

Comparison of Kernberg's and Kohut's Theory of Narcissistic Personality Disorder

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SUMMARY

Narcissism is a recurring topic of psychoanalysis since its beginning and has gained a place in everyday language of modern societies. However, there still exist gaps and limitations in our knowledge of narcissistic personality disorder (NPD), which presents the need for better integration of already existent theoretical conceptualisations of the disorder. In the present paper, we have examined the theories of, Otto Kernberg and Heinz Kohut, the two most influential, however disagreeing, psychoanalytic thinkers on the topic. For the purpose of the comparative review, we have examined multiple convergences and divergences of their theories. We have examined the development of normal narcissism of infancy and childhood, which is essential for healthy development of the individual; characteristics and course of pathology conceptualisation, in which we also addressed the cause and source of the pathology; attitudes and behaviours relating to object relations; classification of the pathology; and treatment applications. The review indicates that, despite divergences, both theories represent a valuable theoretical perspective of the disorder, which can be observed in the modern application of these theories in different evidence based psychoanalytic treatments.

Keywords: Narcissistic personality disorder, Kernberg, Kohut, psychoanalytic treatment

INTRODUCTION

Famous myth of Narcissus has been around for centuries. Narcissism as a psychic phenomenon has become a recurring topic of psychoanalysis through the writings of Otto Rank (1911) and Freud (1914) and is today present as part of our everyday language. Analytical writings of Otto Kernberg and Heinz Kohut constitute the major contributions to the development of narcissistic personality disorder (NPD) theory. 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. In the present paper, an attempt is made to review and compare the two authors, their theories and approach to the treatment of narcissistic personality disorder. For the purpose of reviewing and comparing the two theorists' ideas, the research is based

on two main articles written on narcissism, "Forms and transformations of narcissism" by Kohut (1966) and "Factors in the psychoanalytic treatment of narcissistic personalities" by Kernberg (1970). The idea of making this comparison is based on the 1985 article from Gillian Russell.

Normal Development of Narcissism

The six main divergencies and the two main convergences on the theory of narcissism of the two authors are summarised below in Table 1. Both authors agree that narcissism is part of normal development and it is, therefore, necessary for developing into a healthy adult individual. Kernberg (1970) stresses that narcissism is the developmental stage that needs to be outgrown. More specifically, it is the stage before the oedipal phase, associated with the superego development

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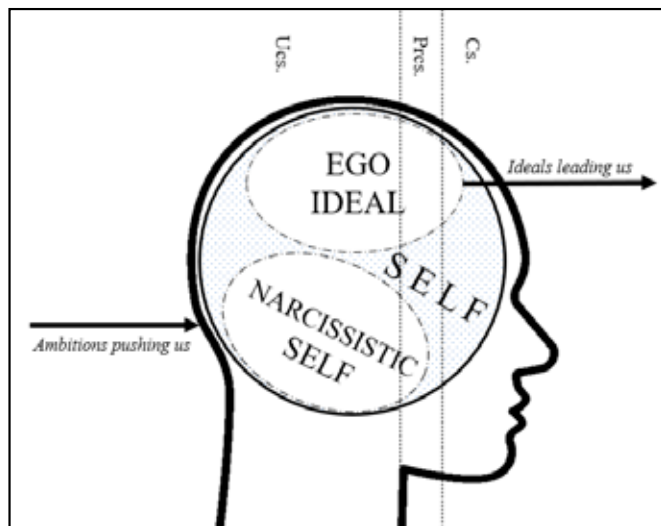
Table 1. Categorical Comparison of Kernberg's and Kohut's Theory of Narcissism

	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

and forerunner of development of object relations. Crucial for outgrowing the infantile narcissism is the successful superego formation. Part of this formation is the task of the superego to integrate *ideal self images* and *ideal object images*. The former are the fantasised images such as the self being omnipotent, omniscient, all-good, all beautiful, etc.; compensating for oral rage and envy (Kernberg 1974). According to Melanie Klein (1940), these fantasised images emerge in the paranoid-schizoid position and later in the depressive position they are integrated into a coherent whole, containing both the good and bad aspects of self and other. Ideal object images are the images of the caregiver (mother) as ever giving, ever loving, accepting, powerful etc. If we simplify the concepts, we could say that the ideal self is the image of “who I wish to be” and the ideal object is “who I wish to love and be loved by”. Integration and condensation of the two represent the *ego ideal*, which is further modified by integration of 1) realistic perceived parental demands, 2) sadistic forerunners of superego and 3) advanced aspects of the prohibitive superego. The product of this development is a less intense, less grandiose and more reachable ego ideal, which allows normal narcissistic gratification by living up to the internalised ideal parental images. This gratification reinforces self-esteem, confidence in one's own goodness and trust in gratifying object relationships. The third structure important for normal development is *actual* or *real self images*, which consist of the actual specialness of the infant, which is reinforced by early experiences with the caregiver. Actual self images, which are part of the ego, are integrated with the ego ideal of superego and make up the source for creating tension between ego and superego demands.

Kohut (1966) in contrast to Kernberg's theory views narcissism as part of maturation and developmental achievement, from which residue remains throughout life. Development is not in levels consisting separate stages in which the previous develops into something new, rather it is seen as an evolution in which

the original narcissism does not transform, but evolves, always retaining the original position. Development starts with the position of *primary narcissism* in which the infant cannot differentiate between I-You aspects (similar concept to Winnicott's (1953) *me* and *not-me* aspects). This heavenly world of primary narcissism is inevitably disturbed by failures of parental care, which also follows the idea that there are only “good enough” mothers. Infant deals with such disturbances of balance by creating “new system of perfection” (p. 246, Kohut 1966). This new system consists of *narcissistic self* or *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 concept is analogous to Freud's (1915) concept of “purified pleasure ego” and to the well-known concept of splitting. Another formation is the *idealized parental imago*, which entitles outside objects with goodness and power, in other words, it is the projection of the primary narcissism of the child to the parent. During the construction of the ego in the pre-oedipal phase, the idealized parental imago gradually gets lost. In the oedipal period, massive loss of it contributes to the formation of the superego. Idealized images of the object get introjected and form the *ego ideal*, which is the part of the superego. Similarly, perceiving idealized parental imago as omnipotent, omniscient and perfect are now values and standards of the superego experienced as absolute. Ego ideal is connected to the drive control (superego) and narcissistic self being connected to drives itself and their tensions (id). That is to say, “ego ideal coming from above and narcissistic self coming from below” (p. 250, Kohut 1966). In preconscious we experience ego ideal as our *ideals*, which are leading us, we are in love and look up to them, and they are available to our consciousness. If we cannot realize our ideals, ego would experience an emotion akin to longing. In contrast, the *ambitions* are the preconscious experience of the narcissistic self, which push us. We are driven by them, but we do not admire or love



Cs → Consciousness
 Pres → Preconscious
 Ucs → Unconscious

Figure 1. The Relationship Between the Interaction of Ego Ideal, Self and Narcissistic Self

them. Because they do not have qualities of objects, such as ego ideal, they are not accessible to our consciousness. Just as we look up to, admire and love our ideals, the narcissistic self wants to be loved and admired. The failure of realizing our ambitions is experienced by ego as a disappointment, which is merged with shame. The relationship between ego ideal and narcissistic self is demonstrated in Figure 1.

As noted before, we never fully give up the characteristics of the primary narcissism. This “basic narcissistic tonus”, which overspreads our whole personality (p. 246, Kohut 1966), presents us throughout life with the need for *selfobject*, namely, the other being in the service of the self or an object which sustains the self. We all need narcissistic gratification which comes from the other or activities and pursuits. Kohut emphasises that the ego has the capacity, i.e. “*transformed narcissistic libido*”, to redistribute narcissistic libido and transform the primitive structure into a mature personality. In other words, through this capacity the development of the narcissism is never fully complete and evolves throughout life. There are several attainments of the ego, which are much more than mere transformations of narcissism despite being related and energized by narcissistic drives. Attitudes and achievements of the personality, through which one also achieves narcissistic gratification are: 1) creativity, 2) empathy, 3) capacity to contemplate one’s own impermanence, 4) sense of humour; and 5) wisdom; the extended and detailed descriptions having been given by Freud (1940), Kohut (1966), and Mitchell (1981).

In summary, it can be said that both theories have many similarities, such as narcissism being a forerunner and important part of superego development. One of the

differences is in the concept of ego ideal. Kernberg’s ego ideal consists of both ideal object and ideal self, which together form the ego ideal, which is part of the superego. Kohut, on the other hand, positioned narcissistic self, which is akin to ideal self, in the id, being connected to drives and not their control. Another difference is in the perception of narcissism, in which Kohut views the development of narcissism as never-ending-story, while Kernberg argues that development of narcissism should be completed by the end of the oedipal situation or the formation of the superego. It appears that, Kohut has, with the concept of transformative narcissistic libido, much more positivistic and optimistic view on narcissism, while Kernberg sees narcissism persisting in adulthood as developmental arrest, therefore something that needs to be worked through.

Pathology Formation

Bearing in mind the normal development of narcissism one can turn to the pathological state of narcissism. Theoretical convergence of the ideas of both Kohut and Kernberg is an acknowledgement that the underlying external cause of the development of NPD is inadequate parenting. The primary caregiver, usually the mother, is cold, rejecting, destructive, or uses the child as her own selfobject (i.e. mother herself is narcissistic). Kernberg argues that individual who has NPD is fixated on infantile narcissism and has not sufficiently integrated three main structures. Since there is the fusion of the ideal self, ideal object and actual self images, the ego and superego are not properly differentiated. This fusion serves as a defence against intolerable external reality in a way that 1) unacceptable self-images get projected (split and “removed” from self) onto external objects, which are then devaluated; 2) perfect images of self and perfect images of others are all one and perceived as actual self, compared to which no other external object can compete, leaving the individual with the feeling that they do not need anyone. Both of which contribute to toxic object relations, which is one of the main characteristics of narcissistic individuals. Kohut, on the other hand, stresses that pathology occurs when a child cannot integrate two structures emerging out of frustration in the phase of “narcissistic perfection”. A child holds on to the narcissistic self or grandiose self, which occurs when the child is not allowed to “experience the sense of fulfilment that comes from being valued through mirroring” (p. 144, Russell 1985). Later in life, such an individual would seek selfobjects that would mirror his grandiosity. Another possibility of pathology formation is the persistence of idealized parental imago, which occurs when a child is unable to project primary narcissism onto the mother and receive that idealization back, therefore he cannot transform received idealization into the internalized superego. Such an individual would later seek idealized omnipotent objects with which he could merge with. Both possibilities are akin to Erich Fromm’s

(1956) description of *masochistic* personality as submission to the other, that is, persistence of idealised parental imago and *sadistic* personality, that is, domination of the other, persistence of grandiose self.

Object Relations of Patients with Narcissistic Personality Disorder

As mentioned above, one of the main characteristics of NPD is the attitude towards others and pathological object relations. Both Kohut and Kernberg agree that narcissistic individuals cannot perceive others as separate entities, therefore, they are just an extension of themselves or self-objects, making interpersonal relations very difficult. Kohut argued that idealization and contempt are the two primal attitudes toward others. The individual would idealize the ones that provide him/her with emotional support and would devalue the ones who do not.

Kernberg (1970) also acknowledges the idealisation attitude, which is the projection of the individual's idealized self concept onto another. They would expect narcissistic supplies and once they would extract all of the "potential food inside" (p. 57, Kernberg 1970), they would renounce them without any guilt feelings. Those from which the individual does not expect anything would be devalued, depreciated and disdained, perceiving them as "shadows". This may also happen to ones that were once idealized but were extracted of all the needs, to be finally perceived as empty and without any value. If the individual projects his primitive characteristics of the superego onto the other, then his attitude towards them would be fearful in a way that they "may attack, exploit, and force him to submit to them" (p. 57, Kernberg 1970). In comparison to Kohut (1966), the latter is the third possibility, which is more elaborate descriptions of mechanisms in relationships towards others. Narcissistic individuals can be exploitative and even parasitic in relation to the others, but it is important to note that there is more to this picture, as Kernberg (p. 57, 1970). argued: "It is the image of a hungry, enraged, empty self, full of impotent anger at being frustrated, and fearful of a world which seems as hateful and revengeful as the patient himself."

Classification of Pathology

The differences in the classification of the NPD should be focused on before turning to the treatment of the disorder. 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.

Psychotherapeutic Treatment of NPD Patients

Having considered normal development, development of pathology, object relations and classification of disorder, we can now emphasise the more practical aspect of the theory, psychotherapeutic treatment of narcissistic patients. This is also one of the aspects of the theory disagreed on by the two authors. *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).

Another difference is that while Kernberg focuses on the integration of good and bad, Kohut focuses on completing the arrested development. Kernberg's theory is very much coloured by Klein's theory of two positions, which could be seen in the process of therapy described by the author. In the transference, the patient projects primitive aggressive feelings (intense hatred, fear, envy) onto the therapist; as he does to all other significant others. The patient becomes aware that this is the projection caused by the infantile frustration caused by his mother. At this point patient also becomes aware that his ideal self concept is just fantasy which protects him from such fearful relationships and hides in itself the longing for 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. Returning to Klein, this is the concept of *depressive anxiety* (1935). Working through this crucial period, the patient can now 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). Because of this crucial part of the therapy mentioned above, the patient needs good ego strength to work through intensive depressive feelings. Therefore, Kernberg recommends providing supportive treatment instead analysis

which might not be suitable for every narcissistic patient and can even be counter indicative.

Kohut's approach focuses on "good enough analyst" coloured by Winnicott's theory. In the therapeutic process, he allows the regression in which the early infantile narcissistic imagos emerge (narcissistic/grandiose self and idealized parental imago). Where the grandiose self emerges, the analyst provides "mirror transference" in which he/she would be in the service of selfobject providing mirroring of patient's grandiosity, that he/she did not receive in the infancy. Analyst echoes patient's self-glorification, need for specialness and admiration. Where the idealized parental imago is emerging, analyst provides "idealizing transference" in which patient would idealize analyst, who would, again in the service of patient's selfobject, accept and respond to such idealization. The goal of the psychoanalytic process is, that the patient would internalize the function of the analyst ("transmuting internalizations of elements of the analyst's psychic structure") and with that to develop gradually a psychic structure which would allow healthy self-perception. As mentioned before, treatment provides the possibility of completion of undeveloped imagos and with that development of psychic structures. The patient can then gradually perceive the analyst not as a selfobject, but as a separate individual, which is then further applied to internal and external object relations (Russell 1985, Tonkin and Fine 1985).

CONCLUSION

It can be concluded from the presented review that both Kernberg's and Kohut's theory of NPD, with their agreements and disagreements, provide us with an elaborated in-depth psychoanalytic conceptualisation and approach for the treatment of NPD. This approach provides us with a much more sympathetic view of the disorder, compared to some contemporary psychological diagnostic tools (e.g. DSM, ICD), which in turn shapes our attitude towards NPD patients and can, therefore, mitigate the effectiveness of the treatment. Although both authors conceptualised their thinking on the narcissistic pathology approximately half a century ago, their ideas still resonate in the contemporary psychotherapeutic approaches in treating narcissistic personality disorders. Kernberg's Transference Focused Psychotherapy (TFP) for personality disorders with borderline personality organisation, including narcissistic personality disorder, has been proven to be both efficient and effective (Diamond et al. 2013, Kernberg 2008, Stern et al. 2013). Similarly, Kohut's self-psychology frame still provides beneficial theoretical understanding and practical interventions in treating NPD patients, both as separate approach (McLean 2007, Romano 2004) and part of other psychotherapeutic approaches such as relational

psychoanalysis (James 2003). Deciding on the school of thought one should adhere to remains crucial, but the topic exceeds the scope of this paper. What is important for the psychologist or psychoanalyst in training is to familiarise him or herself with this conceptualisations, comparisons and treatment techniques, from which one would later develop a unique personal approach of treatment, further tailored for the abilities and needs of the specific patient.

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