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**The role of empathy in narcissism: An empirical investigation of  
Heinz Kohut's work**

**Leventhal, Seth David, Ph.D.**

**The University of North Carolina at Greensboro, 1994**

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THE ROLE OF EMPATHY IN NARCISSISM: AN  
EMPIRICAL INVESTIGATION OF HEINZ  
KOHUT'S WORK

by

Seth D. Leventhal, Ph.D.

A Dissertation Submitted to  
the Faculty of the Graduate School at  
The University of North Carolina at Greensboro  
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of the Requirements for the Degree  
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Approved by

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LEVENTHAL, SETH D., Ph.D. The Role of Empathy in Narcissism: An Empirical Investigation of Heinz Kohut's Work. (1994) Directed by Dr. Rosemary Nelson-Gray. 137 pp.

The present study empirically explored theoretical postulates advanced by Heinz Kohut (1977, 1984) regarding the role of empathy in the development of the narcissistic personality disorder. Individual participants were classified via the questionnaire version of the Structured Clinical Interview for the DSM-III into four groups: (1) Narcissistic, (2) Avoidant/Dependent, (3) Personality disordered control, and (4) Normal control. There were 19 participants in each group (all were female undergraduate college students).

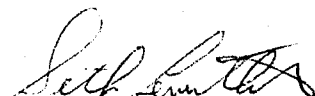
Participants were exposed to three separate videotapes depicting three different degrees of empathy between a mother and her daughter (i.e., high, medium, and low). The low level empathy tape was designed to reflect pathological interactions between parent and child which Kohut suggests are critical in the formation of the narcissistic personality disorder.

After exposure to each videotape, participants were asked to complete both the Narcissism-Projective (Shulman & McCarthy, 1986) and the State Trait Anger Inventory (Spielberger, 1983). With the exception of the normal control subjects, all participants evidenced significantly greater levels of narcissistic responding after viewing the low empathy tape as compared to the high empathy tape. Similarly, all participants evidenced significantly greater levels of

anger upon viewing the low empathy tape than after viewing the high empathy tape.

Moreover, narcissistic participants scored significantly higher on the dependent measures after viewing the low empathy videotape than did subjects in either of the control groups. Differential responses on the medium and high empathy tapes, however, were not evident between groups.

The current results are viewed as lending support to Kohut's theory and serve to highlight the role played by empathy in the narcissist's experience.

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APPROVAL PAGE

This dissertation has been approved by the following committee of the faculty of the Graduate School at The University of North Carolina at Greensboro.

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## CHAPTER I

### INTRODUCTION

The clinical entity currently known as the narcissistic personality disorder has been documented in one form or another since the early part of this century (Freud, 1905). The diagnosis of narcissistic personality disorder, however, has been assigned with increasing frequency in recent years (Akhtar & Thompson, 1982). Despite the regularity with which this label is assigned in mental health settings and in empirical research studies, there is a high level of disagreement within the literature regarding the defining features of and the etiological factors responsible for this disorder (Goldstein, 1985).

Adding to the controversy is the fact that many of the theories which address the narcissistic personality disorder tend to rely heavily on meta-psychological constructs operating within the individual. This emphasis on non-observable structures runs counter to the empirical tradition with its emphasis on observable and measurable characteristics. Consequently, attempts to validate empirically much of the theoretical work in this area has been effectively thwarted (Glassman, 1987).

According to Greek legend, Narcissus, upon seeing his reflection in a pool of still water, fell in love with the

likeness and was unable to tear himself away. Consequently, Narcissus ended his life, dying of languor. The myth was first invoked in a clinic sense by Havelock Ellis (1898) to describe a case of male autoeroticism. The term "narcissistic" was first used by Freud, however, in a 1910 footnote to "Three Essays on the Theory of Sexuality" (1905) and then in his classic paper "On Narcissism" (1914).

In a later report, Waelder (1925) described in detail an individual with a "narcissistic personality" who showed a tendency toward displaying condescending superiority, intense preoccupation with self-respect, and a marked lack of empathy or concern for others while maintaining an adequate external adaptation to reality. Similarly, Nemiah (1961) described individuals with a "narcissistic character disorder" as possessing highly unrealistic goals, great ambition, an intolerance of failure and imperfections in themselves, and a seemingly unquenchable desire for admiration.

In 1967, Kernberg presented a cogent clinical description of the "narcissistic personality structure" which incorporated many of the earlier features mentioned above in addition to emphasizing the need among these patients to cling to a rigid and pathologically ideal self-image. Kernberg described the tendency among this population to experience unconscious envy and a subsequent need to defend against this envy through the devaluation of others. Kernberg suggested that the narcissist further attempts to defend against his or her sense of envy

through the exhibition of narcissistic withdrawal and the exercise of omnipotent control over others. In describing patterns of relating to others found among these individuals, Kernberg noted a consistent inability to love, a lack of empathy, and a tendency to be interpersonally exploitative.

The term "narcissistic personality disorder" was first introduced into the literature by Kohut in 1968. Although he claimed to be strictly opposed to any sort of symptom-based classification system, Kohut described a character type which exhibits a pronounced sensitivity to slights and rejections and tends to experience pathological feeling states including grandiosity, excitement, embarrassment, emptiness, humiliation, shame, and hypochondriasis. In addition, Kohut described these individuals as possessing an inability to form and maintain significant relationships, exhibiting a lack of empathy and a tendency to experience extreme rage upon the withdrawal of approval or recognition from others (more will be included about Kohut's formulation of this disorder below).

At present, in order to qualify for the diagnosis of narcissistic personality disorder according to the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, 1987), individuals must demonstrate the following: (a) grandiose sense of self-importance or uniqueness; (b) preoccupation with fantasies of unlimited success, power, brilliance, beauty or ideal love; (c) exhibitionism; (d) cool indifference or marked feelings of

rage, inferiority, shame, and humiliation, or emptiness in response to criticism, indifference of others, or defeat; and (e) a variety of interpersonal patterns of relating which indicate pathological functioning (See Appendix A for the complete diagnostic criteria). As can be seen from this collection of descriptors, much of the earlier formulations, particularly those of Kohut and Kernberg, have been retained.

#### Etiological Factors in Narcissism

While much theorizing has been done regarding the genesis of the narcissistic personality disorder, the three theorists who have been most influential within the literature on this subject are Kernberg, Kohut, and Masterson (Akhtar & Thompson, 1982; Baker & Baker, 1987; Goldstein, 1985). While the three theorists clearly fall within the psychodynamic framework, they each tend to take very divergent views regarding the etiology and intrapsychic structure of those individuals diagnosed with narcissistic personality disorder.

#### Narcissism According to Kernberg

According to Kernberg, it is necessary to focus on the frustration of drives and subsequent defenses employed by the individual diagnosed with narcissistic personality disorder in order to gain a full understanding of this disturbance. According to Kernberg (1967, 1975), the individual diagnosed with narcissistic personality disorder experienced a cold and

non-empathic caretaker during childhood. In order to defend against feeling unloved or "bad", the child projected these feelings onto the parents and subsequently took refuge in an aspect of him or herself that his or her parents valued. According to Kernberg, an overinflated sense of self develops through a fusion of the admired aspects of the child, the fantasized version of him or herself that compensated for the initially felt frustration (in reaction to feeling unloved), and the fantasized image of the loving parent. The unacceptable image of oneself as "the hungry infant" is dissociated or split off from the main functioning self and may later be spurred into action by slights and rebukes later in life.

#### Masterson on Narcissism

Masterson (1981) proposes a development theory of narcissism in which the child is unable to successfully separate from parental figures during Mahler's (1965) rapprochement subphase of development (15-22 months approximately). According to Masterson, the clear differentiation between self-representation and other-representation which is the hallmark of successful completion of this subphase of development is not observed in the narcissist. Instead, he or she is forever clinging to the notion that the world revolves around him or her and that others are to be used as a means to an end. In this sense,

Masterson suggests that the narcissist has a "fused representation" of self and others which leads the narcissist to behave as if the object representation were an integral part of the self-representation - an omnipotent dual entity (Masterson, 1981).

While the positions held by Kernberg and Masterson have guided the theory and practice of many within the field (Akhtar & Thompson, 1982), it is felt that the theoretical postulates advanced by the two are resistant to laboratory-based empirical investigations. As was suggested above with regard to psychodynamic theories in general, Kernberg and Masterson rely heavily on meta-psychological structures to explain narcissistic pathology and appear reluctant to provide evidence of observable components of one's environment which may be responsible for such a developmental pattern. Such a state of affairs thus limits the researcher's ability to measure accurately the constructs or object internalizations which Kernberg and Masterson describe.

#### Narcissism According to Kohut

The postulates advanced by Kohut (1971, 1977, 1984) reveal a significant departure from the manner in which previous psychodynamic theorists had conceptualized narcissism and the narcissistic personality disorder. Specifically, Kohut disagreed with the notion that the explication of drive and defense operations was sufficient or even necessary in

understanding those individuals diagnosed with narcissistic personality disorder. Instead, Kohut suggests that the crux of the narcissist's experience may be uncovered only when we explore the nature of the individual's past relationships with others (particularly parents) in his or her surroundings. The nature in which those relationships have impacted upon the individual's sense of him or herself is vital to our understanding of the vicissitudes of narcissism.

#### Normal Development

Kohut suggests that throughout normal development, it is the parent's task to provide a secure and empathic environment for the child. Inevitable parental shortcomings (or failures on the part of parents to empathize with the child's desires), however, are not only likely to occur, but are actually necessary for the child to attain a healthy sense of him or herself. Within the context of a generally responsive and accepting environment provided by the child's parents, it is these optimal empathic failures which require the child to develop internal means to maintain self-esteem, tolerate unavoidable failure, and pursue appropriate ambitions with vigor (Baker & Baker, 1987). More will be said about the nature and extent of these empathic failures below.

Kohut posits two major types of interactions which play a central role in development. Both processes - mirroring and idealization - are discussed below. In each case, a certain



minimal level of parental responsiveness to the child's needs is required for healthy maturation. At the same time, however, it is asserted that full and consistent compliance with the child's immediate requests will have a detrimental impact on the developing child.

### Mirroring

The term mirroring, according to Kohut, refers to the process in which parents provide the child with a sense of recognition and acceptance. As Kohut (1978) suggests,

The delighted response of the parent to the child - the gleam in the mother's eye - is essential to the child's development. This response mirrors back to the child a sense of self-worth and value, creating internal self-respect (p. 3).

In "good enough parenting" (a term which refers to an adequate level of mirroring by parents), a child develops a healthy sense of him or herself through parental support, recognition, and encouragement. At the same time, however, empathic failures will occasionally occur. During such moments, the child will engage in some display of his or her grandiosity, expecting the parent to respond with praise and admiration. While such mirroring responses will in general be forthcoming, there will also be occasions on which the parent, for a variety of potential reasons, does not respond with such mirroring (the parent may, for example, have his or her attention directed elsewhere or may be fatigued). In still

other cases, continued parental enthusiasm for the child's accomplishments would be inappropriate. The following example of such a "minor empathic failure" is cited by Akhtar et al. (1982):

A 2-year old's accomplishment of riding a tricycle would elicit enthusiastic approval from a mother or father. Similar accomplishments, however, would elicit little applause a few years later, the mirroring enthusiasm being now reserved for more mature tasks. (p. 3).

While parental recognition of desirable behaviors will serve to strengthen the child's positive sense of competency and self-worth, it is during these "empathic failures" that the child realizes he or she must at times look to him or herself for the kind of support and reassurance which might otherwise come from parents. Through the occasional exposure to such minor empathic failures, the child comes to internalize certain aspects of the parental figures so that he or she may in the future be able to attain a sense of acceptance and worthiness without the constant supply of praise and approval which had previously been supplied by the parent. This is a process which Kohut refers to as transmuting internalizations. As Kohut (1978) writes,

The essence of a healthy matrix for the growth of the self of the child is a mature, cohesive (parent) that is in tune with the changing needs of the child. It can, with a glow of shared joy, mirror the child's (sense of pride) one minute, yet, perhaps a minute later, should the child become anxious and overstimulated by its exhibitionism, (the parent) will

curb the display by adopting a realistic attitude vis-a'-vis the child's limitations. (p. 417)

### Idealization

In addition to mirroring, the process of idealization is central to an understanding of both normal and abnormal development according to Kohut. At the most elementary level, idealization concerns the child's perception of the parent as someone who can provide reassurance, comfort, and ensure the physical safety of the child (Baker & Baker, 1987).

Kohut delineates a developmental process which unfolds wherein there is initially a wish on the part of the child to merge with the idealized parent, followed by a wish to be very near the source of such power. In the early phases of development, a child may experience a sense of mounting discomfort, perhaps caused by hunger or an intolerable physical distance from the parent. Empathic responding in such a case would consist of the parent either readying food or reaffirming his or her physical availability to the child. Following this response, the child may then come to experience a reduction in discomfort or anxiety. It is through association of such mounting anxiety followed by the presence of the parental figure and a subsequent reduction in anxiety that the stage is set for the healthy idealization of a parent to take place.

The child's need to gain comfort through association (or merger at earlier levels) with an esteemed parent may take

various forms throughout development. While earlier forms of idealization may consist of the child believing parents to be omnipotent and able to cure any malady which may befall him or her, later idealizations may take the form of a child's wish to hear about great successes a parent has achieved in his or her lifetime or the high levels of status a parent may have attained (Kohut, 1978).

As was the case with mirroring, a "good enough" parental environment is necessary for the idealizing developmental line to flourish successfully. That is, the child will hopefully experience an empathic caregiver who will make him or herself available to the child in times of distress and will be someone whom the child can look up to and respect.

Under optimal circumstances, however, the child will also experience gradual disappointment in the idealized object or, expressed differently, the child's evaluation of the idealized object will become increasingly realistic. Such non-traumatic empathic failures may take place, for example, when a child comes to realize that his or her parents may not be all-powerful in their ability to remove immediately a sense of anxiety associated with attending a new school.

As a result of such minor failures on the part of parents to comply with the child's requests for idealization, he or she will begin to develop the ability to rely on him or herself to perform the function which idealized others had typically fulfilled (e.g., calming the self and providing a

sense of security). According to Kohut (1984), the intensity of the child's subjectively felt need for comfort from others lessens as the child's internal capacities increase (i.e., as the child creates ways to calm him or herself when distressed). At the same time, however, the healthy child will still experience the parent as being available and a source of aid should his or her level of distress become overwhelming.

As Baker and Baker (1985) suggest,

Internal structures develop like muscles - some resistance adds power and bulk. No challenge yields atrophy, and excess exhausts, or can even tear, the muscle. (p. 4)

The final outcome of the idealizing process exists in the form of a mature individual who has effectively internalized those idealized aspects of parental figures. In addition, the individual can be satisfied knowing that friends and family are available in times of distress.

### Psychopathology

In the case of the individual diagnosed with narcissistic personality disorder, Kohut suggests that the normal developmental sequence has somehow been disrupted. Too much mirroring (e.g., the parent who puts the child up on a pedestal, almost worshipping him or her), or not enough mirroring (e.g., the cold or rejecting parent) on a consistent

basis will, according to Kohut, frustrate the normal development of "a healthy self" and thus result in the occurrence of pathologically narcissistic behavior.

According to Kohut, if the parents are chronically unable to provide the child with a sense of recognition or approval, the child will forever cling to the archaic need to seek this consistently denied recognition from others. As is stated above, the presence of a minimum amount of parental acceptance and mirroring is essential for the child to progress from the stage of archaic demands for perfect empathy and constant attention to a point of self-confidence and the need for only occasional thoughtful appreciation and praise from others.

When such minimal parental mirroring is absent, however, so too is the foundation from which such healthy relational styles may emerge. Furthermore, consistent failure to indulge empathically the child's displays of talent undermines the sense of efficacy upon which a cohesive self and positive self-regard rest (Glassman, 1987).

Similarly, narcissistic characteristics will emerge if the child is never permitted to appreciate his or her parents' real limitations or, conversely, if the child is consistently prevented from idealizing her or his parents or is exposed to a sudden and traumatic disappointment in parental figures. Again, the presence of a reliably present and effective other is essential for the child to progress from the point of the archaic wish to merge with an idealized other to the more

mature form of a self-reliance which characterizes healthy development.

If the parents prove to be too disillusioning to provide a powerful, idealizable object with whom the infant can then merge, the end result will be an inner sense of dreariness within the individual along with a sense of emptiness and deflated self-esteem. The individual in this circumstance continues to seek the idealized parental surrogate with whom he or she can merge as a way of enhancing his or her fragile sense of self (Glassman, 1986).

There exists three potential reasons why the parent-child interaction may have so profoundly failed to meet the child's needs: (a) the child has exquisite needs due to such factors as genetic predisposition, physical handicaps, or learning disabilities; (b) there is an unfortunate mismatch between the temperaments of the parent and the child (Thomas & Chess, 1984); or (c) the parent has serious limitations in his or her ability to respond adequately for various reasons, including the parent's own psychopathology and externally imposed circumstances (e.g., death of another child, job loss, illness).

### Symptomatology

In terms of symptom presentation, Kohut (1978) professes to eschew any effort to present a typology of client behavior in a structural manner outside of the context of his or her behavior in the course of the analysis. Kohut instead prefers

to rely on the spontaneous emergence of a specific transference during psychoanalysis to establish the diagnosis of narcissistic personality disorder. Having noted this reluctance, Kohut does mention in several places the importance of classification and characterologies and so enumerates specific behavioral patterns one is likely to see in the case of the narcissist. Kohut (1978) chooses to separate the narcissistic personality disorder into frequently encountered narcissistic personality types.

Mirror-hungry personalities. The hallmark of this personality type is their thirst for the confirming and admiring responses of others which will help to boost their own sense of competency and worth. They are impelled to display themselves and to evoke the attention of others, trying to counteract their own sense of worthlessness.

Ideal-hungry personalities. This personality type is forever in search of others whom he or she can admire for their prestige, power, beauty, intelligence, or moral stature. They can experience themselves as worthwhile only when they are able to relate to others to whom they can look up.

Merger-hungry personalities. The merger-hungry personality feels a strong need to control others in a pursuit to merge with others in his or her environment. Because these individuals experience a sense of relative fulfillment only when they are essentially guaranteed the extended opportunity for such a merger with a close other, they become intolerant



of his or her independence: they are very sensitive to separations from him or her and demand his or her continuous presence.

Contact-shunning personalities. This type of individual is the reverse of the merger-hungry personality type. These individuals avoid social contact and become isolated, not because they are disinterested in others, but on the contrary, just because their need for them is so intense. The intensity of their need not only leads to a great sensitivity to rejection, but also to the deeper fear of losing "themselves" and any sense of autonomy they may have if the feared union is attained.

Based on surface appearance, some of these personality types appear to be very similar to personality disorders suggested within the DSM-III-R (APA, 1987) which are supposedly distinct from the narcissistic personality. Specifically, Kohut's merger-hungry personality, with its inability to grant independence to significant others and sensitivity to separations from others, seems similar to the description offered in the DSM-III-R of the dependent personality. Similarly, the contact-shunning personality seems to share much in common with the avoidant personality of the DSM-III-R in their sensitivity to rejection and subsequent interpersonal isolation. It thus appears that Kohut may view some of the personality disorders listed in DSM-III-R as being

a subset of the narcissistic personality disorder. More is said about this below.

Goldstein (1985) has distinguished four groups of symptoms among Kohut's writings which are believed to define the narcissistic personality. These groups consist of:

A. Vague and ill-defined symptoms.

The client is often unclear about why he or she is seeking treatment, although secondary complaints such as work inhibitions or sexual difficulties may be noted.

B. The syndrome of narcissistic vulnerability.

Narcissistic clients here are viewed as having a highly labile level of self-esteem, thus rendering them extremely sensitive to slights and rejections from others. In reaction to such slights, the client may become depressed or experience an inner emptiness.

C. The occurrence of pathological feeling states.

The feeling states of grandiosity, uncomfortable excitement, embarrassment, humiliation, and rage are clearly associated with the narcissistic personality. These states are viewed as related to the syndrome of narcissistic vulnerability because they frequently occur in reaction to perceived rebuffs and rejections.

The feeling state most frequently written about by Kohut is narcissistic rage (1972). According to Kohut, interpersonal rejections or slights are viewed as a severe attack on the individual. Such rage is usually expressed

directly and often accompanies a desire for revenge as a way of undoing the hurt. The term narcissistic rage is actually used to describe a wide variety of rage reactions, always in response to slights, that range from a mild sense of annoyance or fleeting anger to more severe rage reactions such as murderous hostility or lifelong attempts at retaliation.

D. The symptom complexes.

Symptoms typically seen with this population are:

(1) in the sexual sphere: perverse fantasies of sexual interest;

(2) in the social sphere: work inhibition, the inability to form and maintain significant relationships;

(3) in the manifest personality: lack of humor, lack of empathy, tendency to react with rage, pathological lying;

(4) in the psychosomatic sphere: hypochondriacal preoccupations.

The description offered by Kohut has been compared with that of the third edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-III; American Psychiatric Association, 1980) and has been found to be quite similar (Goldstein, 1985; Straker, 1986). This similarity is especially noted with regard to the emphasis within DSM-III on the syndrome of narcissistic vulnerability and the proclivity to experience rage in reaction to criticism from others.

### Empirical Evidence

This section of the report is, by necessity, somewhat shorter than is desired for the simple reason that psychodynamic theorists and researchers have typically eschewed laboratory or empirically based investigations.

Cooper (1985), in his presidential address to the American Psychoanalytic Association, summed up the current state of affairs appropriately when he commented that there exists a paucity of validating strategies in psychoanalysis and that analytic theories risk losing touch with developing new knowledge in adjoining areas. Similarly, Kaplan (1981), another former president of the American Psychoanalytic Association, enjoined his colleagues to move from "discovery to validation" and stated that "discovery to be followed by validation is as essential for psychoanalysis as it is for any other science" (pp.5, 23).

As persuasive as this argument may seem, with few notable exceptions (Glassman, 1986; Kline, 1972), psychodynamic researchers have remained content with the subjective case study approach to empirically validating theoretical postulates. One group of theorists (Schaefer, 1976; Spence, 1982) reject outright the possibility of validating clinical constructions and interpretations, while another faction led by Brenner (1982) remains convinced that clinical data generated exclusively within the psychoanalytic setting (via case studies) can adequately validate psychoanalytic theory.

In their review of psychoanalytic research, Fisher and Greenberg (1977) observed the resistance of psychoanalysis to test its theory by means of a method that would allow for control and replication. These authors conclude that this damages clinical psychoanalysis by (a) encouraging dogmatism within the discipline; (b) discouraging "hard headed" researchers from taking psychoanalysis seriously; and (c) impacting negatively on the professional self-esteem of the clinician.

As one would imagine, given the paucity of empirical rigor noted within psychodynamic literature in general, it is not surprising to learn that the state of affairs within the smaller area of research concerning the narcissistic personality is in a similarly impoverished condition. Two notable exceptions to this undesirable state of affairs, however, have appeared within the past several years (Glassman, 1986; Shulman & Ferguson, 1988). Both of these studies have attempted to pit theoretical postulates advanced by Kohut against those of Kernberg regarding the narcissistic personality disorder.

In the first report, Glassman (1986) attempted to test these theories with a method he refers to as causal modeling. Using a self-styled questionnaire, this author attempted to measure a variety of "latent constructs" (e.g., aggression, unmet needs) expressed during the course of analysis. He then attempted to examine the co-relationship among these latent

variables via a path analysis. Put simply, Glassman found that both Kohut's and Kernberg's models may have some validity in certain cases. The author concludes, however, by stating that there exists a substantial amount of overlap between the two theories and that the results may be difficult to tease apart.

The remaining study on this subject (Shulman & Ferguson, 1988) utilized more of a traditional experimental paradigm, although some methodological rigor may have been lacking. These authors attempted to assess narcissistic tendencies in a population of 60 college undergraduates. From this population, the authors selected the 14 "most narcissistic" subjects and exposed them to a variety of subliminal messages on a tachistoscope designed to tap either Kohut's or Kernberg's theory. After exposure to each stimulus, the authors had the participants complete the Narcissism-Projective (to be described in methods section below) to gauge the level of narcissistic reaction each participant experienced. The authors found that participants, after viewing the sentence designed to tap Kernberg's theory, tended to evidence heightened levels of narcissistic responding as compared to the reaction of participants after viewing a control stimulus. The difference in level of narcissistic responding after participants viewed the Kohut stimulus sentence, however, was not significantly different from the level of narcissism that participants evidenced after viewing

the control stimulus (although the trend was in the predicted direction).

While this study is viewed positively in that it illustrates an attempt to fill partially the empirical void which exists with regard to psychodynamic theory, a number of weaknesses are also evident. Among them are: (a) a limited population size from which the sample was drawn (How narcissistic is the top 20% of a population of 60?); (b) the lengths of the stimuli flashed subliminally may be too long (entire sentences were flashed to the participants rather than the traditional single words); (c) there remains some question, which the authors acknowledge, with regard to the appropriateness of the sentences chosen to reflect "key aspects" of the theories under study; and (d) the investigators did not have a "normal" control group (i.e., all participants scored high on the initial measure of narcissism).

#### Pilot Study

In preparation for the present study, a total of 325 undergraduates at The University of North Carolina at Greensboro were administered the Narcissistic Personality Inventory (Raskin & Hall, 1979) which is designed to assess level of narcissism as described in the DSM-III-R. Based on responses to this questionnaire, the six "most narcissistic"

and six "least narcissistic" individuals were selected for study.

Participant were exposed to two separate videotapes: one depicting pathological (i.e., low empathy) parent-child interactions as described by Kohut and the other consisting of "control" interactions which did not reflect such pathological elements. After exposure to each videotape, dependent measures were taken of the participants' level of narcissistic responding (The Narcissism-Projective [Shulman & McCarthy, 1986]) and anger (The State Trait Anger Inventory [Spielberger, 1983]).

When responses to the control and low-empathy videotapes were compared, all participants tended to experience significantly higher levels of both narcissistic responding and anger as a result of exposure to the low empathy videotape. Moreover, those participants in the high narcissist group tended to experience significantly higher levels of narcissistic responding as compared to individuals in the low narcissist group, after viewing the low-empathy videotape. The level of anger after the low-empathy tape did not differ significantly between the two groups, but the means were in the predicted direction. Please refer to Table 1 for a listing of group means (Table 1 and all subsequent tables are located in Appendix B).



### Statement of Purpose

The purpose of this study is to investigate empirically the theoretical tenets which are central to Kohut's formulation of the narcissistic personality disorder. At the same time, it is hoped that such an investigation may encourage other researchers within the field to utilize more empirical methods to validate theories within the psychodynamic framework.

Such an investigation of Kohut's work may better allow the psychotherapist to conduct appropriately both the assessment and treatment of those diagnosed with the narcissistic personality disorder. Kohut has in fact advanced specific intervention strategies (described below) which may be utilized in the treatment of individuals diagnosed with narcissistic personality disorder which follow directly from his theory (Kohut, 1984). In accord with his formulation, such treatment focuses upon the idealizing and mirroring processes which are likely to take place within the therapeutic setting. Validation of Kohut's theory could lend credence to his therapeutic strategy if he is correct in his formulation of the narcissist's major areas of weakness.

The current research strategy adopts an empirically-based method of investigating Kohut's theory. Such an approach tends to reduce the level of inference and thus potential for experimenter bias which has typically been cited as a major shortcoming of psychodynamic studies of human behavior. While

the constructs under study are not directly observable, it is felt that through the usage of stimulus materials which tap these underlying constructs and dependent measures which gauge their expression, we may be better able to understand the role which these constructs play in the experience of the narcissistic personality disorder.

A dimensional approach to the occurrence of personality disorders is espoused by Frances (1982). According to this view, personality disorders are seen as existing on a continuum, with absence of the disorder on one end and severe presence on the other. With this view in mind, a group of analogue participants was utilized in the current study to approximate those individuals who are clinically diagnosed with personality disorders.

The value of analogue research has also been highlighted by Kazdin (1978) in that this type of research allows for analytic and potentially well-controlled research to address questions which are often prohibitive or impractical to evaluate in clinical settings. For the current study, while the participants selected may not actually qualify for a clinical diagnosis of any particular personality disorder, the participants (except for normal controls) do evidence response styles which suggest the presence of certain characteristics of a personality disorder.

The present study utilized a paradigm in which participants were exposed to a series of three videotapes, each videotape consisting of two vignettes. The three videotapes were designed to reflect three varying degrees of empathy between a mother and her daughter (i.e., high, medium, and low empathy). Tape validation strategies are described below. The low empathy videotape was designed to recreate parent-child interactions which Kohut suggests are pathogenic to the narcissistic personality disorder. The medium and high empathy tapes, however, were not believed to reflect such pathogenic conditions.

These videotapes were shown to four groups of individuals: (a) those evidencing symptoms of the narcissistic personality disorder, (b) those evidencing symptoms of avoidant and/or dependent personality disorders (this group is included in light of the fact that, as is noted above, Kohut's description of the merger-hungry and contact shunning personalities is remarkably similar to the DSM-III-R (1987) formulation of the dependent and avoidant personality disorders, respectively), (c) those evidencing symptoms of personality disorders other than narcissistic, avoidant, or dependent, and (d) those individuals evidencing no symptoms of personality disorders.

After viewing each tape, participants were asked to complete two measures which are designed to assess level of narcissism and level of state anger (See methods section for

a further discussion of these measures; A schematic representation of the method is presented in Appendix C).

### Predictions

In accord with Kohut's formulation, the following hypotheses were advanced:

(1) Those individuals evidencing symptoms of the narcissistic personality disorder should evidence a higher level of narcissistic responding after viewing the videotape depicting low parental empathy than after viewing either the medium or high empathy vignettes. Absolute levels of narcissistic responding evidenced by this group should also be greater than the levels of narcissistic responding evidenced by both the normal and personality disordered control groups after viewing the low empathy vignettes.

The low empathy videotape is designed to recreate the type of narcissistic insult Kohut suggests has been experienced by the narcissist throughout his or her development. Viewing the low empathy tape should serve to potentiate feelings of grandiosity and omnipotence among the narcissists which have previously accompanied such slights. According to Kohut, such feelings become spurred into action in an attempt to shield the narcissist from the sense of shame and vulnerability which had initially accompanied such parental slights and rebuffs (Kohut, 1984).

This prediction is also consistent with the evidence that such elevated levels of narcissistic responding were experienced by participants evidencing symptoms of narcissism in the study by Shulman and Ferguson (1988) after they were exposed to the manipulation designed to tap the central features of the narcissistic experience. In addition, such results are consistent with the data resulting from the pilot work for this study described above.

(2) Those participants evidencing symptoms of the Narcissistic Personality Disorder will experience significantly higher levels of anger in reaction to viewing the videotape illustrating low parental empathy as compared to the level of anger experienced by these individuals after viewing the medium and high empathy videotapes. In addition, the absolute level of anger experienced by individuals in the narcissistic group after viewing the low empathy tape should be significantly higher than the level of anger experienced by individuals in either of the control conditions upon viewing the low empathy tape.

This prediction is in accord with Kohut's description of the "narcissistic rage" frequently experienced by this population after being exposed to a lack of empathy or to an interpersonal rebuff. In addition, this prediction is consistent with the trend present in the pilot study described above.

(3) Those participants evidencing symptoms of avoidant and dependent personality disorders may experience levels of narcissism and anger which are similar to those experienced by participants evidencing symptoms of narcissistic personality disorder. This prediction is based on the fact that, as was mentioned above, it appears that Kohut views these personality disorders as a "subset" of the larger narcissistic personality disturbance.

## CHAPTER II

### METHOD

#### Participants

Potential participants were screened by means of the questionnaire version of the Structured Clinical Interview for the DSM-III (SCID; Spitzer, Williams, Gibbon, & First, 1990). The portion of the SCID questionnaire designed to assess personality disorders as described in the DSM-III-R (1987) was utilized. This portion of the SCID questionnaire contains 113 items which the subject must endorse as "true" or "false" (A copy of the SCID is presented in Appendix D). For each personality disorder, the number of items endorsed is divided by the total number of items for that disorder so that a percentage score is obtained. Clinical cut-off percentage scores have been established by the authors of the scale for each disorder. The SCID has been found to have a high test-retest ( $r = .80$ ) and inter-item ( $r = .85$ ) reliability.

This questionnaire was administered during mass testing sessions at The University of North Carolina at Greensboro in which students may participate to fulfill partially a research requirement for an introductory psychology course. A total of 1350 individuals (546 males and 804 females) completed the

SCID questionnaire during mass testing over the course of two semesters during the 1992-1993 academic year.

This questionnaire is typically followed by a structured interview to more fully assess the accuracy of the subject's responses. Due to the large number of subjects screened for the study, however, only the questionnaire version of the SCID was administered. There are typically a large number of "false positives" associated with the SCID questionnaire (i.e., individuals qualifying for a given diagnosis who do not actually meet the full criteria). A remedy which was implemented to address this issue is discussed below.

Those females who agreed to participate and who met the following criteria were included in the study:

Individuals scoring above the clinical cut-off level on the scale of the SCID designed to assess narcissism while not scoring above the clinical cut-off level on any other personality scale of the measure were deemed appropriate for the "narcissistic personality disordered group" (n = 19). The second group (the "normal control group") was comprised of individuals who did not evidence scores on any of the personality scales of the SCID which were above the clinical cut-off level (n = 19).

Individuals scoring above the clinical cut-off level on scales designed to assess either dependent or avoidant personality disorders were assigned to a third group (Avoidant/Dependent; Avoidant n = 9, Dependent n = 10). It



was hoped that these individuals would not receive scores above the clinical cut-off on any other scale on the SCID. While this was the case for those evidencing symptoms of the avoidant personality, an insufficient number of "pure dependent types" (i.e., participants scoring only above the clinical cut-off on the dependent scale and no other) was available (n = 3).

Subsequently, these individuals were selected on the basis of their highest percentage score being on the dependent scale. Thus, for example, while an individual placed in this group may have scored above the clinical cut-off on the obsessive-compulsive scale, she must have received a much higher percentage score on the dependent scale. No participant was included in this group who also received an elevated score on the narcissistic scale. For those placed in the dependent group, elevated scores were also noted on the following scales: Avoidant, Obsessive-Compulsive, Passive-Aggressive, and Paranoid.

As is noted above, this group is included in light of the fact that Kohut's Merger-hungry and Contact-shunning personalities are viewed as being remarkably similar to the dependent and avoidant personality disorders, respectively, as depicted in the DSM-III-R (1987).

Finally, a fourth group was utilized to control for the possibility that the mere presence of a personality disorder is sufficient to result in heightened levels of narcissism

and/or anger after viewing the low empathy video as compared to the medium or high empathy videotapes. This group will be referred to as the "personality disordered control group". In order to qualify for this group, individuals must have evidenced scores which are above the clinical cut-off on scales of the SCID designed to assess personality disorders other than narcissistic, avoidant, or dependent. At the same time, these individuals did not receive scores above the clinical cut-off on the narcissistic, avoidant, or dependent scales of the SCID (n = 19). All of the personality disorders assessed by the SCID other than narcissistic, avoidant, and dependent personalities, were represented in this group, with obsessive-compulsive, schizoid, and histrionic being the most common.

In order to reduce the likelihood of obtaining the "false positive" discussed above, only those individuals who met the greatest percentage of criteria for any given disorder were selected for that group. So, for example, an individual who met 90% of the criteria for the narcissistic personality disorder (and not evidencing scores above the cut-off on other scales) would be selected for the narcissistic group over the individual who met only 80% of the criteria. Through such a selection, it is hoped that the likelihood of incorrectly identifying an individual as possessing certain traits of a given disorder who actually does not would be minimized.

A total of 76 participants were utilized. All participants selected were female. It was decided to use all female participants due to subject availability (there were far more female than male students participating in mass screening) and in an attempt to increase experimental power and reduce within group variability. According to DSM-III (APA, 1987), the narcissistic personality disorder is believed to have equal rates of prevalence among males and females. Additionally, Kohut's theory addresses narcissism as it is experienced by both males and females. Subsequently, it is felt that the usage of female subjects alone does not diminish either the relevance or validity of the current study.

Table 2 contains scores on the SCID questionnaire for all participants selected for this study. A correlation matrix of the various subscales of the SCID is presented as Table 3. Results for this matrix are based on the total number of undergraduates completing the SCID during the Fall semester of 1992 and the Spring semester of 1993 ( $n = 1350$ ).

#### Study Design

A 4 (group) X 3 (nature of videotape [i.e., low, medium, or high empathy]) design was utilized, with the former factor being a between subjects factor and the latter being within (See Appendix E). All participants were exposed to low, medium, and high empathy videotapes (presentation of the tapes was counterbalanced across participants). After exposure to each videotape, participants were asked to complete measures

assessing levels of narcissism and anger. For all participants, scores after the low, medium, and high empathy videotapes were compared. Scores between participant groups were also compared after low, medium, and high empathy videotapes.

### Description of Videotapes

Actors for the videotapes consisted of a local mother-daughter pair in which the daughter had relevant acting experience. The same dyad appeared in both vignettes on all three tapes. Both mother and daughter are caucasian. With regard to age, the mother is in her early 40s while the daughter is 13 years old. Each videotape consisted of two vignettes, one vignette depicting the concept of mirroring and the other depicting the concept of idealization. Below is a description of each videotape.

#### The Low Empathy Video

The following two scenes are described by Kohut (1978) as being typical pathogenic empathic failures which have taken place in the narcissist's upbringing on a consistent basis (the first depicting a failure to mirror empathically and the second a failure to provide empathic idealization):

A little girl comes home from school, eager to tell her mother about some great successes. But the mother, instead of listening with pride deflects the conversation from the child to herself, begins to talk about her own successes which overshadow those of her little daughter.

A little boy is eager to idealize his father, he wants his father to tell him about his life, the battles he engaged in and won. But instead of joyfully acting in accord with his son's need, the father is embarrassed by the request. He feels tired and bored and, leaving the house finds a temporary source of vitality for his enfeebled self in the tavern, through drink and mutually supportive talk with friends. (p. 418).

The essence of these scenarios was recreated for the "low empathy video". In the first vignette, a little girl comes home from school eager to tell her mother about having recently received an "A" on a math test. Rather than listening to her daughter's accomplishments with a sense of shared joy, however, the mother informs her daughter that she is late for a meeting and must leave immediately, completely failing to acknowledge her daughter's success. The second vignette depicts the daughter inquiring with enthusiasm about successes her mother may have had in her career. The mother, however, rather than allowing her daughter to idealize her appropriately, instead first ignores her daughter's request and then informs her daughter that she (the mother) has to leave, again, failing to acknowledge her daughter's request.

#### Medium Empathy Videotape

As was the case in the low empathy tape, the daughter comes home from school eager to tell her mother of her successful performance on the math test. In this case, the mother is somewhat slow to react to her daughter. She eventually states that she is happy to hear of her daughter's

success, but that she is late for a meeting and so must leave. She does, however, say that perhaps she and her daughter can talk about the test upon her return. In the second vignette, the daughter again is asking her mother to tell her about any great accomplishments that she may have achieved at work. The mother is somewhat more responsive than in the low empathy videotape, but at the same time supplies her daughter with only a minimal amount of information surrounding her performance at work (e.g., " Yeah, I guess I do pretty well."). The daughter responds to this minimal information with a request to hear more, but again the mother responds with a lack of enthusiasm and only provides a slight degree of information concerning her success at work.

#### High Empathy

The mother in this tape, upon seeing her daughter arrive home with good news, immediately tells her friend with whom she is speaking on the phone that she has to get off the phone so she can speak with her daughter. Upon hearing of her daughter's success at school, the mother responds by saying, " I always knew you could do it" and "I'm so proud of you." The mother inquires further about the nature of the test and the daughter responds with a sense of excitement and satisfaction. The two leave the scene together, continuing to talk of the daughter's accomplishment as they do so.

In the second vignette, the daughter again queries her mother regarding her achievements at the workplace. In this scene, however, the mother reports that she has achieved a high level of status in the company (e.g., she is a member of the "Million Dollar Club" for those who are successful in selling real estate). Upon hearing this, the daughter asks enthusiastically if her mother would be willing to come speak to her class about her occupation. To this request, the mother responds with a sense of pride saying, "Sure, I' d love to."

#### Validating the Videotapes: The Expert Group

The videotapes were validated in two separate phases. In the first phase, a group of psychologists who had rather extensive knowledge of Kohut's theory were asked to review the tapes. This group consisted of five psychologists (one with a Master's degree and four with Ph.D.s) who ranged in experience from 5 to 20 years. After viewing each tape, these individuals were asked to complete a rating scale which inquired about the degree to which the tape accurately reflected the key component of Kohut's theory (see Appendix F for a copy of this questionnaire). Thus, for each expert, a total of three questionnaires were completed (one after each videotape).

To assess the degree to which these raters were in agreement with one another, their ratings on this

questionnaire were correlated with one another. Using Pearson's Correlation Coefficient, the mean correlation of all possible pairs of expert ratings ( $n = 10$ ) was  $\bar{r} = .83$  (Range = 0.5 - 1.0). It would thus appear that the raters were in strong agreement with one another in their assessment of the degree to which the various dimensions of Kohut's theory were present in each tape.

To further specify the manner in which these experts responded on the questionnaire, one-way ANOVA were conducted which assessed the ability of the tape shown (i.e., high, medium, or low empathy) to account for a significant amount of the variance observed in the expert's rating. For these analyses, scores on the initial three items of the questionnaire (all reflecting "healthy" aspects of parental empathy) were summed as were the final four items (all reflecting more dysfunctional aspects of parental empathy).

For the first three questions asked of the expert raters, the type of tape shown was able to account for a significant amount of the variance observed on these scores,  $F(2,12) = 18.51$ ,  $p = .0002$ . Table 4 contains a summary of this analysis.

Tukey's post-hoc test revealed that the expert group rated the high empathy tape as depicting "healthy mirroring" "healthy idealization" and "good enough parenting" (Mean = 10.40), which in turn reflected these concepts to a significantly greater extent than did the low empathy tape



(Mean = 5.0). Results from this analysis are presented as Table 5.

Responses by the expert group on the final four items on the questionnaire were analyzed in a similar manner. It was again observed that the ability of the type of tape shown to account for the variance in scores on these final four items was significant,  $F(2,12) = 15.24$ ,  $p = .0005$  (See table 6 for a summary of this analysis). Similarly, the Tukey's post-hoc analysis revealed that the expert group rated the low empathy tape as depicting "a failure to mirror empathically", "a lack of an idealizable parental figure", "a lack of good enough parenting", and "pathological parent-child interactions" (Mean = 4.40) to a significantly greater degree than the medium empathy tape (Mean = 9.60), which, again, possessed these characteristics more so than did the high empathy tape (Mean = 17.20) (See table 7 for this analysis).

#### Validating the Videotapes: The Undergraduate Group

For the second phase of the validating procedure, a group of 15 undergraduates was asked to complete a questionnaire which was designed to assess the degree to which the scenes in the tapes depicted the general concept of empathy. Technical aspects of the videotape, as well as a number of items which should not have varied between tapes were also rated on the questionnaire (See Appendix G). On this questionnaire, items 1, 3, 5, 9, were designed to assess the concept of empathy.

Questions 2, 4, 6, 7, and 8 were designed to assess emotional factors other than empathy which should not have varied between the videotapes. Questions 9, 10, and 11 were designed to assess technical aspects of the tapes. This questionnaire was completed after each videotape.

Again, scores indicated by this undergraduate group were inter-correlated so that all possible pairs of scorer ratings were compared ( $n = 105$ ). This analysis yielded a mean Pearson's Correlation Coefficient of  $r = .87$  (Range = 0.65 - 0.98), thus indicating a high rate of agreement between raters. As was the case for the expert group, one way ANOVA were conducted to assess the ability of the type of tape shown to account for a significant amount of the variance observed on rater responses.

Results of this analysis revealed that the type of tape shown was able to account for a significant proportion of the variance on question assessing the general concept of empathy,  $F(2.42) = 92.68$ ,  $p < .0001$  (A summary of this analysis is presented as Table 8).

A Tukey's post-hoc analysis revealed that this group viewed the high empathy tape as in fact depicting the concept of empathy to a significantly greater extent (Mean = 8.80) than the medium empathy tape (Mean = 12.8), which in turn reflected the concept of empathy to a greater extent than the low empathy tape (Mean = 15.46) (Please refer to Table 9).

The type of tape shown (i.e, high, medium, or low empathy) was unable, however to account for a significant amount of variance observed on items reflecting emotions other than the concept of empathy,  $F(2,42) = 0.23$ ,  $p = .7957$  (Table 10 contains a summary of this analysis). Similarly, the type of tape presented was unable to account for a significant amount of the variance observed with regard to items assessing the technical aspects of the videotape,  $F(2,42) = 1.41$ ,  $p = .3285$  (Please see Table 11).

In summary, the expert group rated the tapes as successfully depicting the relevant concepts of Kohut's theory to varying degrees (healthy mirroring and idealization for the high empathy tape, poor empathy and mirroring for the low empathy tape), while the undergraduates rated the tapes as only varying along the dimension of empathy (and not with regard to either technical aspects or emotions other than empathy).

### Dependent Measures

The dependent measures in this study were the Narcissism-Projective (Shulman & McCarthy, 1986) and the State-Trait Anger Scale (Spielberger, Jacobs, Russell, & Crane, 1983). The Narcissism-Projective (N-P) is a technique which relies on the subject's response to a set of relatively ambiguous stimuli. These stimuli consist of three cards taken from the Thematic Apperception Test (TAT) (Murray, 1943) which are

believed to elicit narcissistic responding on the part of subjects.

In the present study, the N-P was administered in three parts. In the first part (presented after exposure to the first videotape) participants were shown one of the three TAT cards (either Card 1 [See Appendix H], Card 7GF [Appendix I], or Card 13MF [Appendix J]). Participants were then asked to respond to the following four questions:

- (1) What were the likely events or circumstances that you think led up to the scene in the picture?
- (2) What is going on now in the scene?
- (3) What are the characters thinking or feeling?
- (4) How will the circumstances you described probably turn out? Participants were allowed 10 minutes to respond to these questions and were encouraged to use the entire time.

The second part of the N-P (given after viewing the second videotape) was administered in an identical manner, using one of the remaining two TAT cards which had not yet been shown to participants. Again, participants were asked to respond to the above four questions and were allotted 10 minutes for their responses.

The third part of the N-P (presented after exposure to the final videotape) was administered to participants in an identical manner, with the one remaining TAT card which had not been previously presented being utilized. TAT cards were

presented in a random manner to avoid any potential order effects.

For each part, participants's responses were scored according to a set of criteria developed by the measure's authors (i.e., Shulman & McCarthy, 1986) which are believed to closely reflect the central features of the Narcissistic Personality offered by the DSM-III-R (1987). Possible scores on the N-P range from 0-12. For a complete listing of the scoring criteria, please refer to Appendix K. Also included as Appendix L is an example and subsequent scoring of a response offered by a participant in the current study.

The N-P has been shown to demonstrate satisfactory inter-rater reliability, ranging from .732 ( $p < .01$ ) to .795 ( $p < .01$ ) (Shulman & Ferguson, 1988; Shulman, McCarthy & Ferguson, 1988). With regard to convergent validity, participant's scores yielded by the N-P have been shown to be highly consistent with the impressions of experienced clinicians who blindly interviewed participants ( $X^2 [1,13] = 6.926, p < .01$ ) (Shulman & Ferguson, 1988). In addition, significant correlations ( $R = .712$ ) have been observed between scores yielded by the N-P and the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979; Shulman & Ferguson, 1988).

For the present study, in order to assess accuracy in the scoring of responses, both the primary investigator and two advanced graduate students in clinical psychology scored participant responses on the Narcissism-Projective. While the

primary investigator scored all participants responses following each tape, the advanced graduate students divided the participants responses in half, each scoring his or her respective portion of participant responses following each tape.

All individuals were blind as to grouping of the participant whose response was being scored. The graduate students as well as the primary investigator had completed the training procedure proposed by the designers of the N-P (Shulman & McCarthy, 1986) in order to become familiarized with the scoring method.

For one half of participants responses, a Pearson Correlation Coefficient of  $r = .82$  was established between the primary investigator's scoring of N-P responses following each tape and the first graduate student's rating of these N-P responses (total number of comparison = 114). Similarly, for the remaining half of the participant responses, a Pearson Correlation Coefficient of  $r = .76$  was established between the primary investigator's scoring of N-P responses following each tape and the second graduate student's rating of these N-P responses (total number of comparison = 114 ).

The State-Trait Anger Inventory (STAI; Spielberger, Jacobs, Russell, & crane, 1983) is a 30 item self-report inventory designed to assess the examinee's state (i.e., transient) and trait (i.e., more enduring) level of anger.

Appendix M contains a copy of the items of this scale designed to assess state anger (with which the present study is concerned). Only these state items were administered in the present study.

Possible scores on the state items of STAI range from 0-32. For the state anger items, internal consistency correlations have been established at .93 (Spielberger et al., 1983). Convergent validity has been established for this measure in comparison with various subscales of the Minnesota Multiphasic Inventory (including Buss-Durkee [ $r = .71$ ,  $p < .001$ ], Hostility Scale [ $r = .59$ ,  $p < .001$ ], and the s-Anger Scale [ $r = .38$ ,  $p < .001$ ]). Significant correlations ( $p < .001$ ) have also been established between the STAI and the neuroticism dimension of the Eysenck Personality Questionnaire (1975).

### Procedure

Upon entering the lab, participants were asked to sign a statement of consent (See Appendix N). Participants were then seated in front of a T.V. monitor and were asked to simply pay attention to the scenes depicted on the videotape they were about to view. At this point, the lighting in the room was dimmed and participants viewed either the low, medium, or high empathy videotape. After viewing this videotape, participants were asked to complete the first part of the N-P

(for instruction see Appendix O) as well as a copy of the STAI.

Next, participants were again asked to view the television monitor while the next videotape was being played. The second videotape was then presented. After viewing this videotape, participants completed the second part of the N-P as well as an additional copy of the STAI. Finally, participants were asked to direct their attention to the television monitor for the viewing of the final videotape. The third videotape was shown. Participants were then asked to complete the final portion of the N-P and a last STAI.

All responses were collected at this point and participants were debriefed (See Appendix P for debriefing statement). Participants were given an opportunity to ask questions regarding the purpose of the study as well as a chance to offer any reactions they may have had to viewing the videotape.



### CHAPTER III

#### RESULTS

##### Overall Reaction on the Dependent Measures

In order to assess the overall effectiveness of the videotape in increasing level of narcissistic reaction in subjects, a 3 (nature of videotape [high, medium, or low empathy]) X 4 (participant grouping) analysis of variance for repeated measures was conducted on the Narcissism-Projective scores. Results of this analysis yielded a significant main effect for level of empathy present in the videotapes,  $F(2,144) = 34.12$ ,  $p = .0001$ . This result strongly suggests that the videotapes were effective in eliciting varying degrees of narcissistic responding from participants depending upon the level of empathy portrayed on the tape. For a summary of this analysis, please refer to Table 12.

In addition, results of this analysis yielded a significant main effect for group,  $F(3,72) = 5.12$ ,  $p = .0029$  and a significant interaction effect between level of empathy depicted on the tape and participant grouping,  $F(6,144) = 4.16$ ,  $p = .0007$ . This result suggests that the grouping utilized for the present study were able to usefully predict the levels of narcissistic responding evidenced on the N-P

after viewing the various videotapes. Again for a summary of these analyses please refer to Table 12.

In order to assess the overall effect of the videotape viewed on participant level of anger, a 3 (nature of videotape [high, medium, or low empathy]) X 4 (participant grouping) analysis of variance for repeated measured was conducted on scores on the State Trait Anger Inventory. Results of this analysis yielded a significant main effect for level of empathy depicted on the videotape,  $F(2,144) = 35.10$ ,  $p = .0001$ . Table 13 contains a summary of this analysis. Results of this analysis suggest that knowledge of the type of videotape viewed (i.e., either high, medium, or low empathy) accounted for a significant amount of the variance observed on STAI scores.

As was the case with the Narcissism-Projective, results of this analysis yielded a significant main effect for participant grouping,  $F(3,72) = 3.84$ ,  $p = .0131$ , while a significant interaction effect was found between level of empathy depicted on the videotape and participant grouping,  $F(6,144) = 4.22$ ,  $p = 0.0006$ . This suggests that the present subject grouping were useful in their ability to predict the magnitude of changes in level of anger as a function of the level of empathy depicted on the various videotapes. Again, see table 13 for a summary of this analysis.

### Effect of Type of Tape Shown as a Within Groups Factor

In order to assess the differential impact of the various videotapes within each subject grouping, one way ANOVA were conducted on dependent measure scores for each group individually. The type of tape shown was able to account for a significant amount of the variance observed on N-P scores for the narcissistic group,  $F(2,54) = 21.13$ ,  $p < .0001$ , the Avoidant/ Dependant group,  $F(2,54) = 14.86$ ,  $p < .0001$ , the personality disordered control group,  $F(2,54) = 4.63$ ,  $p = 0.0139$ , but not for the normal control group,  $F(2,52) = 1.13$ ,  $p = .3306$  (Table 14 presents a summary of these results).

With regard to the State Trait Anger Inventory, the type of tape shown (i.e., either high, medium, or low empathy) was able to account for a significant amount of the variance observed on the STAI scores for the narcissistic group,  $F(2,54) = 14.37$ ,  $p < .0001$ , for the Avoidant/Dependent group,  $F(4,92) = 4.92$ ,  $p = 0.0109$ , for the personality disordered control group,  $F(2,54) = 5.21$ ,  $p = 0.0086$ , and for the normal control group,  $F(2,54) = 4.76$ ,  $p = 0.0125$  (See Table 15 for a summary of these results).

For the following post-hoc analyses, the mean square error term for the main group effect was pooled with the mean square error term for the interaction effect to yield the number by which judgments regarding significance of difference were made.

For the narcissistic group, a Tukey's post-hoc analysis revealed that mean scores on the N-P scores following the low empathy videotape (Mean = 5.63) were significantly greater than N-P scores following the medium empathy tape (Mean = 3.31). N-P scores for this group following the medium empathy tape were similarly greater than scores following the high empathy tape (Mean = 1.79) (Please refer to Table 16).

Tukey's post-hoc analysis revealed that STAI scores for the narcissistic group after the low empathy tape (Mean = 12.58) were significantly higher than STAI scores after both the medium empathy tape (Mean = 9.37) and the high empathy tape (Mean = 8.26). STAI scores after the medium and high empathy tapes, however, were not significantly different from one other for this group (See Table 16).

With regard to N-P scores for the Dependent/Avoidant group, the Tukey's post-hoc test revealed that scores on this measure following the low empathy tape (Mean = 4.74) were significantly different from scores following both the medium empathy tape (Mean = 2.63) and the high empathy tape (Mean = 2.10) (Please see Table 17).

The Tukey's post-hoc test performed on the Avoidant/Dependant group's STAI scores revealed that a significant difference exist between STAI scores after low and high empathy tapes (Mean = 9.63 for low empathy tape; Mean = 8.21 for high empathy tape). Scores on the STAI for this group after the medium empathy tape (Mean = 8.89), however,

were not significantly different from STAI scores after either the high or low empathy tapes (Please refer to Table 17).

Tukey's post-hoc test revealed that mean N-P scores indicated by the personality disordered control group following the low empathy (3.63) were significantly different from mean N-P scores yielded after the high empathy tape (Mean = 1.89), but not the medium level empathy tape (Mean = 2.37) (Table 18 contains a summary of this analysis).

The Tukey's post-hoc test for STAI scores indicated by this group revealed that mean STAI scores following the low empathy tape (Mean = 9.37) were significantly different than mean STAI scores yielded after the high empathy (Mean = 8.47) (Refer to Table 18 for this analysis).

For the normal control group, Tukey's post-hoc analysis revealed that these participant tended to evidence significantly higher STAI scores following exposure to the low empathy tape (Mean = 10.05) as compared to the high empathy tape (Mean = 8.05) only, while the STAI scores following the medium level empathy tape (Mean = 9.31) did not differ significantly from STAI scores following either the high or the low empathy tapes (Please see Table 19).

Figure 1 contains a graphic representation of N-P scores for each group while Figure 2 contains a graphic representation of STAI scores for each group.

Between Group Comparisons After Exposure to Each Tape: The Narcissism-Projective

In order to assess the differential impact each tape had on the various subject groupings, one-way ANOVA across groups were conducted on dependent measure scores following exposure to each videotape. The first one-way ANOVA was conducted in order to assess the ability of subject grouping to account for a significant proportion of the variance observed on the Narcissism-Projective after viewing the low empathy videotape. Results of this analysis revealed that participant grouping was able to account for a significant proportion of total variance observed on scores of the N-P,  $F [3,72] = 9.81$ ,  $p > .0001$ . Table 20 contains a summary of this analysis.

Tukey's post-hoc test revealed that narcissistic participants in particular received significantly higher scores (thus indicating higher levels of narcissistic responding) on the N-P after viewing the low empathy tapes (Mean = 5.63) as compared to participants in the personality disordered control group (Mean = 2.58). The dependent/avoidant participant's scores on the N-P after viewing the low empathy tape (Mean = 4.74) fell in between those of the narcissistic and personality disorder control participants and did not differ significantly from either group (although it did differ significantly from normal controls). The results of this post-hoc test are presented as Table 21.

Participant grouping did not, however, account for a significant proportion of variance in scores on the N-P after viewing either the medium empathy tape,  $F [3,72] = 1.41$ ,  $p = 0.24$  or high empathy tape,  $F [3,72] = 0.18$ ,  $p = .911$ . Refer to Tables 22 and 23, respectively, for a summary of these analyses. Table 24 contains mean scores for groups on the N-P after exposure to low, medium and high empathy tapes.

Between Group Comparisons After Exposure to Each Tape: The State Trait Anger Inventory

To address the question of differential responding between groups on the STAI, a one-way ANOVA across groups was conducted on STAI scores following exposure to the low empathy videotape. Again, subject grouping was able to account for a significant amount of variance in STAI scores after viewing the low empathy videotape,  $F [3,72] = 5.12$ ,  $p = 0.0029$  (See Table 25 for a summary of this analysis). Again, Tukey's post-hoc test revealed that individuals in the narcissistic group tended to experience significantly higher levels of anger after viewing the low empathy tape than did any other group. All other groups, however, did not significantly differ from one another. See Table 26 for a summary of the post-hoc test.

Group membership was not, however, able to account for a significant proportion of the variance observed with regard to STAI scores after either the medium empathy tape,  $F [3,72] =$

1.19,  $p = 0.3212$  or the high empathy tape,  $F [3,72] = 0.60$ ,  $p = 0.6149$ . These analyses are presented in summary form as Tables 27 and 28, respectively. Results of these analyses suggest that the interactions portrayed on the high or medium empathy tape failed to evoke differential responding by subject grouping with regard to STAI scores. Group means on the STAI after low, medium, and high empathy tapes are presented in Table 29.

#### Ancillary Analyses

In order to assess the effect of order of videotape presentation on the dependent measures, one-way ANOVA across the six possible orders were conducted for each of the dependent variables (i.e., the N-P and the STAI) after exposure to the high, medium, and low empathy tapes. Results of these analyses revealed that order of presentation of videotapes was not able to explain a significant proportion of the variance observed on the N-P after the low empathy tape,  $F [5,70] = 1.74$ ,  $p = .1360$ , the medium empathy tape,  $F [5,70] = .78$ ,  $p = .5710$ , or the high empathy tape,  $F [5,70] = .78$ ,  $p = .5689$ . These analyses are presented in abbreviated form in Table 30.

Similarly, order of presentation did not seem to explain a significant proportion of the variance on the STAI after viewing either the low empathy videotape,  $F [5,70] = .62$ ,  $p = .6859$ , the medium empathy tape,  $F [5,70] = .47$ ,  $p = .8004$ , or



the high empathy tape,  $F [5,70] = .75$ ,  $p = .5882$ . A summary of these analyses is presented as Table 31.

In order to assess the extent to which level of verbal output may have influenced intergroup differences on the Narcissism-Projective, one-way ANOVA across groups were performed with number of words emitted on the Narcissism-Projective acting as the dependent variable and participant grouping as the independent variable. Results of this analysis revealed that participant grouping was not able to account for a significant proportion of the variance observed in number of words emitted after either the low empathy,  $F [3,72] = .59$ ,  $p = .6217$ , the medium empathy,  $F [3,72] = .83$ ,  $p = .4825$ , or the high empathy videotapes,  $F [3,72] = 1.89$ ,  $p = .1392$ . Results of these analyses are presented in table 32.

### Summary of Results

It appears that the level of empathy present in each tape tended to significantly influence scores on both the STAI as well as the N-P. As a within groups factor, the low empathy tape tended to cause participants to experience increased levels of anger (as indexed by the STAI) and narcissistic responding (as indexed by the N-P) in comparison to reactions by these same participants upon viewing the high empathy tapes (with the exception of the normal control group whose N-P scores did not vary as a function of the videotapes).

With regard to between group effects, only the low empathy videotape tended to distinguish groups from one another with regard to both anger and level of narcissistic responding. After viewing the low empathy tape, narcissistic participants tended to experience significantly higher degrees of anger than all other groups and greater levels of narcissistic responding than either control group. Subjects in the Avoidant/Dependent group, however, did not receive scores on the N-P which were significantly different from either the narcissistic group or the personality disordered control group.

The order of presentation of the videotapes did not account for a significant amount of the variability of scores on either of the dependent measures. Similarly, participant groupings were not able to explain a significant amount of the variability observed in the number of words emitted on the N-P after the low, medium, or high empathy videotapes. Subsequently, it is not felt that the increase in the N-P scores observed is attributable to a mere increase in verbosity after viewing the low empathy tape.

## CHAPTER IV

## DISCUSSION

The present investigation was an attempt to validate empirically a theory which, to date, has received very little in the way of laboratory-based exploration. While the strengths and weaknesses of the present study are discussed below, it is felt that such attempts at empirical validation are essential if psychodynamic theory in general is to continue to be considered a viable orientation into the 21st century.

Rationale of the Videotapes: Why and How Were They Effective?

The low empathy tape was designed to reflect the poor mirroring and idealization which Kohut suggests are indicative of the narcissist's past. In viewing such a tape, it was felt that the individuals in the narcissistic group would tend to reflect (either consciously or unconsciously) on the pattern of narcissistic insults which may have occurred in their own past which have resulted in their current personality traits.

Additionally, viewing the low empathy tape may have served to trigger an identification (either consciously or unconsciously) with the girl in the tape who suffered the narcissistic insult. Subsequently, after viewing this tape,

it was expected that the individual in the narcissistic group would experience a sense of rage (or anger) which Kohut suggests would typically accompany such insults.

The low empathy tape was also expected to result in increased attempts on the part of the narcissistic subjects to preserve their own sense of grandiosity. Because, according to Kohut, the narcissist has not been able to fully develop an adequate sense of him or herself as being efficacious and competent (i.e., to successfully internalize mirrored aspects of behavior), he or she tends to be forever seeking out such approval from others, expecting others to be in perfect tune with his or her own needs and feeling states (i.e., perfect empathic mirroring). When such approval and perfect empathy is not forthcoming (as in the low empathy tape), the narcissist will desperately attempt to buoy his or her sense of him or herself as worthy through archaic displays of grandiosity and power (including feelings of omnipotence). The projective measure employed in the current study was designed to tap into such archaic demands.

As is cited above, in their attempt to validate Kohut's work, Shulman and Ferguson employed a manipulation which was presented subliminally (involving a tachistoscope) which was designed to tap into the subject's subconscious. The present study obviously differs from this past attempt in that the current manipulation (i.e., the videotapes) were presented at a conscious level. While the present stimuli were presented

in an overt manner, the impact these videotapes (especially the low empathy videotape) had upon the subject's inner experience of herself was nonetheless the object of the current study.

### Findings and Implications

Results of the present study have largely served to confirm the above expectations. In response to the low empathy tape, narcissistic subjects experienced higher degrees of anger than all other groups. In addition, upon viewing the low empathy tape, the narcissistic subjects scored higher as a group on the Narcissism-Projective than controls, thus indicating heightened displays of narcissistic thinking (i.e., inflated sense of self importance, inability to empathize with others, fantasies of unlimited success, etc.).

Interestingly, there were no intergroup differences on either of the dependent measures after viewing either the medium or high empathy tapes. This would suggest that the low empathy tape may have served to potentiate an underlying readiness to experience anger and narcissistic thinking on the part of the narcissistic group in reaction to interpersonal slights (or empathic failures) which were then reflected on the STAI and N-P. The medium and high empathy tapes did not represent to the individual in the narcissist group the same type of personal attacks as the low empathy tape and so did

not evoke levels of anger or narcissistic reaction which would tend to differentiate them from "normals".

Additionally, compared to the high empathy tape, all groups tended to experience a heightened sense of anger upon viewing the low empathy tape. The explanation for this finding are potentially several. Perhaps the most viable, however, would be that the low empathy video possessed elements which were offensive to all (i.e., a mother who blatantly ignores her daughter).

Kohut would suggest, however, that the reaction of anger to this tape experienced among "non-narcissist" is qualitatively different from that of the narcissist. Kohut suggests that in reaction to such interpersonal slights, the narcissist becomes consumed with feelings of rage and a desire to take revenge. The non-narcissist, however, may simply feel a more rationale sense of frustration at a parent who is obviously oblivious to the needs of her child. While the dependent measure utilized is not suitable for delineating this difference, the absolute levels of anger indicated on this measure would suggest that the anger experienced by the narcissistic group was in fact much more extreme than the level endorsed by the non-narcissists.

Similarly, with the exception of the normal controls, all groups evidenced scores on the N-P after viewing the low empathy tape which were significantly higher than the N-P scores evidenced by the same group after viewing the high

empathy tape. Again, potential reasons for this are several, but in his writings, Kohut does describe a "healthy sense of narcissism" which characterizes normal functioning. Expressed differently, narcissism may be seen as existing on a continuum, with healthy forms of narcissism at one end and more pathological forms at the other. Healthy narcissism, according to Welt and Herron (1990), refers to a general sense of well being and competency which the individual may experience. In healthy narcissism, infantile narcissistic grandiosity is transformed into healthy and realistic goals and ambitions through age appropriate mirroring on the part of the parental figures. Healthy narcissism thus enables the individual to maintain a sense of self-esteem which is a prerequisite for growth.

Accordingly, for those subjects not exhibiting pathological forms of narcissism (i.e., the control groups), viewing the low empathy tapes may have represented a milder form of the narcissistic insult Kohut describes. For these subjects, however, the need to compensate for such an insult by engaging in an exaggerated display of grandiosity would not be as pressing as for the narcissists, the individual here possessing a much more stable and adaptive sense of herself. Subsequently, while there may have been a slight tendency to engage in a display of grandiosity (among the personality disordered control group), the scores on the N-P for the "non-narcissists" were significantly lower than were the

narcissistic group's scores on the N-P after the low empathy tape.

#### Reaction of the Avoidant/Dependent Group

It was expected that the Avoidant/Dependent group would respond in a similar manner to the dependent measures as the narcissistic group. This expectation was based upon the fact that Kohut's description of the Merger-hungry and Contact-shunning personalities appear to be strikingly similar to the Dependent and Avoidant Personalities as described in the DSM-III-R (1987). This expectation was in part realized. While there were no significant differences between the Avoidant/Dependent group and the control groups on the STAI, this group did score significantly higher than normal controls on the N-P and these scores were not significantly different from the narcissistic group. While the Avoidant/Dependent group did not score higher on the N-P than psychiatric controls, the means were in the expected direction.

Taken alone, results of the N-P would suggest that there are some real differences between the Avoidant/Dependent group and the normal control group, while the narcissistic group most likely represented a sample drawn from the same population as the Avoidant/Dependent group. Results of the STAI, however, seem to suggest that the narcissists alone (and not members of the Avoidant/Dependent group) are more likely



to experience heightened levels of anger in response to viewing interactions depicting low empathy.

One potential explanation for why the STAI did not reflect more intergroup difference (as did the N-P) is that these differences may have been diminished by a "floor effect." It appears that, in general, many subjects endorsed items reflecting the least amount of anger possible on the STAI, thus reducing the total amount of variance. As can be seen by the group means on this measure, many subjects received scores on the STAI, even after the low empathy tape, which were extremely close to the minimum score of eight on this measure. It may well have been the case that, had a measure with a wider range of potential scores been utilized, stronger intergroup differences would have resulted.

The fact that the Avoidant/Dependent group was not "pure" (i.e., did not consist of members with solely avoidant or dependent personality characteristics) also may have served to make this group appear more similar to controls (particularly the psychiatric control group) than narcissists. Participants in this group, however, did obtain their highest score on either the dependent or avoidant scales, and an attempt was made to select only those participants who received the lowest possible elevations on other scales. Despite these efforts, the lack of purity in subject grouping may have limited the ability to successfully differentiate the Avoidant/Dependent group from others.

Additionally, due to the method of subject selection utilized, participants were placed in the narcissistic group only if they received sub-clinical scores on the avoidant or dependent scales. In fact, subjects in the narcissist group were purposely selected so that they evidenced the lowest possible scores on other scales of the SCID. This effort to "screen out" the potential overlap between narcissism and avoidance or dependence may have served to mask actual similarities which exist between narcissism and avoidance or dependence in nature. Consequently, the method of subject selection utilized limits the generalizability of the results of the current investigation to individuals who do possess these traits concurrently (i.e., narcissists with avoidant or dependent features).

#### Ruling Out Artifactual Explanations

As was expected, the order of presentation of the videotapes did not significantly influence responses on either the Narcissism-Projective or the state component of the State Trait Anger Inventory. In addition, the present subject groupings were not able to explain a significant amount of the variance observed in number of words emitted on the N-P after either the high, medium, or low empathy tapes. This would help to disconfirm the hypothesis that differences observed between groups on the N-P may have simply been due to one group being more verbose.

### Strengths and Weaknesses of the Study

Perhaps the greatest strength of the current study is its reliance on a laboratory-based setting. In accord with calls from past presidents of the American Psychoanalytic Association to move from "discovery to validation" (Cooper, 1985; Kaplan, 1981), the present study makes use of the more stringent and objective procedures associated with the empirical tradition. As Shulman (1988) states,

While the clinical situation can offer much to the development of meaningful hypothesis, it can provide little by way of testing hypothesis. It is only through methods that employ more rigor and control that the hypotheses that evolve from the clinical situation can be refined and tested adequately (p. 450).

One threat to the integrity of the current study, however, is that the conclusions regarding the question of why differences occurred between groups on the dependent measures relies heavily upon inference. I can, at this point, only hypothesize as to what may have been taking place within the individual in the narcissistic group that caused her to score higher on the Narcissism-Projective and the State Trait Anger Inventory upon viewing the low empathy tape. While the reasoning I employ to explain the results is hopefully based upon a logical analysis of Kohut's theory, it is in the end only speculation that the various videotapes have impacted upon the subject's inner experience as I have envisioned.

Having made this point, it also seems clear than the low empathy interactions between the mother and daughter had a much more significant impact upon the individuals in the narcissistic group. Furthermore, a group of experienced clinicians as well as undergraduates viewed these tapes as differing mainly along the dimension of level empathy present. While the intervening step which takes place at the "intrapsychic level" upon viewing these tapes is the subject of speculation, it can be stated with some degree of certainty that the low empathy interactions were met by the narcissistic group with feelings of anger and a need to display their own sense of grandiosity, needs which were significantly greater than those of the control groups.

An additional strength of this study is that the dependent measures utilized (particularly the Narcissism-Projective) would appear to tap features of the narcissistic experience at a level (i.e., subconscious) which is considered relevant by the psychodynamic orientation in general and Kohut's theory in particular. Had, for example, a self-report inventory been utilized as a dependent measure to assess level of narcissistic thinking, one could argue that the unconscious determinants of behavior were not being adequately assessed by such a measure which relies solely upon the subject's conscious experience. The check on inter-rater agreement which was incorporated into the study also serves to bolster the validity of the current findings.

While a strong effort was made to find a measure which would assess the subject's recollection of the actual level of empathy present in her relationship with parental figures, no suitable measure was found. Future attempts to investigate this area would do well to perhaps develop a measure of retrospective recollections of parental-child empathy. Positive findings in this case (i.e., narcissists recalling empathy-poor relations with parents) would lend additional integrity to the assessment of the narcissists' past relation with parents and the manner in which they may have impacted him or her.

It is quite possible, however, were such an instrument employed, that the subject's recollection of the relationship with parental figures may not reflect reality. This would particularly be the case if one accepts Kohut's notion that the narcissist will go to great lengths (including a distortion of reality) to preserve his or her sense of integrity or grandiosity. Subsequently, he or she may present a more favorable image of the relationship with parental figures in an attempt to glorify his or her own past circumstances.

#### Current Results in Relation to Previous Theory and Findings

Results of the current study would seem to be consistent with the limited research which has been previously conducted in the area. Specifically, the current finding that

narcissists evinced higher levels of narcissistic thinking upon exposure to a stimulus designed to reflect the central features of Kohut's theory closely approximates the results of Shulman's (1988) study. Recall that in this study, "high narcissists" viewed phrases on a tachistoscope which were designed to tap feeling states described by Kohut and Kernberg. Narcissists in this study scored significantly higher on the Narcissism-Projective after viewing phrases associated with Kernberg's theory than after viewing control phrases.

Also in line with the current results, Glassman (1986) through his method of causal modeling (described above) found aggression to be the typical reaction of narcissists in response to empathic failures and failed idealization during analysis. This may be viewed as similar to the reaction of increased anger experienced by narcissists in the present study upon viewing the low empathy tape as compared to the medium or high empathy tape.

With regard to theory, the current results appear to support Kohut's conception of the important role played by empathy in the condition of narcissism. Specifically, the fact that individuals in the narcissistic group tended to experience reactions of anger and heightened narcissistic thought in response to the low empathy tape would clearly seem to suggest that these interactions were in some way more salient (or meaningful) for the narcissist. This finding is

in accord with Kohut's belief that the narcissist, because of his or her own "enfeebled" or defective self-conception, is much more susceptible to narcissistic insults and reactions by others which reflect an inability to understand or provide for the needs of the narcissist. In response to these insults, and in accord with the current results, the narcissist would tend to experience a reaction of rage and would attempt to buoy his or her own sense of self through the display of narcissistic grandiosity.

As is mentioned above, however, the phenomenon occurring at this "intervening" stage (i.e., at the intrapsychic level) is the subject of speculation. In fact, it may well be the case that theorists from a variety of perspectives could potentially account for the current results. Ultimately, however, the experimental design is based directly upon Kohut's work and the subsequent reactions of increased anger and narcissistic pathology in response to an interpersonal slight experienced by those in the narcissistic group may be cogently accounted for by Kohut's theory.

With regard to both Masterson's and Kernberg's theories, as is mentioned above, both writers choose to focus on the intrapsychic elements or object relations of the narcissist and spend relatively little time addressing the issue of precisely what elements of the parent-child relationship may result in narcissistic pathology. Kernberg (1975), for instance, mentions in passing that as a child, the narcissist

was left feeling "emotionally hungry by a chronically cold, nonempathic mother." He then immediately proceeds to describe the various projections and internalizations which follow. Similarly, Masterson (1981) describes in detail the developmental level at which the narcissist is fixated (i.e., prior to rapproachment), but spends relatively little space addressing the nature of the parent-child interaction which would account for such a state of affairs. Kohut, in contrast, devotes a considerable portion of his writing to elucidating the pathologically empathically poor responses offered by parental figures and the subsequent reactions of the child; both of which have clear behavioral referents and can be experimentally manipulated.

As such, it is difficult to evaluate the degree to which the low empathy videotape utilized in the current study reflects interactions which, according to Kernberg or Masterson, would be pathogenic to narcissism (particularly as opposed to some other disorder). Moreover, in comparison to Kohut's writing, the precise reasons for why interactions which are empathically poor would necessarily result in a narcissistic condition is not clear from the descriptions offered by Masterson or Kernberg.

The present study, in addition to lending support to Kohut's theory regarding the central experience of narcissism, may also have implications within this theoretical framework for both the assessment and treatment of this disorder.



Because the role of empathy is believed to play such a central role in narcissism, the degree to which the client is vulnerable to such interpersonal slights or rebuffs would seem to provide an important index as to the degree of narcissistic pathology. Subsequently, the client with a propensity to experience rage or increased grandiosity in response to minor empathic failures on the part of the therapist should be seriously considered for the diagnosis of narcissistic personality disorder.

With regard to treatment, Kohut suggests basic strategies which should be employed when working with a client diagnosed with narcissistic personality disorder. Following directly from his theory, Kohut suggests that the client should experience a therapist who demonstrates high levels of empathic responding (both mirroring the client's grandiosity and providing an idealizable figure for the client), particularly early on in the treatment. During the course of treatment, however, inevitable shortcomings (i.e., non-traumatic empathic failures) on the part of the therapist will occur (i.e., missed interpretations, going on vacations). By making explicit such empathic failures and understanding how they have impacted upon the client, he or she will come to a more realistic understanding of both the therapist's limitations and his or her own unique skills and talents. The client will thus develop a sense of self which is more "cohesive" and enables him or her to maintain feelings of

worthiness and safety without the continued source of praise and reassurance from others. While this is obviously an abbreviated description of the therapeutic process as described by Kohut, the current results would appear to highlight the role of empathic responding to the narcissist within the treatment setting and the need to work through such vulnerabilities with him or her.

#### Directions for Future Research

Future attempts to explore this area should consider the usage of clinical subjects (as opposed to the analogue population utilized in the current study). The usage of clinical subjects (both male and female) would allow for greater generalizability of results and would likely lead to more robust findings (i.e., intergroup differences would likely be even greater). Additionally, an effort should be made to obtain subject groupings which are "pure" (i.e., no one participant should possess more than a single personality disorder). While this was largely accomplished in the current study, the Avoidant/Dependent group should, in the future, consist of members only possessing features of the Avoidant or Dependent personality types and no other.

In the current study, the instructions for the N-P suggested by the designers of that measure (Shulman & McCarthy, 1986) were given verbatim. It may have been useful, however, to explicitly ask participants to try and identify

with the feelings of the little girl in the videotape. This may have further helped to evoke the feelings of heightened narcissism and anger with which the present study was concerned.

As was mentioned above, it would have been useful to employ a standardized measure assessing the participant's recollection of past empathic responses made toward them by parental figures. In the future, the validity of responses on such a measure should be evaluated rather stringently, given the self-serving bias participants could potentially employ in order to bolster their own self-image.

One potential alternative explanation for the current findings which cannot be ruled out is that narcissists may evidence heightened displays of narcissism and anger in response to being exposed to scenes depicting any sort of negative interaction or mood, not specifically to low empathy scenes. Future attempts to explore this question using a similar paradigm should, in addition to having the low empathy scenarios, also utilize scenes in which negative emotions or conditions other than a lack of empathy may be elicited (e.g., depression, illness, etc.).

Given that Kohut's theory is developmental in nature, it is possible to conduct longitudinal studies which examine the effect of empathic mirroring or idealizing in early childhood. Such an investigation could potentially help us to further

understand the role played by empathy in the etiology and development of narcissism.

At a basic level, any attempt which employs methodological rigor to validate empirically the psychodynamic approach to human functioning and psychopathology is likely to vastly improve the current dearth of empirical evidence. It is hoped that through such empirical investigations as this, future researchers will be further encouraged to take up this call.

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## APPENDIX A

DSM-III-R Criteria for the  
Narcissistic Personality Disorder

A pervasive pattern of grandiosity (in fantasy or behavior), lack of empathy, and hypersensitivity to the evaluation of others, beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:

- (1) reacts to criticism with feelings of rage, shame, or humiliation (even if not expressed)
- (2) is interpersonally exploitative: takes advantage of others to achieve his or her own ends
- (3) has a grandiose sense of self-importance, e.g. exaggerates achievements and talents, expects to be noticed as "special" without appropriate achievement
- (4) believes that his or her problems are unique and can be understood only by other special people
- (5) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- (6) has a sense of entitlement: unreasonable expectation of especially favorable treatment, e.g., assumes that he or she does not have to wait in line when others must do so
- (7) requires constant attention and admiration, e.g., keeps fishing for compliments
- (8) lack of empathy: inability to recognize and experience how others feel, e.g., annoyance and surprise when a friend who is seriously ill cancels a date
- (9) is preoccupied with feelings of envy

## APPENDIX B

## TABLES

TABLE 1

Group Means from Pilot Study

	High Narcissists	Low Narcissists
Control video level of narcissism	5.46	4.33
Low-empathy video level of narcissism	10.33	5.33
Control video level of anger	8.50	8.16
Low-empathy video level of anger	12.16	10.16

TABLE 2  
SCID Scores for Participants

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Minimum Percentage of Criteria Necessary for Clinical Cut-off

Avd	Dep	O-C	Pass	Self	Par	Szt	Szd	His	Nar	Bord	Anti
57	55	55	55	62	57	83	66	66	55	62	20

---

Group = Narcissists

Avd	Dep	O-C	Pass	Self	Par	Szt	Szd	His	Nar	Bord	Anti
0	11	33	33	25	14	33	33	33	55	25	6
14	33	44	44	37	0	50	16	33	55	25	0
28	33	44	33	50	42	33	50	33	88	25	0
28	11	33	33	37	28	66	33	33	55	25	0
28	11	33	11	25	28	66	16	50	55	25	13
14	33	44	11	12	14	0	33	50	55	37	0
28	22	44	33	0	42	50	16	50	77	25	6
0	33	33	33	50	42	50	16	33	66	37	0
14	22	44	44	50	28	50	33	50	77	50	0
0	22	33	33	25	42	50	50	33	66	37	6
14	11	33	22	25	14	66	33	50	66	12	0
14	22	44	22	25	42	66	50	33	66	37	13
14	33	22	22	12	42	16	0	50	55	37	13
0	22	22	11	25	0	50	0	50	55	25	13
0	11	44	33	37	42	33	33	50	66	25	0
14	22	44	33	50	42	50	50	33	55	25	0
28	33	22	33	50	28	66	50	50	55	37	0
28	33	44	33	25	42	66	50	33	55	37	6
28	11	22	22	37	28	33	50	16	55	25	6

---

Group = Normal

Avd	Dep	O-C	Pass	Self	Par	Szt	Szd	His	Nar	Bord	Anti
28	0	11	33	37	0	50	16	16	22	0	0
14	11	33	11	50	14	33	50	0	22	12	6
42	33	11	33	37	42	33	16	16	11	25	0
14	22	33	11	25	14	16	16	33	33	25	0
14	0	33	0	12	0	33	33	16	0	12	0
0	11	11	22	25	14	33	50	33	33	37	13
14	33	22	22	25	14	33	16	33	22	37	0

## Group = Normal (Continued)

Avd	Dep	O-C	Pass	Self	Par	Szt	Szd	His	Nar	Bord	Anti
14	11	44	0	0	42	16	33	16	11	37	0
0	22	22	22	37	42	33	16	33	22	12	0
0	11	22	22	0	28	0	16	33	0	0	0
14	0	33	22	25	28	50	33	33	33	37	0
0	11	11	0	12	14	33	16	33	33	25	0
0	33	44	22	25	14	33	33	16	22	25	0
28	22	11	11	12	0	16	33	33	22	12	0
14	11	44	33	12	0	33	33	33	22	12	0
14	22	33	11	25	0	33	33	33	22	12	0
42	11	33	22	37	28	33	50	33	22	12	0
28	22	33	22	12	28	0	16	33	22	12	0
0	22	22	22	12	14	0	0	33	0	25	13

## Group = Personality Disordered Control

Avd	Dep	O-C	Pass	Self	Par	Szt	Szd	His	Nar	Bord	Anti
42	33	55	33	37	42	83	66	16	33	50	6
28	11	66	11	25	28	33	66	0	0	25	0
28	33	55	33	37	0	66	33	33	11	12	0
28	33	66	11	62	42	50	33	50	33	0	0
28	33	55	22	37	14	50	33	33	33	25	6
42	33	55	33	62	42	66	66	16	22	75	0
28	33	66	11	50	28	33	16	16	33	50	0
14	0	44	33	0	85	66	16	66	33	75	6
28	33	22	22	25	71	66	66	83	33	37	0
14	11	55	33	37	42	50	16	50	22	0	0
28	33	11	33	25	71	33	16	66	33	87	33
42	22	33	0	25	28	33	16	50	33	62	0
14	22	33	22	37	28	16	83	66	33	25	13
28	33	55	44	37	42	33	16	83	33	0	0
0	11	55	22	37	28	50	0	66	22	25	0
14	22	55	22	25	42	33	50	66	33	12	0
14	11	33	11	62	42	33	50	33	33	37	0
42	33	33	0	25	42	66	83	16	22	37	0
28	0	44	77	37	14	33	33	50	33	25	0

## Group = Avoidant/Dependent

Avd	Dep	O-C	Pass	Self	Par	Szt	Szd	His	Nar	Bord	Anti
42	66	33	33	37	28	66	33	33	22	50	0
85	77	44	11	50	42	66	16	33	33	25	0
71	33	33	33	50	42	50	50	33	33	37	0
14	55	33	0	37	28	66	16	50	22	37	6

## Group = Avoidant/Dependent (Continued)

Avd	Dep	O-C	Pass	Self	Par	Szt	Szd	His	Nar	Bord	Anti
42	66	55	33	50	42	66	33	16	33	37	0
42	77	22	55	50	57	50	16	16	33	50	0
85	44	44	22	37	0	50	50	33	33	37	0
85	11	44	0	25	14	66	33	0	33	12	0
57	55	22	11	25	0	50	33	16	11	37	0
85	33	22	33	50	42	33	0	33	33	25	6
71	33	33	22	50	42	50	16	0	22	37	0
42	66	22	22	37	57	33	33	16	22	37	0
57	55	22	22	37	57	33	50	33	22	25	0
85	33	44	22	25	0	33	33	16	22	25	0
71	33	22	22	37	0	33	50	33	22	12	0
57	66	22	22	37	28	50	33	33	0	37	0
42	55	22	22	0	14	33	50	50	22	0	0
85	22	22	44	25	42	16	0	16	11	12	0
71	22	33	11	25	28	0	16	33	11	12	0



TABLE 4

Analysis of Variance for the Expert Group's  
Ratings of "Healthy" Aspects  
of Parenting

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	250.533	125.266	18.51	0.0002
Error	12	81.200	6.766		



TABLE 5

Tukey's Studentized Range (HSD) Test for  
Expert Ratings of "Healthy" Aspects  
of Parenting

Means with the same letter are not significantly  
different

Tukey Grouping	Mean	N	Tapetype
A	15.00	5	Low empathy
B	10.40	5	Medium empathy
C	5.00	5	High empathy

TABLE 6

Analysis of Variance for the Expert Group's  
Ratings of "Dysfunctional" Aspects  
of Parenting

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	414.400	207.200	15.24	.0005
Error	12	163.200	13.600		

TABLE 7

Tukey's Studentized Range (HSD) Test  
for the Expert Group's Ratings  
of "Dysfunctional" Aspects  
of Parenting

Means with the same letter are not significantly  
different

Tukey Grouping	Mean	N	Tapetype
A	17.20	5	High empathy
B	9.60	5	Medium empathy
C	4.40	5	Low empathy

TABLE 8

Analysis of Variance for the Undergraduate  
Group's Ratings of Empathy  
on Videotapes

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	337.777	168.888	92.68	.0001
Error	42	76.533	1.822		

TABLE 9

Tukey's Studentized Range (HSD) Test  
for the Undergraduate Group's  
Ratings of Empathy  
on Videotapes

Means with the same letter are not significantly  
different

Tukey Grouping	Mean	N	Tapetype
A	15.46	15	Low empathy
B	12.80	15	Medium empathy
C	8.80	15	High empathy

TABLE 10

Analysis of Variance for the Undergraduate  
Group's Ratings of Emotions Other  
than Empathy on Videotapes

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	2.533	1.266	0.23	.7957
Error	42	231.466	5.511		

TABLE 11

Analysis of Variance for the Undergraduate  
Group's Ratings of Technical Aspects  
of Videotapes

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	12.311	6.155	1.14	.3285
Error	42	226.133	5.384		

TABLE 12

Repeated Measures ANOVA for the  
Narcissism-Projective

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	43.69	14.56	5.12	0.0029
Error (GROUP)	72	204.94	2.84		
Tapetype	2	183.55	91.77	34.12	0.0001
Tapetype *Group	6	67.07	11.17	4.16	0.0007
Error (TAPETYPE * Ss (GROUP)	144	387.36	2.69		



TABLE 13

Repeated Measures ANOVA for the  
State Trait Anger Inventory

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	64.29	21.43	3.84	0.0131
Error (Group)	72	417.64	5.80		
Tapetype	2	194.00	97.00	35.10	0.0001
Tapetype *Group	6	70.03	11.67	4.22	0.0006
Error (Tapetype * Ss Group)	144	397.96	2.76		

TABLE 14

One Way Analyses of Variance for  
the Narcissism-Projective  
Within Groups

## ANOVA on N-P Scores for Narcissists

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	142.210	71.105	21.13	.0001
Error	54	181.684	3.364		

## ANOVA on N-P Scores for Avoidants/Dependents

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	73.684	36.842	14.86	.0001
Error	54	133.894	2.479		

## ANOVA on N-P Scores for Personality Disordered Controls

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	30.631	15.315	4.63	.0139
Error	54	178.631	3.307		

## ANOVA on N-P Scores for Normal Controls

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	4.105	2.05	1.13	.3306
Error	54	98.105	1.816		

TABLE 15

One Way Analyses of Variance for  
the State Trait Anger Inventory  
Within Groups

## ANOVA on STAI Scores for Narcissists

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	190.982	95.491	14.37	.0001
Error	54	358.736	6.642		

## ANOVA on STAI Scores for Avoidants/Dependents

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	19.192	9.596	4.92	.0109
Error	54	105.368	1.951		

## ANOVA on STAI Scores for Personality Disordered Controls

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	14.982	7.491	5.21	.0086
Error	54	77.684	1.438		

## ANOVA on STAI Scores for Normal Controls

Source	DF	Type III SS	Means Square	F Value	Pr > F
Tapetype	2	38.877	19.438	4.07	.0226
Error	54	258.000	4.777		

TABLE 16  
 Tukey's Studentized Range (HSD) Test for  
 N-P and STAI Scores for the  
 Narcissistic Group

Means with the same letter are not significantly different

Tukey Grouping	STAI Mean	Tapetype
A	12.58	Low empathy
B	9.37	Medium empathy
B		
B	8.26	High empathy

Tukey Grouping	N-P Mean	Tapetype
A	5.63	Low empathy
B	3.31	Medium empathy
C	1.79	High empathy

TABLE 17  
 Tukey's Studentized Range (HSD) Test for  
 N-P and STAI Scores for the  
 Avoidant/Dependent Group

Means with the same letter are not significantly different

Tukey Grouping		STAI Mean	Tapetype
	A	9.63	Low empathy
	A		
B	A	8.89	Medium empathy
B			
B		8.21	High empathy

Tukey Grouping		N-P Mean	Tapetype
	A	4.74	Low empathy
	B	2.63	Medium empathy
	B		
	B	2.10	High empathy

TABLE 18  
 Tukey's Studentized Range (HSD) Test for  
 N-P and STAI Scores for the  
 Personality Disordered  
 Control Group

Means with the same letter are not significantly different

Tukey Grouping		STAI Mean	Tapetype
	A	9.37	Low empathy
	A		
B	A	8.47	Medium empathy
B			
B		8.16	High empathy

Tukey Grouping		N-P Mean	Tapetype
	A	3.63	Low empathy
	A		
B	A	2.37	Medium empathy
B			
B		1.89	High empathy

TABLE 19  
 Tukey's Studentized Range (HSD) Test for  
 STAI Scores for the Normal  
 Control Group

Means with the same letter are not significantly different

Tukey Grouping		STAI Mean	Tapetype
	A	10.05	Low empathy
	A		
B	A	9.31	Medium empathy
B			
B		8.05	High empathy

TABLE 20  
ANOVA for N-P after the  
Low Empathy Videotape

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	100.25	33.41	9.81	.0001
Error	72	245.40	3.40		



TABLE 21

Tukey's Studentized Range (HSD) Test for  
N-P Scores after the Low  
Empathy Videotape

Means with the same letter are not significantly different.

Tukey Grouping		Mean	N	Group
	A	5.6316	19	Narcissist
	A			
B	A	4.7368	19	Avoidant/Dependent
B				
B	C	3.6316	19	Pers Dis Control
	C			
	C	2.5789	19	Normal Control

TABLE 22

ANOVA for N-P after the  
Medium Empathy Videotape

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	9.10	3.03	1.41	0.2459
Error	72	154.63	2.14		

TABLE 23

ANOVA for the N-P after the  
High Empathy Videotape

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	1.42	0.47	0.18	0.9116
Error	72	192.52	2.67		

TABLE 24  
Mean N-P Scores by Group

Group	High Empathy	Medium Empathy	Low Empathy
Narcissist	1.79	3.31	5.63
Avoidant/Dependent	2.10	2.63	4.73
Personality Disorder Control	1.89	2.37	3.63
Normal Control	2.10	2.74	2.58

TABLE 25

ANOVA for the STAI after the  
Low Empathy Videotape

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	123.93	41.31	5.12	0.0029
Error	72	580.42	8.06		

TABLE 26

Tukey's Studentized Range (HSD) Test for  
STAI Scores After the Low  
Empathy Videotape

Means with the same letter are not significantly different.

Tukey Grouping	Mean	N	Group
A	12.58	19	Narcissist
B	10.05	19	Normal Control
B	9.63	19	Avoidant/Dependent
B	9.37	19	Pers Dis Control

TABLE 27

ANOVA for the STAI after the  
Medium Empathy Videotape

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	9.93	3.31	1.19	0.3212
Error	72	201.05	2.79		

TABLE 28

ANOVA for the STAI after the  
High Empathy Videotape

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	0.46	0.15	0.60	0.6149
Error	72	18.31	0.25		



TABLE 29  
Mean STAI Scores by Group

Group	High Empathy	Medium Empathy	Low Empathy
Narcissist	8.26	9.37	12.58
Avoidant/Dependent	8.21	8.89	9.63
Personality Disorder Control	8.16	8.47	9.37
Normal Control	8.05	9.31	10.05

TABLE 30

ANOVA for Order Effects on the N-P

After Low Empathy Videotape:

Source	DF	Type III SS	Means Square	F Value	Pr > F
Order	5	38.26	7.65	1.74	0.1360
Error	70	307.14	4.38		

After Medium Empathy Videotape:

Source	DF	Type III SS	Means Square	F Value	Pr > F
Order	5	8.58	1.71	0.78	0.5710
Error	70	155.14	2.21		

After High Empathy Videotape:

Source	DF	Type III SS	Means Square	F Value	Pr > F
Order	5	10.21	2.04	0.78	0.5689
Error	70	183.73	2.62		

TABLE 31

## ANOVA for Order Effects on the STAI

## After Low Empathy Videotape:

Source	DF	Type III SS	Means Square	F Value	Pr > F
Order	5	35.30	7.06	0.74	0.5970
Error	70	669.05	9.55		

## After Medium Empathy Videotape:

Source	DF	Type III SS	Means Square	F Value	Pr > F
Order	5	6.79	1.35	0.47	0.8004
Error	70	204.19	2.91		

## After High Empathy Videotape:

Source	DF	Type III SS	Means Square	F Value	Pr > F
Order	5	0.95	0.19	0.75	0.5882
Error	70	17.82	0.25		

TABLE 32

ANOVA for Number of Words Emitted on the N-P

## After Low Empathy Videotape:

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	304.88	101.62	0.59	0.6217
Error	72	12344.10	171.44		

## After Medium Empathy Videotape:

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	526.36	175.45	0.83	0.4825
Error	72	15246.10	211.76		

## After High Empathy Videotape:

Source	DF	Type III SS	Means Square	F Value	Pr > F
Group	3	1002.57	334.19	1.89	0.1392
Error	72	12741.15	176.96		

## APPENDIX C

## Schematic Representation of Method

For all participants:

- 1) Exposure to video 1 (either low empathy, medium, or high empathy)
- 2) Administration of Narcissism-Projective part 1 and State Trait Anger Inventory
- 3) Exposure to video 2 (one of the remaining two tapes)
- 4) Administration of Narcissism-Projective part 2 and State Trait Anger Inventory
- 5) Exposure to video 3 (the remaining tape)
- 6) Administration of Narcissism-Projective part 3 and State Trait Anger Inventory
- 7) Debriefing

## APPENDIX D

### Structured Clinical Interview for the DSM-III

#### INSTRUCTIONS

These questions are about the kind of person you generally are, that is, how you usually have felt or behaved over the past several years. Circle "Yes" or "No." If you do not understand a question, leave it blank.

- |  |        |    |
|--|--------|----|
| 1. Are your feelings more easily hurt than most people's if someone criticizes you or disapproves of something you say or do?                          | NO YES | 1  |
| 2. Are there very few people that you are really close to outside of your immediate family?  | NO YES | 2  |
| 3. Do you avoid getting involved with people unless you are certain they will like you?  | NO YES | 3  |
| 4. Do you avoid social situations in which you might have to talk with other people?   | NO YES | 4  |
| 5. Have you avoided jobs or assignments that involved having to deal with a lot of people?   | NO YES | 5  |
| 6. Are you often quiet in social situations because you're afraid of saying the wrong thing?   | NO YES | 6  |
| 7. Have you often been afraid that you might look nervous or tense, or might cry or blush in front of other people?                                    | NO YES | 7  |
| 8. Do a lot of things seem dangerous or difficult to you that do not seem that way to most people?   | NO YES | 8  |
| 9. Do you need a lot of advice or reassurance from others before you can make everyday decisions?  | NO YES | 9  |
| 10. Have you allowed other people to make very important decisions for you?  | NO YES | 10 |
| 11. Do you often agree with people even when you think they are wrong?   | NO YES | 11 |
| 12. Do you find it hard to start or work on tasks when there is no one to help you?  | NO YES | 12 |
| 13. Have you often done unpleasant or demeaning things to get other people to like you?  | NO YES | 13 |
| 14. Do you generally prefer <i>not</i> to be by yourself?  | NO YES | 14 |
| 15. Do you often do things to avoid being alone?   | NO YES | 15 |
| 16. Have you ever felt helpless or devastated when a close relationship ended?   | NO YES | 16 |
| 17. Do you worry a lot about people that you care about leaving you?   | NO YES | 17 |
| 18. Do you have trouble finishing jobs because you spend so much time trying to get things exactly right?  | NO YES | 18 |
| 19. Are you the kind of person who focuses on details, order, and organization, or who likes to make lists and schedules?                              | NO YES | 19 |
| 20. Do you sometimes insist that other people do things exactly the way you want?  | NO YES | 20 |
| 21. Do you sometimes do things yourself because you know that no one else will do them exactly right?  | NO YES | 21 |
| 22. Are you, or does your family feel that you are, so devoted to work (or school) that you have no time left for other people or for just having fun? | NO YES | 22 |

23. Do you sometimes have trouble making decisions because you can't make up your mind about what to do or how to do it?	NO YES	23
24. Do you have higher standards than most people about what is right and what is wrong?	NO YES	24
25. Do you often get angry at other people for breaking rules?	NO YES	25
26. Have people complained that you are not affectionate enough?	NO YES	26
27. Do you rarely give presents, volunteer time, or do favors for other people?	NO YES	27
28. Do you have trouble throwing things out because they might come in handy some day?	NO YES	28
29. Do you often put off doing things that people ask you to do until the last minute?	NO YES	29
30. Are you the kind of person who gets irritable or sulky if someone asks you to do something you don't want to do?	NO YES	30
31. Are you the kind of person who works very slowly or who does a bad job when asked to do something that you really don't want to do?	NO YES	31
32. Do people often make unreasonable demands on you?	NO YES	32
33. Do you tend to "forget" to do things you are supposed to do if you really don't want to do them?	NO YES	33
34. Do you often think you're doing a better job than others give you credit for?	NO YES	34
35. Does it annoy you when people make suggestions about how you could get more work done?	NO YES	35
36. Have people complained that you were holding them up by not doing your share of a job?	NO YES	36
37. Do you often find that the people who are in charge of things (such as your boss or teachers) do not deserve your respect?	NO YES	37
38. Have you chosen a friend or lover who has taken advantage of you or let you down?	NO YES	38
39. Have you sometimes gotten into bad situations at work or at school where you wound up being taken advantage of?	NO YES	39
40. Do you often refuse help from other people because you don't want to bother them?	NO YES	40
41. When people try to help you, do you make it hard for them?	NO YES	41
42. When you are successful, do you feel depressed or like you don't deserve it, or do you do something to spoil the success?	NO YES	42
43. Do you often say or do things that make other people upset or angry with you?	NO YES	43
44. Do you often turn down the chance to do things that you really enjoy?	NO YES	44
45. Do you sometimes <i>not</i> admit to others that you had a good time?	NO YES	45
46. Have you <i>not</i> accomplished many of the personal goals that you have set for yourself?	NO YES	46
47. Are you not interested in, or even bored with, people who are nice to you?	NO YES	47

49. Do you do things for other people even when they don't want you to or try to discourage you?	NO YES	49
50. Do you often have to keep an eye out to stop people from using you or hurting you?	NO YES	50
51. Are you sometimes not sure whether you can trust your friends or the people you work with?	NO YES	51
52. Do you often pick up hidden meanings in what people say or do?	NO YES	52
53. Are you the kind of person who holds grudges or takes a long time to forgive people who have insulted or slighted you?	NO YES	53
54. Do you find it is best not to let other people know too much about you?	NO YES	54
55. Do you often get angry because someone has slighted you or insulted you in some way?	NO YES	55
56. Have you suspected that your spouse or partner has been unfaithful?	NO YES	56
57. When you see people talking, do you often wonder if they are talking about you?	NO YES	57
58. Have you often felt that the way things were arranged had a special significance for you?	NO YES	58
59. Do you often feel nervous in a group of more than two or three people you don't know?	NO YES	59
60. Have you ever felt that you could make things happen just by making a wish or thinking about them?	NO YES	60
61. Have you had experiences with the supernatural, astrology, seeing the future, UFO's, ESP, or a personal experience with a "sixth sense"?	NO YES	61
62. Do you often mistake objects or shadows for people, or noises for voices?	NO YES	62
63. Have you had the sense that some person or force is around you, even though you cannot see anyone?	NO YES	63
64. Have you had the experience of looking at a person or yourself in the mirror and seeing the face change right before your eyes?	NO YES	64
65. Do you <i>not</i> need close relationships with other people, like family or friends?	NO YES	65
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px auto;">           66-72a            18 duplicate 2            12 3-14 15         </div>		
66. Would you rather do things alone than with other people?	NO YES	66
67. Do you never seem to have really strong feelings, like being very angry or very happy?	NO YES	67
68. Could you be content without being sexually involved with another person?	NO YES	68
69. Do you <i>not</i> care much about what people think of you?	NO YES	69
70. Do you often go out of your way to get people to praise you?	NO YES	70
71. Do you flirt a lot?	NO YES	71



72. Do you often dress in a sexy way even when you are going to work or doing errands?	NO YES	22
73. Does it bother you more than most people if you don't look attractive?	NO YES	23
74. Are you very open with your emotions, for example, hugging people when you greet them or crying easily?	NO YES	24
75. Do you like to be the center of attention?	NO YES	25
76. Are you the kind of person who can't wait to get what you want if you really want it?	NO YES	26
77. When you're criticized, do you often feel very angry, ashamed, or put down, even hours or days later?	NO YES	27
78. Have you sometimes had to use other people to get what you wanted?	NO YES	28
79. Do you sometimes "sweet talk" people just to get what you want out of them?	NO YES	29
80. Do you feel you are a person with special talents or abilities?	NO YES	30
81. Have people told you that you have too high an opinion of yourself?	NO YES	31
82. When you have a problem, do you almost always insist on seeing the top person?	NO YES	32
83. Do you often daydream about achieving great things or being famous?	NO YES	33
84. Do you often daydream about having a "perfect" romance?	NO YES	34
85. Do you think that it's not necessary to follow certain rules or social conventions when they get in your way?	NO YES	35
86. Is it very important to you that people pay attention to you or admire you in some way?	NO YES	36
87. Have people said that you are not sympathetic or understanding about their problems?	NO YES	37
88. Are you often envious of other people?	NO YES	38
89. Do your relationships with people you really care about have lots of ups and downs?	NO YES	39
90. Have you often done things impulsively?	NO YES	40
91. Are you a "moody" person?	NO YES	41
92. Do you often have temper outbursts or get so angry that you lose control?	NO YES	42
93. Do you hit people or throw things when you get angry?	NO YES	43
94. Do even little things get you very angry?	NO YES	44
95. Have you tried to hurt or kill yourself or threatened to do so?	NO YES	45
96. Are you different with different people or in different situations so that you sometimes don't know who you really are?	NO YES	46
97. Are you often confused about your long-term goals or career plans?	NO YES	47
98. Do you often change your mind about the types of friends or lovers you want?	NO YES	48

99. Are you often not sure about what your real values are?	NO YES	49
100. Do you often feel bored or empty inside?	NO YES	50
101. Have you often become frantic when you thought that someone you really cared about was going to leave you?	NO YES	51
THE FOLLOWING QUESTIONS ARE ABOUT THINGS YOU MAY HAVE DONE BEFORE YOU WERE FIFTEEN.		
102. Did you often skip school?	NO YES	52
103. Did you ever run away from home and stay out overnight?	NO YES	53
104. Did you start fights?	NO YES	54
105. Did you ever use a weapon in a fight?	NO YES	55
106. Did you ever force someone to have sex with you?	NO YES	56
107. Did you ever hurt an animal on purpose?	NO YES	57
108. Did you ever hurt another person on purpose (other than in a fight)?	NO YES	58
109. Did you deliberately damage things that weren't yours?	NO YES	59
110. Did you set fires?	NO YES	60
111. Did you lie a lot?	NO YES	61
112. Did you ever steal things?	NO YES	62
113. Did you ever rob or mug someone?	NO YES	63

APPENDIX E  
Study Design

Empathy	Low Empathy	Medium Empathy	High
	Video	Video	Video
Narcissists			
Avoidant/Dependent			
Personality Disordered Control			
Normal Control			

## APPENDIX F

## Validity Questionnaire for Expert Group

Please respond to the items below using the following scale:

1 = strongly agree; 2 = agree; 3 = neutral; 4 = disagree; 5 = strongly disagree

- 1) This tape depicts the concept of "Healthy Mirroring" as described by Kohut

1 ----- 2 ----- 3 ----- 4 ----- 5

- 2) This tape reflects the concept of "Healthy Idealization" as described by Kohut

1 ----- 2 ----- 3 ----- 4 ----- 5

- 3) This tape reflects the characteristics of "Good Enough" parenting as described by Kohut

1 ----- 2 ----- 3 ----- 4 ----- 5

- 4) This tape reflects a "failure to mirror empathically" as described by Kohut

1 ----- 2 ----- 3 ----- 4 ----- 5

- 5) This tape reflects a lack of an "idealizable parental figure (imago)" as described by Kohut

1 ----- 2 ----- 3 ----- 4 ----- 5

- 6) This tape reflects a lack of "good enough parenting" as described by Kohut

1 ----- 2 ----- 3 ----- 4 ----- 5

- 7) This tape reflects pathological parent-child interactions as described by Kohut in the case of the narcissist

1 ----- 2 ----- 3 ----- 4 ----- 5

Suggestions:

## APPENDIX G

## Validity Questionnaire for Undergraduates

Please respond to the items below:

- 1) Rate the parents ability to understand the needs of the child

Strong ability                      Medium                      Weak ability

1 ----- 2 ----- 3 ----- 4 ----- 5

- 2) Rate the overall level of distress evidenced by actors depicted in the tape

Highly distressed                      Medium                      Not distressed

1 ----- 2 ----- 3 ----- 4 ----- 5

- 3) Rate the level of compassion shown by the parent

High                      Medium                      Low

1 ----- 2 ----- 3 ----- 4 ----- 5

- 4) Rate the overall level of emotionality evidenced by actors depicted in the tape

Highly emotional                      Medium                      Minimally emotional

1 ----- 2 ----- 3 ----- 4 ----- 5

- 5) Rate the degree of empathy displayed by the parent

High empathy                      Medium                      Low empathy

1 ----- 2 ----- 3 ----- 4 ----- 5

- 6) How bored were you by this tape?

Very bored                      Medium                      Not at all

1 ----- 2 ----- 3 ----- 4 ----- 5

7) How humorous was the tape for you?

Very humorous                      Medium                      Not at all

1 ----- 2 ----- 3 ----- 4 ----- 5

8) Rate the overall level of hostility displayed by actors depicted in the tape

Very hostile                      Medium                      No hostility

1 ----- 2 ----- 3 ----- 4 ----- 5

9) Rate the degree to which the parent appeared distracted or disinterested

Very distracted                      Medium                      Not at all  
distracted

1 ----- 2 ----- 3 ----- 4 ----- 5

10) Rate the picture clarity of the videotape

Very clear                      Medium                      Not clear

1 ----- 2 ----- 3 ----- 4 ----- 5

11) Rate the quality of the audio on the tape

High quality                      Medium                      Low quality

1 ----- 2 ----- 3 ----- 4 ----- 5

12) Rate the credibility of acting on the tape

Very credible                      Medium                      Not at all  
credible

1 ----- 2 ----- 3 ----- 4 ----- 5

## APPENDIX H

## Thematic Apperception Test Card 1



## APPENDIX I

Thematic Apperception Test Card 7GF





## APPENDIX J

## Thematic Apperception Test Card 13MF



## APPENDIX K

Scoring Criteria for the Narcissism-  
Projective (Shulman et al., 1986)

The following six criteria are used to evaluate the written TAT card responses. Each of the criteria are rated as 0, 1, or 2 depending on how present the criteria are in the given response.

If the given criteria are not present at all, score the criterion as 0. If there is some evidence that the criterion is present, score the response as 1. If the criterion is strongly present, score the response as 2.

The rater should continue to be aware that he or she is not only scoring the characters in the response on these criteria, but also on the response itself. For example, let us say that a subject writes a response in which the characters are neither empathic nor lacking empathy, yet the response itself demonstrates a lack of empathy for the characters in the story. This response should be rated as either 1 or 2 depending on the degree of lack of empathy demonstrated.

The criteria follow:

1. Grandiosity or fantasies of ideal love, perfect beauty, or unlimited or unrealistic success (Score 0, 1, or 2)
2. Idealization or devaluation of people. Please note that a rater should score this criterion as present when there is evidence of either (a) idealization or (b) devaluation or (c) a vacillation of these attitudes in the response (Score 0, 1, or 2)
3. Entitlement or interpersonal exploitativeness (Score 0, 1, or 2)
4. Lack of empathy. Please note that 0 here means that there is no evidence of lack of empathy, e.g., the character in the response demonstrates appropriate interpersonal sensitivity or the writer demonstrates appropriate sensitivity to his or her characters (Score 0, 1, or 2)
5. Over-sensitivity to criticism, that is, rage or coolness in response to other's criticism or indifference (Score 0, 1, or 2)
6. Need for attention and/or admiration (Score 0, 1, or 2)

## APPENDIX L

## Sample N-P Response and Scoring

The following response was offered by an individual in the "narcissist" group following exposure to the low-empathy videotape:

(In response to card 1) "The boy, Daniel, has just been given a years worth of violin lessons from his father as a birthday present. His father is a successful lawyer in a small town and wants his son to be a successful musician.

Daniel, however, is filled with emotions mixed between hope and fear. He knows that in order to impress his father, he will have to practice hard with the violin even though he has little or no interest in playing at all. All Daniel sees is failure in his eyes. There is no hope in his success - not really close to that of his father's. He hates to imagine the verbal abuse he will receive when his father learns of his inability.

However, Daniel will learn how to play well after years of grueling practice. His father will be moderately impressed by his son's skill. Daniel will work his way through high school, college, and medical school in the top 10% of his classes, but also with much hard work and concentration. He will go on to be a doctor, yet very unhappy with his decision for the rest of his life. "

## Scoring:

While this response is somewhat richer in narcissistic content than most, it does illustrate nicely the strong presence of almost all scoring criteria.

1) The response offered suggests a strong element of grandiosity and unlimited success (e.g., "Daniel will be in the top 10% in his classes and will become a doctor"). Consequently, the response would receive a "2" in this first category.

2) With regard to idealization or devaluation of people, the father is both idealized (he has reached a level of success as a lawyer which his son could never hope to achieve) and devalued (he is portrayed as a cruel, pedantic autocrat). The response would thus receive a score of "2" in this category as well.

3) There is some evidence that the son is being exploited by the father in this scene (the father berates the son for being incompetent). At the same time, however, this criteria is not explicitly present in the story, and so the response receives a "1" in this category.

4) The lack of empathy between father and son in this story is obvious, with the father holding unrealistic expectations of success from his son and the son being unable to openly express his dislike of the violin or his feelings of failure to the father. The response would thus receive a "2" in this category.

5) There is a strong element of sensitivity to the father's criticism in this story ("He hates to imagine the verbal abuse he will receive"). The son's "grueling hours of practice" at the violin is seemingly an attempt on the son's part to avoid the father's criticism and to receive praise. The response would subsequently receive a "2" in this category as well.

6) With regard to need for attention and/or admiration, the son shows a strong desire to live up to father's standards for approval. What seems to be most important for the young man in the story is in fact an admiring or attentive response from the side of the father. A "2" is thus given for this category as well.

The total score for this individual on this part of the N-P would be "11" (out of 12 points possible).

## APPENDIX M

State Trait Anger Inventory (State items  
only) (Spielberger et al., 1983)

A number of research studies show that if you pay close attention to your emotions you can sometimes detect changes in your mood not only from one day to the next, but also from hour to hour and even minute to minute. We would like you to try this experiment on yourself. Observe your feelings throughout this experiment and see if you can detect any changes in your feelings. Read each statement and then circle the appropriate number which describes HOW YOU FEEL RIGHT NOW, AT THIS MOMENT. There are no wrong answers.

For the following questions: 1 = NOT AT ALL; 2 = SOMEWHAT; 3 = MODERATELY SO; 4 = VERY MUCH SO.

- |                                       |   |   |   |   |
|---------------------------------------|---|---|---|---|
| 1. I am furious                       | 1 | 2 | 3 | 4 |
| 2. I am hopeful                       | 1 | 2 | 3 | 4 |
| 3. I feel pleased                     | 1 | 2 | 3 | 4 |
| 4. I feel angry                       | 1 | 2 | 3 | 4 |
| 5. I feel depressed                   | 1 | 2 | 3 | 4 |
| 6. I feel like yelling<br>at somebody | 1 | 2 | 3 | 4 |
| 7. I feel alert                       | 1 | 2 | 3 | 4 |
| 8. I feel resentful                   | 1 | 2 | 3 | 4 |
| 9. I am relieved                      | 1 | 2 | 3 | 4 |
| 10. I am annoyed                      | 1 | 2 | 3 | 4 |
| 11. I feel easy going                 | 1 | 2 | 3 | 4 |
| 12. I am burned up                    | 1 | 2 | 3 | 4 |
| 13. I feel like swearing              | 1 | 2 | 3 | 4 |
| 14. I am worried                      | 1 | 2 | 3 | 4 |
| 15. I am irritated                    | 1 | 2 | 3 | 4 |

## APPENDIX N

## Statement of Consent

Thank you for coming today. The study in which you have been asked to participate will require you to view three separate videotapes and to respond to stimulus materials and a questionnaire with which you will be provided. If at any point during the course of this study you should either feel uncomfortable or uncertain about what is being asked of you, please feel free to speak with the investigator about this. You may withdraw from this study at any point without prejudice (you will still be given a research credit for coming to the study). Your signature below indicates that you have understood and agreed with these conditions. Further information or any complaints you may have regarding this study should be addressed to the Office of Research Services at the University of North Carolina at Greensboro (334-5878).

\_\_\_\_\_  
month      day      year

\_\_\_\_\_  
Signature of Participant

## APPENDIX O

## Instructions for the N-P

Please write a description of the picture placed before you.

Your description should include the following:

- (1) What were the likely events or circumstances that you think led up to the scene in the picture?
- (2) What is going on now in the scene?
- (3) What are the characters thinking or feeling?
- (4) How will the circumstances you described probably turn out?

In writing your description, please be as creative as you can. You will be allowed 10 minutes to complete this portion of the study. Please try to use the entire amount of time provided.

## APPENDIX P

## Debriefing Statement

The purpose of the study was to investigate some of the assumptions of an influential theory of personality which suggests that certain typical parent-child interactions may predict later personality patterns. The videotapes you viewed were designed to recreate some of those interactions. The pictures you responded to and the questionnaires you completed are designed to provide information regarding the nature of the reaction you may have had to watching these tapes. This concludes your involvement in today's study. If you should have any questions at this point, please feel free to ask the investigator. Results of this research should be available in the Fall of 1994. Thank you for your participation.



## APPENDIX Q

Figure 1

Group Means on N-P After Tapes

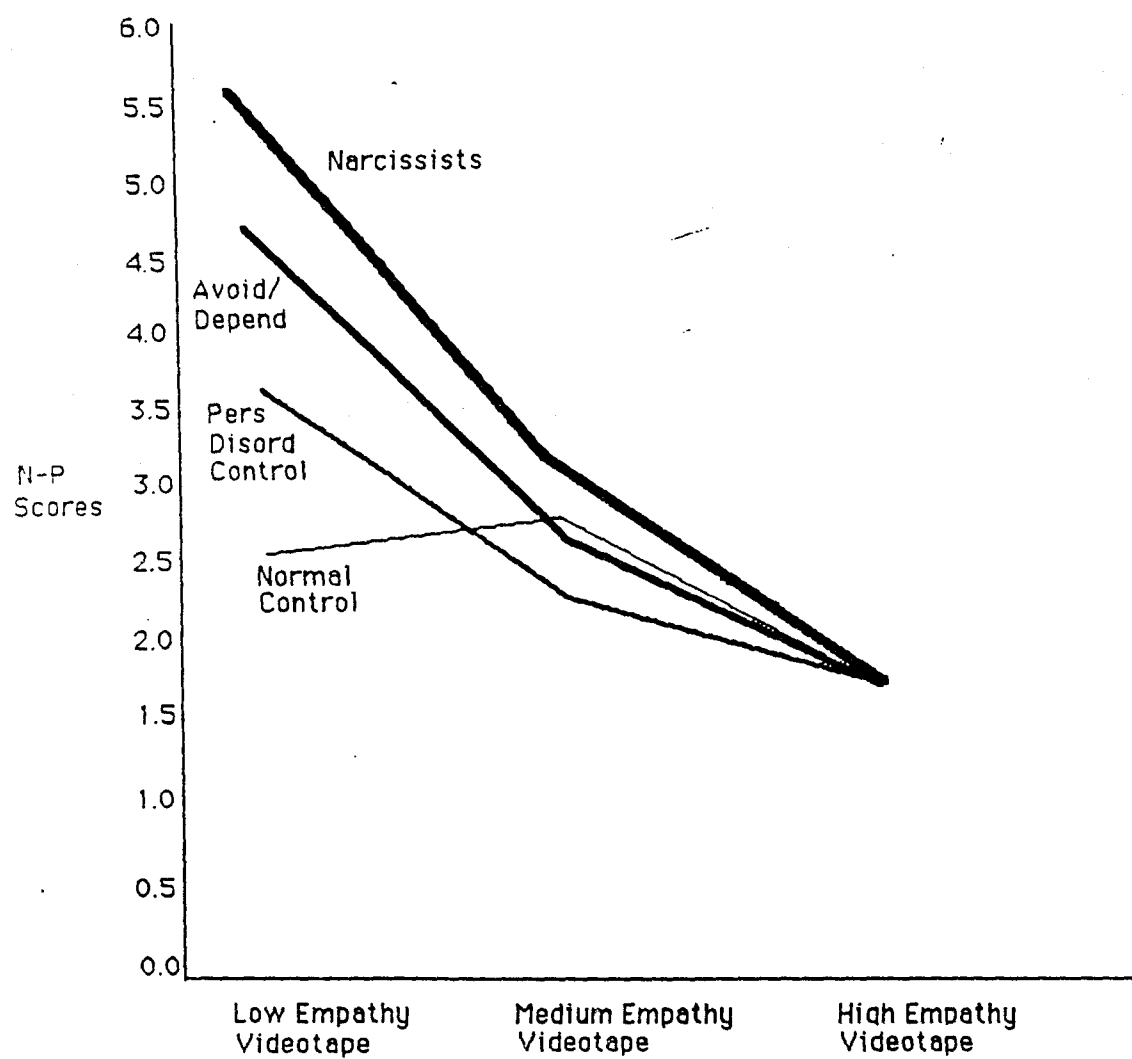


Figure 2  
Group Means on STAI After Tapes

