, J. R. & Mitchell, S. A. (1983) *Object relations in psychoanalytic theory*. Cambridge, MA: Harvard University Press.
- Kernberg, O. F. (1975). *Borderline conditions and pathological narcissism*. New York, NY: Aronson.
- Kohut, H. (1971). *The analysis of the self*. New York, NY: International University Press.
- Mahler, M. S. (1963b). Description of the subphases, history of the separation-individuation study, presented at Workshop IV: Research in Progress, American Psychoanalytic Association annual meeting, St. Louis, MO., May 4, 1963, unpublished.
- Mahler, M. S. (1968). *On human symbiosis and the vicissitudes of individuation*, Vol. 1, *Infantile psychosis*. New York, NY: International Universities Press.
- Masterson, J. F. (1981). *The narcissistic and borderline disorders*. New York, NY: Brunner/Mazel.
- Masterson, J. F. (1985). *The real self*. New York, NY: Brunner/Mazel.
- Masterson, J. F. (1988). *The search for the real self*. New York, NY: The Free Press.
- Masterson, J. F. (2000). *The personality disorders*. Phoenix, AZ: Zeig, Tucker & Co.
- McWilliams, N. (1994). *Psychoanalytic diagnosis*. New York, NY: Guilford.
- Miller, J. D., & Campbell, W. K. (2010). The case for using research on trait narcissism as a building block for understanding Narcissistic Personality Disorder. *Personality Disorders: Theory, Research, and Treatment*, (1)3, (180-191).
- Millon, T. & Davis, R. D. (1996). Narcissistic personality disorders; The egoistic pattern. In, *Disorders of personality; DSM-IV and beyond*, (393-428).

- Moore, R. & Gillete, D. (1990). *King, warrior, magician, lover: Rediscovering the archetypes of the mature masculine*. New York, NY: HarperCollins.
- Morf, C. C. (2006). Personality reflected in a coherent idiosyncratic interplay of intra- and interpersonal self-regulatory processes. *Journal of Personality* (74)6, 1527-1556.
- Morf, C. C. & Rhodewalt, F. (2001). Unraveling the paradoxes of narcissism: A dynamic self-regulatory processing model. *Psychological Inquiry*, (12)4, (177-196).
- Otway, L. V. & Vignoles, V. L. (2006). Narcissism and childhood recollections: A quantitative test of psychoanalytic predictions. *Personality and Social Psychology Bulletin* (32)1, (104-116).
- Rasmussen, P. R. (2006). The narcissistic prototype. In, *Personality-guided cognitive behavioral therapy*. Washington, DC: American Psychological Association, (167-189).

God complex

<http://www.youtube.com/watch?v=8g2dkDh4ov4&feature=related>

A few good men

<http://www.youtube.com/watch?v=8hGvQtumNAY&feature=related>