

The
Handbook of
Narcissism
and
Narcissistic
Personality
Disorder

THEORETICAL APPROACHES,
EMPIRICAL FINDINGS, AND TREATMENTS



edited by
W. Keith Campbell
Joshua D. Miller

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AND NARCISSISTIC PERSONALITY
DISORDER**

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and Treatments**

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and
Joshua D. Miller



WILEY

John Wiley & Sons, Inc.

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Published by John Wiley & Sons, Inc., Hoboken, New Jersey.

Published simultaneously in Canada.

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Library of Congress Cataloging-in-Publication Data:

Campbell, W. Keith.

The handbook of narcissism and narcissistic personality disorder : theoretical approaches, empirical findings, and treatments / W. Keith Campbell and Joshua D. Miller.

p. cm.

Includes bibliographical references and index.

ISBNs 978-0-470-60722-0; 978-1-118-02925-1; 978-1-118-02926-8; 978-1-118-02924-4;
978-1-118-09310-8

1. Narcissism—Handbooks, manuals, etc. I. Miller, Joshua D. II. Title.

[DNLM: 1. Narcissism. 2. Personality Disorders. WM 460.5.E3]

RC553.N36C36 2011

616.85'85—dc22

2010039912

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

To our families

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Introduction

W. Keith Campbell and Joshua D. Miller

Interest in the topic of narcissism and its clinical variant, narcissistic personality disorder (NPD), has grown dramatically in recent years. Research on this topic was traditionally found in the fields of social-personality psychology (trait narcissism) and clinical psychology and psychiatry (NPD). More recently, however, work on narcissism has made its way into industrial-organizational (I-O) psychology, developmental psychology, decision making, organizational behavior, criminology, educational research, and political science. Narcissism is examined as a variable of interest in research on many cutting-edge topics, such as behavior on the World Wide Web, corporate leadership, ethics and criminality, and celebrity. Somewhat ironically, narcissism is “hot.”

Unfortunately, this interest in narcissism is hampered by several historical divides. There is the divide between research on trait narcissism versus the categorically conceived of diagnosis of NPD. This split often divides the theory-rich clinical approaches from the data-rich empirical approaches found in social-personality psychology. This divide pervades all aspects of the study of narcissism, including the basic conceptualization of the construct with clinically oriented theorists emphasizing narcissistic vulnerability and social-personality researchers emphasizing narcissistic grandiosity. Indeed, several of the chapters in this handbook present data suggesting that vulnerability and grandiosity may represent two distinct forms or states of narcissism. Given these divides, there are many bridges that need to be built between fields, researchers, and practitioners.

Our goal in organizing *The Handbook of Narcissism and Narcissistic Personality Disorder* was to bridge these divides by bringing together in one place a diverse and accomplished group of narcissism researchers and practitioners. The *Handbook* is integrative in that it covers both trait narcissism and NPD. Likewise, it includes contributors from across the spectrum of psychology (clinical, social-personality, I-O, and developmental) and related fields. We have contributions from researchers from a range of theoretical perspectives as well—for example, you will find chapters on psychodynamic (Ronningstam, Chapter 5), social-psychological (Morf and colleagues, Chapter 6) and trait models (Miller and Maples, Chapter 7) of narcissism side-by-side. Likewise, the treatments discussed in the *Handbook* range from psychodynamic (Diamond and colleagues, Chapter 38), cognitive-behavioral (Cukrowicz and colleagues, Chapter 41) and even experimental interventions (Thomaes and Bushman, Chapter 43). In short, thanks to the work of a group of talented contributors, we have a truly integrative *Handbook* that should benefit readers from a wide array of perspectives.

The *Handbook* itself is organized into six sections. Section I focuses on the constructs of narcissism and NPD. We start with a historical overview of both constructs by Levy and colleagues (Chapter 1). This is followed by two chapters on NPD and the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The first by Reynolds and Lejuez (Chapter 2) takes a historical view; whereas the second by South and colleagues (Chapter 3) focuses on NPD and its possible representation in the *DSM-5*. The next chapter by Pincus and Roche (Chapter 4) examines one of

the major divides in narcissism: the distinction between grandiose and vulnerable narcissism. We then have the three chapters mentioned earlier—psychodynamic, social psychological, and trait approaches to narcissism/NPD. Section I ends with two more useful models: the agency model (Foster and Brennan, Chapter 8) and the mask model (Zeigler-Hill and Jordan, Chapter 9).

Section II focuses on issues of assessment for both narcissism and NPD. It begins with an overview of assessment measures for NPD (Watson and Bagby, Chapter 10) and trait narcissism (Tamborski and Brown, Chapter 11). Given the ongoing debate regarding the most commonly used measure of trait narcissism, the Narcissistic Personality Inventory (NPI), we have two chapters taking different sides so that readers get a full understanding of the issues involved (Chapters 12 and 13). The section ends with an important review of the assessment of narcissism in youth (Barry and Ansel, Chapter 14).

Section III focuses on the epidemiology and etiology of narcissism. Pulay and colleagues (Chapter 15) provide a detailed description of their large national epidemiological survey of NPD. This is followed by three perspectives on the etiology of narcissism: parenting (Horton, Chapter 16); development (Hill and Roberts, Chapter 17); and culture (Twenge, Chapter 18). This is followed by a new evolutionary model of narcissism (Holtzman and Strube, Chapter 19), and the section ends with a chapter on the neurological and physiological processes associated with narcissism (Krusemark, Chapter 20).

Section IV includes chapters that discuss the issue of comorbidity and correlates of narcissism/NPD. S. Simonsen and E. Simonsen (Chapter 21) report on the comorbidity of NPD with Axis I disorders, whereas Widiger (Chapter 22) reviews the comorbidity between NPD and other *DSM-IV* personality disorders. Next, Bosson and Weaver (Chapter 23) look at the complex relations between narcissism and self-esteem. Finally, Lynam reviews the relations between narcissism/NPD and psychopathy (Chapter 24).

Section V contains a range of chapters that describe the intra- and interpersonal processes associated with narcissism. These include social perception (Carlson and colleagues, Chapter 25), self-other discrepancies (Oltmanns and Lawton, Chapter 26), and self-enhancement (Wallace, Chapter 27). There are also chapters on the relations between narcissism and NPD and important social outcomes like aggression (Bushman and Thomaes, Chapter 28), shame (Tracy and colleagues, Chapter 29), romantic relationships (Brunell and Campbell, Chapter 30), and sexuality (Widman and McNulty, Chapter 31). These are followed by a pair of chapters on the manifestation of narcissism/NPD in social network analyses and social networks (Clifton and Buffardi, respectively, Chapters 32 and 33). The section ends with four more topical chapters on narcissism/NPD and: consumerism (Sedikides and colleagues, Chapter 34), leadership (Hogan and Fico, Chapter 35), celebrity (Gentile, Chapter 36), and spirituality (Sandage and Moe, Chapter 37).

The *Handbook* ends with a section on the treatment of narcissism/NPD. Each chapter represents the work of an expert in a particular approach: transference-focused psychotherapy (Diamond and colleagues, Chapter 38), attachment therapy (Meyer and Pilkonis, Chapter 39), schema therapy (Behary and Dieckmann, Chapter 40), cognitive behavioral therapy (Cukrowicz and colleagues, Chapter 41) and dialectical behavior therapy (Reed-Knight and Fischer, Chapter 42). Finally, we end with a review of experimental/laboratory manipulations from basic research paradigms that temporarily modify narcissistic behavior and may have promise for translational research (Thomaes and Bushman, Chapter 43).

We would like to end by giving our thanks to the many people who helped to make the *Handbook* a reality. First, we are grateful to all of the researchers and practitioners who contributed chapters. We were amazed that such a talented (and very, very busy) group would take the time to produce such terrific work for the book. Second, we would like to thank our editor, Patricia “Tisha” Rossi, at John Wiley & Sons. She immediately saw the need for a handbook on narcissism and NPD and has been 100% committed to making this project a success. Finally, we would both like to thank our families for their support throughout this process. Without their support none of this would have been possible.

List of Contributors

Lisa L. Ansel

*Department of Psychology
University of Southern Mississippi*

R. Michael Bagby

*Department of Psychiatry and Psychology
University of Toronto*

Christopher T. Barry

*Department of Psychology
University of Southern Mississippi*

Wendy T. Behary

*Director, The Cognitive Therapy Center of New Jersey
and The New Jersey Institute for Schema Therapy
President, The International Society of Schema
Therapy (ISST)*

Jennifer K. Bosson

*Department of Psychology
The University of South Florida*

James C. Brennan

*Department of Psychology
University of South Alabama*

Ryan P. Brown

*Department of Psychology
University of Oklahoma*

Amy B. Brunell

*Department of Psychology
Ohio State University at Newark*

Laura E. Buffardi

*iScience Group
Universidad de Deusto in Bilbao*

Brad J. Bushman

*School of Communication
The Ohio State University; VU University Amsterdam*

Erika N. Carlson

*Department of Psychology
University of Washington*

Joey T. Cheng

*Department of Psychology
University of British Columbia*

Sylvia Cisek

*Center for Research on Self and Identity, School of
Psychology University of Southampton*

Allan Clifton

*Department of Psychology
Vassar College*

Kelly C. Cukrowicz

*Department of Psychology
Texas Tech University*

Diana Diamond

*City University of New York, New York
Presbyterian Hospital, Weill Medical College
at Cornell University*

Eva Dieckmann

*Universitätsklinikum Freiburg, Abteilung für
Psychiatrie und Psychotherapie*

Nicholas Eaton

*Department of Psychology
University of Minnesota*

William D. Ellison

*Department of Psychology
Pennsylvania State University*

James Fico

Hogan Assessment Systems

Sarah Fischer

*Department of Psychology
University of Georgia*

Joshua D. Foster

*Department of Psychology
University of South Alabama*

Brittany Gentile

*Department of Psychology
University of Georgia*

Risë B. Goldstein

National Institutes of Health

Bridget F. Grant

National Institutes of Health

Claire M. Hart
Department of Psychology
University of Southampton

Patrick L. Hill
Department of Psychology
University of Illinois at
Urbana-Champaign

Robert Hogan
Hogan Assessment Systems

Nicholas S. Holtzman
Department of Psychology
Washington University

Robert S. Horton
Department of Psychology
Wabash College

Thomas E. Joiner
Department of Psychology
Florida State University

Christian H. Jordan
Department of Psychology
Wilfrid Laurier University

Robert Krueger
Department of Psychology
University of Minnesota

Elizabeth A. Krusemark
Department of Psychology
University of Wisconsin-Madison

Erin M. Lawton
Department of Psychology
University of Washington

Carl W. Lejuez
Center for Addictions, Personality,
and Emotion Research
University of Maryland, College Park

Kenneth N. Levy
Department of Psychology
Pennsylvania State University

Donald Lynam
Department of Psychological Science
Purdue University

Jessica Maples
Department of Psychology
University of Georgia

Jason P. Martens
Department of Psychology
University of British Columbia

James K. McNulty
Department of Psychology
University of Tennessee, Knoxville

Björn Meyer
Department of Psychosomatic Medicine
and Psychotherapy
University Medical Center Hamburg-Eppendorf
and Schön Clinic Hamburg Eilbek

Shane P. Moe
Department of Marriage and Family Studies
Bethel University

Carolyn C. Morf
Institute of Psychology
University of Bern, Switzerland

Laura Naumann
Department of Psychology
Sonoma State University

Thomas F. Oltmanns
Department of Psychology
University of Washington

Paul A. Pilkonis
Department of Psychiatry
University of Pittsburgh School of Medicine

Aaron L. Pincus
Department of Psychology
Pennsylvania State University

Erin K. Poindexter
Department of Psychology
Florida State University

Attila J. Pulay
National Institutes of Health

Bonney Reed-Knight
Department of Psychology
University of Georgia

Elizabeth K. Reynolds
Center for Addictions, Personality,
and Emotion Research
University of Maryland, College Park

Joseph S. Reynoso
Rosemary Furman Counseling Center
Barnard College

Brent W. Roberts
Department of Psychology
University of Illinois at Urbana-Champaign

Richard W. Robins
Department of Psychology
University of California, Davis

Michael J. Roche
Department of Psychology
Pennsylvania State University

Elsa Ronningstam
McLean Hospital
Harvard Medical School

Steven J. Sandage
Department of Marriage and
Family Studies
Bethel University

Eva Schürch
Institute of Psychology
University of Bern, Switzerland

Constantine Sedikides
Center for Research on Self and Identity,
School of Psychology
University of Southampton

Erik Simonsen
Zealand Region, Psychiatric Research Unit

Sebastian Simonsen
Zealand Region, Psychiatric Research Unit

Susan South
Department of Psychological Sciences
Purdue University

Michael J. Strube
Department of Psychology
Washington University

Michael Tamborski
Department of Psychology
University of Oklahoma

Sander Thomaes
Department of Psychology
Utrecht University

Loredana Torchetti
Institute of Psychology
University of Bern, Switzerland

Jessica L. Tracy
Department of Psychology
University of British Columbia

Jean M. Twenge
Department of Psychology
San Diego State University

Simine Vazire
Department of Psychology
Washington University

Harry M. Wallace
Department of Psychology
Trinity University

Chris Watson
Clinical Research Department
Centre for Addiction and Mental Health

Jonathan R. Weaver
Department of Psychology
The University of South Florida

Thomas A. Widiger
Department of Psychology
University of Kentucky

Laura Widman
Department of Psychology
University of North Carolina, Chapel Hill

Frank Yeomans
New York Presbyterian Hospital, Weill Medical
College at Cornell University

Virgil Zeigler-Hill
Department of Psychology
University of Southern Mississippi

SECTION I

NARCISSISM AND NPD: CONSTRUCTS AND MODELS

A HISTORICAL REVIEW OF NARCISSISM AND NARCISSISTIC PERSONALITY

Kenneth N. Levy, William D. Ellison, and Joseph S. Reynoso

It is greatly ironic that the concept of narcissism has been the subject of so much attention from academia to the media and has captured the public's mind over the past few decades. This attention would make Narcissus, the subject of the Greek myth from which the term narcissism is derived, very proud indeed. The legend of Narcissus, originally sung as Homeric hymns in the seventh or eighth century BC (Hamilton, 1942) and popularized in Ovid's *Metamorphoses* (8/1958), has risen from a relatively obscure beginning to become one of the prototypical myths of our times, with the coining of such terms as *culture of narcissism*, *me generation* (Lasch, 1979; Wolfe, 1976, 1977), and more recently the *age of entitlement* (Twenge & Campbell, 2009). In this chapter we provide a historical review of the concept of narcissism and its evolution from myth to an official personality disorder in the current psychiatric nomenclature.

TERM AND DERIVATION

The best-known classical account of the Narcissus¹ story comes from the Roman poet Ovid, who in 8 C.E. included it in his collection of stories, *Metamorphoses*. To paraphrase Ovid's rendering of the Greco-Roman fable, Narcissus was a youth admired by all for his beauty (Bulfinch, 1855; Hamilton, 1942). He rejected the attention of the many who adored him, including the nymph Echo, who by punishment of Zeus' wife Hera, could only repeat the last syllable of speech said to her. Ignored by Narcissus, Echo eventually wasted away until all that remained of her was her repeating voice. Narcissus' cruelty was eventually punished when an avenging goddess, Nemesis, answered the prayer of another he had scorned. She condemned him to unrequited love, just as he had done to the many he had spurned (both males and females, in Ovid's telling). Catching a glimpse of himself in a pool of water, Narcissus was paralyzed by the beauty of his own reflected image. The more he gazed at himself, the more infatuated he became, but like the many others whose affection he did not return, he was left empty in his futile love. He remained gazing at his own reflection in despair until death, with Echo by his side to repeat to him his last dying words.

Ovid's version of the myth is undoubtedly the best-known and most detailed and contains elements that resonate with later developments on narcissism. His version begins with a prophecy by the blind seer Tiresias that Narcissus will have a long life "*si se non noverit*"—that is, unless he knows himself. As many scholars have commented, this remark seems to subvert the classical Greek (and psychoanalytic) ideal of self-knowledge (e.g., Davies, 1989) and anticipates several modern psychoanalysts' arguments for a modified treatment for pathological

¹ Narcissus is a flower whose name derives from the Greek word *Narke* or *Narcotic*, by virtue of its power to alleviate pain and suffering.

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narcissism (e.g., Kohut & Wolf, 1978). Other versions of the Narcissus myth exist and themselves introduce themes that have relevance for the construct of narcissism. For example, an earlier text dealing with the myth from a collection of ancient Greek documents from Egypt is attributed to Parthenius of Nicaea, a Greek poet of the first century B.C.E. (Hutchinson, 2006). This earlier version is notable because it joins a telling by Conon (Graves, 1954) in suggesting that Narcissus did not simply waste away but committed suicide, either from lovesickness or out of guilt over the many suitors he had spurned. This detail foreshadows the psychoanalytic insight that narcissism can coexist with intense despair and self-recrimination (King & Apter, 1996; Reich, 1960).

Following the classical account, the earliest theoreticians on narcissism as a personality characteristic studied it in relation to its manifestations in human sexuality, though without definitive thoughts on its normality or pathology. The British sexologist-physician Havelock Ellis was the first to use the Narcissus myth to refer to an autoerotic sexual condition. The tendency in these “Narcissus-like” cases was “for the sexual emotions to be absorbed, and often entirely lost, in self-admiration” (1898). Ellis’ invocation of the mythical figure led the sexologist Paul Näcke (1899) to apply the concept (*Narcissimus*²) to his observations of autoeroticism in which the self is treated as a sexual object. Though exaggerated bodily self-preoccupation was considered a perversion in the context of 19th-century psychiatry, Ellis later noted that this “psychological attitude” could be considered on the spectrum of normal (1927). Psychoanalysts were the next group to elaborate the concept of narcissism, with the earliest reference attributable to Isidor Sadger (1908, 1910). Sadger distinguished between a degree of egoism and self-love that was normal (evidenced in children and some adults) and the more extreme and pathological forms that involved overvaluation of and overinvestment in one’s own body. He saw mature sexual love as having to pass through a stage of self-love, though not becoming fixed or preoccupied with it. In 1911, Otto Rank wrote the first psychoanalytic paper exclusively on narcissism, which he based on his studies of his female patients. In this and subsequent work, Rank (1914/1971) is responsible for a number of significant early ideas, including his understanding of narcissism as a vanity and self-admiration that was not exclusively sexual, but also served defensive functions and was linked to twin and mirror experiences later discussed by Kohut. That is, narcissistic individuals tend to need others to feel connected and to bask in the glow of strong and powerful people.

As Freud credits in his own paper on narcissism in 1914, Rank helped place narcissism in the realm of regular human development. Freud’s own views on narcissism varied a great deal, from a kind of sexual perversion and quality of primitive thinking to “a type of object choice, a mode of object relationship, and self-esteem” (Pulver, 1970). In his writings on the topic, narcissism can both be a universal stage of psycho-sexual development and a component of self-preservatory instincts, as well as a marker of a pathological character. His theorizing is based on observations from psychotic patients, young children, clinical material from patients, as well as sexual love relationships. Freud first mentions narcissism in a later footnote added in 1910 to “Three Essays on the Theory of Sexuality” (1905/1957), and most extensively writes on the topic in the paper “On Narcissism: An Introduction” (1914/1957). In this paper, Freud noted the dynamic characteristic in narcissism of consistently keeping out of awareness any information or feelings that would diminish one’s sense of self. In this paper he also discussed, from a developmental perspective, the movement from the normal but relatively exclusive focus on the self to mature relatedness. In all of these early papers, narcissism was described as a dimensional psychological state in much the same way that contemporary trait theorists describe pathological manifestations of normal traits (although Rank and Freud viewed narcissism as dynamic—that is, they saw grandiosity as a defense against feeling insignificant). In all these writings, narcissism was conceptualized as a process or state rather than a personality type or

² Ellis gives Näcke credit for appending the “-ism” that led to the eventual term *narcissism* (1927).

disorder.³ Relatedly, the earliest speculations on the development of pathological narcissism saw it as intimately linked with envy. For example, Abraham (1919/1979) associated narcissism with envy and a contemptuous or hostile attitude toward love objects, potentially due to past caregiving disappointments the individual had experienced. Ernest Jones (1913/1974) described and conceptualized narcissism as a pathological character trait in a paper on the “God Complex.” Those with a God Complex were seen as aloof, inaccessible, self-admiring, self-important, overconfident, exhibitionistic and with fantasies of omnipotence and omniscience. Jones made early observations on the “blending” or confusion of the individual’s view of reality and omnipotence as a defense. Much later, Reich (1960) suggested that narcissism is a pathological form of self-esteem regulation whereby self-inflation and aggression are used to protect one’s self-concept.

NARCISSISM AS A PERSONALITY OR CHARACTER STYLE AND DISORDER

The concept of a narcissistic personality or character was first articulated by Walder (1925). Walder described individuals with narcissistic personality as condescending, feeling superior to others, preoccupied with themselves and with admiration, and exhibiting a marked lack of empathy, often most apparent in their sexuality, which is based on purely physical pleasure rather than combined with emotional intimacy. Although Freud had not discussed narcissism as a personality type in his 1914 paper, in 1931, following Walder, he described the narcissistic libidinal or character type. In this paper, he described the narcissistic individual as someone who was primarily focused on self-preservation. These individuals were highly independent, extraverted, not easily intimidated, aggressive, and unable to love or commit in close intimate relationships. Despite these issues, Freud noted that these individuals frequently attracted admiration and attention and often were in leadership roles. Importantly, it is in this paper that Freud made the connection between narcissism and aggression. The psychoanalyst Wilhelm Reich (1933/1949) expanded on Freud’s observations in proposing the phallic-narcissist character, characterized by self-confidence, arrogance, haughtiness, coldness, and aggressiveness. Importantly, Reich expanded on Freud’s observation regarding the connection between narcissism and aggression by explicating the dynamic between the two. Reich noted that narcissistic individuals responded to being emotionally hurt, injured, or threatened with cold disdain, ill humor, or overt aggression. As suggested by the name, Reich viewed narcissism as linked to ideas of masculinity, more common in men, and felt that the narcissistic individual was overidentified with the phallus. The link between narcissism and masculinity could first be seen in Alfred Adler’s (1910/1978) concept of masculine protest, which meant wanting to be strong, powerful, and privileged, the purpose of which was the enhancement of self-esteem.

In 1939, Karen Horney built on the idea that narcissism was a character trait by proposing divergent manifestations of narcissism (e.g., aggressive-expansive, perfectionist, and arrogant-vindictive types). Additionally, Horney distinguished healthy self-esteem from pathological narcissism and suggested that the term *narcissism* be restricted to unrealistic self-inflation. By self-inflation, Horney meant that the narcissist loves, admires, and values himself when there is no foundation for doing so. This is an important contribution that can be seen in the later writings by Kernberg in his concept of pathological grandiosity. Although Horney agreed with Freud

³ In the course of his writings, Freud used the term narcissism to (a) describe a stage of normal infant development, (b) as a normal aspect of self-interests and self-esteem, (c) as a way of relating in interpersonal relationships, especially those characterized by choosing partners based on the other’s similarity to the self [over-investment of self] rather than real aspects of the other person, and (d) a way of relating to the environment characterized by a relative lack of interpersonal relations. These multiple uses of the term narcissism have resulted in significant confusion about the concept, which persists even today.

on many aspects of narcissism, she diverged from him in her proposal that narcissists did not suffer from too much self-love but instead were unable to love anyone, including the genuine aspects of themselves. Horney's conception is consistent with the defensive nature of pathological grandiosity in narcissism.

This defensive notion is also articulated by Winnicott (1965), who distinguished between a true self and a false self-conception. Winnicott proposed that narcissistic individuals defensively identify with a grandiose false self. Winnicott's ideas are similar to Kernberg's and Horney's in that investment in the false self is similar to such an investment in a grandiose pathological self-representation. Winnicott's conception of narcissism is also similar to Kohut in that she stresses caregiver failure in its etiology and the role of a holding environment in therapy in order to allow the true self to emerge.

Building on the idea of narcissism as a defense against feeling vulnerable, Annie Reich (1960) proposed that narcissistic individuals suffered from an inability to regulate their self-esteem as a result of repeated early traumatic experiences. They then retreat from others into a self-protective, grandiose fantasy world where the self is not weak and powerless but instead safe, strong, and superior to others. Reich's work was also important because she was the first to emphasize the "repetitive and violent oscillations of self-esteem" (p. 224) seen in narcissists. She noted that narcissists have little tolerance for ambiguity, mediocrity, or failure and that they see themselves as either perfect or a total failure. This lack of integration leads them to dramatically shift between the heights of grandiosity and the depths of despair and depression.

In 1961, Nemiah explicitly described narcissism not only as a personality type but as a disorder when he coined the term *narcissistic character disorder*. In 1967, Kernberg, as part of his articulation of borderline personality organization, presented a clinical description of what he called *narcissistic personality structure*. In a later paper, Kernberg (1970) provided explicit descriptions of the clinical characteristics of this character structure, suggested a diagnosis based on readily observable behavior, and distinguished between normal and pathological narcissism. However, it was Kohut (1968) who later introduced the term *narcissistic personality disorder*.

THE RISE OF INTEREST IN NARCISSISM

Kernberg's and Kohut's writings on narcissism were, in part, a reaction to increased clinical recognition of these patients. Their papers stimulated enormous worldwide interest about the nature of narcissism and how it should best be conceptualized and treated.

In Kernberg's (1967, 1970, 1975, 1992) view, narcissism develops as a consequence of parental rejection, devaluation, and an emotionally invalidating environment in which parents are inconsistent in their investment in their children or often interact with their children to satisfy their own needs. For example, at times a parent may be cold, dismissive, and neglectful of a child, and then at other times, when it suits the parent's needs, be attentive and even intrusive. This parental devaluation hypothesis states that because of cold and rejecting parents, the child defensively withdraws and forms a pathologically grandiose self-representation. This self-representation, which combines aspects of the real child, the fantasized aspects of what the child wants to be, and the fantasized aspects of an ideal, loving parent, serves as an internal refuge from the experience of the early environment as harsh and depriving. The negative self-representation of the child is disavowed and not integrated into the grandiose representation, which is the seat of agency from which the narcissist operates. This split-off unacceptable self-representation can be seen in the emptiness, chronic hunger for admiration and excitement, and shame that also characterize the narcissist's experience (Akhtar & Thomson, 1982).

What Kernberg sees as defensive and compensatory in the establishment of the narcissist's grandiose self-representation, Kohut (1971, 1977) views as a normal development process gone awry. Kohut sees pathological narcissism as resulting from failure to idealize the parents because

of rejection or indifference. For Kohut, childhood grandiosity is normal and can be understood as a process by which the child attempts to identify with and become like his idealized parental figures. The child hopes to be admired by taking on attributes of perceived competence and power that he or she admires in others. In normal development, this early grandiose self eventually contributes to an integrated, vibrant sense of self, complete with realistic ambitions and goals. However, if this grandiose self is not properly modulated, what follows is the failure of the grandiose self to be integrated into the person's whole personality. According to Kohut, as an adult, a person with narcissism rigidly relates to others in "archaic" ways that befit a person in the early stages of proper self-development. Others are taken as extensions of the self (Kohut's term is *selfobject*) and are relied on to regulate one's self-esteem and anxieties regarding a stable identity. Because narcissists are unable to sufficiently manage the normal fluctuations of daily life and its affective correlates, other people are unwittingly relegated to roles of providing internal regulation for them (by way of unconditional support admiration and total empathic attunement), the same way a parent would provide internal regulation for a young child.

Although Kohut and Kernberg disagreed on the etiology and treatment of narcissism, they agreed on much of its phenomenology or expression, particularly for those patients in the healthier range. Both these authors have been influential in shaping the concept of *narcissistic personality disorder*; not only among psychoanalysts but also among contemporary personality researchers and theorists (Baumeister, Bushman, & Campbell, 2000; Campbell, 1999; Dickinson & Pincus, 2003; Emmons, 1981, 1984, 1987, 1989; John & Robins, 1994; Raskin & Hall, 1979; Raskin, Novacek, & Hogan, 1991; Raskin & Terry, 1988; Robins & John, 1997; Rose, 2002; Wink, 1991, 1992a, 1992b) and the *Diagnostic and Statistical Manual* of the American Psychiatric Association (see Frances, 1980, and Millon, 1997, for discussion of the development of DSM's concept of *narcissistic personality disorder*).

These trends in clinical and personality psychology also paralleled trends in critical social theory (Adorno, 1967, 1968; Blatt, 1983; Horkheimer, 1936; Horkheimer & Adorno, 1944; Lasch, 1979; Marcuse, 1955; Nelson, 1977; Stern, 1980; Westen, 1985; Wolfe, 1977). The 20th century saw an upsurge in writers in various fields using the Narcissus myth and a predominantly psychoanalytic-derived conception of a narcissus-like condition or state to describe individual and social phenomena. The Frankfurt school, and in particular the sociologist-philosopher Theodor Adorno (1968), used the idea of narcissism to describe the defensive management of weakness in the modern collective ego in the face of changing economic factors and industrialized structures. In 1976, the American journalist and writer Tom Wolfe called the 1970s *the Me Decade* in America, and postulated that economic prosperity had led to an excessive and extravagant explosion of individual-celebration and self-focus and away from former values of connectedness. In 1979, the American historian and social critic Christopher Lasch published *The Culture of Narcissism*. In it, Lasch described the current state of American culture as one of narcissistically entitled individualism and extreme decadence. Analyzing national and individual trends, Lasch posited that a type of social structure had developed over decades, which was leading to the development of a collective and individual character that was organized around a compensatory self-preoccupation and away from traditional American competitive ideals. More recently, Twenge and Campbell (2009) diagnosed a societal epidemic of narcissism based on aggregated research findings and observations of national trends. They noted the accumulating research, which suggests increases in narcissism and ego inflation over time. Examination of the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979, 1981; Raskin & Terry, 1988) in American college students from the 1980s to present has found rising rates of narcissism. In 85 samples of American college students ($n = 16,475$) NPI scores have increased 0.33 standard deviations (almost two thirds of recent college students score above the mean of students from 1979 to 1985). At the root of the growing rise of cultural entitlement, materialism, vanity, and antisocial behaviors, Twenge and Campbell focus on factors such as changing familial roles and practices and a shift in American values privileging self-expression and self-admiration.

THE DIAGNOSTIC AND STATISTICAL MANUAL AND NARCISSISTIC PERSONALITY DISORDER

In 1935, the American Psychiatric Association developed a diagnostic system based on Kraepelin's (1899, 1913) influential textbooks. The APA submitted this system to the American Medical Association for inclusion in its *Standard Classified Nomenclature of Disease*; however, a number of weaknesses in the system quickly became apparent (e.g., developed for hospitalized patients, it was less relevant for acute conditions and it did not integrate psychoanalytic theory, which had become popular in the United States at that time). Due to these problems with the Kraepelin-based system, military hospitals and Veterans Administration hospitals each developed its own classification system. These systems were often discordant and created communication difficulties. In 1951 the United States Public Health Services commissioned representatives from the American Psychiatric Association to standardize the diagnostic systems used in the United States, which resulted in the *DSM-I*, published in 1953. The first edition of *DSM* was a glossary describing various diagnostic categories based on Adolf Meyer's developmental psychobiologic views. *DSM-I* described 108 separate disorders. Many of these disorders were described as reactions to environmental conditions that could result in emotional problems. The second edition of the *DSM* (1968) was based on a classification of mental disease derived from the 8th revision of the International Classification of Diseases (ICD-9). *DSM-II* distinguished between neurotic disorders and psychotic disorders, and specified 182 different disorders. Except for the description of the neuroses, which were strongly influenced by psychodynamic thought, *DSM-II* did not provide a theoretical framework for understanding nonorganic mental disorders. Descriptions of various psychiatric disorders in *DSM-II* were based on the best clinical judgment of a committee of experts and its consultants (Widiger, Frances, Pincus, Davis, & First, 1991). Narcissism or narcissistic personality disorder was not an official diagnosis in either *DSM-I* or *II*.

Narcissistic personality disorder (NPD) was first introduced into the official diagnostic system in *Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III, 1980)* owing to the widespread use of the concept by clinicians, the writings of Kernberg, Kohut, and Millon, and the identification of narcissism as a personality factor in a number of psychological studies (Ashby et al., 1979; Block, 1971; Cattell, Horn, Sweney, & Radcliffe, 1964; Exner, 1969, 1973; Eysenck, 1975; Frances, 1980; Harder, 1979; Leary, 1957; Murray, 1938; Pepper & Strong, 1958; Raskin & Hall, 1979; Serkownek, 1975). See Chapter 2 (this volume) for a history of the evolution of the narcissistic personality disorder diagnosis from *DSM-III* to *DSM-IV-R*. Although many of the changes to NPD criteria from the *DSM-III* to *-III-R* and *IV*, were the result of increased attention to empirical findings, Cain, Pincus, and Ansell (2008) note that it also resulted in the elimination of many underlying vulnerable themes. Others have stressed this idea, too (Cooper, 2000; Levy, Reynoso, Wasserman, & Clarkin, 2007). Additionally, much of the dynamic aspect of the disorder in terms of shifts and vacillations between mental states or in behavior were also eliminated. Finally, one could argue that some aspects of the change in criteria represented a concern with discriminating NPD from other disorders and reducing comorbidity at the expense of the true phenomenological nature of the disorder.

SUBTYPES

The changes in *DSM-III-R* and *-IV* led to a number of critiques that *DSM* has failed to capture the intended clinical phenomena (Cain et al., 2008; Cooper, 2000; Cooper & Ronningstam, 1992; Gabbard, 1989; Gunderson, Ronningstam, & Smith, 1991; Levy et al., 2007). These authors have noted that changes to the *DSM* criteria set have increasingly stressed the overt and grandiose aspects of narcissism while at the same time de-emphasizing and eliminating references to the more vulnerable aspects of narcissism. A number of clinical and academic authors, such as

Cooper (1981), Akhtar and Thomson (1982), Gabbard (1989), and Wink (1991) have suggested that there are two subtypes of NPD: an overt form, also referred to as grandiose, oblivious, willful, exhibitionist, thick-skinned, or phallic; and a covert form, also referred to as vulnerable, hypersensitive, closet, or thin-skinned (Bateman, 1998; Britton, 2000; Gabbard, 1989; Masterson, 1981; Rosenfeld, 1987). The overt type is characterized by grandiosity, attention seeking, entitlement, arrogance, and little observable anxiety. These individuals can be socially charming despite being oblivious of others' needs, interpersonally exploitative, and envious. In contrast, the covert type is hypersensitive to others' evaluations, inhibited, manifestly distressed, and outwardly modest. Gabbard (1989) described these individuals as shy and "quietly grandiose," with an "extreme sensitivity to slight," which "leads to an assiduous avoidance of the spotlight" (p. 527). Both types are extraordinarily self-absorbed and harbor unrealistically grandiose expectations of themselves. This overt-covert distinction has been empirically supported in at least six studies using factor analyses and correlational methods (Dickinson & Pincus, 2003; Hendin & Cheek, 1997; Hibbard & Bunce, 1995; Rathvon & Holmstrom, 1996; Rose, 2002; Wink, 1992a, 1992b). See Chapter 4 in this volume on the distinction between narcissistic grandiosity and vulnerability.

Rather than distinguishing between overt and covert types as discrete forms of narcissism, Kernberg noted that the overt and covert expressions of narcissism may be different clinical manifestations of the disorder, with some traits being overt and others being covert. Kernberg contended that narcissistic individuals hold contradictory views of the self, which vacillate between the clinical expression of overt and covert symptoms. Thus, the overtly narcissistic individual most frequently presents with grandiosity, exhibitionism, and entitlement. Nevertheless, in the face of failure or loss, these individuals will become depressed, depleted, and feel painfully inferior. The covertly narcissistic individual will often present as shy, timid, and inhibited, but on closer contact, reveal exhibitionistic and grandiose fantasies. In addition to noting phenomenological aspects of narcissism, Kernberg classified narcissism along a dimension of severity from normal to pathological and distinguished between three levels of pathological narcissism based on the degree of differentiation and integration of representation. These three levels correspond to high-, middle-, and low-functioning groups. At the highest level are those patients whose talents are adequate to achieve the levels of admiration necessary to gratify their grandiose needs. These patients may function successfully for a lifetime, but are susceptible to breakdowns with advancing age as their grandiose desires go unfulfilled. At the middle level are patients with NPD proper who present with a grandiose sense of self and little interests in true intimacy. At the lowest level are the continuum of patients who are comorbid with borderline personality, whose sense of self is generally more diffuse and less stable thus more frequently vacillating between pathological grandiosity and suicidality. These individuals' lives are generally more chaotic. Finally, Kernberg distinguished a type of NPD that he calls malignant narcissism. These patients are characterized by the typical NPD symptoms; however, they also display antisocial behavior, tend toward paranoid features, and take pleasure in their aggression and sadism toward others. Kernberg (1992) posited that these patients are at high risk for suicide, despite the absence of depression. Kernberg suggested that suicidality for these patients represents sadistic control over others, a dismissal of a denigrated world, or a display of mastery over death. Despite the richness of Kernberg's descriptions, we could find no direct research on malignant narcissism. It will be important to differentiate malignant narcissism from NPD proper (as well as from antisocial, paranoid, and borderline personality disorders) and to show that those patients meeting Kernberg's criteria for malignant narcissism are at risk for the kind of difficulties that Kernberg described clinically.

CONTRIBUTIONS FROM SOCIAL-PERSONALITY PSYCHOLOGY

Although assessment and factor analytic research by social and personality psychologists was central for the inclusion of NPD in the *DSM-III* (Ashby et al., 1979; Block, 1971; Cattell et al., 1964; Frances, 1980; Harder, 1979; Leary, 1957; Murray, 1938; Pepper & Strong, 1958; Raskin & Hall,

1979; Serkownek, 1975), it is more recent research from this area that is now influencing theories regarding narcissism. Some of this work has confirmed past clinical observations and theorizing, such as linking narcissism to shame (Gramzow & Tangney, 1992), perceptions of victimhood (McCullough, Emmons, Kilpatrick, & Mooney, 2003), and aggression (Pincus et al., 2009).

Other social-psychological research is challenging long-held assumptions. Although this work needs to be confirmed, a number of researchers have found that the idea that narcissism is a defensive cover for low self-esteem is not supported by the evidence (Baumeister et al., 2000). These findings combined with findings that narcissism is associated with higher self-esteem, has led some to contend that narcissism is more of an addiction to high self-esteem than a defense against low self-esteem (Baumeister & Vohs, 2000). Consistent with this conclusion, creative studies using the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998) suggest that narcissism is correlated with implicit self-esteem (Campbell, Bosson, Goheen, Lakey & Kernis, 2007; Jordan, Spencer, Zanna, Hoshino-Browne, & Correll, 2003; Zeigler-Hill, 2006).

SUMMARY AND CONCLUSION

Although its place in history is secure, with *DSM-5* on the horizon the future of narcissism and NPD is uncertain. Current conceptions of *DSM-5* do not include NPD among the five major personality disorder types. However, aspects of NPD are included in the remaining three components of the proposed model (level of personality functioning, general personality dysfunction, and personality traits). Thus, the personality disorder workgroup suggests that narcissistic functioning can be captured through the use of this hybrid model. The workgroup has proposed that the new model allow for a multidimensional assessment of narcissism, which will provide a more nuanced portrait. Of course, the final conceptualization of narcissism or NPD in *DSM-5* awaits more data from field trials and debate within the scientific community, and regardless of how it is included in *DSM-5*, research on the concept will continue. One thing is for certain: despite its rich history, contributions for understanding clinical phenomena, and broad influence for conceptualizing trends in society, narcissism has only relatively recently begun to receive its due attention. The inclusion of NPD in the *DSM-III* led to an upsurge of research, but data suggest that this interest has leveled off (Konrath, 2008). Despite this finding, research findings from clinical psychology and psychiatry as well as social-personality psychology suggest that more intensive focus on narcissism is needed.

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