

CHAPTER 16

Narcissism

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INTRODUCTION

The mythological figure Narcissus was a handsome, self-absorbed, and vain young man who passionately fell in love with his own reflection in the water. Although some degree of self-love may be healthy from time to time, Narcissus' self-love was obsessive. He ultimately pined away by the waterside, unable to let go of the reflection of himself that he loved so passionately. What Narcissus did not know at the time is that his personality would attract attention long after his death. Over the past century, psychologists and psychiatrists have had a vested interest in

narcissism—the personality type, named after Narcissus, which is marked by a sense of grandiosity, and a strong need to get attention and admiration from others. In recent years, psychologists and psychiatrists have become increasingly interested in narcissism in youth. Considerable progress has been made in understanding how narcissism manifests in childhood and adolescence, how narcissism may emerge and develop over time, and how narcissism impacts youth's lives.

Narcissism lies at the intersection of normal and abnormal development: Typically developing youth gradually differ from one another in how narcissistic they are, and at the same time, higher levels of narcissism often (but not always) interfere with healthy psychological development. As such, our understanding of youth narcissism is likely to benefit from a developmental psychopathology approach: an integrative, interdisciplinary approach that seeks to elucidate both normal and abnormal narcissistic

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development over the life course. We hope that this chapter will encourage more developmental psychopathologists interested in personality and self-development to join the collaborative study of youth narcissism.

The goal of this chapter is to provide an integrative review of current knowledge of narcissism in children and adolescents. Despite the recent growth of interest in youth narcissism, one factor that hampers scientific progress is a lack of integration between disciplines, especially between developmental, social-personality, and clinical disciplines. Developmental and social-personality psychologists have typically conceptualized narcissism as a normal trait, an individual difference variable that is normally distributed in the general population. Clinical psychologists and psychiatrists, on the other hand, have often focused on narcissistic pathology, including the diagnostic category of narcissistic personality disorder (NPD). Because these different research approaches have remained largely separated thus far, little is known about how (if at all) the nature and development of trait narcissism and narcissistic pathology are different from one another. Most experts believe that the difference is dimensional, and that narcissistic pathology is an extreme manifestation of trait narcissism that is associated with more substantial impairment. This same assumption underlies the current chapter, but we note at the outset that more needs to be learned about how trait narcissism and narcissistic pathology are different. This chapter aims to integrate knowledge from different disciplines into a comprehensive understanding of youth narcissism, addressing both its normal and its pathological manifestations.

We begin by discussing historical conceptions of narcissism. Although the term narcissism was coined by the end of the nineteenth century, philosophers have been discussing the topic of self-love for ages. What these writings teach us is that grandiose and entitled self-views have been a source of intellectual curiosity and concern throughout history. We then consider the manifestations of trait narcissism and narcissistic pathology. Narcissism has both grandiose manifestations (such as inflated feelings of superiority and entitlement) and more vulnerable manifestations (such as sensitivity to negative interpersonal evaluation). Although there is a common core of narcissistic characteristics that presumably can be found in narcissistic individuals of all ages, some narcissistic characteristics appear to be more typical in youth than in adults. Next, we address common questions and concerns regarding the assessment of youth narcissism. Narcissistic traits in youth are best measured using self-report instruments, and at least two psychometrically sound self-report

instruments are now available to measure trait narcissism in older children and adolescents. We also discuss key theoretical models of narcissism, stemming from the social-personality and clinical literature. These models help understand how seemingly paradoxical narcissistic characteristics are interrelated, and why narcissistic maladjustment often persists over time. We then address the etiology and development of narcissism, focusing on when and why narcissism may emerge. We cast narcissism as a derailment of normal self-development, and propose a diathesis-stress model for the developmental origins of narcissism. Next, we discuss clinical and applied issues, such as why clinicians may or may not want to diagnose NPD in youth, how narcissistic pathology is different from closely related forms of pathology, and how we can intervene with narcissism and its consequences. Finally, we address three key controversies that surround the topic of youth narcissism—whether or not narcissism has been on the rise over the past decades, whether or not narcissism is partially adaptive, and whether or not narcissists hold deep-seated feelings of insecurity and inferiority. Thus, this chapter comprehensively reviews current knowledge of youth narcissism, and calls into attention the many exciting opportunities to further uncover the developmental psychopathology of narcissism.

HISTORY OF NARCISSISM

The myth of Narcissus can be traced back to the Thracians (a group of Indo-European tribes living in the fifth and fourth century BC; Wieseler, 1856), and entered into Western literature through Ovid's poems. Narcissus was born to the nymph Liriope. From his birth on, Narcissus was admired for his beauty. When a prophet was asked whether Narcissus would live to ripe old age, he answered: "Unless he knows himself." Narcissus grew up surrounded by people who admired his beauty, but at the same time, he turned down the overtures of those who admired him. Eventually, the pain Narcissus had caused to others was punished by goddess Nemesis, who condemned him into unrequited love—"So may he love himself, and not get what he loves!" One day, Narcissus lied down by a pool and caught a glimpse of himself-in the water. Paralyzed by the beauty of his own image, Narcissus failed to eat and sleep, and slowly pined away at the waterside. He turned into a flower with white leaves and a saffron center, bowing down to the water.

The concept of Narcissism has had many different definitions and connotations since it was introduced

in the psychological literature. We first describe what philosophers and other thinkers wrote about self-love and narcissism. Then, we describe the multiple meanings that narcissism has had in psychology, and we outline two lessons that the history of narcissism has taught us.

Self-Love in Philosophy

The topic of self-love has fascinated philosophers from ancient times onward, long before narcissism was studied by psychologists. Schools of thought differed in how they defined self-love. Broadly, there have been three philosophical definitions of self-love—self-love as self-enhancement, self-love as self-preservation, and self-love as self-maximization.

Self-Love as Self-Enhancement

Conventional wisdom often refers to self-love as the tendency to place much worth on oneself as a person, while being blind to one's failures or inadequacies. This conceptualization of self-love already appears in ancient philosophy. Several pre-Christian Greek philosophers considered such self-love to be a universal human trait. For example, Plato (trans. 2008) believed that "men are not in the habit of dwelling upon the dark side of their own lives. . . . They are very kind and very blind to their own faults; the rhetoric of self-love is always pleading with them on their own behalf" (p. 40). Although some degree of self-love was considered universal, philosophers recognized that there are individual differences in self-love as well. For example, in his book *The Characters*, Theophrastus (a student of Aristotle) described 30 moral types, including the boastful man: "The Boastful Man will stand in the market at the Piraeus and tell foreigners that he has a good deal of money invested at sea; . . . and while he is exaggerating this beyond all proportion he will send his slave to the bank, although there is [not even a single] drachma in his account" (Theophrastus, 2004, p. 131).

Much like narcissists, the boastful man exaggerates his talents and achievements and tries to instill upon others an overly positive image of himself. Later philosophers have proposed that self-love may give rise to defensiveness and hostility. For example, French philosopher Pascal (1829) noted: "But to what a state is man reduced! He cannot prevent this object of love from being full of defects and miseries" (p. 71). "This state of disappointment," Pascal argued, "generates in [man] the most wretched and criminal passion that can be imagined: he conceives a deadly hatred against the truth which reproves him, and convinces him of his faults" (p. 71). Similarly, La Rochefoucauld

(1658/1851) believed that "[self-love] makes men idolize themselves, and would make them tyrants over others if fortune were to give them the means" (p. 1).

Self-Love as Self-Preservation

Stoics, such as Chrysippus, referred to self-love as a universal tendency of humans to secure their own survival. Self-love was seen as an innate tendency to promote self-preservation. As Diogenes Laertius (trans. 1853) summarized the Stoic view, "[We] must assert that nature has bound the animal to itself by the greatest unanimity and affection; for by that means it repels all that is injurious, and attracts all that is akin to it and desirable" (p. 290). Among later philosophers, Voltaire (1764/1856) similarly believed that "self-love is the instrument of our preservation; it resembles the provision for the perpetuity of mankind" (p. 297).

Self-Love as Self-Maximization

Another philosophical tradition considered self-love a tendency to maximize oneself, either by striving for noble qualities (e.g., seeking to do noble deeds), or by striving for hedonism (e.g., seeking bodily pleasures).

Aristotle (trans. 1984) distinguished between self-love of "good" and "wicked" people (p. 1847, 1919). Good people's self-love is expressed when they assign to themselves noble qualities, and try to act in accordance with these qualities. By doing noble deeds, good people benefit not only others but themselves as well, such as through the interpersonal approval that noble deeds yield. Such self-love also underlies true friendship, Aristotle argued: because people tend to experience friends as part of the self, good people love their friends as they love themselves (p. 1843). In contrast, wicked people's self-love is expressed when they "assign to themselves the greater share of wealth, honours, and bodily pleasures" (p. 1847). According to Aristotle, wicked people are greedy and excessively focused on gratifying their own needs, while disregarding the needs of others.

French philosopher Rousseau (1762/1979) also proposed two forms of self-love, *amour the soi* and *amour-propre*. He proposed that children are born into a state of *amour de soi*, or healthy self-love. "A child's first sentiment is to love himself; and the second, which derives from the first, is to love those who come near him" (p. 213). Throughout development, however, children's healthy self-love is corrupted by society, and may give rise to *amour-propre*, which is a "relative sentiment, artificial and born in society, which inclines each individual to have a greater esteem for himself than for anyone else,

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inspires in men all the harm they do to one another” (Rousseau, 1755/1993, p. 91). *Amour-propre* leads children to compare themselves with others, to place excessive value on themselves, to expect admiration from others, and to feel entitled—in fact, what Rousseau labeled *amour-propre* shares much similarity to what we define as narcissism today.

Similarly, English philosopher Joseph Butler distinguished between *cool self-love* and *sensual self-love*. Cool self-love refers to a desire for obtaining happiness, and thus motivates behaviors that promote happiness. Much like Aristotle and Rousseau, Butler (1726/1828, p. 27) argued that self-love and benevolence are “so perfectly coincident . . . that we can scarce promote one without the other”. In his view, “self-love is one chief security of our right behaviour towards society” (p. 27). Similarly, Voltaire argued that people should embrace rather than reject their self-love, because “it is love of self that encourages love of others, it is through our mutual needs that we are useful to the human race” (as cited in Hulliung, 2001, p. 63). In contrast, sensual self-love refers to a desire for obtaining sensual pleasure, such as obtaining pride, power, and bodily pleasures.

Summary

The topic of self-love has been of focal interest to philosophers for a long time. Strikingly, ancient philosophers already distinguished between healthy and unhealthy forms of self-love, foretelling, in a sense, current empirically based attempts to distinguish healthy and unhealthy forms of favorable self-regard (e.g., Thomaes, Brummelman, Reijntjes, & Bushman, 2013). Some forms of self-love were assumed to foster self-preservation, compassion, and the ability to form close relationships. Other forms of self-love were assumed to foster entitlement, egoism, greed, and a need for admiration. It is the latter form of self-love that most closely resembles our current conceptions of what narcissism entails.

Narcissism as Sexual Disorder

Although philosophers had discussed the topic of self-love for centuries, it was not until the end of the nineteenth century that the term narcissism was introduced to psychology. British physician and sexologist Havelock Ellis (1898) was the first to use the mythical figure Narcissus to describe psychological phenomena. In his clinical practice, he encountered people who—much like Narcissus—found much pleasure, even erotic pleasure, in gazing at themselves in the mirror. He considered these people Narcissus-like.

One of his Narcissus-like patients was a 28-year-old woman:

She is a handsome woman, of very large and fine proportions. . . . She has an intense admiration for her own person, especially her limbs; she is never so happy as when alone and naked in her own bedroom, and, so far as possible, she cultivates nakedness. She knows by heart the various measurements of her body, is proud of the fact that they are strictly in accordance with the canons of proportion, and she laughs proudly at the thought that her thigh is larger than many a woman’s waist. (Ellis, 1927/2007, pp. 188–189).

Yet, Ellis did not coin the term *narcissism*. German psychiatrist Näcké (1899) wrote a summary of Ellis’s work and first used the term narcissism (*Narcissimus*) to refer to the sexual condition in which people view their own body as a sexual object.

Narcissism as Developmental Phase

In the early twentieth century, psychoanalysts further elaborated upon the concept of narcissism. During this period, narcissism gradually became detached from its initial meaning as sexual disorder. Psychoanalysts such as Sadger (1908), Freud (1910), and Rank (1912) proposed that narcissism—which they defined as love for the self—is a normative developmental phase, which children pass through for healthy development. Consistent with the idea of narcissism as normative phase, Freud highlighted several narcissistic traits of young children—including their overly positive self-views, their egocentrism, their illusions of power, and their belief in the magic powers of their thoughts and wishes.

In his paper *On Narcissism*, Freud (1914/1957) proposed that narcissism reflects libido invested in the self, which comes at the cost of libido invested in others. Thus, controversially, Freud suggested that the more people love themselves, the less they love others. Freud also argued that children are born in a state of *primary narcissism*, in which their libido is still entirely directed toward the self, not toward others. In normal development, he argued, children proceed from self-love to other-love and gradually come to direct their libido toward others. Even though Freud thought of narcissism as a developmental phase that children normally leave behind, he also believed that some relics of early narcissism remain apparent throughout life. For example, he noted that “if we look at the attitude of affectionate parents toward their children, we have to recognize that it is a revival and reproduction of their own narcissism, which they have long since abandoned” (Freud, 1914/1957, pp. 90–91).

Thus, early psychoanalysts considered narcissism a normative developmental phase in early childhood. This view has never been empirically confirmed, however, and so it has disappeared from current conceptualizations of narcissism. Later theorizing paved the way for the current view of narcissism as a personality trait rather than a sexual disorder or developmental phase.

Narcissism as Personality Trait

Adult Narcissism

Jones (1913/1951) was the first to describe narcissism as a personality trait. He identified the so-called *God Complex*, a term he used to describe the unconscious fantasy that some people may hold of identifying themselves with God. "The main foundation of the complex," Jones believed, "is to be discovered in a colossal narcissism" (p. 247). According to Jones, people with the God Complex are self-effacing, aloof, inaccessible, and unsocial. They are not shy or inhibited, but rather feel superior to other people and therefore feel the need to disengage from them. They fantasize about having power over others, and believe they are omniscient.

Sometime later, Walder (1925) wrote that people with narcissistic personalities feel superior to others and are self-focused, preoccupied with admiration, and in lack of empathy. Subsequently, Freud (1931/1961) wrote a paper on so-called libidinal types, which he described as normally distributed basic personality traits, which included the narcissistic type:

The subject's main interest is directed to self-preservation; he is independent and not open to intimidation. His ego has a large amount of aggressiveness at its disposal, which also manifests itself in readiness for activity. . . . People belonging to this type impress others as being 'personalities'; they are especially suited to act as a support for others, to take on the role of leaders and to give a fresh stimulus to cultural development or to damage the established state of affairs. (P. 218).

Wilhelm Reich (1933/1972) proposed in his book *Character Analysis* the phallic-narcissistic character. According to Reich, phallic-narcissistic individuals feel superior to others, and are overly confident, arrogant, haughty, and provocative or even sadistic in their relationships. Reich described these individuals' tendency to lash out aggressively when their egos are threatened. "If their vanity is offended, they react with cold disdain, marked ill-humor, or downright aggression" (p. 218). Reich believed that phallic-narcissism, perhaps unsurprisingly given the term,

originates from "an identification between the ego as a whole and the phallus" (p. 219).

An important contribution was made by Horney (1939), who distinguished narcissism from self-esteem. In her view, narcissism represents *unrealistic* self-inflation (i.e., valuing oneself for characteristics and values that one does not possess in reality), whereas self-esteem represents *realistic* self-evaluation (i.e., valuing oneself for characteristics and values that one does possess). Thus, whereas other theorists believed that the difference between narcissism and self-esteem was only quantitative (i.e., with narcissism representing extremely high self-esteem), Horney believed that narcissism and self-esteem were qualitatively different.

Additionally, Horney disagreed with the popular idea in her time that narcissists simply love themselves too much. Instead, she believed that narcissism is "an expression not of self-love but of alienation from the self" (Horney, 1939, p. 99–100). According to Horney, narcissists feel that to be accepted by others, they must be as others expect them to be. That is, their self-evaluations are overly contingent upon others' approval. "[The narcissistic child] is bad or stupid when others think he is bad or stupid, intelligent when others order him to be intelligent, a genius when others consider him one" (Horney, 1939, p. 92). Horney believed that narcissistic children attempt to escape painful feelings of self-alienation by conceiving of themselves as superior beings. Yet this thin veneer of self-love may easily give way to feelings of worthlessness when narcissists fail to obtain approval from others.

The notion that narcissism might be a defense against vulnerability inspired the thinking of subsequent theorists. For example, Annie Reich (1960) suggested that narcissists are unable to regulate their self-esteem in healthy ways, and often experience strong self-esteem fluctuations. She noted that narcissists' self-esteem can quickly rise to a sense of grandiosity and then fall deeply into self-despise. To defend themselves against negative self-feelings, narcissists retreat from others and turn their attention inwards, where the world is a better place: "It is not so. I am not helpless, bleeding, destroyed. On the contrary, I am bigger and better than anyone else. I am the greatest, the most grandiose" (Reich, 1960, p. 220).

Much like early psychoanalysts, Kohut (1971) cast narcissism as a normative developmental phase. He argued that children are born in a state of primary narcissism, which is then disturbed by inevitable shortcomings in parental care. In response, children establish two core aspects of the self: the so-called *grandiose self* and the *idealized parent image*. Under optimal developmental conditions, the grandiose self and the idealized parent image

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become integrated into adult personality. The grandiose self comes to underlie individuals' ambitions, enjoyment, and self-esteem, and the idealized parent image comes to underlie individuals' ideals. However, so Kohut argued, if children experience trauma (e.g., when their parents are insensitive to their needs), the grandiose self and the idealized parent image may keep their original form and may lead to pathological narcissism. Thus, Kohut thought that pathological narcissism arises from developmental arrest, and is only quantitatively different from normal narcissism.

In contrast, Kernberg (1975) believed that pathological narcissism is qualitatively different from normal narcissism. In his view, normal narcissism arises from libidinal investment in self-representations that can be both positive and negative, and allow for realistic self-evaluation. By contrast, pathological narcissism arises from libidinal investment in self- and object-representations that can only be positive. In pathological narcissism, negative representations are repressed, dissociated, and projected onto the external world—giving rise to narcissists' negative views of others.

The works of Kohut and Kernberg on pathological narcissism have been influential in shaping our current understanding of NPD. In 1980, NPD was first introduced into the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. (*DSM-III*; American Psychiatric Association, 1980). It was included mainly because clinicians often identified narcissism in their patients but had no common ground for its diagnosis (Gunderson, Ronningstam, & Smith, 1995).

Taken together, multiple theorists and clinicians, especially psychoanalysts, have made contributions to the early understanding of narcissism as a form of personality. They described the intra- and interpersonal manifestations of adult narcissism, distinguished it from self-esteem, tried to understand its developmental roots, and identified healthy as well as unhealthy forms of narcissism—themes that are still of primary interest to empirical researchers today.

Youth Narcissism

From the 1980s, clinicians became increasingly interested in youth narcissism, and started studying narcissism in children and adolescents (for early examples, see Miller, 1981; Ornstein, 1981; Rinsley, 1980). These authors sought to answer questions regarding the diagnosis, treatment, and developmental origins of narcissistic pathology.

Rinsley (1980) and Bleiberg (1984) offered a developmental approach to diagnosing pathological narcissism in children. They argued that pathological narcissism

results from children's failure to accomplish important self-developmental tasks. For example, Bleiberg (1984) argued that narcissistic children have often failed to achieve an autonomous identity, to relinquish feelings of omnipotence, to develop a sense of self-esteem that is independent of others' evaluations, to develop a resilient ego to cope with the stresses of life, or to internalize moral standards.

Kernberg (1989) described the characteristics of narcissism in childhood, and addressed how normal narcissism might differ from pathological narcissism. She argued that it is normative for young children to have grandiose fantasies, try to control their parents, try to be at the center of attention, and take pride in their accomplishments. What distinguishes children with pathological narcissism, she argued, is that these children use their grandiose fantasies to maintain emotional equilibrium, have a strong need to be admired by everyone, have unrealistic expectations of others, take pride in their accomplishments only to the extent that they capture others' attention, and are unable to show genuine love for others.

Bleiberg (1994) also discussed what may distinguish narcissistic development from more typical development. He proposed that *narcissistic vulnerability*—feelings of shame that arise from a discrepancy between one's ideal self and actual self—is central to both normal and pathological development, and is especially prominent during adolescence. According to Bleiberg, narcissistic vulnerability “provides one of the fundamental engines of growth throughout life” (p. 37) by motivating people to reach their ideals. In normative development, children do not experience extreme narcissistic vulnerability, because they have ideals that can realistically be met. What distinguishes narcissistic development, he argued, is that children have ideals that cannot realistically be met, as evident from narcissists' tendency to hold unrealistically positive, inflated self-views.

In summary, over the past 3 decades, clinical interest in youth narcissism has resulted in theoretical contributions to our understanding of its manifestations, developmental roots, and developmental consequences. Clinicians were the first to recognize that narcissism can be observed in children and adolescents.

Empirical Research on Narcissism

Until the 1980s, virtually all literature on narcissism was based on clinical observation rather than empirical data. The inclusion of NPD in the *DSM* in 1980 changed this trend, and encouraged empirical researchers to develop self-report instruments to measure narcissism in both

general population and clinical samples of adults. In 1979, Raskin and Hall (1979) developed the Narcissistic Personality Inventory (NPI), a self-report instrument that aimed to measure NPD traits as an index of subclinical narcissism (see Raskin & Terry, 1988, for the final version of the NPI). The NPI rapidly became the standard measure of trait narcissism, and sparked a strong increase in research on narcissism in adults. Empirically oriented clinical and social-personality psychologists started exploring the structure and correlates of narcissism, and how narcissism impacts psychological adjustment and interpersonal behavior. More recently, developmental psychologists started exploring the development, manifestations, and origins of narcissism in youth.

Conclusion

The concepts of self-love and narcissism have been studied for centuries. The history of narcissism teaches two important lessons. The first lesson is that research and practice benefit from a clear and strict definition of narcissism. Up to today, it is not unusual for researchers and practitioners to equate narcissism with traits such as self-esteem, egoism, and egocentrism—concepts that are clearly distinct from narcissism. The second lesson is that, while narcissism was already of interest to ancient philosophers, empirical research interest in narcissism has steeply increased over the past three decades. The development of standardized self-report measures to assess narcissism in adults (and, more recently, youth) was key to this development. Yet, there might be another factor that has accounted for increased interest in narcissism as well. Perhaps it is no coincidence that interest in narcissism rose over the exact same time period that Western society itself became more individualized, self-focused and, according to some, narcissistic (for a discussion, see *Controversies* section). Psychologists do not live in a social vacuum; they are influenced by the salient societal phenomena of their time.

NARCISSISM AND ITS MANIFESTATIONS

Most laypersons have at least some notion of what narcissism involves. When asked to describe a prototypical narcissist, they will often describe individuals who think remarkably highly of themselves, who seem to be constantly on the lookout to draw attention to themselves, who feel entitled to special privileges or exceptional treatment, who feel superior to others even when there is no obvious reason to do so, or who are arrogant and feel

disdain for other people. Such depictions are correct: they all describe common features of narcissism. Yet these depictions do not tell the whole story: There is more about narcissism than common belief suggests. Indeed, narcissistic individuals also attach great importance to what others think of them, are emotionally sensitive to even the slightest of criticisms, feel easily rejected or ridiculed by others, quickly lose their feelings of grandeur, and feel ashamed or enraged as readily as they feel proud or enchanted. If anything, narcissists are individuals full of paradoxes.

Many of the aforementioned traits and behavioral dispositions can be found in adults as well as in youth. Indeed, most laypersons will be able to think of (older) children or adolescents they know who seem to hold inflated self-views, seek to place attention on themselves, and show haughty interpersonal attitudes. In this section, we first review current knowledge of the manifestations of trait narcissism and narcissistic pathology as derived from research involving adults. Next, we review emerging knowledge of how narcissism is manifest in children and adolescents.

Manifestations of Narcissism in Adults

Clinicians and researchers typically agree that the phenotypic manifestations of narcissism converge into two broad dimensions. These dimensions have received different labels, such as *thick-skinned* versus *thin-skinned*, *egotistical* versus *dissociative*, *oblivious* versus *hypervigilant*, *exhibitionistic* versus *closet*, and *grandiose* versus *vulnerable* narcissism (see Cain, Pincus, & Ansell, 2008, for an overview). It is the latter label of grandiose versus vulnerable narcissism that is now most commonly used (Dickinson & Pincus, 2003). We will use this same terminology in the present chapter as well.

Diagnostic Approaches

The *DSM-IV* (American Psychiatric Association, 2000) includes NPD as a personality disorder to be diagnosed using the following criteria: (1) grandiose sense of self-importance; (2) fantasies of unlimited success; (3) feelings of being special and unique; (4) requiring excessive admiration; (5) harboring a sense of entitlement; (6) being interpersonally exploitative; (7) lacking empathy; (8) being envious often; and (9) showing arrogant, haughty behaviors. As one may notice, these criteria mainly emphasize the grandiose, self-assured aspects of narcissism. Yet, in an accompanying paragraph, it is argued that “vulnerability in self-esteem makes individuals with NPD very sensitive to ‘injury’ from criticism or defeat. Although they

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may not show it outwardly, criticism may haunt these individuals and may leave them feeling humiliated, degraded, hollow, and empty” (American Psychiatric Association, 2000, p. 715). Thus, according to conventional diagnostic guidelines, narcissistic pathology involves both grandiose and vulnerable traits.

Clinical Observations and Empirical Research

The differential manifestations of narcissistic pathology are acknowledged in clinical observations and empirical research as well (e.g., Akhtar & Thomson, 1982; Foshati et al., 2005; Ronningstam, 2009). For example, in reviewing clinicians’ accounts of the manifestations of narcissistic pathology, Ronningstam (2009, p. 113) distinguished between what she called arrogant (i.e., grandiose) and inhibited, shame-ridden, and hypersensitive (i.e., vulnerable) manifestations:

Outstanding for the arrogant type is the more striking predominant presentation, with openly featured expressions of self-serving and enhancing behaviors and attitudes in their more active and deliberate interactions with others. This is in contrast to the inhibited, shame-ridden, and hypersensitive shy type, whose low tolerance for attention from others and hypervigilant readiness for criticism or failure makes him/her more socially passive, tuned in, and interpersonally awaiting. Nevertheless, under a modest surface, the shy narcissistic individual is equally preoccupied with self-enhancing fantasies and strivings and hyperreactive to oversights or unfulfilled expectations from others.

Extending clinical observation, one empirical study (Russ, Shedler, Bradley, & Westen, 2008) asked a large random sample of psychiatrists and clinical psychologists to provide detailed descriptions of the patients they treated using a standardized protocol. The researchers used Q-factor analysis (a statistical technique that groups together individuals with similar traits) to be able to identify subtypes of NPD patients. Two substantial groups of patients emerged from this analysis: one group that the authors labeled grandiose/malignant (i.e., grandiose narcissists), and another group that they labeled fragile (i.e., vulnerable narcissists). Both groups of patients showed some similar traits—traits that might be viewed as the common core of NPD: Both groups of patients were described as having an exaggerated sense of self-importance, and holding an adversarial interpersonal orientation (i.e., they were prone to being hostile and critical of others). Still, there were several important differences in how NPD was manifest in the two groups. Grandiose narcissists were described by their therapists as holding a tendency

to feel entitled and privileged, to manipulate others and seek power, and to lack empathy. Moreover, they were said to frequently get into power struggles, and to hold long-lasting grudges. By contrast, vulnerable narcissists were characterized by their therapists as being prone to experience negative affect (e.g., depressed or anxious affect, envy), to ruminate over negative events, and to be unable to maintain close relationships. Thus, this study provided empirical evidence that narcissistic pathology can take different forms.

Social-Personality Research

Social-personality research has mainly focused on trait narcissism, and also found compelling evidence for the distinction between grandiose and vulnerable manifestations of narcissism.

In an initial study, a principal-component analysis was conducted on a number of trait narcissism scales derived from the Minnesota Multiphasic Personality Inventory, which was completed by a community sample of adult participants (Wink, 1991). This analysis yielded two orthogonal factors, labeled grandiosity–exhibitionism (i.e., grandiose narcissism) and vulnerability–sensitivity (i.e., vulnerable narcissism). Although the two factors shared a common core of grandiose beliefs and disregard for the needs of other people, they were marked by distinct patterns of psychological and interpersonal adjustment. Grandiose narcissism was associated with self- and observer-ratings of extraversion, exhibitionism, self-assurance, and aggression; vulnerable narcissism was associated with introversion, anxiety, and defensiveness.

In another study (Rose, 2002), participants completed measures designed to assess subclinical traits of grandiose narcissism and vulnerable narcissism. Grandiose narcissism was positively associated with self-esteem, happiness, and life satisfaction. Conversely, vulnerable narcissism was negatively associated with these indices of well-being. Importantly, the links between narcissism and well-being were mediated by self-esteem, such that grandiose narcissists had higher well-being because they held high self-esteem, and vulnerable narcissists had lower well-being because they held lower self-esteem.

In a more recent study (Miller et al., 2011), participants completed a number of standard measures of trait narcissism, as well as measures of personality, interpersonal behavior, and psychopathology. The two factors that emerged from factor analysis were labeled grandiose and vulnerable narcissism. Both forms of narcissism were characterized by a disagreeable, antagonistic, and entitled interpersonal orientation. Yet grandiose narcissism

was associated more strongly with the Big Five trait of extraversion, and vulnerable narcissism was associated more strongly with the Big Five trait of neuroticism. Another major difference emerged in how both forms of narcissism were associated with cognitive-emotional schemas about interpersonal relationships. Whereas grandiose narcissism was not associated with attachment difficulties, vulnerable narcissism was associated with both anxious and avoidant attachment styles, suggestive of a fearful interpersonal orientation (involving fear for the loss of intimate relationships, and independence strivings at the cost of developing emotional closeness). Finally, grandiose and vulnerable narcissism differed in their associations with psychopathology. Vulnerable narcissism was linked to symptoms of internalizing pathology (depression and anxiety), as well as to symptoms of somatization, obsessive-compulsiveness, paranoia, and borderline and schizotypal personality. Grandiose narcissism was less clearly linked to symptoms of psychopathology, but did show robust links to antisocial traits.

Together, social-personality research on trait narcissism has used multiple research methods and measures of narcissism to find converging evidence that grandiose and vulnerable narcissism are distinctive manifestations of narcissism.

Two Cautionary Notes

In light of this evidence, it is tempting to think of narcissistic individuals as being either grandiose narcissists or vulnerable narcissists. In fact, in our own work, we have used such nomenclature as well (e.g., Thomaes, Bushman, Stegge, & Olthof, 2008). Although for clarity purposes it seems acceptable to cast grandiose and vulnerable narcissism as personality traits or subtypes that characterize certain individuals more than others, there is now emerging consensus that the different manifestations of narcissism are best conceptualized as *states* that oscillate or co-occur within the same individual (Pincus & Lukowitsky, 2010). Thus, at some times narcissistic individuals may be in a grandiose state, whereas at other times these same individuals may be in a more vulnerable state. In fact, such grandiose and vulnerable narcissistic states may alternate rapidly, such as when a narcissist feels on top of the world after being praised but feels like sinking into the ground after being criticized. To be sure, some narcissistic individuals may be more prone to exhibit grandiose characteristics, and others to exhibit vulnerable characteristics, but the notion that there are two types of narcissists is not entirely accurate.

Also note that the terms *overt narcissism* and *covert narcissism* are sometimes used as seemingly synonymous with

grandiose narcissism and *vulnerable narcissism*, respectively. We agree with Pincus and Lukowitsky (2010), however, that it is best to use consistent terminology, and to refer to grandiose and vulnerable narcissism when describing the different phenotypes of narcissism. The terms overt and covert narcissism can be used to describe how these phenotypes are *expressed*. Some narcissistic characteristics are evident in observable behavior, such as narcissistic aggression, haughty interpersonal attitudes, or expressions of distress that follow from threatening events. These characteristics may be labeled overt narcissism. Other narcissistic characteristics are less observable patterns of cognition or emotion, such as fantasies of grandeur and superiority, or feelings of shame and humiliation that are held in check. These characteristics may be labeled covert narcissism. According to Pincus and Lukowitsky (2010), both grandiose and vulnerable narcissism can have overt and covert manifestations. Thus, overt and covert narcissism simply refer to how narcissistic phenotypes are expressed—they do not refer to narcissistic phenotypes themselves.

Manifestation of Narcissism in Children and Adolescents

There are various developmental factors (e.g., cognitive and emotional maturation, changes in age- and stage-relevant tasks) that are likely to influence how narcissism manifests among individuals of different ages.

In the following section, we will describe the main characteristics of narcissism in youth as evident from clinical observations and empirical data, focusing on those narcissistic characteristics that appear more typical in youth than in adults. In doing so, we follow the distinction between grandiose and vulnerable manifestations of narcissism.

Grandiose Narcissism: Clinical Observations

Phenotypic descriptions of grandiose narcissism from the clinical child and adolescent literature show considerable overlap with those from the clinical adult literature. In particular, feelings of superiority and entitlement, haughty and manipulative behaviors, and lack of genuine empathic concern for others have been described as core features of grandiose narcissism among youth, as much as they have been described as core features of grandiose narcissism among adults (e.g., Bleiberg, 1984; Kernberg et al., 2000). A few characteristics, however, stand out as typical manifestations of grandiose narcissism in children and adolescents.

First, grandiose fantasy has been described in clinical writings as one important means by which narcissistic

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youth try to create and uphold their grandiose self-views, more than narcissistic adults do (Bardenstein, 2009; Bleiberg, 1984). Some common themes that narcissistic youth fantasize about are becoming wealthy, powerful, and physically attractive, or being capable of exceptional sports performances—or any other theme that allows them to feel they stand out from others. To be sure, especially in the early school years, it is not uncommon for typically developing children to engage in grandiose fantasy. What makes grandiose fantasy narcissistic is its age inappropriateness, its intensity, and the extent to which it interferes with children's daily functioning. For example, clinical observation suggests that grandiose fantasies tend to become less frequent from middle childhood in typically developing children, but not so in narcissistic children (Bleiberg, 1984). Some authors (Kernberg et al., 2000) have also argued that narcissistic fantasy differs from typical fantasy in the extent to which children believe that their fantasies reflect reality. Indeed, some narcissistic children do not just *fantasize* about being a superhero; they may actually believe they are a superhero. Such reality distortions may occur in children who suffer from more severe narcissistic pathology. Reality distortion by no means is a defining feature of narcissism: Many narcissistic children rationally understand that they are no superheroes, and may even realize that their personal traits or skills are not exceptional. Yet they cling to their grandiose fantasy because this makes them feel good about themselves.

Second, so-called false self-behavior (Harter, 2006, 2012) is a trait that is particularly salient among narcissistic youth, perhaps especially narcissistic adolescents (Bleiberg, 1984). False self-behavior refers to public acts that are discrepant with how one actually thinks or feels. Adolescents often feel that they are not acting in line with their true feelings, or that they behave in ways that someone else wants them to be (Harter 2006, 2012). In typically developing adolescents, false self-behavior often emerges as a form of role experimentation or in response to peer pressure. However, in narcissistic adolescents, false self-behavior is believed to result from a failure to develop an autonomous identity (Bleiberg, 1984) and from the intense desire to make positive impressions on peers. Because narcissistic adolescents may lack an authentic sense of who they are, and because they are highly motivated to obtain approval from peers, peer norms and expectations, rather than true feelings, may have a disproportionate impact on their behavior.

Third, age-inappropriate attitudes of self-sufficiency and self-reliance have also been described as typical for narcissistic youth (Bardenstein et al., 2000; Bleiberg, 1984).

From a young age, many narcissistic children present themselves as not needing anyone, and being well able to take care of themselves. The common interpretation is that narcissists carefully avoid presenting themselves as in need of affiliation (even if the need for affiliation would be entirely age-appropriate), in an attempt to make themselves look independent or invulnerable. According to Kohut (1971), perhaps due to earlier experiences with parental coldness or abandonment, many narcissistic children lack trust that other people will support or care for them. To be able to cope with that painful belief, they may take a defensive interpersonal stance that communicates their self-reliance. Ironically, such a self-reliant interpersonal stance may cause even further detachment from others, potentially creating a downward spiral over time: Narcissists' detached interpersonal style might cause them to experience decreased interpersonal support, which may confirm them in the belief that other people are unlikely to support them, which subsequently cultivates their detached interpersonal style and ultimately may lead narcissists to become alienated from others. Illustratively, Bardenstein (2009) describes a young narcissistic client who noted that he had 1000 friends, but could not name anyone who knew him well or whom he trusted.

Grandiose Narcissism: Empirical Evidence

Empirical evidence on grandiose narcissism suggests considerable developmental consistency in the manifestations of narcissism. For example, research has shown that narcissistic children, much like older narcissistic individuals, tend to feel superior to others (Thomaes, Stegge, et al., 2008), and to hold more agentic than communal social goals (i.e., they are invested with establishing dominance and gaining respect from others, rather than with establishing close relationships; Thomaes, Stegge, et al., 2008).

One study examined adolescents' behavior on social networking sites, and found evidence suggesting that narcissistic adolescents are relatively concerned about making favorable impressions on others (Ong et al., 2011). In particular, narcissistic adolescents rated the pictures they posted on their Facebook profiles as more physically attractive, more fashionable, more glamorous, and more cool than less narcissistic participants did. Moreover, narcissistic participants updated their status on Facebook more frequently than less narcissistic participants, suggesting that they are eager to present to others what's on their minds. Importantly, these findings held even after controlling for extraversion, a personality trait that is associated with narcissism and also has strong impact on self-presentation.

Narcissistic youth are also prone to behave aggressively. In our own work, we have found that narcissistic children and adolescents can be particularly aggressive when they are faced with ego threatening experiences, such as when they are humiliated or ridiculed, criticised, or experience failure (Thomaes, Brummelman, Reijntjes, et al., 2013; Thomaes, Bushman, Orobio de Castro, Cohen, & Denissen, 2009; Thomaes, Stegge, Olthof, Bushman, & Nezlek, 2011). In one experimental study (Thomaes, Bushman, et al., 2008), participants (aged 10–13 years) first completed a measure of narcissistic traits and then played a competitive game with an unknown virtual opponent. The game was rigged so that participants lost. In the ego threat condition, participants were told their opponent was really bad on the task and that they should easily win. After losing, they saw their own name at the bottom of a ranking list on a bogus web page. In the control condition, they were told nothing about their opponent and did not see any rankings. Next, participants could blast their opponent with loud noise through headphones (a validated laboratory measure of aggression). Narcissists were more aggressive than others, but only when faced with ego threat. In fact, most aggressive were narcissists who had also reported very high self-esteem; narcissists who reported lower levels of self-esteem (potentially reflective of more vulnerable narcissism) were not more aggressive than other children. When triggered by ego threatening experiences, aggression is a manifestation of grandiose narcissism, in that it reflects an attempt to turn the tables and protect one's favorable self-image by restoring interpersonal dominance relations.

In addition to experimental findings, findings from survey research have consistently shown links between narcissism and predispositions to engage in physical, verbal, and relational aggression (i.e., excluding others, spreading rumors; Ang & Raine, 2009; Fossati, Borroni, Eisenberg, & Maffei, 2010; Golmaryami & Barry, 2010; Thomaes et al., 2009), aggression on the Internet (Ang, Ong, Lim, & Lim, 2010), and more broadly defined disruptive, antisocial, or delinquent behaviors (including stealing and lying; Barry, Frick, & Killian, 2003; Barry, Grafeman, Adler, & Pickard, 2007; Ha, Petersen, & Sharp, 2008). These findings were obtained in children and adolescents from both community and at risk samples, using different operationalizations of conduct problems, which attests to the robustness of the link between narcissism and conduct problems. Moreover, longitudinal research has found that narcissism also promotes the stability of aggressive behavior, such that aggressive young adolescents are more likely

to remain aggressive over a 1-year period to the extent that they are more narcissistic (Bukowski, Schwartzman, Santo, Bagwell, & Adams, 2009).

Thus, there is rather comprehensive evidence for grandiose manifestations of narcissism among children and adolescents. The available literature, both clinical writings and empirical research, converges in suggesting that the grandiose manifestations of youth narcissism are in important ways similar to those in adults. Still, some manifestations are more salient in children and adolescents than they are at later age, including grandiose fantasy, false self-behavior, and age-inappropriate attitudes of self-sufficiency and self-reliance.

Vulnerable Narcissism: Clinical Observations

Phenotypic descriptions of vulnerable narcissism from the clinical child and adolescent literature show substantial overlap with those from the adult literature as well. Youth with narcissistic pathology are described to be hypersensitive to insults or criticisms, to feel unworthy when they fail to obtain admiration from others, to suffer from intense, recurrent feelings of shame and humiliation, and to be vulnerable to develop symptoms of anxiety and depression. A few characteristics stand out from clinical writings as early manifestations of vulnerable narcissism, manifestations that are less common or salient in adults.

Envy has been described as a manifestation of vulnerable narcissism that is relatively salient in children and, perhaps, adolescents. Narcissistic youth need reassurance that they are special, and accordingly, they tend to be hypervigilant to cues that other people get the attention and respect that they themselves seek to get (Bardenstein, 2009; Kernberg et al., 2000). They often avoid being a spectator of other people's accomplishments, deny that other people have exceptional skills, lead attention of audiences away from other people and direct it towards themselves, or express distress or resentment over other people's successes and opportunities. It is not uncommon for narcissistic children to be hostile to those who they see as attracting the attention that they themselves deserve to get. Narcissists tend to experience their quest for external validation as a zero-sum game, such that when other people gain attention or admiration, they believe this comes at the cost of their own chances to validate their grandiose egos: When other people stand out, narcissists feel unable to stand out themselves. Accordingly, envy can be considered a manifestation of vulnerable narcissism in that it is rooted in emotions of anxiety or distress over not being able to have one's grandiosity needs fulfilled. To be sure, adult narcissists are prone to experiencing envy as well, but they

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may be better able to regulate their envy or to express it in more subtle ways.

Another salient manifestation of vulnerable narcissism in youth, especially adolescents, is the emotion of shame. Shame is the painful feeling associated with appearing worthless or inferior in the eyes of other people. Narcissistic youth are prone to experiencing shame for several reasons; they hold high standards for themselves (they want to radiate an image of perfection), and they are highly concerned of what other people might think of them. Consequently, when narcissists believe that others might see imperfections in them, they experience intense feelings of shame (Beren, 1988; Bleiberg, 1984). Normative developments in adolescence (e.g., increased self-consciousness, increased perceived importance of peer evaluation) already make shame a more common and painful emotion among typically developing adolescents. This normative development is magnified, however, among narcissistic adolescents, causing them to experience shame as particularly aversive. Importantly, precisely because shame is so painful, narcissists may sometimes try to repress or trump shame by less self-threatening forms of negative emotion, especially anger (Thomaes et al., 2011). Such an emotional state of shame-based anger has been called humiliated fury (Lewis, 1971).

Vulnerable Narcissism: Empirical Evidence

Empirical research has identified some manifestations of vulnerable narcissism in children and adolescents. First, correlational research found that narcissistic children are not only prone to experiencing positive affect, but to experiencing negative affect as well (Thomaes, Stegge, et al., 2008). If anything, narcissistic youth show emotional extremity, with episodes of positive affect (e.g., pride, euphoria) being interspersed with episodes of more negative affect (e.g., shame, dysphoria) relatively frequently. In one experiment, we found that public failure on an easy task causes children high in narcissistic traits to experience relatively intense feelings of shame, presumably because such failure threatens narcissists' grandiose self-image (Thomaes et al., 2011). Another experiment, conducted in a sample of adolescents, found that blatant positive feedback (participants were told, "You did much better than other people your age—great job!" following a general knowledge quiz) can sometimes cause vulnerable narcissists to feel shame, perhaps because they do not believe that such positive feedback is genuine (Malkin, Barry, & Zeigler-Hill, 2011; note that even in nonnarcissists, positive feedback is sometimes experienced as debilitating or discouraging (Brummelman, Thomaes, Orobio de Castro,

Overbeek, & Bushman, 2014; Kamins & Dweck, 1999; Meyer, 1992). Thus, although more research is needed to identify situational triggers and boundary conditions, it is clear that narcissistic youth are prone to experience emotional extremity.

Similarly, we have found empirical evidence for the view that narcissists' self-esteem is vulnerable, and that they are prone to lose self-esteem following ego threatening events. In an experimental study (Thomaes et al., 2010), participants (aged 8–12 years) first completed a measure of narcissistic traits and then competed in an online popularity game, in which the least liked person was voted out of the group by a panel of peer judges. Participants first completed a personal profile (e.g., "How do you describe yourself?"). Next, participants in the social threat condition received negative feedback on their personal profile (they were announced as least likeable), whereas participants in the control condition received neutral feedback (an opponent was announced as least likeable). Both before and after the game, participants completed a measure of state self-esteem (e.g., I am satisfied with myself right now). Although most children lost some level of self-esteem following negative feedback, this effect was considerably stronger among narcissistic children: Narcissists tend to feel good about themselves, but they lose worth quickly in the face of negative social experiences.

Other empirical research has shown that narcissistic children and adolescents are prone to experience anxiety. Initial research found that narcissists are prone to experience symptoms of social anxiety, especially fear of negative evaluation (Thomaes, Stegge, et al., 2008). Thus, narcissistic youth are not only observed by clinicians to be socially anxious, they actually acknowledge and report being socially anxious as well. Other research has suggested that the anxiety problems of narcissistic youth may not be limited to social anxiety alone. Research among both children and adolescents has found narcissism, and especially its more maladaptive facets, to be associated with a rather broad set of internalizing problems, including symptoms of fear, worry, and depression (Barry & Malkin, 2010; Washburn, McMahon, King, Reinecke, & Silver, 2004). The exact pattern of links between narcissism and internalizing problems is rather complicated, however, with other facets of narcissism showing no or even negative associations with internalizing problems (Barry & Malkin, 2010).

Recent research sought to provide further clarification (Nelemans et al., 2015). A large community sample of schoolchildren (aged 8 to 14) completed measures of narcissism and self-esteem, as well as anxiety (i.e., symptoms

of social anxiety, generalized anxiety, separation anxiety, and panic) and depression. Using a latent class analysis it was possible to distinguish empirically between groups of children who were high in both narcissism and self-esteem (this group was labeled grandiose narcissism) and those who were high in narcissism but lower in self-esteem (this group was labeled vulnerable narcissism). Compared with other groups, children in the vulnerable narcissism group experienced elevated levels of overall anxiety and depression, whereas children in the grandiose narcissism group experienced lower levels of overall anxiety and depression. This pattern sustained longitudinally, such that vulnerable narcissism (but not grandiose narcissism) predicted increased overall anxiety and depression problems 1 year later. Thus, these results suggest that narcissistic children's level of self-esteem foretells how much they are at risk to suffer from anxiety and depression symptoms.

In summary, clinical writings and empirical research suggest that vulnerable manifestations of narcissism are, to a considerable extent, similar among youth and adults. Yet some manifestations may be especially salient in children and adolescents, including the predisposition to experience envy, shame, worthlessness, anxiety, and depression.

ASSESSMENT OF NARCISSISM IN CHILDREN AND ADOLESCENTS

Up until the early years of this century, empirical research on narcissism in children and adolescents was virtually nonexistent. The study of narcissism in youth was patented by clinicians who described the manifestations, consequences, progress, and treatment of narcissistic problems in their young patients. This status quo changed when the first standardized measures of trait narcissism became available that were specifically developed for children and adolescents (Barry et al., 2003; Frick, Bodin, & Barry, 2000). The availability of these measures has made it easier for researchers to study narcissism in youth. In this section, we discuss some common questions and concerns regarding the assessment of narcissism in youth, and review available measures.

Questions and Concerns

A number of questions and concerns are occasionally raised regarding the assessment of narcissism in youth, and we address them here.

1. *Do children who hold narcissistic traits actually report narcissistic traits?* One may perhaps suspect that scores

on measures of youth narcissism will be strongly positively skewed, possibly because youth who hold narcissistic traits may not acknowledge or self-endorse their narcissistic traits; they might be concerned about the negative impression they would make on others by self-endorsing such traits (we anticipated this possibility when we started doing research on narcissism). Such suspicion seems unwarranted, however. Youth narcissism is a normally distributed trait, as has been found across different measures, across respondents of different ages (i.e., aged 8–18 years), and across samples of different types (e.g., community samples of typically developing youth and clinical samples of incarcerated youth; Barry & Wallace, 2010). Also, youth narcissism is unrelated to standard measures of social desirability, suggesting that social desirability or impression management concerns do not typically keep children and adolescents from reporting narcissistic traits (Thomaes, Stegge, et al., 2008).

2. *Is it ethical to assess narcissism in youth?* Two ethical concerns are sometimes raised regarding the assessment of youth narcissism in scientific research. First, it is argued that because aspects of narcissism may be relatively normative or age-appropriate in some stages of development, researchers assessing youth narcissism run the risk of problematizing patterns of thought, feeling, and behavior that are actually quite transient and innocuous. Second, it is argued that because the term narcissism has the connotation of being a stable, ingrained personality structure that is hard to overcome, researchers should use a different term.

Although these concerns are understandable, we do not believe that simply refraining from assessing narcissism or using different terminology would be good solutions. First, it is true that aspects of narcissism are more age-appropriate in some stages of development than in others. For example, self-consciousness and egocentrism are aspects of narcissism that show normative developmental increases with the onset of adolescence. However, the same holds for other personality traits—in fact, it is the rule rather than the exception that there are stages in development when what appear as manifestations of maladjustment actually are age-appropriate phenomena. We believe that narcissism should be studied both in stages when it is more and less age-appropriate, as this may provide important insight into when levels of narcissism become atypical given an individual's age.

Similarly, it is true that while relatively little is known on how stable narcissistic traits are in youth, the term

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narcissism may inadvertently communicate that it is an ingrained, highly stable trait. Still, we do not believe that a change of terminology is recommendable. First, it would isolate research on youth narcissism from research on adult narcissism. Second, it would involve the risk of introducing confusion regarding the exact psychological phenomenon that the new label would cover, and how it would be similar to or different from the former label. Third, the change in terminology might not even bring about the intended change: New terminology to describe negative psychological phenomena may sound neutral when first introduced, but may easily gain the same connotations as its predecessor when it becomes more commonly used.

3. *Do we really need a measure of narcissism specifically developed for youth?* This question is occasionally asked, perhaps mainly by social-personality and clinical psychologists. The argument is that the field might be better off with a single measure of trait narcissism that would function as a gold standard. We agree that such a gold standard would facilitate the interpretation and generalization of findings across development, from childhood into adulthood. Also, if a gold standard were available, it would be easier to examine the developmental stability of narcissism, especially its mean level stability.

Measures of youth narcissism are needed, however. First, and most prosaically, the wording of standard adult measures of narcissism is too complicated to be used with youth. For example, not all 8-year-olds will be able to understand such items as, "I like having authority over other people" (included in the NPI). Second, adult measures of narcissism often require relatively complex self-reflective skills—skills that are too complex for many children and adolescents. For example, not all children will be able to understand the statement that "It is hard for me to feel good about myself unless I know other people like me" (taken from the Pathological Narcissism Inventory). Third, as discussed in the *Manifestations* section, some key narcissistic characteristics manifest themselves differently in different stages of development: Developmental psychologists studying narcissism are hunting a moving target. For example, the items "People always seem to recognize my authority" (included in the NPI) and "I am a great example for other kids to follow" (included in the Childhood Narcissism Scale) likely tap a similar underlying narcissistic cognition (i.e., self-perceived authority), but the latter item is more age-appropriate and thus more meaningful for children. Thus, although a gold standard measure

of narcissism would be ideal for pragmatic reasons, it is neither feasible nor desirable. The field benefits most from age-appropriate measures of narcissism.

4. *Does the assessment of youth narcissism add to the assessment of self-esteem?* At first blush, it may seem reasonable to assume that narcissism and self-esteem are strongly correlated, perhaps to such an extent that any variance they do not share is of trivial importance. Yet, although narcissists hold grandiose self-views and feel superior to others, they are not necessarily satisfied with the person they are. Indeed, correlations between youth narcissism and self-esteem are typically small, with r s often ranging between .0 and .30 (Barry & Ansel, 2011; Thomaes, Stegge, et al., 2008). Moreover, narcissism and self-esteem tend to have different correlates, supporting the notion that in many ways narcissism is the less adaptive cousin of high self-esteem (e.g., Barry et al., 2007; Thomaes et al., 2013). Also note that narcissism and self-esteem sometimes interact at predicting important outcomes, including the outcomes of aggressive behavior and symptoms of depression and anxiety, presumably reflecting the different consequences of grandiose (high narcissism and high self-esteem) versus more vulnerable (high narcissism and lower self-esteem) manifestations of narcissism (for a review, see Thomaes, Brummelman, Reijntjes, et al., 2013). Thus, the assessment of narcissism adds to the assessment of self-esteem.

Self-Report Measures of Narcissism for Children and Adolescents

Narcissism is a form of self-evaluation, so self-report is the method of choice to assess youth narcissism. It is only by means of self-report that key narcissistic characteristics, such as grandiose self-views, or the sense of entitlement and superiority, can be directly assessed.

Unsurprisingly, then, the standard measures of adult narcissism are self-report questionnaires. The NPI (Raskin & Hall, 1979; Raskin & Terry, 1988), in particular, has become the standard for the assessment of trait narcissism in adults in the social-personality and clinical literature. A more recent, promising measure of narcissism in adults is the Pathological Narcissism Inventory (PNI; Pincus et al., 2009). This measure was developed in response to the concern, voiced by some experts, that the NPI may assess relatively adaptive manifestations of narcissism. The PNI is developed with the goal of assessing more maladaptive manifestations, and it assesses both narcissistic grandiosity and narcissistic vulnerability.

To assess narcissism in youth using self-report there are two main measures: the Childhood Narcissism Scale (Thomaes, Stegge, et al., 2008) and the Narcissistic Personality Inventory for Children (NPIC; Barry et al., 2003). These measures are similar in that they aim to measure narcissistic traits in the general child and adolescent population (i.e., in children about age 8 and older), and that they have been well validated in multiple cultures. The main difference between the measures is their breadth of measurement and their length. No single measure of youth narcissism is preferable over the other—rather, both measures can be used for different purposes.

Childhood Narcissism Scale

The Childhood Narcissism Scale (Thomaes, Stegge, et al., 2008) is a short (i.e., 10-item) yet comprehensive measure of individual differences in trait narcissism. It can be used in community samples of children and adolescents aged 8 years and older. Sample items include, “I am a great example for other kids to follow,” and “I love showing all the things I can do.” Items are rated along a 4-point scale ranging from 0 (not at all true) to 3 (completely true).

A principal components analysis, parallel analysis, and confirmatory factor analysis conducted in representative community samples of Dutch children (aged 8–13) found that the CNS has a one-dimensional factor structure. The original Dutch version of the CNS has been translated and cross-validated in a community sample of children from the United States (aged 10–14 years). A confirmatory factor analysis found again that a one-dimensional structure underlies the CNS. Internal consistency of the CNS is good (with alphas typically ranging between .75 and .90), and 2- and 6-month test-retest reliability estimates of .76 and .69 have been found, respectively. Research on the psychological and interpersonal correlates of the CNS suggests that CNS-measured childhood narcissism fits in a largely similar nomological network as adult narcissism. The CNS is related to self-appraised superiority but virtually unrelated to self-esteem (i.e., individuals high in CNS-measured narcissism tend to feel superior to others, but are not particularly satisfied with themselves). Moreover, the CNS is associated with self-esteem contingency (i.e., the tendency to base one’s worth as a person on approval from others), agentic but not communal social goals (i.e., the motivation to dominate social interactions and gain admiration, but not to establish close relationships), emotional extremity (the tendency to experience both positive and negative emotions frequently and intensely), other dark-triad personality traits (i.e., psychopathic and Machiavellianist personality traits),

aggression, conduct problems, and reduced empathic concern (Barry & Wallace, 2010; Thomaes, Stegge, et al., 2008; Van Baardewijk et al., 2008).

Narcissistic Personality Inventory for Children

The NPIC (Barry et al., 2003) is a 40-item measure of individual differences in narcissistic traits. It is a downward extension of the NPI: Items closely mirror those from the original NPI, but some are adapted to make them more developmentally appropriate (for example, the original NPI item, “Modesty doesn’t become me,” has been changed to, “I like to show off the things that I do well”). The NPIC has been used in both community and clinical samples of older children and adolescents. Respondents first select one statement from a pair of statements (e.g., “I would rather be a leader” vs. “I don’t care if I’m a leader or not”; and “I really like to be the center of attention” vs. “I’m not comfortable being the center of attention”), and then indicate whether the selected statement is sort of true or really true for them.

Whereas the CNS is primarily meant to assess narcissism as a single construct, the NPIC assesses narcissism as a multifaceted construct. Specifically, the NPIC can be used to distinguish between what has been labeled as adaptive and maladaptive narcissism. The Adaptive Narcissism subscale comprises 14 items that tap feelings of self-sufficiency and authority. The Maladaptive Narcissism subscale comprises 18 items that tap exhibitionism, exploitativeness, and entitlement (Barry, Frick, Adler, & Grafeman, 2007; Barry & Ansel, 2011). Although both subscales are relatively strongly correlated (with r 's typically ranging between .50 and .60), they have different correlates. Adaptive narcissism is associated with social skills, the quality of one’s social relationships, and self-esteem; whereas maladaptive narcissism is associated with callous-unemotional traits, hyperactivity/impulsivity, conduct problems, delinquency, and reduced self-reliance (Barry & Ansel, 2011; Barry, et al., 2007; Barry & Wallace, 2010).

There has been some debate on what adaptive narcissism exactly means. Some have argued that the traits presumed to constitute adaptive narcissism, traits such as self-confidence, self-reliance, and self-perceived authority, often yield social rewards in present-day Western society and may be considered adaptive (Barry & Ansel, 2011). Others have argued that the traits that constitute adaptive narcissism represent nothing else than self-confidence—a trait that is associated with narcissism but is not inherent to it (Brown, Budzek, & Tamborski, 2009). These latter authors argued that it is important to distinguish

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narcissism itself (which is essentially maladaptive) from the more adaptive, self-secure traits that are associated with it.

Additional Measures of Narcissism for Children and Adolescents

Antisocial Process Screening Device

The Antisocial Process Screening Device (APSD; Frick & Hare, 2001), a measure of psychopathic traits in youth, contains a 7-item Narcissism subscale. Some aspects of psychopathy, in particular the sense of grandiosity, are indicative of narcissism, and the APSD measures overt behaviors that reflect grandiosity. Sample items include, "Braggs about accomplishments, abilities, or possessions," and "Thinks she/he is better or more important than other people." Items are rated along a 3-point scale ranging from 0 (not at all true) to 2 (definitely true). The APSD was originally developed as a parent- and teacher-report measure, but a self-report version was developed later (e.g., Vitacco, Rogers, & Neumann, 2003). APSD self-reported narcissism (sometimes labeled psychopathy-linked narcissism) is associated with both proactive and reactive aggression (even after controlling for the other psychopathy dimensions of callous-unemotional traits and impulsivity), delinquency and conduct problems, number of police contacts, but also with elevated levels of fear, worry, and depression (Barry & Malkin, 2010; Barry, Thompson, et al., 2007; Barry & Wallace, 2010; Munoz & Frick, 2007).

What is the utility of the APSD narcissism subscale for the assessment of narcissism in youth? The APSD has some practical benefits: It is short, and in some research settings it is advantageous that parent-, teacher-, and self-report equivalents are available. Moreover, the APSD is a preferred measure when researchers are specifically interested in assessing grandiosity features insofar as they relate to psychopathic traits. Yet if researchers are interested in narcissism per se, the APSD is not recommended. It assesses narcissistic behaviors, but not narcissistic cognitions and feelings (e.g., grandiose self-evaluations, feelings of entitlement) that are at the core of narcissism.

Observed Narcissism

Observational measures of narcissism are sometimes used, especially in analyses of existing longitudinal data sets that include observational measures of personality. For example, a set of 10 items from the California Adult Q-set (CAQ; Block, 1978), scored by a team of psychologists and advanced psychology students, has been taken to index narcissism in adolescent participants (Carlson &

Gjerde, 2009). The items were selected based on their relatively strong correlations to the NPI as found in other research (Raskin & Terry, 1988), and includes such items as, "Genuinely submissive, accepts dominance comfortably" (reversed), and "Unaware of self-concern, feels satisfied with self." Observational measures can be useful to index narcissism in analyses of existing longitudinal data; they may allow researchers to explore the long-term stability or developmental precursors of narcissism (which is precisely what Carlson and Gjerde did). They may also be useful to measure early, rudimentary manifestations of narcissism or its precursors before they can be measured using self-report. Yet, observational measures are not ideal measures of narcissism in that, again, they only tap outward expressions of narcissism, not the internal narcissistic cognitions and feelings that are at the core of narcissism.

THEORIES OF NARCISSISM

Narcissists are individuals full of paradoxes. They feel superior to others but also crave others' admiration. They appear self-confident but are also easily threatened by criticism. They are charming but also insensitive to other people's needs. What personality constellation or psychological process may underlie these seemingly paradoxical traits? Over the years, several psychological theories of narcissism have been proposed in an attempt to answer this question. We will describe the most influential theories here.

Dynamic Self-Regulatory Processing Model

The dynamic self-regulatory processing model of narcissism (Morf & Rhodewalt, 2001) is the most influential model of narcissism to date. This model is based upon the assumption that people, narcissists and nonnarcissists alike, are universally invested with creating and maintaining desired self-views (sometimes called ideal selves). To that end, people employ a variety of inter- and intrapersonal self-regulatory strategies. According to the model, narcissists have the ultimate goal of building and maintaining a grandiose self. They want to feel superior, important, and influential, and they employ social, cognitive, and affective self-regulatory strategies to achieve this goal. Yet, narcissists achieve their goal only fleetingly, because their grandiose self-views are virtually impossible to maintain: In everyday life, narcissists, like anyone else, cannot avoid encountering information that falsifies their grandiose self-views, such as failure, criticism,

or rejection. Because narcissists' self-views are ultimately vulnerable, they need constant external validation, such as praise and admiration, to create, maintain, or rebuild their grandiose self. Thus, narcissists are in a chronic state of self-under-construction (Morf & Rhodewalt, 2001): They continuously employ a variety of inter- and intrapersonal strategies to create and maintain the grandiose self they so strongly desire.

On the *interpersonal level*, narcissists try to instill favorable impressions on others, and try to mold their social interactions such that they will receive others' attention and admiration. For example, they constantly try to be at the center of attention, to garner others' admiration, and to prove they are superior to others: Narcissists are more concerned with getting ahead than with getting along. On the *intrapersonal level*, narcissists seek to validate their grandiose self-views, such as by taking excessive credit for successes, by dismissing negative outcomes, by overestimating their competencies and accomplishments, and by reconstructing past experiences in self-flattering ways. Thus, narcissists are highly inventive in finding ways to build and buttress their grandiose self-views.

Ironically, however, narcissists' relentless attempts to gain external validation may ultimately prove self-defeating. Their attempts to garner attention, praise, and admiration may eventually backfire, and repel the very people on which they are dependent for approval. On first encounter, narcissists typically appear charming, confident, and easygoing. Eventually, however, the more adversarial narcissistic self may surface when narcissists manipulate others, act in arrogant ways, have trouble empathizing with others, and deal in selfish ways with conflicts of interest. Once others notice narcissists' adversarial interpersonal orientation, they may no longer serve as the source of external validation that narcissists need. This dynamic has been considered the ultimate *narcissistic paradox* (Morf & Rhodewalt, 2001): In seeking others' approval, narcissists tend to destroy the very relationships on which they are dependent. Much like Narcissus—who reached out for his own image in the water, touched it, and thereby made it disappear—narcissists' strategies to build grandiose self-views may be counterproductive and eventually undermine the grandiose self they are trying to create.

Discussion

The self-regulatory processing model has contributed to our understanding of narcissism in important ways. It was the first model to illuminate not only narcissists' stable traits and characteristics, but also the moment-to-moment

self-regulatory strategies by which narcissists seek to achieve desired self-views. In doing so, the self-regulatory processing model bridges trait- and process-based approaches to personality (Morf & Rhodewalt, 2001). According to the model, narcissists' stable characteristics are rooted in the predictability of the momentary strategies they employ to build the grandiose self. A major contribution of the model is that it outlines how social, cognitive, and affective processes interact to create and maintain the grandiose self.

Importantly, key aspects of the model have been confirmed by research in children and adolescents. For example, recent research shows that narcissistic children easily lose self-esteem, that they desire admiration, and that they employ a variety of intra- and interpersonal regulatory strategies to create and maintain their desired self-views. The model is not without limitations, however. One caveat is that one of the model's key postulates—that narcissists have a vulnerable self—has received mixed theoretical and empirical support. Experts disagree about whether narcissists have a vulnerable self in the first place, and among those who do believe that narcissists might have a vulnerable self, there is disagreement about the nature of such vulnerability.

Taken together, the self-regulatory processing model is comprehensive, provides unique insight into the nature of narcissism, and has received considerable empirical support in child and adolescent samples. The nature of narcissistic vulnerability, however, needs further clarification.

Addiction Model

The addiction model of narcissism (Baumeister & Vohs, 2001) draws a direct parallel between narcissists' addiction to being admired and more familiar addictions (e.g., drug addictions). In this view, narcissism may not be a personality trait in the strict sense, but a chronic pattern of urges and behaviors that shares striking similarity to the urges and behaviors that characterize addiction. Addiction refers to a condition in which people need a stimulus (e.g., cocaine, alcohol, gambling) to avoid physical or psychological withdrawal symptoms (American Psychiatric Association, 1994). In seeking short-term gratification of their needs, addicted people risk long-term costs, such as to their interpersonal relationships. Similarly, in their seeking for admiration from others, narcissists may inadvertently destroy the very relationships on which they are dependent for obtaining admiration (Baumeister & Vohs, 2001). And much like addicts experience highs and lows, narcissistic individuals do not hold stable inflated self-views but

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experience periods of self-view highs that feel very good, interspersed by periods of self-view lows that feel very bad (Thomaes et al., 2010; Thomaes, Stegge, et al., 2008).

More to the point, narcissism may share three hallmarks of addiction—cravings, withdrawal, and tolerance. *Cravings* refer to an intense longing for a desirable stimulus. Narcissists crave to be admired by others, and they use many different strategies to reach this goal, even strategies that harm other people. As such, narcissists' strategies to get their admiration fix are not unlike other addicts' strategies to get their fix. *Tolerance* refers to a decrease in the effects of a drug, so that increasing dosage is needed to yield similar effects. Similarly, narcissists never seem to be satisfied with a given level of admiration; even when they have received the admiration they strived for, they typically want even more admiration from more sources on more occasions. *Withdrawal* refers to the distress that ensues when administration of a drug is withheld. Similarly, when narcissists fail to elicit admiration from others, their self-esteem drops and they tend to become angry, hostile, or aggressive—not unlike addicts who are denied their fix.

Additional similarities between narcissism and addiction lie within the interpersonal domain. The state in which narcissists become shortsighted and preoccupied with garnering others' admiration has been labeled *narcissistic myopia* (Baumeister & Vohs, 2001). In such a state, narcissists may see others primarily as a means to obtain admiration, and they disregard others' needs and concerns. Also, when narcissists have received from the relationship what they desire, namely admiration, they often move on to another potential source of admiration (e.g., a new friend or partner). Narcissists may thus neglect depleted sources of admiration. Together, these adversarial interpersonal processes may cause narcissists to repel others and, consequently, to lose others' appreciation and admiration.

Discussion

The addiction model has originally been proposed as a conceptual addition to the self-regulatory processing model of narcissism (Morf & Rhodewalt, 2001). Unsurprisingly, then, it shares several strengths with this model—it sheds light on not only narcissists' traits, but also their moment-to-moment self-regulatory strategies. Despite this overlap, the addiction model has several unique features. First, it emphasizes that the core of narcissism is motivational: Narcissists do not primarily differ from nonnarcissists in *how they see themselves*, but in *what they strive for*. Second, the model might provide novel insight into the origins, nature, and consequences of narcissism. For example, it has been suggested that narcissism might

have similar developmental pathways and neurobiological determinants as other forms of addiction (Thomaes, Brummelman, Reijntjes, et al., 2013). If so, then effective treatment of narcissistic maladjustment might benefit from building upon effective treatments of more typical forms of addiction. These and other predictions may inform prevention and intervention efforts to curtail narcissistic development.

The addiction model of narcissism has conceptual power and charm. Unfortunately, however, it has never been tested directly, neither in adults nor in youth. An important task for future research will be to test the model, and to determine whether the parallel between narcissism and addiction is more than just a useful metaphor.

Big-Five Model

Personality can be casted in terms of the five basic dimensions of Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism—collectively labeled the Big Five (e.g., Costa & McCrae, 1997). Paulhus (2001) has proposed a minimalist model of narcissism, which represents narcissism in terms of two Big Five personality dimensions: Agreeableness and Extraversion. Specifically, narcissists may be viewed as disagreeable extraverts. Disagreeable individuals tend to be interpersonally distrusting, egocentric, noncompliant, arrogant, and tough-minded. Extravert individuals are generally warm, gregarious, assertive, active, excitement seeking, and prone to experience positive emotion. Thus, disagreeableness and extraversion may jointly account for narcissists' antagonistic, noncommunal, agentic, energetic, and reward-focused traits.

Discussion

The strength of the Big Five model of narcissism lies in its parsimonious account of narcissism and its relying upon a long-standing line of theory and research on the structure of personality. The model does have its downsides, though. First, and importantly, it is unlikely to explain the full range of narcissistic traits. For example, it is unclear how joint disagreeable and extraverted traits may explain why narcissists hold unrealistically positive, inflated self-views. Similarly, joint disagreeable and extraverted traits do not explain narcissists' sensitivity to ego threatening experiences. Another downside is that the Big Five model does not further understanding of the intra- or interpersonal strategies that characterize narcissism. Direct evidence for the validity of Big Five model of narcissism in youth is still lacking. Future research should examine the extent to

which youth narcissism can be understood from the Big Five model, and what narcissistic traits can and cannot be explained from this model.

Psychoanalytic Models

In the early stages of theorizing about narcissism, psychoanalytic models were relatively influential. In particular, the object-relations model (proposed by O. F. Kernberg) and self-psychology model (proposed by Kohut) provided frameworks from which psychologists tried to understand narcissism. Both models are briefly described here.

Object-Relations Model

Object-relations theory assumes that people have two fundamental drives—libido and aggression. In addition, it assumes that people hold self-representations (i.e., internal images of themselves) as well as object-representations (i.e., internal images of important others). These representations contain good or positively valenced aspects (caused by libido) as well as bad or negatively valenced aspects (caused by aggression).

According to Kernberg (1975), narcissism comes in different forms depending on how people integrate positive and negative self- and object-representations. *Normal narcissism* arises, he thought, when people integrate both positive and negative aspects into their self- and object-representations. As such, normal narcissism is a normative process, and allows people to evaluate themselves and others realistically. By contrast, *pathological narcissism* arises when people integrate only positive aspects into their self- and object-representations, and project bad self- and object-representations onto others. Thus, pathological narcissism involves unrealistically positive, grandiose views of the self yet highly negative views of others. Because pathological narcissists devalue others, they cannot develop self-esteem that is based on approval from others, Kernberg argued; instead, narcissists need constant admiration to feel good about themselves.

Self-Psychology Model

According to the self-psychology model (Kohut, 1971), children are born in a state of self-love called primary narcissism. Primary narcissism was thought to be a manifestation of the fundamental human motive or instinct to survive. According to the model, children initially hold highly positive views of both themselves (i.e., the grandiose self) and their parents (i.e., the idealized parent image). Under optimal developmental conditions, the grandiose self gradually matures, and comes to form the root of

people's ambitions and self-esteem. Similarly, the idealized parent image gradually becomes internalized into a superego—moral standards and values that influence the ideals that people come to hold. Yet, as Kohut argued, if children experience trauma (e.g., when their parents are insufficiently sensitive to their needs), the grandiose self and the idealized parent image may keep their infantile form, and ultimately give rise to pathological narcissism. Thus, the self-psychology model assumes that pathological narcissism arises from developmental arrest. Narcissists may relive their unfulfilled interpersonal needs and developmental tasks in their later interpersonal relationships. For example, in friendships or romantic relationships, they may constantly seek others' acceptance and recognition, in an attempt to affirm their grandiose self.

Discussion

Although the importance of psychoanalytic models of narcissism to contemporary empirical research has been relatively limited, some postulates of these models have been influential. First, psychoanalytic models emphasized that narcissists have distorted views of themselves and others. Empirical research suggests that distorted self- and other-views might be a central component of narcissism (Andersen, Miranda, & Edwards, 2001; Morf & Rhodewalt, 2001). Second, psychoanalytic models made the important distinction between narcissism and self-esteem, which is consistent with current conceptualizations and research findings. Third, psychoanalytic models were the first to illuminate the wide-ranging cognitive strategies that narcissists employ in the face of setbacks to maintain their positive self-views. Empirical research has confirmed that narcissists frequently employ such strategies as denial, rationalization, and externalization of blame (Morf & Rhodewalt, 2001). Fourth, psychoanalytic models adopted a developmental perspective on narcissism, while other theories more or less assumed, either implicitly or explicitly, that the nature of narcissism remains similar over the course of development. Psychoanalytic models attempted to understand narcissism from a life-course perspective, in which early disruptions in self-development might lead to narcissistic pathology in adulthood—an assumption that is influential up until today.

Conclusion and Future Directions

Given its paradoxical nature, narcissism poses an intriguing challenge to theorists: How to understand its seemingly incongruous constellation of traits from a single psychological perspective? From the early days of psychology, several

models have been proposed to explain the nature of narcissism, models that have yielded important and sometimes counter-intuitive insights. What is lacking from the most influential models of narcissism, however, is a developmental perspective. This is unfortunate for two main reasons. First, both the manifestations of narcissism and its underlying processes may change over the course of development. Second, a developmental perspective is needed to illuminate the mechanisms that link developmental antecedents (e.g., dysfunctional socialization experiences, temperamental diathesis) to later narcissism (Olson & Dweck, 2008). Knowledge of these mechanisms will facilitate prevention and interventions efforts to curtail narcissistic development at an early age.

DEVELOPMENT AND ETIOLOGY OF NARCISSISM

The earliest experiences of Narcissus, as recorded by Ovid, were timed when he “had just reached his sixteenth birthday, and could be thought of as either a boy or a man (Ovid, trans. 2010, p. 76).” *When and why* did Narcissus become the self-absorbed, self-loving person he was? Or, in more psychological terms, how did Narcissus’ personality emerge and develop over time, and what environmental and constitutional factors contributed to its development? We do not know yet. Similarly, we know relatively little about the factors that lead children to develop narcissistic traits.

There has been relatively little research into the development and etiology of narcissism, yet theoretical models exist and empirical evidence is beginning to emerge. We will first describe the development of narcissism as a derailment of normal self-development. Then, we will discuss the two most influential theories of the socialization of narcissism—social learning theory and psychoanalytic theory. Then, we will discuss empirical evidence for these theories, and explain how research has been hampered by methodological challenges. Finally, we will propose an integrative, diathesis–stress framework in which narcissism can be understood as arising from temperament × environment interactions.

When Does Narcissism Emerge?

Developmental psychology has had a longstanding fascination with the self, a fascination that has yielded detailed knowledge on normal self-development. We propose that narcissism can be seen as a derailment of normal self-development (Thomaes, Brummelman, Reijntjes, et al.,

2013; Thomaes, Bushman, Orobio de Castro, & Stegge, 2009), and so knowledge of normal self-development may provide important insights into the development of narcissism.

Narcissistic and Nonnarcissistic Selves

When trying to understand narcissism from a normal self-developmental perspective, the first question one needs to ask is how narcissists’ selves exactly differ from nonnarcissists’ selves. One critical difference is that narcissists have an unusually strong need for self-esteem. To be sure, the tendency to pursue and be concerned about self-esteem is universal (e.g., Sedikides, Gaertner, & Vevea, 2005). People generally desire to feel worthy and valuable, and to be viewed by others in favorable ways. In that sense, narcissists and nonnarcissists differ in the degree to which they pursue self-esteem. For example, whereas nonnarcissists’ pursue self-esteem only in naturally occurring situations that leave room for it (e.g., when they can accomplish something worthwhile), narcissists continuously seek and create situations in which they can enhance their self-esteem (Morf & Rhodewalt, 2001). Similarly, whereas positive illusions and a tendency to avoid negative feedback are common among nonnarcissists, such self-regulatory strategies are potentiated among narcissists, who greatly overestimate their competencies and relative standing to others, and who routinely deny or discredit negative feedback or lash out aggressively when receiving negative feedback (Bushman & Baumeister, 1998; Morf & Rhodewalt, 2001; Thomaes, Bushman, et al., 2008).

Besides differences in degree, however, there may also be some qualitative differences in the ways narcissists pursue self-esteem. Whereas nonnarcissists are typically invested in establishing social connections, narcissists are typically invested in establishing social dominance to be able to feel good about themselves (Campbell, Rudich, & Sedikides, 2002; Thomaes, Stegge, et al., 2008). Narcissists are rarely interested in creating warm and intimate social bonds. Instead, they want to stand out from the crowd, and their attempts to establish superiority often come at the expense of others. Thus, we propose that narcissism can be seen as an extreme expression of the universal human need for self-esteem. This need is expressed both more intensely and sometimes qualitatively differently in narcissists when compared with nonnarcissists.

Normal Self-Development and its Implications for the Emergence of Narcissism

Obviously, the mere understanding of how narcissists’ and nonnarcissists’ selves may differ from one another does

not tell us *when* narcissism may first emerge in development. Normal self-development may provide insight into this question. From about age 2 or 3, children start to show rudimentary signs that they can evaluate attributes of themselves (Harter, 2006, 2012). These evaluations typically focus on observable and salient behaviors or abilities (e.g., "I can count"). Later in early and middle childhood, children learn to evaluate an increasing number of self-attributes. However, these evaluations remain qualitatively different from those of older children in that they tend to be unrealistically positive (young children are not well able to distinguish their ideal competencies from their actual competencies, or to compare their own competencies with those of others) and domain specific (young children are not well able to aggregate self-evaluations across different domains). Young children also have limited abilities to consciously and intentionally reflect on themselves. Thus, they cannot yet form self-esteem as defined by a conscious, global evaluation of one's worth as a person (Harter, 2006, 2012).

From around age 8, children have acquired cognitive capacities that have important ramifications for how they view themselves. First and foremost, from this age, developmental increases in self-reflection and abstract reasoning allow children to make global evaluations of themselves as a person and to form self-esteem (e.g., "I like myself as a person"; Harter, 2006, 2012). Individual differences in self-esteem now rapidly emerge, with a majority of children thinking positively about themselves and a minority thinking less positively about themselves (note that relatively few children start to think negatively about themselves in an absolute sense; Thomaes, Brummelman, Bushman, Reijntjes, & Orobio de Castro, 2014). Furthermore, in late childhood, children have acquired the capacities to evaluate themselves from the perspective of others (Harter, 2006, 2012), and to incorporate social comparison information into their self-evaluations (e.g., "I am quite good at soccer: better than most of my peers, but not as good as Daniel"). Perhaps as a result, children this age have generally outgrown the unrealistically positive self-views that are normative for younger children (Marsh, Craven, & Debus, 1998). Importantly, from age 8 up into adolescence, children also become increasingly motivated to create and maintain favorable self-views and to avoid unfavorable self-views. This emergent need for esteem, or self-esteem motivation, is manifest in a number of important ways. First, older children and adolescents become increasingly self-conscious and concerned about how they are viewed by others (Elkind, 1967; Harter, 2006, 2012). Second, they more easily experience such emotions as shame and

humiliation, emotions that are intimately linked to the maintenance of self-esteem (Reimer, 1996). Third, they increasingly use impression management strategies (e.g., acting cool) to try to influence the opinions that others hold of them (Harter, 2006, 2012).

There are several things that the normal development of self-esteem and the motivations that surround it may tell us about the development of narcissism. First, if narcissism essentially is an extreme form of self-esteem motivation, then its first observable manifestations are unlikely to emerge before about age 8 (although the early developmental processes leading to narcissism may well operate before this age). Indeed, it is difficult to see how children could possibly be overly invested in pursuing self-esteem before they formed a conscious, global evaluation of themselves. Second, also from about age 8, children have learned to evaluate themselves from the perspective of others (Harter, 2006, 2012), a skill that likely underlies narcissists' cravings to be valued or admired by others. Third, at this same age, children have typically outgrown the unrealistically positive, inflated self-views that are normative for younger children, which makes the inflated self-views that are characteristic of narcissism nonnormative from this age.

To be sure, narcissism likely has its developmental origins in individual traits and experiences that are present from the earliest stages of life (as we will argue hereafter). However, based on what we know about normal self-development, we propose that narcissism (1) does not become manifest before about age 8, and (2) will often become manifest after a derailment of normal self-development.

Initial research findings support the notion that narcissism is manifest and measurable beginning at about age 8. Personality questionnaires administered to community and clinic samples of older children and adolescents have yielded robust and replicable clusters of traits characteristic of narcissism (Frick, Bodin, & Barry, 2000). Our own work has found good internal consistency and test-retest reliability estimates for self-reported narcissism in children aged 8 and older (Thomaes, Stegge et al., 2008). Moreover, narcissism has many similar manifestations in childhood and adolescence as it has in adulthood. Future research is needed to validate the claims that narcissism cannot be meaningfully identified before about age 8, and that narcissism often becomes manifest after a derailment of normal self-developmental processes.

Developmental Change in Narcissism

One other critical question is how narcissism changes over the course of development. Traditional views on

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personality would hold that narcissism should be relatively stable over the life course, both in terms of the level or intensity of its manifestations (which refers to the concept of mean-level stability), and in terms of individual differences (which refers to the concept of rank-order stability). Accordingly, the *DSM-IV* defines disorders of personality, diagnosed in adulthood, as pervasive and inflexible (American Psychiatric Association, 2000). Most current views, however, cast personality as more dynamic, and recognize that environmental influences (e.g., parenting experiences, life events, societal changes) may have a substantial impact on changes in personality over time (e.g., Caspi & Shiner, 2006). Unfortunately, whether and how narcissism changes over time is one of the most understudied questions in this field of research. Important questions such as (1) how population levels of narcissism differ from one developmental period to the other; (2) whether narcissism is best viewed as a transitory or as a lifelong or recurrent phenomenon; and (3) whether early emerging narcissistic traits increase the likelihood that children will develop narcissistic pathology in adulthood are largely unanswered today. On a more positive note, now that adequate measures of youth narcissism have become available over the past decade, the study of long-term change in narcissism has become much easier than it was in the past. In the following, we review the empirical evidence that does exist on the mean-level and rank-order stability of narcissism. Note that this evidence exclusively concerns trait narcissism; evidence on the stability of pathological manifestations of narcissism or NPD, is virtually nonexistent.

Both psychological theory and lay conceptions suggest that narcissism is more common in some developmental stages than in others. In particular, adolescence is often believed to be a narcissistic developmental period. Indeed, most high school or university teachers can provide anecdotes on the self-absorbed or entitled behavior of some of their students. One teacher of English at an institution for higher learning in the United States found the following note, written by a student who was unhappy with the way his course was organized: "I showed up to class today but no one was there. Where was class?!?! You need to make announcement when you are changing the location of class!!! No one likes to have to dig your syllabus out every day or check their email for your last minute changes. I DID show up today and you have to count my paper as ON TIME. Please email me with an explanation" (retrieved from <http://www.passiveaggressivenotes.com>).

Consistent with lay conceptions and anecdotal evidence, psychological theorists have described adolescence as a period of narcissistic vulnerability (Bleiberg, 1994). Several

normative developments that occur in adolescence (e.g., developmental increases in self-focus and concern over one's public image) may become manifest in traits and behaviors that, at least on the surface, seem narcissistic. Similarly, it has been argued that separation-individuation processes, by which adolescents navigate between seeking connectedness and separation from their parents, are similar to the narcissistic interpersonal dynamic of seeking independence and validation from others at the same time (Hill & Roberts, 2011). Finally, adolescents often construct so-called personal fables (Elkind, 1967): illusions of invulnerability (the belief that one cannot be harmed or injured), omnipotence (the belief that one has special authority or influence), or personal uniqueness (the belief that one has unique traits, and cannot be understood by other people), which share surface features with narcissistic illusory beliefs.

The long-term longitudinal research that is needed to provide adequate answers on how narcissism changes over time—research that runs from middle childhood into old age—is lacking. Cross-sectional research involving adolescents and older participants does exist, however. The outcomes of this research are consistent with the view that levels of narcissism typically are high in adolescence and then decrease over time. A large study including adolescents and adults from around the world found a steep linear decrease in narcissism from adolescence into older age. The difference in narcissism between the youngest participants (i.e., midadolescents) and the oldest participants in the study (i.e., who were older than 50) was nearly a full standard deviation (Foster, Campbell, & Twenge, 2003). In another study (Roberts, Edmonds, & Grijalva, 2010), introductory psychology students were found to be considerably more narcissistic than their parents who, in turn, were more narcissistic than the students' grandparents. The mean difference in narcissism between students and their grandparents was even more than a standard deviation.

In addition, one longitudinal study (Carlson & Gjerde, 2009) zoomed in on the developmental stages of adolescence and emerging adulthood, and examined how mean levels of observed narcissism (a narcissism measure was derived from the California Adult Q-set; Block, 1978) changed between ages 14 and 23 years. This study found that observed narcissism increased significantly from middle adolescence into late adolescence, and then followed a downward trend from late adolescence into emerging adulthood. This suggests that trait manifestations of narcissism may reach a normative peak in late adolescence and decrease from then on.

The putative trend for narcissism to be relatively high in adolescence and decline later has been interpreted in terms of the social investment model of personality trait development (Hill & Roberts, 2011). According to this model, changes in personality traits over time can be understood as normative developmental adaptations that allow individuals to take up age-appropriate roles. In adolescence, individuals need to develop an autonomous identity and set important personal goals with long-term relevance (such as deciding on a career to pursue; Collins & Steinberg, 2006). These developmental tasks might be facilitated when individuals adopt a rather narrow self-focus, characteristic of narcissism. From early adulthood onward, however, individuals typically commit themselves to such roles as being a husband, a father, and a colleague: roles that require them to take up a more communal, collectively responsible orientation, and to become less self-focused and narcissistic. Accordingly, from the perspective of the social investment model, narcissism is relatively high in adolescence because a self-focused, independent orientation might help individuals to form an autonomous identity. Narcissism then becomes considerably lower in adulthood because an other-focused, interdependent orientation might help individuals to take responsibility for their family, work, or community.

Importantly, the developmental trend of narcissism is different from that of self-esteem. Self-esteem typically is relatively high during childhood, drops sharply during adolescence, and then gradually increases throughout adulthood (Robins & Trzesniewski, 2005). Thus, adolescence might be a time when narcissism reaches its developmental high and self-esteem reaches its developmental low. Note that the combination of high narcissism and lower self-esteem reflects vulnerable narcissism, and so it may be no surprise that a number of hallmark features of vulnerable narcissism, including self-consciousness, social hypervigilance, and proneness to experiencing negative self-feelings, are more common during adolescence than during other developmental phases. Future research will need to examine whether it is specifically vulnerable narcissism—more than grandiose narcissism—that is high in adolescence.

A related, important set of questions concerns the rank-order stability, or stability of individual differences in narcissism (or its rudimentary manifestations) over the life course. Is it possible to identify early emerging individual differences in temperament that are linked to later narcissistic development? And when individuals are relatively high in narcissistic traits at one point in childhood or adolescence, then how likely are they to develop

more ingrained narcissistic personalities later in life? Initial empirical evidence is beginning to emerge, and we will review that evidence here.

Personality theory and research has suggested that the earliest antecedents of personality traits and disorders can often be traced back to early childhood (American Psychiatric Association, 2000; Caspi & Shiner, 2006). Of course, this does not mean that personality already takes its mature, crystallized form in early childhood. It does imply, however, that it may be viable to try to identify broad temperamental traits at this age, traits that may lay the groundwork from which later personality structures, such as narcissism, emanate.

Following this reasoning, one longitudinal study used data from the Block and Block longitudinal project (Block & Block, 1980) to try to predict narcissistic traits in adolescence and emergent adulthood (ages 14, 18, and 23) from preschool personality attributes (Carlson & Gjerde, 2009). One strength of this study lies in the rigorous way personality was observed. At the preschool age, participants ($N = 103$, ages 3 and 4, recruited from nursery schools) were described by trained nursery school teachers using the California Child Q-set (CCQ; Block & Block, 1980), a Q-sort procedure consisting of a variety of statements about children's personality, cognitive, and social characteristics. Based on a priori expectations, five scales were derived from the CCQ that were anticipated to predict narcissistic traits in adolescence and emergent adulthood: (1) Interpersonal Antagonism (e.g., is aggressive; is considerate and thoughtful of other children [reversed]); (2) Center of Attention (e.g., tries to be the center of attention; is shy and reserved, makes social contacts slowly [reversed]); (3) Activity (e.g., is physically active; is vital, energetic, and lively); (4) Histrionic Tendencies (e.g., is emotionally labile; tends to exaggerate mishaps); and (5) Undercontrol of Impulse (e.g., is unable to delay gratification, cannot wait for satisfactions; overreacts to minor frustrations, is easily irritated and/or angered).

Years later, when participants were 14, 18, and 23, they were again described using a similar, age-appropriate Q-sort procedure, the California Adult Q-set (CAQ; Block, 1978), this time by advanced psychology students who did not know the participants before, but who intensively interviewed and observed them. From the Q-sort procedure, a narcissism measure was derived containing items known to correlate highly with the NPI (e.g., unaware of self-concern, feels satisfied with self; behaves in an assertive manner; and expresses hostile feelings directly). Importantly, the five preschool personality predictors were

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significantly correlated with observed narcissism 10 to 20 years later.

A later study provided a conceptual replication (Cramer, 2011), and relied on the same dataset and preschool personality antecedents to predict narcissism at age 23 as indexed by a different set of CAQ items. In particular, this study distinguished between CAQ items reflecting what the authors labeled maladaptive narcissism (e.g., pushes and tries to stretch limits and rules; is self-indulgent; tends to “spoil” or pamper him or herself) and healthy narcissism (e.g., values own independence and autonomy; sets high personal goals; and is ambitious). It was found that the preschool attributes (i.e., antagonism, center of attention, activity, histrionic tendencies, and under control of impulse) specifically predicted maladaptive narcissism, but not its more adaptive counterpart.

Extending studies on the stability of observed narcissism, another study has provided insight into the stability of reported narcissism, in this case narcissism as a dimension of trait psychopathy (Frick, Kimonis, Dandreaux, & Farrell, 2003). Narcissism is one dimension of psychopathy (callous-unemotional traits and impulsivity are the other psychopathy dimensions), and standard measures of youth psychopathy have a narcissism subscale. The Antisocial Personality Screening Device (Frick & Hare, 2001), a self-, parent-, and teacher-report measure that contains such items as “Thinks he/she is more important than others” and “Braggs about abilities” was used in this study.

Participants were children and young adolescents (third to seventh grade) at the start of the study. Their parents rated their narcissistic traits annually for four years. Stability estimates for narcissism were quite high, with an intra-class correlation coefficient of .92 across all time points. Thus, a substantial amount of variance in parent-reported narcissism was consistent over time. Participants themselves also rated their narcissism at later time points. Although cross-informant (i.e., from parent-report to self-report) stability was considerably lower than within-informant stability, it still indicated that a substantial amount of variance in narcissism was consistent over time, with an intraclass correlation coefficient of .65 across time points. As the authors note, these stability estimates are somewhat higher than those typically found for child and adolescent personality measures.

Together, these results provide tentative empirical evidence to suggest that individual differences in narcissism may be quite stable over time—with preschool temperamental traits predicting individual differences in narcissism up into young adulthood, and parent- and self-reported narcissism being at least as stable as other

forms of personality in late childhood and adolescence. Still, the research that has been done to date has limitations. First, the measures of narcissism that were used are unlikely to tap the full range of narcissistic characteristics. Both the Carlson and Gjerde study and the Cramer study relied on observational measures of narcissism. Observational measures are adequate to tap outward and observable narcissistic characteristics (manifest in behaviors or emotional expressions), but not internal narcissistic characteristics (thoughts and feelings). Similarly, the Frick et al. study focused on psychopathy-linked narcissism. Psychopathy-linked narcissism is distinct from normal subclinical narcissism in that it does not entail internal and vulnerable narcissistic manifestations. Thus, replication using standard, more comprehensive measures of narcissism is needed. Second, what is missing is longitudinal research that continuously follows up on narcissistic development from early age up into adulthood. Such research would allow researchers to answer to what extent youth who develop narcissistic traits are likely to remain narcissistic in adulthood, or even meet the criteria for NPD diagnosis. As the evidence stands, we cannot answer this important question conclusively.

Why Does Narcissism Emerge?

We have addressed the question of *when* narcissism may emerge, and now turn to *why* narcissism may emerge. The two most influential theories of the etiology of narcissism—social learning theory and psychoanalytic theory—emphasize that dysfunctional socialization experiences during childhood impact the emergence and development of narcissism.

Social Learning Theory

According to social learning theory (Millon, 1969), children acquire their self-views by observing and internalizing the way they are seen and treated by their parents. Specifically, social learning theory holds that parents cultivate narcissism in their children by overvaluing them—thinking that their children are more special and more entitled than other children are, and treating them accordingly. Our recent research shows that parents who overvalue consider their child to be superior to others, overclaim their child’s knowledge, perceive their child as more gifted than actual IQ scores justify, want their child to stand out from others, and frequently praise their child in real-life settings (Brummelman, Thomaes, Nelemans, Orobio de Castro, & Bushman, 2014). Millon (1969) noted that parents of a future narcissist often see and treat their child as “God’s

gift to man” (p. 263). Such socialization experiences might eventually lead children to internalize inflated, narcissistic views of themselves as extraordinary beings entitled to special treatment, admiration, and subservience from others (i.e., my wish is your command).

Millon (1969) also proposed that children who develop narcissistic traits often occupy a central position within the family, most notably the position of an only child (or, in certain cultures, the first male child). In line with the notion of the only child being spoiled, Millon believed that children with an only child status are often of special value to their parents and often are not subjected to the same restrictions and responsibilities as most other children. Consequently, Millon thought, only children may be more likely than other children to develop narcissistic traits.

Psychoanalytic Theory

Psychoanalytic theory holds that narcissists’ inflated self-views are compensations for early deprivations in the parent-child bond. According to this perspective, narcissism develops in response to parents lacking warmth (e.g., being cold and unresponsive). Psychoanalytic theorists believe that narcissistic children have turned to themselves to obtain the warmth and approval they failed to receive from their parents. The theorists disagree, however, about the exact mechanisms through which such cold upbringing leads to narcissism. The disagreement between Kohut and Kernberg is of particular importance. Kohut (1971) argued that it is normative for infants to have an overly positive, grandiose self. This grandiose self needs to be mirrored by parents: Parents need to be sensitive and responsive to the child’s unique experiences. When they do, children gradually develop more mature, realistic self-views. When they do not, children’s self-views remain inflated, which might eventuate in later narcissism. In this view, narcissism represents an arrest of normal self-development.

From a different perspective, Kernberg (1975) argued that people hold both object-representations (i.e., internal images of important others) and self-representations (i.e., internal images of themselves). In healthy development, he argued, children internalize both positive and negative object and self-representations. In narcissistic development, children may internalize only positive object and self-representations, a process from which narcissism might emerge. At the same time, Kernberg argued, narcissistic children devalue negative object and self-representations (e.g., by projecting them onto others, leading to negative views of others). Because narcissistic children lack healthy object representations, they experience an internal void, a feeling of emptiness—which, so Kernberg held, they can

compensate for by garnering praise and admiration from others. Moreover, much like Millon, Kernberg believed that future narcissists often occupy a central role within their family (e.g., they are only children, or considered by their parents to be particularly talented, special, or good-looking).

Taken together, Kohut proposed that narcissism represents arrested self-development, whereas Kernberg proposed that narcissism represents pathological self-development. They agreed, however, that narcissists’ inflated self-views and strong need for external validation stem from dysfunctional socialization experiences.

Empirical Evidence

Both perspectives—social learning theory and psychoanalytic theory—have received preliminary empirical support, though mainly from research in adults. Retrospective, cross sectional, and prospective research suggests that narcissism is associated with parental overvaluation and the parenting practices that follow from it, such as permissiveness and indulgence. For example, retrospective studies show that adult narcissists have childhood recollections of their parents overvaluing them—putting them on a pedestal, having overly positive views of them, excessively praising them, and rarely criticizing them (Otway & Vignoles, 2006; but see Horton & Tritch, 2014). Adult narcissists also remember their parents being permissive (Ramsey, Watson, Biderman, & Reeves, 1996), overly indulgent (Capron, 2004), and rarely keeping track of their activities (Miller & Campbell, 2008). In addition, cross sectional research shows that older adolescents and young adults often perceive their parents as providing praise and tangible rewards (Mechanic & Barry, 2015), as warm, and (although less conclusively) as rarely monitoring them (Horton, Bleau, & Drwecki, 2006). Cross sectional research among 9-to-15-year-olds shows that narcissism is associated with both self- and parent-reported parental permissiveness (Barry et al., 2007). Finally, prospective research shows that some narcissistic traits (e.g., observer-rated traits of high aspirations and desire for autonomy) at age 23 are related to parent-reported permissive and indulgent parenting at age 3 (Cramer, 2011), suggesting that perhaps narcissism is rooted in early socialization experiences. Together, these studies provide preliminary evidence consistent with the social-learning perspective that holds that narcissism is cultivated by parental overvaluation and related parenting practices.

There is also preliminary evidence for predictions made by psychoanalytic theory. Retrospective and cross sectional research suggests that narcissism is associated with

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parental lack of warmth, including coldness and unresponsiveness. For example, retrospective research indicates that adult narcissists have childhood recollections of their parents being cold, indifferent, and spiteful towards them (Otway & Vignoles, 2006). Other retrospective research indicates that adult narcissists, specifically those high in entitlement or grandiosity, have childhood recollections of their parents exerting harsh discipline, threatening with separation, and failing to provide a secure base (Cater, Zeigler-Hill, & Vonk, 2011). In addition, cross sectional research shows that adults with narcissistic traits, especially those with vulnerable narcissistic traits, perceive their parents as psychologically controlling (e.g., withdrawing their love when their children do not conform to their expectations; Horton et al., 2006; Miller & Campbell, 2008). Together, there is some evidence consistent with the notion that narcissism is influenced by parental lack of warmth and related parenting practices.

Thus, the available research suggests that multiple socialization experiences may be involved in cultivating narcissism. It has been suggested that "narcissistic traits can develop, curiously, when there are deviations from ideal rearing on either side: pampering or neglecting; expecting too much or too little" (Stone, 1993, p. 260). Either way, parents are ultimately insensitive and unresponsive to their child's needs and behaviors (Morf & Rhodewalt, 2001). These findings are in line with the concept of *equifinality*: Multiple developmental pathways (rather than a single pathway) may lead to a similar constellation of traits or disorder (Cicchetti & Rogosch, 1996). An important task for future prospective longitudinal research, from both a basic research and applied perspective, is to identify the multiple pathways that lead to narcissism. An improved understanding of the origins of narcissism will help explain the purpose of narcissists' self-regulation, which may partially arise from needs that were thwarted during childhood (Morf & Rhodewalt, 2001). In addition, an improved understanding of the origins of narcissism is needed to help practitioners devise developmentally tailored interventions to prevent or curtail narcissistic traits at a young age.

Millon and O. F. Kernberg proposed that narcissists often are only children. There is mixed support for this notion. Preliminary studies did not find evidence for birth order effects on narcissism (Curtis & Cowell, 1993; Eyring & Sobelman, 1996; Joubert, 1989; Narayan, 1990). Yet, these studies lacked sufficient sample size to detect birth order effects on personality, effects that are typically very small (for methodological considerations in birth order research, see Paulhus, 2008). Researchers have recently overcome this limitation by conducting two

studies in large Chinese samples ($N= 10,655$ and $15,522$; Cai, Kwam, & Sedikides, 2011). Both studies demonstrated a small yet robust link between only child status and narcissism (Cohen's $d = .12$ and $.14$, respectively, $p < .001$). These findings may not necessarily generalize to other cultures, however. Many Chinese families are subject to the one-child-per-family policy, implemented by the Chinese government in 1978 to control population size. It is possible that only-child status has different social and psychological consequences for children growing up in China than for children growing up in other countries.

Future research needs to further uncover the mechanisms that explain the potential link between birth order and narcissism, and a few questions seem of particular importance. Does only-child status actually foster narcissism in children, or are parents who are genetically more likely to have narcissistic children somehow more likely to have only one child? And if only-child status indeed fosters narcissism, is such influence mediated by parenting practices, such as increased overvaluation, indulgence, or permissiveness towards children with an only-child status?

Limitations of Previous Research

Previous research on the socialization of narcissism has been informative, and provided glimpses into the origins of narcissism. Yet it also suffered from methodological limitations. First, with some exceptions (e.g., Barry et al., 2007), previous research has mainly relied upon self-reports of experienced parenting. This might be problematic when studying narcissism, to the extent that narcissists' self-enhancing tendencies generalize to how they perceive or report on their parents' behavior towards them. Other-reported and observational measures are needed to index narcissists' socialization experiences. Second, previous research has mainly been cross sectional. Findings have been typically interpreted as showing that parenting practices affect children's narcissism, but the reverse pattern (i.e., children's narcissism affecting parenting practices) may of course be plausible as well. In fact, is it quite likely that narcissistic children's attempts to mold their social interactions (e.g., squeezing out admiration from others) affects the way their parents raise them. Longitudinal research is needed to study the transactions between children's narcissism and their socialization experiences, and to better understand temporal ordering. Third, previous research has been conducted mostly among college students, while the early developmental origins of narcissism probably lie in childhood. To uncover the origins of narcissism, research must investigate its development and socialization in childhood.

Temperament–Environment Interactions

One other limitation of previous research is that it did not take into account that some children, due to constitutional factors, might be more susceptible to socialization experiences than other children. Twin studies found that trait narcissism, measured in adults, is moderately heritable (Luo, Cai, Sedikides, & Song, 2014; Vernon, Villani, Vickers, & Harris, 2008), and that NPD is more heritable than any other personality disorder (Livesley, Jang, Jackson, & Vernon, 1993). Similarly, researchers have argued that the development of narcissism will at least be partially rooted in temperamental traits (Elliot & Thrash, 2001).

Temperament refers to early emerging, constitutionally based individual differences in how children react to their environment and how they control or regulate these reactions (Rothbart & Bates, 2006). From the earliest stages of development, temperament shapes and is shaped by children's experiences, thereby laying the foundation for personality (e.g., Rothbart & Bates, 2006). Crucial for understanding individual differences in narcissism are temperamental dimensions involved in the motivation of emotion and behavior. Research in children as well as adults has identified two fundamental motivational systems: *approach motivation*, which facilitates behavior toward desirable outcomes; and *avoidance motivation*, which facilitates behavior away from undesirable outcomes (Elliot & Thrash, 2002; note that different labels have been used for these motivational systems; see Rothbart, Ahadi, & Evans, 2000).

Approach Temperament

Approach temperament refers to a sensitivity to rewarding (e.g., positive, desirable) stimuli, accompanied by vigilance for, emotional reactivity to, and behavioral inclination toward such stimuli (Elliot & Thrash, 2002). Individuals high in approach temperament are sensitive to desirable stimuli, feel attracted to them, and react strongly to their presence or absence. Approach temperament appears to be based on brain systems previously labeled Behavioral Approach System, SEEKING system, or extraversion/surgency (for an overview, see Rothbart et al., 2000). Approach temperament can be observed from early development onward. Between 3 and 13 months of age, it is manifested by children smiling, laughing, vocalizing, and displaying motor activity (Rothbart, 1989), and it predicts actual behavioral approach (e.g., quickly reaching out for desirable objects, such as toys; Rothbart, 1988). Later in development, children high in approach temperament tend to approach desirable stimuli rapidly, are physically active, quickly feel at ease in new social settings, and prefer situations that involve intense stimuli (Rothbart et al., 2000).

During adolescence, approach temperament can become evident in risk behavior, such as drug or alcohol use and risky sexual behavior (e.g., Zuckerman & Kuhlman, 2000). Although the manifestations of approach temperament change throughout development, individual differences in these manifestations are relatively stable over time (Rothbart & Bates, 2006).

Avoidance Temperament

Avoidance temperament refers to a sensitivity to punishing (e.g., negative, undesirable) stimuli, accompanied by vigilance for, emotional reactivity to, and behavioral inclination away from such stimuli (Elliot & Thrash, 2002). Individuals high in avoidance temperament are sensitive to undesirable stimuli, feel dispelled from them, and react strongly to their presence or absence. Avoidance temperament appears to be based on brain systems previously labeled Behavioral Inhibition System or FEAR system (Rothbart et al., 2000). In the earliest months of life, infants high in avoidance temperament are prone to express fear and frustration and tend to inhibit their responses to novel and high-intensity stimuli (Rothbart, 1986, 1988). Later in development, avoidance temperament predisposes children to experience negative emotion (Rothbart et al., 2000). Although the manifestations of avoidance temperament change throughout development, individual differences in avoidance temperament are relatively stable (Rothbart & Bates, 2006). For example, children who are classified as inhibited at age 3 are more socially anxious during adolescence (Schwartz, Snidman, & Kagan, 1999) and more cautious at age 18 (Caspi & Silva, 1995).

Temperament and Narcissism

There are theoretical and empirical reasons to presume that narcissistic children are high in approach temperament. First, narcissists display many characteristics that are known to be associated with high approach temperament, including aggression (Bushman & Baumeister, 1998; Thomaes, Bushman, et al., 2008), impulsiveness, risk taking, extraversion (Paulhus, 2001), and dominance (Paulhus & Williams, 2002). Second, the early childhood precursors of narcissism are typical of high approach temperament. Prospective observational research indicates that children who later become narcissistic tend to be impulsive, physically active, and attention seeking during preschool years (Carlson & Gjerde, 2009). Third, much like individuals high in approach temperament, narcissists are highly sensitive to reward. Adult narcissists are at increased risk for gambling problems, are prone to making risky stock market investments, and are at increased risk to

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using drugs (e.g., Stinson et al., 2008). Fourth, theories of narcissism emphasize that narcissists' pursuit of praise and admiration resembles a pattern of addiction (Baumeister & Vohs, 2001). Intriguingly, and in line with this idea, recent research found that people high in entitlement (a core dimension of narcissism) especially strongly desire to be praised by others (Bushman et al., 2011).

The link between narcissism and avoidance temperament is less straightforward. If anything, narcissists tend to show marked individual differences in avoidance temperament. For example, narcissistic children differ markedly in their tendency to experience negative affect, to dwell upon criticism and rejection, and to suffer from episodes of self-derogation (e.g., Thomaes et al., 2010, 2011; Nelemans et al., 2015). We propose that narcissists' differences in avoidance temperament may account for grandiose and vulnerable manifestations of narcissism (Foster & Trimm, 2008; Thomaes, Bushman, Orobio de Castro, & Stegge, 2009). Although this has not been investigated in children or adolescents, it is theoretically plausible that grandiose narcissism is rooted in high approach temperament and low avoidance temperament. In contrast, vulnerable narcissism may be rooted in both high approach temperament and high avoidance temperament. Thus, the level of avoidance temperament may be a key distinction between the two faces of narcissism (Foster & Trimm, 2008).

Integrative Model

Children vary in how much they are affected by environmental influences. Dual-risk models (Sameroff, 1983) and diathesis–stress models (Monroe & Simons, 1991) propose that some children, due to their vulnerable or susceptible personality makeup, are more strongly affected by environmental stressors than other children, thereby making them more prone to derailments of healthy social and emotional development. There is now ample evidence that temperament may determine children's susceptibility to socialization influences (for an overview, see Ellis, Boyce, Belsky, Bakermans-Kranenburg, & Van Ijzendoorn, 2011).

We propose a diathesis–stress model of the development of narcissism, which casts narcissism as an addiction to admiration from others. The model holds that dysfunctional socialization experiences (i.e., socialization stress) may activate a latent, biologically based vulnerability to become overly dependent on rewarding stimuli, including rewarding social stimuli such as praise and admiration (i.e., the diathesis; Thomaes, Brummelman, Reijntjes, et al., 2013; Thomaes, Bushman, Orobio de Castro, & Stegge, 2009). From early development onward, individuals high in approach temperament are biologically wired to

be sensitive to rewarding stimuli. When these individuals experience little socialization stress, their diathesis may remain dormant. However, when they experience much socialization stress, they may develop addictive problems (e.g., Goeders, 2003). In the particular context of an upbringing characterized by overvaluation or coldness, children high in approach temperament may become overly dependent upon receiving validation from others to feel good about themselves, a dependency that is central to narcissism. That is, narcissism may originate from joint dysfunctional socialization experiences and high approach temperament—an amalgam that may make children overly dependent on (or addicted to) praise and admiration from others.

The parallel between narcissism and addiction may reach even further, and account for the processes involved in the maintenance of narcissism over time. Repeated drug use causes persistent changes in the brain underlying sensitization (i.e., the process that makes individuals hypersensitive to the motivational effects of the drug; Robinson & Berridge, 2008). This neural sensitization causes addicts to become relapse-prone whenever they encounter drug-related cues, even if they have been clean for years. Analogously, it is possible that narcissists become sensitized to admiration, and therefore have difficulty resisting its allure, even after a period of abstinence (e.g., when they have obtained little admiration from their classmates for weeks). Another process that maintains drug use is withdrawal: Quitting drugs causes addicts to experience withdrawal symptoms, including restlessness, anxiety, and depression. Taking drugs alleviates these painful feelings (Koob & Le Moal, 2005). Narcissists may likewise strive for admiration to alleviate lurking feelings of anxiety and depression that may arise when they fail to feel admired. Taken together, we putatively suggest that the addiction-related processes of sensitization and withdrawal may at least partially underlie the maintenance of narcissism.

We hope this chapter will encourage researchers to contribute to the study of the etiology and development of narcissism. Knowledge of when and why narcissism emerges is not only of basic interest; it will also pave the way for prevention and interventions efforts to reduce narcissistic maladjustment.

CLINICAL PERSPECTIVES ON NARCISSISM

Throughout this chapter, we have drawn on both social-personality and developmental research on trait narcissism, and on clinical observations and research on

narcissistic pathology. The study of trait and pathological narcissism has remained relatively separated thus far (Cain et al., 2008). This is unfortunate. An integrative, interdisciplinary approach is needed to increase our understanding of what exactly distinguishes normal and pathological narcissistic functioning at different stages of development. Moreover, an interdisciplinary approach would facilitate our understanding of the psychological and developmental processes by which normal self-development can go awry and lead to narcissistic pathology.

Thus, given the current state of the literature, it would be premature to try to provide a comprehensive account of pathological narcissistic development, its origins, and outcomes. Rather, in the following section, we will address a number of issues that are important to understanding narcissistic pathology and its treatment. First, we will address the issues of whether or not NPD can or should be diagnosed in youth, and how NPD is different from related forms of personality characteristics and disorders. Next, we will review clinical and basic research approaches to intervening with narcissism and its consequences.

Pros and Cons of Diagnosing Narcissistic Personality Disorder in Children and Adolescents

The *DSM-IV* (American Psychiatric Association, 2000) discourages clinicians from diagnosing NPD (as well as other personality disorders) in children and adolescents. At the same time, it leaves open the possibility of NPD diagnosis in youth by noting:

Personality Disorder categories may be applied to children or adolescents in those relatively unusual instances in which the individual's particular maladaptive personality traits appear to be pervasive, persistent, and unlikely to be limited to a particular developmental stage or an episode of an Axis I disorder. . . . To diagnose a Personality Disorder in an individual under age 18 years, the features must have been present for at least 1 year. (P. 687)

Thus, although the *DSM* warns against diagnosis of NPD before adulthood, it ultimately leaves the decision on whether or not to apply such a diagnosis in individual cases up to the clinicians' professional expertise. Perhaps as a result of that ambiguity, clinicians use the NPD diagnosis relatively rarely to classify the problems of their young patients, with psychiatric population prevalence estimates ranging from 0 to 3% in samples of adolescents (Tromp, 2010; Westen, Shedler, Durrett, Glass, & Martens, 2003). Yet, in studies that have used structured interviews or other standardized assessment procedures to measure specific

symptoms of personality pathology, greater proportions of youth appear to meet the criteria for NPD diagnosis, with both psychiatric and general population prevalence estimates ranging from 6 to 9% in samples of adolescents (with the highest prevalence estimates found in boys in their early adolescence; Bernstein et al., 1993; Eppright, Kashani, Robison, & Reid, 1993). These figures suggest that narcissistic pathology may be relatively prevalent among youth, yet clinicians only rarely diagnose it as such (Westen et al., 2003).

To be sure, most clinicians and researchers agree that NPD typically has its onset in late childhood or adolescence. Patients do not start to suffer from narcissistic pathology at their eighteenth birthday—they often grow up as individuals who deviate, to some extent, from the expectations of their culture, and experience impairment in important domains of functioning. Yet, there is disagreement on whether it is sensible, even in extreme cases, to actually assess and diagnose NPD in children and adolescents.

One important reason to diagnose children or adolescents with NPD, is that such a diagnosis may, in certain cases, facilitate adequate support and treatment. Accurate diagnosis might help youth to get appropriate, specific treatment for their NPD symptoms and the conditions sustaining those symptoms. Such treatment might help prevent individuals from developing more crystallized and hard-to-treat forms of narcissistic pathology later in life. Also, more prosaically, insurance companies may be more likely to cover treatment of narcissistic pathology among youth when formally diagnosed. Finally, diagnosis may sometimes help patients and their close others to be more acknowledging or accepting of their problems and be more committed to treatment. They may be less likely to trivialize the traits that cause their impairment as unimportant when these traits have a name. Thus, when patients have difficulty acknowledging their problems, which is not unusual among narcissistic individuals, this may be reason for clinicians to actually apply the NPD diagnosis.

Yet of course there is also good reason to be cautious with diagnosing children and adolescents with NPD. First, a personality disorder diagnosis connotes pervasive and long-term psychological maladjustment that is difficult to treat, while clinicians of young patients are typically unsure of how symptoms will develop over time, and how well their patients will respond to treatment. Similarly, thorough empirical knowledge of the stability of narcissistic pathology from childhood or adolescence into adulthood is lacking (though preliminary evidence has suggested that dimensionally measured narcissistic pathology may

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show considerable stability from early adolescence into early adulthood; Crawford, Cohen, & Brook, 2001). Thus, clinicians should be wary of premature NPD diagnosis. Second, even in individual cases when NPD diagnosis is not premature, it entails a risk of stigmatization. Youth diagnosed with NPD may come to feel aberrant, weird, and chronically debilitated, or they may come to be seen in such a light by others. As detailed elsewhere (Hinshaw, this Volume), stigmatization can lead to feelings of shame or self-blame and social distance—factors that might exacerbate rather than alleviate patients' symptoms. In fact, because the very nature of narcissism involves a heightened sensitivity to shame and social disapproval, it is possible that stigmatization is even more damaging to narcissistic youth than to others.

What, then, should clinicians do when a young patient suffers from persistent narcissistic pathology to such an extent that these problems would meet the criteria for NPD diagnosis? We propose that they should weigh, for each individual patient, the potential benefits of such a diagnosis against the risk of stigmatization and potential other costs. NPD diagnosis is viable in individual cases when the benefits of appropriate treatment or disorder acknowledgement can reasonably be expected to outweigh the psychological burden that the NPD label might cause.

Associated Traits and Disorders and Differential Diagnosis

Narcissism entails a unique, empirically distinguishable pattern of personality functioning. Consistent with this reasoning, in a recent study (Westen, DeFife, Malone, & DiLallo, 2014), a factor analysis was conducted to identify naturally occurring personality groupings within a clinical sample of adolescents (13 to 18 years). The analysis yielded three higher-order factors (Internalizing, Externalizing, Borderline/Dysregulated), and 10 lower-level personality traits including narcissism (as part of the Externalizing spectrum). Subsequent validation analyses in an independent clinical sample of adolescents showed that narcissism was positively associated with observer-rated delinquent and aggressive behavior, but negatively associated with observer-rated withdrawal, anxiety, depression, and thought problems.

Yet, although narcissism has unique characteristics, it does share overlap with associated personality traits and mental disorders. Most prominent among them, in youth, are the traits of psychopathy and Machiavellianism, borderline personality disorder (BPD), and oppositional defiant disorder (ODD). In clinical settings, accurate diagnosis can be difficult, especially because narcissistic

patients typically do not seek help for their core narcissistic traits but rather for the associated problems they experience (e.g., fear of negative evaluation, inability to sustain close relationships, difficulty to manage angry or aggressive impulses).

Psychopathy and Machiavellianism

The traits of narcissism, psychopathy, and Machiavellianism have collectively been labeled the Dark Triad of personality (Paulhus & Williams, 2002). The common core of the Dark Triad personality traits is a disagreeable interpersonal orientation, associated with a tendency toward self-promotion, superficial charm, and aggression (Barry et al, 2011; Paulhus & Williams, 2002). Despite this common core, narcissism is distinct from the other Dark Triad traits in a number of important ways.

Compared with psychopathy, narcissism is marked by different emotional predispositions. Youth holding psychopathic traits (especially those high in the callous-unemotional dimension of psychopathy), tend to be emotionally cold, shallow, and fearless. Youth holding narcissistic traits, by contrast, tend to experience emotional extremes (e.g., euphoria and pride interspersed with shame and humiliation), are highly emotionally reactive to both positive and negative events that are relevant to their self-views or public image (e.g., public successes or failures), and often actually express those emotions (Thomaes et al., 2011). One other main difference lies in the intentionality behind psychopathic and narcissistic youth's adversarial interpersonal behavior. Psychopathic youth are more likely to intentionally harm others, perhaps partially because harming others derives them pleasure or fulfillment. For narcissistic youth, harming others is not a goal in itself, but is collateral damage from their egocentric pursuit of individual goals, their attempts to turn the tables when they feel insulted by others, or their inconsiderate neglect of others' needs and concerns (Barry et al., 2011).

Machiavellianism may be even more closely associated with narcissism, yet an important distinction lies in the motives behind Machiavellianists' social behavior. Youth high in Machiavellianism typically pursue dominance and social power as a goal in itself (i.e., they strive to be on top of others), whereas narcissists pursue social power only as a means to build a desirable public image and get the positive attention that they need (i.e., they strive to be admired by others). Another important difference is that narcissists have overly positive, inflated views of themselves (e.g., they see themselves as more important and competent than others, even when they aren't), whereas Machiavellianists

have relatively realistic views of themselves (Paulhus & Williams, 2002).

Borderline Personality Disorder

NPD shares some overlap with other PDs, especially BPD. Differential diagnosis can be especially challenging in adolescence—a time when emotional instability and reactivity (characteristic of both NPD and BPD) is more normative than it is at other ages. NPD and BPD are similar in that they are both marked by emotional instability, overdependence upon others' attention, and difficulty with sustaining mutually satisfying interpersonal relationships. It may be especially difficult to distinguish more vulnerable forms of NPD, marked by high levels of interpersonal difficulty and distress, from BPD (Dickinson & Pincus, 2003). Narcissists are different, however, in the *kind* of attention that they need. Narcissists' primary social motive is to be admired, and so in their interactions they seek to be respected, applauded, or adored. The primary social motive of individuals with BPD is to not be abandoned, and so in their interactions they seek to be reassured of the closeness of their interpersonal bonds. One other difference is that narcissists engage less in interpersonal idealization and subsequent devaluation than do individuals with BPD, who tend to engage in black-and-white thinking about other people. In fact, narcissists rarely idealize others (with the possible exception of their adoration for certain heroes with whom they can identify or who serve as a self-enhancing role-model). Finally, compared with individuals with BPD, individuals with NPD tend to be less impulsive and self-destructive (e.g., they are less likely to injure themselves).

Oppositional Defiant Disorder

In late childhood and adolescence, NPD also shares some overlap with ODD. Differential diagnosis may be complicated because the features that both disorders have in common are the very features for which patients with these disorders tend to seek psychological help. That is, individuals with NPD and ODD may present with very similar problems when they enter treatment. In particular, both NPD and ODD are marked by hostile or resentful predispositions, a tendency to externalize blame for one's own mistakes or misbehaviors onto others, and an unwillingness to take up compliant or submissive social roles or to follow others' requests. Grandiose manifestations of NPD, marked by a dominant and hostile interpersonal orientation, may be especially difficult to distinguish from ODD. Narcissists are different, however, in that their hostile, vengeful predispositions are specifically triggered by

situations in which their grandiose self-images are undermined, whereas individuals with ODD tend to be hostile and vengeful in response to a broader array of situations that involve frustration or authority conflict. Narcissists are also different in their craving for positive attention, which is not a typical feature of ODD. Finally, whereas ODD usually becomes evident before age 8, narcissism (or at least its core characteristics) typically emerges only after age 8, or even considerably later. The age at which problems have first emerged are important to consider when trying to tease NPD and ODD apart.

Intervening With Narcissism and Its Consequences: Clinical Approaches

How to intervene with narcissistic pathology in youth? Ideally, narcissism interventions would be based on a thorough empirical knowledge base of the etiology and development of narcissism, which would allow clinicians to target the factors critical to the causation and maintenance of narcissistic pathology. In addition, given timely identification, such knowledge would allow clinicians to start their interventions in those stages of development when narcissism and its underlying processes are most susceptible to change. Alas, we know relatively little of the factors that cause and maintain initial narcissistic development, or the developmental stages when narcissism is most malleable. Thus, up until today, clinicians face a choice of making do with the means available to them and directly targeting those conditions that impair the psychological adjustment of their narcissistic patients (rather than intervening with their causal or maintaining factors), or not to intervene at all. Understandably, most choose the first (e.g., Kernberg et al., 2000).

Typical clinical interventions are targeted at narcissistic youth's (1) limited skills to manage ego-threatening experiences, and (2) limited awareness or acknowledgment of the needs and concerns of other people. Clinicians face the challenge to carefully motivate narcissistic youth to engage in self-reflection, obtain self-insight, and strive for self-improvement, without activating the feelings of worthlessness or inferiority that are pervasively threatening to them. When narcissistic youth feel that their egos are threatened in treatment, their commitment to treatment might decrease (Beck, Freeman, & Davis, 2004). Another factor that may complicate treatment is that narcissists often lack a strong motivation to change. Narcissistic patients, particularly those with grandiose narcissistic problems, may be reluctant to acknowledge the inadequacies (that they themselves may consider signs of weakness)

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that may cause or sustain their problems (e.g., Young, Klosko, & Weishaar, 2003).

Cognitive-Behavioral Intervention

Various techniques from cognitive-behavior therapy (CBT) programs can be adapted to the specific needs of narcissistic youth. Psychoeducation can be used to teach youths how fluctuations in their self-esteem are linked to how they feel and behave. Affect education can be used to help youths to be aware of and accurately identify how they feel in ego-relevant situations, and to use that awareness to guide their thought and behavior. In social skills training, narcissistic youths may learn alternative ways of reacting to ego threats besides rigidly externalizing blame or lashing out against others. Social skills training may also teach narcissistic youths to acknowledge other people's perspectives, and to wisely balance their own interests with those of others. Cognitive reframing techniques can be used to alter the interpretation of ego threats (e.g., by teaching youths that criticism or failure does not automatically imply that one is worthless), to make youths realize that they do not have to excel at everything to be able to hold a favorable public image, and more generally, to motivate them to become less invested with the pursuit of self-esteem. Yet purely cognitive techniques by themselves may be insufficient at motivating youths to become less preoccupied with building and buttressing self-esteem, especially because that preoccupation is strongly emotionally and motivationally driven. As such, narcissistic youths may benefit from the incorporation of interventions that address their emotions and motivations more directly, such as mindfulness interventions.

Mindfulness Intervention

Mindfulness interventions teach youths to adopt an open, nonjudgmental awareness of their thoughts and feelings in the present moment. Individuals differ in their natural predispositions to be mindful, but mindfulness skills can also be effectively cultivated, in youth as well as in adults (e.g., Burke, 2010). Rather than trying to alter thoughts and feelings, which is often the goal of cognitive techniques, mindfulness interventions seek to change the way people *deal* with their thoughts and feelings. Mindfulness is a promising technique for use with narcissistic patients, for several reasons. First, it helps youths to disengage from automatically occurring thoughts and feelings that can result in impulsive, maladaptive behavior (e.g., from the anger that leads to aggressive behavior, or from the shame that leads to defensive self-aggrandizement;

Andersen et al., 2002). Second, it helps youths to become aware of the full breadth and intensity of their emotional experience, including their negative self-related emotional experience, in a way that promotes acceptance and reduces defensiveness (i.e., the tendency to repress feelings of shame and humiliation; Gilbert, 2007). Research has shown that mindfulness can be effective at overwriting previously learned stimulus-response associations, and may lead to the extinction of automatically triggered emotional reactions (Hölzel et al., 2011). Third, mindfulness training can be effective at quieting the ego—at making people less involved with creating and maintaining desirable self-images. Mindfulness teaches individuals to view their psychological experience as transient rather than static. Negative self-related thoughts and feelings become less threatening when they are seen as mere psychological events that dissipate after some time (Hölzel et al., 2011). Because many problems that narcissistic youth face are caused by impulsiveness, problematic emotion regulation, and the continuous pursuit of grandiose self-esteem, mindfulness interventions may be particularly well-suited to reduce narcissistic maladjustment.

Importantly, mindfulness interventions should not be confused with interventions that focus on raising self-esteem, such as by providing indiscriminate praise. Parents and teachers often target praise at those who seem to need it the most—children with low self-esteem. More specifically, they often praise children with low self-esteem for who they are as a person (e.g., You're great!) or in an inflated manner (e.g., You made an *incredibly* beautiful drawing!), in an attempt to raise these children's self-esteem. However, such praise inadvertently leads children with low self-esteem to avoid challenges and to feel ashamed in the face of failure (Brummelman, Thomaes, Orobio de Castro, et al., 2014; Brummelman, Thomaes, Overbeek, et al., 2014). Thus, although praise is often well-intended, person-directed and inflated praise can ironically backfire in the face of difficulty or failure (also see Kamins & Dweck, 1999). Moreover, although empirical evidence is lacking, some experts are concerned that interventions that focus on raising self-esteem might inadvertently cultivate inflated and narcissistic self-views in youth (Twenge, 2006). Mindfulness does not boost self-esteem, but fosters an accepting, self-compassionate stance that helps individuals tolerate their failures and inadequacies. Because narcissistic youth find it difficult to accept failure and imperfections, mindfulness techniques may provide a powerful tool to help them to become less vulnerable to ego threatening events.

Schema Therapy

Schema therapy is an integrative psychotherapeutic approach based on, among others, cognitive-behavioral, attachment, and emotion-focused traditions (Young et al., 2003), that may be well suited for use with narcissistic youth (Behary & Dieckmann, 2011; Kellogg & Young, 2006). One key assumption underlying schema therapy is that in response to childhood experiences in which basic needs were not met (e.g., due to parental overvaluation or lack of warmth), youth may develop maladaptive schemas—deeply entrenched, biased ways of thinking about oneself and one's interpersonal relationships—that impair healthy psychological adjustment (Young et al., 2003). These maladaptive schemas may come to form the root of a personality disorder. Narcissistic youth often hold schemas that, in schema-therapy terminology, are labeled entitlement (the schema that one is special, better than others, and entitled to privileges), unrelenting standards (the schema that one must continuously strive to excel), defectiveness/shame (the schema that one is flawed, inferior, and unlovable), and approval seeking (the schema that one needs recognition, applause, and admiration; Behary & Dieckmann, 2011; Young et al., 2003).

Schema interventions are aimed at changing patients' maladaptive schemas, primarily by helping patients to fulfill the needs that were thwarted in childhood. Initially, this happens within the confines of the therapeutic setting—for example, when parents of a narcissistic patient were cold or provided conditional love, the therapist emphatically seeks to create a therapeutic setting that is warm and unconditionally accepting. Emotion-focused techniques can be used to try to make painful childhood memories less upsetting. For example, imagery techniques allow patients to re-enact and restructure difficult childhood memories, while letter-writing techniques (that let patients write open, constructive letters to those who they feel have harmed them) allow patients to affirm their interpersonal needs. Cognitive techniques can be used to teach patients about their motives and feelings and their consequences (e.g., therapists may teach patients that their need for admiration compromises their ability to sustain close relationships), and to restructure harmful cognitions (e.g., therapists may use what-if techniques to explore with patients the worst things that would happen if they are not seen as perfect by others). In the final stage of schema interventions, patients are encouraged to practice what they have learned in the real world, outside of the therapeutic setting. For example, narcissistic patients who feel unable to sustain close relationships can be guided to form close relationships in which they pursue mutual affection rather than continuous

admiration. Such positive real-world experiences may affirm patients' adaptive schemas, and thereby create an upward spiral of improvement. As such, these real-world experiences should help patients sustain initial therapeutic change.

Intervening With Narcissism and Its Consequences: A Basic Research Approach

Basic research in nonclinical samples has explored the psychological processes that can be altered to improve the functioning of individuals high in narcissistic traits (e.g., Finkel, Campbell, Buffardi, Kumashiro, & Rusbult, 2009; Thomaes, Bushman, Orobio de Castro, Cohen, et al., 2009). The goal of this research was not to provide ready-to-use intervention strategies. Rather, this research sought to illustrate how psychological processes can be influenced to decrease problematic narcissistic functioning, at least in the short term. As such, this basic research may inform clinical approaches to intervening with narcissism and its consequences.

This line of research has followed a rather straightforward but important set of principles, that promises to be guiding for future work in this field. The first principle is to identify what psychological processes are involved in the causation or maintenance of narcissists' problematic functioning. Such knowledge should inform the design of well-targeted strategies to try to influence narcissistic maladjustment. The second principle is to experimentally manipulate the processes that cause or maintain narcissists' problematic functioning. These experimental procedures sometimes take the form of premature, explorative versions of intervention strategies as they may eventually be implemented in regular intervention.

Reducing Narcissistic Aggression

As an illustration, we detail a study that we conducted to try to reduce the aggressive behavior of youth high in narcissism (Thomaes, Bushman, Orobio de Castro, Cohen, et al., 2009). This study was based on the finding that narcissists, due to their vulnerable egos, often respond aggressively to ego-threatening experiences (e.g., Thomaes, Bushman, et al., 2008). We reasoned that, in theory, attempts that would succeed at reducing narcissists' sensitivity to ego threatening experiences should also reduce narcissists' inclination to behave aggressively. Social psychologists have explored experimental procedures to reduce the psychological impact of ego threatening experiences; the most prominent procedure is self-affirmation (or value affirmation; e.g., Cohen, Garcia, Apfel, & Master,

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2006). Self-affirmation procedures allow people to reflect on their personally important values, such as self-defining skills or interests. Self-affirmation procedures reduce the impact of ego threat by making people realize that their worth as a person does not hinge upon one particular domain of functioning (Cohen et al., 2006).

In the study, adolescents first completed a measure of narcissistic traits (the Childhood Narcissism Scale), and then they were randomly assigned within their classrooms to either a self-affirmation or control condition. In the self-affirmation condition, they wrote about their most important values (e.g., being athletic, being creative, belonging to a social group, having good relationships with friends or family) and why these are important to them. In the control condition, they wrote about their least important values and why these may be important to others (for a detailed account of self-affirmation procedures, see Cohen et al., 2006). These exercises took about 15 minutes to complete. In the weeks following the self-affirmation manipulation, measures of aggressive behavior and experiences of ego threat were obtained. Specifically, aggression was measured using a peer nomination instrument that contained items for physical, direct verbal, and relational aggression. Experienced ego threat was measured by asking participants to rate how satisfied they were with themselves in the past week—lower ratings are reflective of higher levels of experienced ego threat.

The results showed that the self-affirmation manipulation reduced narcissistic aggression. In the control condition, the familiar pattern of results emerged with narcissists being more aggressive than others when they experienced high levels of ego threat. (This result is similar to what previous studies, such as Thomaes, Bushman, et al., 2008, have obtained in the laboratory.) Yet this familiar pattern of results was eliminated in the self-affirmation condition. Here, narcissists were no more aggressive than others, regardless of whether they had experienced high levels of ego threat. These results indicate that it is possible to reduce narcissistic aggression by making individuals less sensitive to ego threatening experiences. The results also indicate that seemingly minor manipulations, if they are targeted at the exact processes that cause or maintain narcissists' problems, can have sustained real-world effects.

Implications for Clinical Intervention

Basic research such as that described previously may have implications for clinical intervention. First, it illustrates that it is possible to reduce narcissists' problematic behaviors by implementing theory-based, well-targeted strategies to ameliorate the precise conditions and processes that

normally drive these problematic behaviors. Second, basic research provides an empirical basis that may help clinicians to design interventions that target the factors that cause and maintain narcissists' problematic functioning.

That said, several important steps need to be taken to derive effective clinical intervention strategies based on the experimental procedures used in basic research. First, one challenge that clinicians face is to try to make intervention strategies effective for longer time periods. From a basic research perspective, the mere observation that certain experimental manipulations can cause improved functioning among narcissists is important by itself. From an applied perspective, it is more important that initial positive change in narcissists' functioning be sustained for a longer period of time. For example, in our study described above, the 15-minute self-affirmation exercise reduced narcissistic aggression for a period of a school week. A critical applied question is how the intervention effect can be sustained over time. One strategy might be to help patients incorporate effective exercises in their daily lives, such as by teaching them how to employ self-affirmation exercises in times of need.

Second, once potentially lasting intervention strategies have been devised, their effectiveness should be examined in applied or clinical settings. Thus far, research in this field has been conducted in laboratory or controlled field settings. These settings are ideal as a first step in the sequence of devising interventions because they allow for a relatively clean test of the presumed intervention effects. Yet, an important next step is to examine these intervention effects in less controlled applied or clinical settings. For example, researchers and practitioners might want to build on the Thomaes, Bushman, Orobio de Castro, Cohen, et al. (2009) study by incorporating self-affirmation procedures in their treatment of narcissistic individuals with aggressive behavior problems. In the most rigorous research design, patients would be randomly assigned to receive either treatment-as-usual or treatment-as-usual plus self-affirmation procedures, so that it could be examined what is gained by incorporating self-affirmation procedures in regular treatment. Another option might be to try to implement self-affirmation procedures in regularly employed conduct problem prevention or intervention programs in schools, and to examine what is gained in this way.

Conclusion

Clinicians and researchers increasingly recognize narcissistic maladjustment in youth, and are making progress at

trying to prevent narcissism and its consequences. In this section, we covered some key issues related to the diagnosis and treatment of narcissistic maladjustment in youth. We hope this section will spur future research on narcissistic pathology in youth, research that should further ease the burden that narcissistic youth place on themselves and the people around them.

CONTROVERSIES

A number of controversies and unanswered questions surround the topic of narcissism in youth. Three will be discussed here. First, there has been a somewhat polarized debate on whether societal levels of narcissism have been increasing over the past decades, with some authors claiming that it has (perhaps even to epidemic proportions; Twenge & Foster, 2008), and others challenging this claim on methodological grounds. Second, experts have differed in their views of the extent to which narcissism is adaptive, with some emphasizing that it may be beneficial for youth to hold at least some level of narcissism (particularly its leadership/authority features), and others emphasizing the harmful consequences of narcissism to both individuals themselves and the people around them. Third, there have been different views on what's behind the narcissistic mask, with some experts believing that narcissism is essentially a cover-up for deep-seated feelings of insecurity and insufficiency, and others arguing that narcissists have nothing to hide and are actually convinced of their exceptional talents and superiority over others.

Narcissism and Generational Change

Western culture has become increasingly individualistic over the past decades, perhaps especially from the 1960s or 1970s onwards (e.g., Fukuyama, 1999). It seems plausible to assume that this cultural change has translated into the personality traits, self-evaluations, and behavioral predispositions of the individuals who make up society. Indeed, there is evidence to suggest that college students in the United States have come to score higher on agentic traits such as independence and assertiveness from the 1970s to the 1990s, and have come to evaluate themselves more positively on agentic traits such as the drive to achieve and leadership ability from the 1960s to 2009 (Twenge, Campbell, & Gentile, 2012). Also, there is evidence that college students as well as younger adolescents and preadolescents have come to hold increasingly high levels of self-esteem from the 1980s to the 1990s, and further up until 2008

(Gentile, Twenge, & Campbell, 2010). These patterns of psychological change over generations beg the question of whether levels of narcissism have also increased with the rise in individualism.

Evidence for Increases in Youth Narcissism Over the Past Decades

Jean Twenge and her colleagues have conducted cross-temporal meta-analyses and used other sources of historic evidence to conclude that today's young people are considerably more narcissistic than previous generations of young people. These authors have used time-lagged meta-analytic techniques, and compared narcissism levels in samples of people (in particular college students) of the same age at different historic periods. This technique allows for comparisons in level of narcissism across generations.

For an initial study, a systematic literature search yielded a total of 85 independent samples of college students from the United States who completed the NPI at some point in time between 1982 and 2006 ($N > 16,000$, 60% female; Twenge, Konrath, Foster, Campbell, & Bushman, 2008). When weighted by sample size (effect sizes obtained in larger samples were treated as more influential), there was a strong positive association ($\beta = .53, p < .001$) between NPI scores and year of data collection, such that more recent generations of college students reported higher levels of narcissism. In fact, as the authors noted, almost two-thirds of the most recent college students in their sample would have scored above the mean narcissism score two decades earlier. They also noted that the increase in narcissism was steady over time (there were no indications that narcissism had risen more steeply in some periods than in others), and tended to be stronger for women than for men.

An updated version of the meta-analysis, which included studies up until 2009 and, more importantly, controlled for possible confounding by campus (the possibility that historic differences in level of narcissism were not actually driven by year of data collection, but by differences in campus populations sampled at different points in time), found further support for increased levels of narcissism among American college students (Twenge & Foster, 2010). Other evidence from the same group of authors was not directly relevant to the question of whether narcissism has increased over time, but did suggest that it has become more common for Americans to strive for uniqueness and to stand out from the rest rather than to fit in with the crowd—developments which might be consistent with a more general trend toward individualistic self-focus. For example, an analysis of the first names given to 325 million American babies born 1880 to 2007 found that common

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names have become increasingly less popular between the 1950s and 2007, even when controlling for immigration rate (Twenge, Abebe, & Cambell, 2010). Also, analysis of the words used in popular song lyrics suggests a historic trend towards word use indicative of a more individualistic self-focus (as evidenced by the use of first-person singular pronouns such as I or my) and less communal group focus (as evidenced by the use of first-person plural pronouns such as we and our) from 1980 to 2007 (DeWall, Pond, Campbell, & Twenge, 2011).

Together, this line of evidence is consistent with the view that with the rise of individualism from the second half of the previous century, Western young people have become increasingly narcissistic over time.

Evidence Against Increases in Youth Narcissism Over the Past Decades

Other authors, and Kali Trzesniewski and Brent Donnellan in particular, have been critical of the view that levels of narcissism have been increasing over time. In fact, they have argued that the empirical evidence on presumed generational change in narcissism, and interpretations in the media and some popular scientific writings (such as that the Western world is currently suffering from a narcissism epidemic¹), are much ado about nothing (Donnellan, Trzesniewski, & Robins, 2009; Trzesniewski, Donnellan, & Robins, 2008a, 2008b).

These authors have analyzed data from samples of University of California students from 1982 to 2007 and found no evidence for meaningful increases in narcissism (Donnellan, et al., 2009; Trzesniewski et al., 2008a, 2008b). These authors raised three methodological criticisms of research on the narcissism epidemic. First, they argued that all findings that point towards generational increases in narcissism have been obtained in convenience samples of college students, and that it is problematic to make inferences based on convenience samples about entire birth cohorts or trends in the general population. For example, it is possible that findings on generational change in narcissism reflect no actual societal trend but merely a change in the kinds of individuals who attend college or participate in psychological research in different periods in time.

Second, Trzesniewski et al. (2008b) argued that examining potential changes in narcissism as an overall construct—as Twenge and her colleagues have mainly done—is less informative than examining potential changes in individual facets of narcissism. The seemingly straightforward conclusion that levels of narcissism among youth have been increasing over the past decades, may not

be very informative if that increase was driven entirely by increases in some facets of narcissism, but not in others. Importantly, then, Trzesniewski et al. (2008b) found evidence to suggest that the superiority and vanity facets of narcissism have been slightly decreasing among American college students between 1996 and 2007, whereas the self-sufficiency facet has been slightly increasing over the same time period. This is especially relevant, they argue, in light of evidence that the superiority and vanity facets of narcissism might be more psychologically maladaptive than the self-sufficiency facet. If so, they argue, it would be premature to conclude that possible increases in narcissism may bring about interpersonal and societal problems.

Third, Trzesniewski et al. argue that cohort differences in psychological traits, such as narcissism, are only meaningful to the extent that it is possible to explain *why* certain sociohistorical developments lead to those cohort differences. Twenge and her colleagues did provide such an explanation, and suggested that increases in narcissism may be rooted in individualistic trends in Western society. In particular, they thought that the self-esteem movement, which has led to a preponderance of educational programs and media campaigns emphasizing the importance of feeling good about oneself over real accomplishment, may have cultivated increases in narcissism among American youth. Yet, Trzesniewski et al. pointed out that there is no evidence that self-esteem programs lead children to hold narcissistic or inflated self-views, which might render the individualism hypothesis for increases in narcissism premature.

Conclusion

What is needed to be able to draw a concluding statement on generational change in narcissism are representative cohort studies that include a standard measure of narcissism. Such studies are not available to date. As it stands, there is evidence from multiple sources that provide evidence to suggest that secular societal trends exist, yet the magnitude and toxic nature of these trends for the general population of American youth (let alone for other youth) is unknown.

Narcissism and Psychological Health

How problematic is it for individuals to hold narcissistic traits? Narcissism has been typically thought of by theorists and researchers as a primarily maladaptive trait. Indeed, narcissism is linked to emotional extremity, self-esteem instability, fear of being negatively evaluated by others, reduced perspective taking skills and empathic concern, an adversarial interpersonal orientation, and the

predisposition to behave aggressively (i.e., traits that may primarily harm others, but may ultimately boomerang and harm narcissists' own psychological health as well). Yet, the issue of how (mal)adaptive narcissism is, is more complex than it might initially seem. To be sure, there is no debate about the maladaptive nature of NPD. There is debate, however, about the maladaptive nature of trait narcissism (illustratively, trait narcissism is sometimes labeled normal narcissism; e.g., Sedikides, Rudich, Gregg, Kumashiro, & Rusbult, 2004). For example, it might be difficult to reconcile conceptualizations of narcissism as a maladaptive trait with evidence that some members of society who are often seen as particularly successful, including corporate and political leaders, tend to be high on narcissistic traits (Campbell, Hoffman, & Marchisio, 2011; Watts et al., 2013). As Kets de Vries and Miller (1984, quoted in Campbell et al., 2011, p. 272) argued: "Narcissistic personalities . . . are frequently encountered in top management position. Indeed it is only to be expected that many narcissistic people, with their need for power, prestige, glamour, eventually end up seeking leadership positions. Their sense of drama, their ability to manipulate others, their knack for establishing quick, superficial relationships serve them as well".

And even if one is not in top management position, one may experience at least some benefits from such narcissistic traits as self-reliance, interpersonal charm, and the appearance of authority. It is conceivable that narcissistic individuals, youth as much as adults, benefit from narcissistic traits when trying to establish social relationships or when performing in competitive contexts. There are two perspectives on the potentially adaptive nature of narcissistic traits: the adaptive tipping point perspective and the adaptive facet perspective.

The Adaptive Tipping Point Perspective

It is sometimes thought that although extremely high levels of narcissism may not bode well for individuals (or the people around them), very low levels of narcissism may do neither. The argument is that individuals should be able to experience some level of grandiosity, to feel comfortable with some degree of positive attention, and not become overwhelmed by too much concern over others' well-being to be able to show optimal psychological adjustment. For example, youths who feel reasonably, but not overly, confident about how their competencies measure up to those of others may often be better off than youths who are more modest or submissive. According to this view, there might be an adaptive tipping point along the narcissism dimension at which individuals function particularly

well, suggesting that narcissism may not be linearly but curvilinearly related to several important psychological and behavioral outcomes.

Although intuitively plausible, empirical evidence has not been kind to this possibility thus far. In our own research, we have failed to find curvilinear relationships between narcissism and important outcome variables, including aggressive behavior, mood reactivity, and symptoms of anxiety or depression. Others have found no empirical support for curvilinear effects of narcissism either (Barry et al., 2007). Future research needs to more comprehensively explore the adaptive tipping point perspective, but as it stands, it seems reasonable to assume that narcissism is linearly related to important outcomes of psychological (mal)adjustment.

The Adaptive Facet Perspective

Even if narcissism, as a single dimension, is related to indices of psychological maladjustment, it is possible that certain *facets* of narcissism are more adaptive than others. There is some empirical evidence consistent with this notion. Psychometric research on the NPI, the most commonly used measure of trait narcissism in adults, has shown that it is sometimes useful to distinguish between a number of narcissism facets—some of which are more adaptive (or at least less maladaptive) than others (Corry, Davis Merritt, Mrug, & Pamp, 2008; Raskin & Terry, 1988). For example, although the predisposition to show off and to see oneself as entitled to special privileges (a facet of narcissism labeled exhibitionism/entitlement) may bring little good to individuals, the predisposition to see oneself as a leader and to strive for authority (a facet of narcissism labeled leadership/authority) might be more adaptive, perhaps especially in societies that emphasize the importance of such traits (Corry et al., 2008).

Psychometric research on the NPI for Children (Barry & Ansel, 2011; Barry et al., 2007) has found that it is possible to distinguish between two facets that the developers of the scale labeled adaptive narcissism (i.e., comprising traits related to self-sufficiency and authority) and maladaptive narcissism (i.e., comprising trait related to exhibitionism, exploitativeness, and entitlement). As the labels suggest, the adaptive narcissism facet is associated with a self-assured, easy-going interpersonal orientation and the ability to be noticed by other people. The maladaptive narcissism facet has a darker side, and is associated with callous-unemotional and adversarial interpersonal traits including the predisposition to engage in aggressive and delinquent behavior (Barry et al., 2007; Barry & Wallace, 2010; Barry & Ansel, 2011). Yet, the mere fact that the

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adaptive facet of narcissism has a number of adaptive correlates is important, but does not by itself prove its adaptive nature. Future research will need to provide a comprehensive picture of its positive and negative outcomes across multiple domains and multiple contexts. Finally, and perhaps most important, future research will need to show that adaptive narcissism actually is a facet that is inherent to narcissism, and does not merely reflect adaptive traits that happen to be associated with narcissism but are not inherent to it, such as one's perceived competence (Brown et al., 2009). In summary, although it is well possible that narcissism encompasses traits that are primarily adaptive, given the current state of empirical evidence it seems too early to draw final conclusions.

Narcissism and Masked Insecurity

One longstanding view has held that narcissists' grandiosity may function as a façade to conceal their deep-seated feelings of insecurity and insufficiency. According to this mask model of narcissism, narcissists exhibit grandiosity and act as if they feel superior to others in an attempt to hide inner self-loathing—a view that can be traced back to psychoanalytic writings, especially those of Kohut. At first blush, there is much to be said for this hypothesis. If narcissists would genuinely feel positive about themselves, then why would they experience the need to shout from the rooftops that they are exceptional, and why would they crave continuous validation from other people? And if narcissists would genuinely believe in their own superiority, then why would they be so sensitive to slight criticisms or failures? It seems plausible that narcissists search for continuous validation and avoid criticism or failure because deep down inside they actually feel insecure and inferior. What does the empirical evidence say?

Unfortunately, research on the mask model of narcissism that involves children or adolescents is lacking. Thus, the question of whether early manifestations of narcissism may function to blanket children's feelings of insecurity and insufficiency remains unanswered. Research involving adult participants does exist, and provides a rather complex picture. One line of research has relied on measures, such as the Implicit Association Test, that index implicit self-views (Greenwald & Farnham, 2000). In particular, this line of research has explored the possibility that narcissists may hold positive self-views on an explicit (or conscious) level, and more negative self-views on an implicit (or nonconscious) level, but has found inconsistent results (reviewed by Bosson et al., 2008). One particularly insightful study (Campbell, Bosson, Goheen, Lakey, &

Kernis, 2007) found that narcissists hold positive explicit and implicit self-views on indices of agency (i.e., traits that reflect extraversion and competence, and function to distinguish oneself from others); but more neutral explicit and implicit self-views on indices of communion (i.e., traits that reflect agreeableness and affection, and function to connect oneself with others). Thus, there is no compelling evidence that narcissists harbor insecurities of which they are not aware. If anything, this research suggests that narcissistic adults hold *imbalanced* self-views, and evaluate themselves positively on agentic traits and less positively (but not negatively) on communal traits.

Yet, it is still possible that narcissists report more positive explicit self-views than they actually hold, perhaps to convince themselves or others of their grandiosity. This possibility was recently explored (Myers & Zeigler-Hill, 2012). Adult participants first completed measures of narcissism and self-esteem, and then reported their self-esteem again under conditions in which they were motivated to tell the truth using a bogus pipeline procedure. Participants were attached to bogus lie-detecting physiological equipment during the self-esteem assessment. Half of the participants were told that the equipment was switched on; the other half were told that the equipment was switched off. Narcissistic participants in the bogus pipeline condition reported lower levels of self-esteem than those in the control condition. In fact, narcissistic participants in the bogus pipeline condition reported lower self-esteem than nonnarcissistic participants did. By contrast, nonnarcissists reported equal levels of self-esteem in both conditions. Thus, these results indicate that although narcissists may not harbor negative self-views they are unaware of, they may deliberately provide somewhat inflated ratings of how they view themselves, and may actually hold more negative self-views than they typically report using standard assessment procedures. Future research will need to explore the mask model of narcissism in younger participants, especially in pre- and young adolescents, to examine the possibility that narcissistic traits emerge to defend against unwanted feelings of insecurity or insufficiency.

CONCLUSION AND FUTURE RESEARCH

The field of research on youth narcissism is young. It is only from the turn of this century, when the first youth measures of trait narcissism were developed (Barry et al., 2003; Frick et al., 2000), that researchers were able to study narcissistic personality functioning in children and adolescents in

a systematic, standardized way. And they did: As reviewed in this chapter, multiple groups of researchers across the world have started to examine the nature, causes, and consequences of youth narcissism.

What explains the strong increase of interest in youth narcissism as a research focus? One likely explanation is that developmental researchers increasingly realize that the classic adagio that favorable self-regard is the cornerstone of healthy psychological adjustment holds merit, but only tells part of the story. The category of youth holding favorable self-regard appears to be a mixed bag, with some youth (i.e., those who hold accurate, well-balanced positive self-views) faring better than others (i.e., those who hold inflated, defensively positive self-views). Although trait narcissism probably is not entirely maladaptive, it does provide researchers a key construct to learn more about the problematic traits and behavioral consequences that may be associated with youths' favorable self-regard. One other explanation is that there is increasing societal concern that youth in individualized, Western cultures might have become more entitled and self-centered over the past decades. Obviously, adults' concerns or complaints about today's youth are of all times, yet in this case empirical research suggests that there might be some reason for concern.

The field of research on youth narcissism has made impressive progress over the past years. It has shown that trait narcissism can be identified and measured reliably and validly in older children and adolescents (Barry et al., 2003; Thomaes, Stegge, et al., 2008). It has shown that narcissism is different from, and even largely unrelated to self-esteem—narcissists are not necessarily satisfied with themselves, but they passionately pursue grandiose self-views, and seek to create favorable images in the eyes of others. It has found that narcissism in youth, much like narcissism in adults, can have grandiose manifestations (as evident in grandiose and entitled self-views, and the sense of superiority) as well as more vulnerable manifestations (as evident in brittle and unstable self-views, and negative emotional reactivity). Perhaps most important, it has found that narcissism is relevant to multiple domains of psychological adjustment. Narcissism predisposes youth to behave aggressively, especially when faced with ego-threatening experiences. Narcissism influences youth to pursue agentic rather than communal social goals, and to strive for interpersonal dominance rather than interpersonal closeness. Narcissism leads youth to be hypervigilant to the appraisals of others, and to experience intense negative mood following negative interpersonal appraisal. Finally, narcissism puts youth, and especially those with lower

self-esteem, at risk to develop symptoms of anxiety and depression.

Notwithstanding scientific progress, there is still much to be learned. We propose six broad and important directions for future research on youth narcissism. First, research is needed to understand the etiology and development of narcissism. This research should examine multiple (e.g., social-learning, psychoanalytic) perspectives on the socialization of narcissism, and should be guided by the principles of equifinality (i.e., different developmental pathways may lead to similar outcomes) and multifinality (i.e., similar developmental pathways may lead to different outcomes; Cicchetti & Rogosch, 1996). From a developmental psychopathology approach, the ultimate goal for this research is to uncover the interplay between multiple constitutional (e.g., temperament) and social factors (e.g., parenting) that influence the emergence and course of narcissistic development. We have proposed a diathesis–stress model that describes one potential developmental pathway to narcissism: High levels of approach temperament may interact with dysfunctional parenting practices, such as parental overvaluation or lack of warmth, to jointly influence the emergence of narcissism. Similarly, we have suggested that individual differences in avoidance temperament may influence early manifestations of narcissism in its grandiose or more vulnerable forms. Also, we have proposed that narcissism typically develops as a derailment of normal self-development, and may not become manifest before age 8. These hypotheses need to be tested empirically. Related important questions are to what extent early emerging narcissistic traits are predictive of individual differences in narcissism later in life (to what extent are individuals high in narcissistic traits at some point in childhood or adolescence predestined to become narcissistic as adults?), and to what extent some developmental stages may show normative increases and decreases in narcissism (is adolescence indeed a period when narcissism reaches a developmental high?). In addition, more needs to be learned about resilience in the context of narcissistic development (Luthar, Cicchetti, & Becker, 2000; Masten, 2001): Why do some youth not develop narcissistic traits despite exposure to risk factors, such as parental overvaluation, or resume normal self-development after initial narcissistic development? An improved understanding of resilience will contribute to our knowledge of the origins and nature of narcissism and may help in designing effective, targeted intervention. The study of the etiology and development of narcissism deserves priority in the upcoming years.

Second, research is needed to understand more about what youth narcissism exactly entails. We see particular

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merit in research on the addiction model of narcissism. Can narcissism be seen as an addiction to others' esteem (e.g., others' attention, praise, and admiration), as the model suggests? One way to answer this question is by testing whether narcissism shares hallmarks of addiction—including cravings, tolerance, and withdrawal. Such knowledge will not only yield fundamental insight into the nature of narcissism, but will also raise intriguing questions from developmental and clinical perspectives. From a developmental perspective, does narcissism share genetic predispositions, developmental trajectories, and developmental outcomes with more familiar addictions? And from a clinical perspective, does the treatment of narcissistic pathology benefit from incorporating strategies central to the treatment of drug addiction? Given that addictions are relatively resistant to change, should one aim to prevent narcissism before it develops into a full-blown addiction, rather than to treat it afterward (much like it is easier to prevent than to treat more familiar addictions)? Hence, by testing the parallel between narcissism and addiction, future research promises to yield important insights into the nature, development, and treatment of narcissism.

Third, an interdisciplinary, multiple levels of analysis approach is needed to develop an integrative understanding of the development of trait narcissism and narcissistic pathology. Should we think of the difference between trait narcissism and narcissistic pathology as dimensional, reflecting individual differences in intensity and pervasiveness of symptoms or in the extent to which symptoms interfere with adjustment? Or are there perhaps more qualitative differences between trait narcissism and narcissistic pathology? If so, how do such qualitative differences develop over time? A related set of questions concern the psychological processes that explain derailment of normal self-development into narcissistic pathology, and conversely, the psychological processes that maintain normal self-development and prevent youth from developing narcissistic pathology. As mentioned before, the fields of research on trait narcissism and narcissistic pathology in youth have remained largely separated thus far. Current conceptualizations of normal and pathological narcissistic personality functioning are diffuse and tell little about the fine line that runs between them. Accurate conceptualizations not only are relevant from a basic research perspective but also are necessary to inform discussions on dimensional versus categorical approaches to diagnosing narcissistic pathology (e.g., Miller & Campbell, 2008). A developmental psychopathology approach to narcissism, an approach which seeks to explain the processes

underlying normal and abnormal development across the lifespan, and which examines psychopathological processes as deviations from normal development, provides a promising means to reduce the dualism in our understanding of trait narcissism and narcissistic pathology (Cicchetti & Toth, 2009; Sroufe, 1990).

Fourth, research is needed to inform developmentally tailored interventions to reduce the problematic manifestations or consequences of narcissism (regardless of whether these can be seen as reflecting pathology). Increased understanding of the psychological processes that explain problematic manifestations of narcissism is important to design novel intervention techniques. By testing the impact of theory-based procedures (such as self-affirmation procedures) on problematic narcissistic outcomes (such as narcissistic aggression) in controlled field settings, such basic research can lay the groundwork for narcissism interventions in less controlled clinical settings. A number of questions seem especially important. How can intervention techniques that are proven effective in laboratory or other controlled settings be adapted and implemented in clinical settings? How can intervention techniques that are proven effective on the group level, be tailored to fit the narcissistic problems that individual patients suffer from? Also, in what developmental phases are narcissists most likely to reap the benefits of intervention? Most basic research examines only the short-term impact of putative intervention techniques. Yet actual intervention obviously seeks to cause longer-term, or even self-sustaining reductions in narcissistic pathology. The overarching goal of intervention research would be to develop a knowledge base of intervention techniques that can be employed to treat specific manifestations or consequences of narcissism in developmental phases when change is most likely to occur. Once such well-targeted and developmentally sensitive intervention techniques have been tested in controlled field settings, they should be implemented in real-world contexts in collaborative efforts with practitioners and policy makers to benefit vulnerable youth and their families at a larger scale.

Fifth, research is needed to uncover the potential functions or benefits of trait narcissism. Researchers, clinicians, and laypeople alike have asked themselves whether narcissism is mainly a curse or a blessing. Obviously, there is no single answer to this question. Some narcissistic traits are more adaptive than others, and their adaptiveness may well differ between developmental phases and across contexts. Thus, relevant questions to be addressed are: Are certain narcissistic traits more adaptive than other

traits? Does the adaptiveness of these traits change over the course of development? For example, it seems plausible that it is functional for adolescents to adopt a narrow self-focus in the process of developing an autonomous identity, but that such a self-focus may be less functional for young adults when seeking to develop and maintain longstanding intimate relationships. And does the adaptiveness of narcissistic traits depend on social context? For example, a sense of entitlement might help children thrive in settings where resources are scarce (e.g., when they need to be able to assertively act in their self-interest), but might harm children's peer relationships in settings where resources are abundant. In summary, an important task for future research is to uncover when and why narcissism is a blessing or a curse.

Sixth, more research is needed on ethnic and cross-cultural differences in narcissism. The degree to which individuals feel part of a particular social group is an important aspect of their sense of self (Tajfel, 1981). Initial research on ethnic differences has suggested that, within the United States, Black adolescents tend to be somewhat more narcissistic than are White adolescents, especially to the extent that they hold a strong sense of ethnic identity (Pickard, Barry, Wallace, & Zeigler-Hill, 2013). Future research should seek to understand the psychological processes by which youths' ethnic identity influences the development of narcissistic traits. This research may be guided by the principles of social identity theory (Tajfel, 2010), which suggests that the experience of being a minority group member may impact how individuals compare themselves to others (with minority members being more likely to engage in social comparisons within their own group), and how individuals attribute negative outcomes (with minority group members being more likely to make external rather than internal attributions); processes that might translate into ethnic differences in narcissism. Furthermore, in terms of cross-cultural research, it is often believed that narcissism should be higher in individualistic cultures than in nonindividualistic cultures. Although cross-cultural research on youth narcissism is lacking, one study involving mainly adults found that narcissism levels are higher in individualistic countries (United States, Canada, Western European countries) than in nonindividualistic countries (countries in Asia and the Middle East; Foster et al., 2003). Apart from cultural differences in individualism, differences in how strongly cultures emphasize honor (Leung & Cohen, 2011) might be relevant to narcissism as well. What is needed is systematic research on youth narcissism in representative samples of cultural groups across the world.

Coda

The study of youth narcissism has gained momentum over the past years. For a long time, the fields of developmental psychology and developmental psychopathology have been fascinated by the self. A new branch of this fascination now revolves around youth narcissism. We propose that the study of youth narcissism is important to these fields, in that it promises to yield a more accurate and comprehensive understanding of both normal and pathological self-development. By studying youth narcissism, researchers will be able to learn more about the multifaceted nature of the developing self. Moreover, they will be able to learn more about how healthy and less healthy forms of favorable self-regard develop, and how they can be distinguished from one another. The study of youth narcissism would benefit from an interdisciplinary approach to learn more about what narcissism essentially is, how it originates and develops, and how normal narcissistic traits should be distinguished from narcissistic pathology. We are looking forward to learning about the exciting new insights that will result from such a collaborative endeavor.

REFERENCES

- Akhtar, S., & Thomson, J. A. (1982). Overview: Narcissistic personality disorder. *American Journal of Psychiatry*, *139*, 12–20.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Andersen, S. M., Miranda, R., & Edwards, T. (2001). When self-enhancement knows no bounds: Are past relationships with significant others at the heart of narcissism? *Psychological Inquiry*, *12*, 197–202. doi: 10.1207/S15327965PLI1204_2
- Ang, R. P., Ong, E. L., Lim, J. Y., & Lim, E. W. (2010). From narcissistic exploitativeness to bullying behavior: The mediating role of approval-of aggression beliefs. *Social Development*, *19*, 721–735. doi: 10.1111/j.1467-9507.2009.00557.x
- Ang, R. P., & Raine, A. (2009). Reliability, validity and invariance of the Narcissistic Personality Questionnaire for Children-Revised (NPQC-R). *Journal of Psychopathology and Behavioral Assessment*, *31*, 143–151. doi: 10.1007/s10862-008-9112-2
- Aristotle. (1984). *Nicomachean ethics*. In J. Barnes (Ed.), *The complete works of Aristotle: The revised Oxford translation* (Vol. 2, pp. 1729–1867). Princeton, NJ: Princeton University Press.
- Bardenstein, K. K. (2009). The cracked mirror: Features of narcissistic personality disorder in children. *Psychiatric Annals*, *39*, 147–155.
- Barry, C. T., & Ansel, L. L. (2011). Assessment of youth narcissism. In W. K. Campbell & J. D. Miller (Eds.), *The handbook of narcissism and narcissistic personality disorder: Theoretical approaches, empirical findings, and treatments* (pp. 153–163). Hoboken, NJ: John Wiley & Sons, Inc. doi: 10.1002/9781118093108.ch14
- Barry, C. T., Frick, P. J., Adler, K. K., & Grafeman, S. J. (2007). The predictive utility of narcissism among children and adolescents:

720 Narcissism

- Evidence for a distinction between adaptive and maladaptive narcissism. *Journal of Child and Family Studies*, 16, 508–521. doi: 10.1007/s10826-006-9102-5
- Barry, C. T., Frick, P. J., & Killian, A. L. (2003). The relation of narcissism and self-esteem to conduct problems in children: A preliminary investigation. *Journal of Clinical Child and Adolescent Psychology*, 32, 139–152. doi: 10.1207/S15374424JCCP3201_13
- Barry, C. T., Grafeman, S. J., Adler, K. K., & Pickard, J. D. (2007). The relations among narcissism, self-esteem, and delinquency in a sample of at-risk adolescents. *Journal of Adolescence*, 30, 933–942. doi: 10.1016/j.adolescence.2006.12.003
- Barry, C. T., Kerig, P. K., Stellwagen, K., & Barry, T. D. (2011). *Narcissism and Machiavellianism in youth: Implications for the development of adaptive and maladaptive behavior*. Washington, DC: American Psychological Association. doi: 10.1037/12352-000
- Barry, C. T., & Malkin, M. L. (2010). The relation between adolescent narcissism and internalizing problems depends on the conceptualization of narcissism. *Journal of Research in Personality*, 44, 684–690. doi: 10.1016/j.jrp.2010.09.001
- Barry, T. D., Thompson, A. H., Barry, C. T., Lochman, J. E., Adler, K., & Hill, K. (2007). The importance of narcissism in predicting proactive and reactive aggression in moderately to highly aggressive children. *Aggressive Behavior*, 33, 185–197. doi: 10.1002/ab.20198
- Barry, C. T., & Wallace, M. T. (2010). Current considerations in the assessment of youth narcissism: Indicators of pathological and normative development. *Journal of Psychopathology and Behavioral Assessment*, 32, 479–489. doi: 10.1007/s10862-010-9188-3
- Baumeister, R. F., & Vohs, K. D. (2001). Narcissism as addiction to esteem. *Psychological Inquiry*, 12, 206–210.
- Beck, A. T., Freeman, A., Davis, D. D. (2004). *Cognitive therapy of personality disorders* (2nd ed.). New York, NY: Guilford Press.
- Behary, W. T., & Dieckmann, E. (2011). Schema therapy for narcissism: The art of empathic confrontation, limit-setting, and leverage. In W. K. Campbell & J. D. Miller (Eds.), *The Handbook of narcissism and narcissistic personality disorder: Theoretical approaches, empirical findings, and treatments* (pp. 445–456). Hoboken, NJ: Wiley and Sons.
- Beren, P. (1998). *Narcissistic disorders in children and adolescents*. London, UK: Jason Aronson.
- Bernstein, D. P., Cohen, P., Velez, C. N., Schwab-Stone, M., Siever, L. J., & Shinsato, L. (1993). Prevalence and stability of the *DSM-III-R* personality disorders in a community-based survey of adolescents. *American Journal of Psychiatry*, 150, 1237–1243.
- Bleiberg, E. (1984). Narcissistic disorders in children: A developmental approach to diagnosis. *Bulletin of the Menninger Clinic*, 48, 501–517.
- Bleiberg, E. (1994). Normal and pathological narcissism in adolescence. *American Journal of Psychotherapy*, 48, 30–51.
- Block, J. (1978). *The Q-sort method*. Palo Alto, CA: Consulting Psychologists Press.
- Block, J. H., & Block, J. (1980). The role of ego-control and ego-resiliency in the organization of behavior. In W. A. Collins (Ed.), *Minnesota symposia on child psychology* (Vol. 13, pp. 39–101). Hillsdale, NJ: Erlbaum.
- Bosson, J. K., Lakey, C. E., Campbell, W. K., Zeigler-Hill, V., Jordan, C. H., & Kernis, M. H. (2008). Untangling the links between narcissism and self-esteem: A theoretical and empirical review. *Social and Personality Psychology Compass*, 2, 1415–1439. doi: 10.1111/j.1751-9004.2008.00089.x
- Brown, R. P., Budzek, K., & Tamborski, M. (2009). On the meaning and measure of narcissism. *Personality and Social Psychology Bulletin*, 35, 951–964. doi: 10.1177/0146167209335461
- Brummelman, E., Thomaes, S., Nelemans, S. A., Orobio de Castro, B., & Bushman, B. J. (2014). My child is God's gift to humanity: Development and validation of the Parental Overvaluation Scale (POS). *Journal of Personality and Social Psychology: Advance online publication*. doi:10.1037/pspp0000012
- Brummelman, E., Thomaes, S., Orobio de Castro, B., Overbeek, G., & Bushman, B. J. (2014). "That's not just beautiful—that's incredibly beautiful!": The adverse impact of inflated praise on children with low self-esteem. *Psychological Science*, 25, 728–735. doi:10.1177/0956797613514251.
- Brummelman, E., Thomaes, S., Overbeek, G., Orobio de Castro, B., Van den Hout, M. A., & Bushman, B. J. (2014). On feeding those hungry for praise: Person praise backfires in children with low self-esteem. *Journal of Experimental Psychology: General*, 143, 9–14. doi:10.1037/a0031917
- Bukowski, W. M., Schwartzman, A., Santo, J., Bagwell, C., & Adams, R. (2009). Reactivity and distortions in the self: Narcissism, types of aggression, and the functioning of the hypothalamic-pituitary-adrenal axis during early adolescence. *Development and Psychopathology*, 21, 1249–1262. doi: 10.1017/S0954579409990149
- Burke, C. A. (2010). Mindfulness-based approaches with children and adolescents: A preliminary review of current research in an emergent field. *Journal of Child and Family Studies*, 19, 133–144. doi: 10.1007/s10826-009-9282-x
- Bushman, B. J., & Baumeister, R. F. (1998). Threatened egotism, narcissism, self-esteem, and direct and displaced aggression: Does self-love or self-hate lead to violence? *Journal of Personality and Social Psychology*, 75, 219–229. doi: 10.1037/0022-3514.75.1.219
- Bushman, B. J., Moeller, S. J., & Crocker, J. (2011). Sweets, sex, or self-esteem? Comparing the value of self-esteem boosts with other pleasant rewards. *Journal of Personality*, 79, 993–1012. doi: 10.1111/j.1467-6494.2011.00712.x
- Butler, J. (1828). Upon human nature, or man considered as a moral agent. In S. Halifax (Ed.), *The works of the right reverend father in god Joseph Butler* (pp. 23–165). London, UK: J.F. Dove. (Original work published 1726.)
- Cai, H., Kwan, V. S., & Sedikides, C. (2012). A sociocultural approach to narcissism: The case of modern China. *European Journal of Personality*, 26, 529–535. doi: 10.1002/per.852
- Cain, N. M., Pincus, A. L., & Ansell, E. B. (2008). Narcissism at the crossroads: Phenotypic description of pathological narcissism across clinical theory, social/personality psychology and psychiatric diagnosis. *Clinical Psychology Review*, 28, 638–656. doi: 10.1016/j.cpr.2007.09.006
- Campbell, W. K., Bosson, J. K., Goheen, T. W., Lakey, C. E., & Kernis, M. H. (2007). Do narcissists dislike themselves "deep down inside"? *Psychological Science*, 18, 227–229. doi: 10.1111/j.1467-9280.2007.01880.x
- Campbell, W. K., Hoffman, B. J., Campbell, S. M., & Marchisio, G. (2011). Narcissism in organizational contexts. *Human Resource Management Review*, 21, 268–284.
- Campbell, W. K., Rudich, E. A., & Sedikides, C. (2002). Narcissism, self-esteem, and the positivity of self-views: Two portraits of self-love. *Personality and Social Psychology Bulletin*, 28, 358–368. doi: 10.1177/0146167202286007
- Capron, E. W. (2004). Types of pampering and the narcissistic personality trait. *Journal of Individual Psychology*, 60, 76–93.
- Carlson, K. S., & Gjerde, P. F. (2009). Preschool personality antecedents of narcissism in adolescence and young adulthood: A 20-year longitudinal study. *Journal of Research in Personality*, 43, 570–578. doi: 10.1016/j.jrp.2009.03.003
- Caspi, A., & Shiner, R. L. (2006). Personality development. In W. Damon, R. Lerner (Series Eds.), & N. Eisenberg (Vol. Ed.), *Handbook of child psychology: Social, emotional, and personality development* (Vol. 3, 6th ed., pp. 300–365). New York, NY: Wiley.

References 721

- Caspi, A., & Silva, P. A. (1995). Temperamental qualities at age three predict personality traits in young adulthood: Longitudinal evidence from a birth cohort. *Child Development, 66*, 486–498. doi:10.1111/j.1467-8624.1995.tb00885.x
- Cater, T. E., Zeigler-Hill, V., & Vonk, J. (2011). Narcissism and recollections of early life experiences. *Personality and Individual Differences, 51*, 935–939. doi: 10.1016/j.paid.2011.07.023
- Chabrol, H., Van Leeuwen, N., Rodger, R., & Séjourné, N. (2009). Contributions of psychopathic, narcissistic, Machiavellian, and sadistic personality traits to juvenile delinquency. *Personality and Individual Differences, 47*, 734–739. doi: 10.1016/j.paid.2009.06.020
- Cicchetti, D., & Rogosch, F. A. (1996). Equifinality and multifinality in developmental psychopathology. *Development and Psychopathology, 8*, 597–600. doi: 10.1017/S0954579400007318
- Cicchetti, D., & Toth, S. L. (2009). The past achievements and future promises of developmental psychopathology: The coming of age of a discipline. *Journal of Child Psychology and Psychiatry, 50*, 16–25. doi: 10.1111/j.1469-7610.2008.01979.x
- Cohen, G. L., Garcia, J., Apfel, N., & Master, A. (2006). Reducing the racial achievement gap: A social-psychological intervention. *Science, 313*, 1307–1310. doi:10.1126/science.1128317
- Collins, W.A., & Steinberg, L. (2006). Adolescent development in interpersonal context. In W. Damon, R. Lerner (Series Eds.), & N. Eisenberg (Vol. Ed.), *Handbook of child psychology: Social, emotional, and personality development* (Vol. 3, pp. 1003–1067). New York, NY: Wiley.
- Corry, N., Merritt, R. D., Mrug, S., & Pamp, B. (2008). The factor structure of the Narcissistic Personality Inventory. *Journal of Personality Assessment, 90*, 593–600. doi:10.1080/00223890802388590
- Cramer, P. (2011). Young adult narcissism: A 20 year longitudinal study of the contribution of parenting styles, preschool precursors of narcissism and denial. *Journal of Research in Personality, 45*, 19–28. doi: 10.1016/j.jrp.2010.11.004
- Crawford, T. N., Cohen, P., & Brook, J. S. (2001). Dramatic-erratic personality disorder symptoms: I. Continuity from early adolescence into adulthood. *Journal of Personality Disorders, 15*, 319–335. doi: 10.1521/pedi.15.4.319.19182
- Curtis, J. M., & Cowell, D. R. (1993). Relation of birth order and scores on measures of pathological narcissism. *Psychological Reports, 72*, 311–315. doi: 10.2466/pr0.1993.72.1.311
- DeWall, C. N., Pond Jr., R. S., Campbell, W. K., & Twenge, J. M. (2011). Tuning in to psychological change: Linguistic markers of psychological traits and emotions over time in popular U.S. song lyrics. *Psychology of Aesthetics, Creativity, and the Arts, 5*, 200–207. doi: 10.1037/a0023195
- Dickinson, K. A., & Pincus, A. L. (2003). Interpersonal analysis of grandiose and vulnerable narcissism. *Journal of Personality Disorders, 17*, 188–207. doi: 10.1521/pedi.17.3.188.22146
- Diogenes Laërtius. (1853). *The lives and opinions of eminent philosophers* (C. D. Yonge, Trans.). London, UK: Henry G. Bohn.
- Donnellan, M. B., Trzesniewski, K. H., & Robins, R. W. (2009). An emerging epidemic of narcissism or much ado about nothing? *Journal of Research in Personality, 43*, 498–501. doi: 10.1016/j.jrp.2008.12.010
- Elkind, D. (1967). Egocentrism in adolescence. *Child Development, 38*, 1025–1034. doi: 10.2307/1127100
- Elliot, A. J., & Thrash, T. M. (2001). Narcissism and motivation. *Psychological Inquiry, 12*, 216–219.
- Elliot, A. J., & Thrash, T. M. (2002). Approach-avoidance motivation in personality: Approach and avoidance temperaments and goals. *Journal of Personality and Social Psychology, 82*, 804–818. doi: 10.1037/0022-3514.82.5.804
- Ellis, B. J., Boyce, W. T., Belsky, J., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (2011). Differential susceptibility to the environment: An evolutionary-neurodevelopmental theory. *Development and Psychopathology, 23*, 7–28. doi: 10.1017/S0954579410000611
- Ellis, H. (1898). Auto-eroticism: A psychological study. *Alienist and Neurologist, 19*, 260–299.
- Ellis, H. (2007). *Studies in the psychology of sex* (Vol. 1). Teddington, UK: Echo Library. (Original work published 1927.)
- Eppright, T. D., Kashani, J. H., Robison, B. D., & Reid, J. C. (1993). Comorbidity of conduct disorder and personality disorders in an incarcerated juvenile population. *American Journal of Psychiatry, 150*, 1233–1236.
- Eyring, W. E., & Sobelman, S. (1996). Narcissism and birth order. *Psychological Reports, 78*, 403–406. doi: 10.2466/pr0.1996.78.2.403
- Finkel, E. J., Campbell, W. K., Buffardi, L. E., Kumashiro, M., & Rusbul, C. E. (2009). The metamorphosis of Narcissus: Communal activation promotes relationship commitment among narcissists. *Personality and Social Psychology Bulletin, 35*, 1271–1284. doi: 10.1177/0146167209340904
- Fossati, A., Beauchaine, T., Grazioli, F., Carretta, I., Cortinovis, F., & Maffei, C. (2005). A latent structure analysis of *Diagnostic and statistical manual of mental disorders*, 4th ed., narcissistic personality disorder criteria. *Comprehensive Psychiatry, 46*, 361–367.
- Foster, J. D., Campbell, K. W., & Twenge, J. M. (2003). Individual differences in narcissism: Inflated self-views across the lifespan and around the world. *Journal of Research in Personality, 37*, 469–486. doi: 10.1016/S0092-6566(03)00026-6
- Foster, J. D., & Trimm IV, R. F. (2008). On being eager and uninhibited: Narcissism and approach-avoidance motivation. *Personality and Social Psychology Bulletin, 34*, 1004–1017. doi: 10.1177/0146167208316688
- Freud, S. (1910). *Drei Abhandlungen Zur Sexualtheorie* [Three essays on the theory of sexuality] (2nd ed.). Leipzig, Germany: Deuticke.
- Freud, S. (1957). On narcissism: An introduction. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 73–102). London, UK: Hogarth Press. (Original work published 1914.)
- Freud, S. (1961). Libidinal types. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 21, pp. 215–220). London, UK: Hogarth Press. (Original work published 1931.)
- Frick, P. J., Bodin, S. D., & Barry, C. T. (2000). Psychopathic traits and conduct problems in community and clinic-referred samples of children: Further development of the psychopathy screening device. *Psychological Assessment, 12*, 382–393. doi: 10.1037/1040-3590.12.4.382
- Frick, P. J., & Hare, R. D. (2001). *The Antisocial Process Screening Device (APSD)*. Toronto, Canada: Multi-Health Systems.
- Frick, P. J., Kimonis, E. R., Dandreaux, D. M., & Farell, J. M. (2003). The 4 year stability of psychopathic traits in non-referred youth. *Behavioral Sciences and the Law, 21*, 713–736. doi: 10.1002/bsl.568
- Fukuyama, F. (1999). *The great disruption: Human nature and the reconstitution of social order*. New York, NY: Free Press.
- Gentile, B., Twenge, J. M., & Campbell, W. K. (2010). Birth cohort differences in self-esteem, 1988–2008: A cross-temporal meta-analysis. *Review of General Psychology, 14*, 261–268. doi: 10.1037/a0019919
- Goeders, N. E. (2004). Stress, motivation, and drug addiction. *Current Directions in Psychological Science, 13*, 33–35. doi: 10.1111/j.0963-7214.2004.01301009.x
- Golmaryami, F. N., & Barry, C. T. (2010). The associations of self-reported and peer-reported relational aggression with narcissism and self-esteem among adolescents in a residential setting. *Journal of*

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- Clinical Child and Adolescent Psychology*, 39, 128–133. doi: 10.1080/15374410903401203
- Greenwald, A. G., & Farnham, S. D. (2000). Using the Implicit Association Test to measure self-esteem and self-concept. *Journal of Personality and Social Psychology*, 79, 1022–1038. doi: 10.1037/0022-3514.79.6.1022
- Ha, C., Petersen, N., & Sharp, C. (2008). Narcissism, self-esteem, and conduct problems: Evidence from a British community sample of 7–11 year olds. *European Journal of Child and Adolescent Psychiatry*, 17, 406–413. doi: 10.1007/s00787-008-0682-z
- Harter, S. (2006). The self. In W. Damon, R. M. Lerner (Series Eds.), & N. Eisenberg (Vol. Ed.), *Handbook of child psychology: Social, emotional, and personality development* (Vol. 3, 6th ed., pp. 505–570). New York, NY: Wiley.
- Harter, S. (2012). *Construction of the self: Developmental and sociocultural foundations*. New York, NY: Guilford.
- Hill, P. L., & Roberts, B. W. (2011). Examining “developmental me.” In W. K. Campbell & J. D. Miller (Eds.), *The handbook of narcissism and narcissistic personality disorder: Theoretical approaches, empirical findings, and treatments* (pp. 191–201). Hoboken, NJ: Wiley and Sons.
- Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science*, 6, 537–559. doi: 10.1177/1745691611419671
- Horney, K. (1939). *New ways in psychoanalysis*. New York, NY: Norton.
- Horton, R. S., Bleau, G., & Drwecki, B. (2006). Parenting Narcissus: What are the links between parenting and narcissism? *Journal of Personality*, 74, 345–376. doi: 10.1111/j.1467-6494.2005.00378.x
- Horton, R. S., & Tritch, T. (2014). Clarifying the links between grandiose narcissism and parenting. *Journal of Psychology*, 148, 133–143. doi:10.1080/00223980.2012.752337
- Hulljung, M. (2001). Rousseau, Voltaire, and the revenge of Pascal. In P. Riley (Ed.), *The Cambridge companion of Rousseau* (pp. 57–77). Cambridge, UK: Cambridge University Press. doi: 10.1017/CCOL9780521572651.003
- Jones, E. (1951). The God complex. In E. Jones (Ed.), *Essays in applied psychoanalysis: Essays in folklore, anthropology and religion* (Vol. 2, pp. 244–265). London, UK: Hogarth Press. (Original work published 1913.)
- Joubert, C. E. (1989). Birth order and narcissism. *Psychological Reports*, 64, 721–722. doi: 10.2466/pr0.1989.64.3.721
- Kamins, M. L., & Dweck, C. S. (1999). Person versus process praise and criticism: Implications for contingent self-worth and coping. *Developmental Psychology*, 35, 835–847. doi: 10.1037/0012-1649.35.3.835
- Kellogg, S. H., & Young, J. E. (2006). Schema therapy for borderline personality disorder. *Journal of Clinical Psychology*, 62, 445–458. doi: 10.1002/jclp.20240
- Kernberg, O. F. (1975). *Borderline conditions and pathological narcissism*. New York, NY: Jason Aronson.
- Kernberg, P. F. (1989). Narcissistic personality disorder in childhood. *Psychiatric Clinics of North America*, 12, 671–694.
- Kernberg, P. F., Weiner, A. S., & Bardenstein, K. K. (2000). *Personality disorders in children and adolescents*. New York: Basic Books.
- Kohut, H. (1971). *The analysis of the self: A systematic approach to the psychoanalytic treatment of narcissistic personality disorders*. Chicago, IL: University of Chicago Press.
- Koob, G. F., & Le Moal, M. (2005). Plasticity of reward neurocircuitry and the “dark side” of drug addiction. *Nature Neuroscience*, 8, 1442–1444. doi: 10.1038/nn1105-1442
- La Rochefoucauld, F. (1851). *Moral reflections, sentences and maxims*. New York, NY: William Gowans. (Original work published 1658.)
- Leung, A. K. Y., & Cohen, D. (2011). Within- and between-culture variation: Individual differences and the cultural logics of honor, face, and dignity cultures. *Journal of Personality and Social Psychology*, 100, 507–526. doi: 10.1037/a0022151
- Lewis, H. B. (1971). *Shame and guilt in neurosis*. New York, NY: International Universities Press.
- Livesley, W. J., Jang, K. L., Jackson, D. N., & Vernon, P. A. (1993). Genetic and environmental contributions to dimensions of personality disorder. *American Journal of Psychiatry*, 150, 1826–1831.
- Luo, Y. L. L., Cai, H., Sedikides, C., & Song, H. (2014). Distinguishing communal narcissism from agentic narcissism: A behavior genetics analysis on the agency-communion model of narcissism. *Journal of Research in Personality*, 49, 52–58. doi:10.1016/j.jrp.2014.01.001
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71, 543–562. doi: 10.1111/1467-8624.00164
- Malkin, M. L., Barry, C. T., & Zeigler-Hill, V. (2011). Covert narcissism as a predictor of internalizing symptoms after performance feedback in adolescents. *Personality and Individual Differences*, 51, 623–628. doi: 10.1016/j.paid.2011.05.031
- Marsh, H. W., Craven, R. G., & Debus, R. L. (1998). Structure, stability, and development of young children's self-concepts: A multicohort-multiooccasion study. *Child Development*, 69, 1030–1053. doi: 10.1111/j.1467-8624.1998.tb06159.x
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56, 227–238. doi: 10.1037/0003-066X.56.3.227
- McCrae, R. R., & Costa Jr., P. T. (1997). Personality trait structure as a human universal. *American Psychologist*, 52, 509–516. doi: 10.1037/0003-066X.52.5.509
- Mechanic, K. L., & Barry, C. T. (2015). Adolescent grandiose and vulnerable narcissism: Associations with perceived parenting practices. *Journal of Child and Family Studies*, 24, 1510–1518. doi: 10.1007/s10826-014-9956-x
- Meyer, W. U. (1992). Paradoxical effects of praise and criticism on perceived ability. *European Journal of Social Psychology*, 3, 259–283. doi:10.1080/14792779243000087
- Miller, A. (1981). *Prisoners of childhood*. New York, NY: Basic Books.
- Miller, J. D., & Campbell, W. K. (2008). Comparing clinical and social-personality conceptualizations of narcissism. *Journal of Personality*, 76, 449–476. doi: 10.1111/j.1467-6494.2008.00492.x
- Miller, J. D., Hoffman, B. J., Gaughan, E. T., Gentile, B., Maples, J., & Keith Campbell, W. (2011). Grandiose and vulnerable narcissism: A nomological network analysis. *Journal of Personality*, 79, 1013–1042. doi:10.1111/j.1467-6494.2010.00711.x
- Miller, J. D., Widiger, T. A., & Campbell, W. K. (2010). Narcissistic personality disorder and the DSM-V. *Journal of Abnormal Psychology*, 119, 640–649. doi: 10.1037/a0019529
- Millon, T. (1969). *Modern psychopathology: A biosocial approach to maladaptive learning and functioning*. Philadelphia, PA: Saunders.
- Monroe, S. M., & Simons, A. D. (1991). Diathesis–stress theories in the context of life stress research: Implications for the depressive disorders. *Psychological Bulletin*, 110, 406–425. doi: 10.1037/0033-2909.110.3.406
- Morf, C. C., & Rhodewalt, F. (2001). Unraveling the paradoxes of narcissism: A dynamic self-regulatory processing model. *Psychological Inquiry*, 12, 177–196. doi: 10.1207/S15327965PLI1204_1
- Munoz, L. C., & Frick, P. J. (2007). The reliability, stability, and predictive utility of the self-report version of the Antisocial Process Screening Device. *Scandinavian Journal of Psychology*, 48, 299–312. doi: 10.1111/j.1467-9450.2007.00560.x

References 723

- Myers, E. M., & Zeigler-Hill, V. (2012). How much do narcissists really like themselves? Using the bogus pipeline procedure to better understand the self-esteem of narcissists. *Journal of Research in Personality, 46*, 102–105. doi:10.1016/j.jrp.2011.09.006
- Näcke, P. (1899). Kritisches zum kapitel der normalen und pathologischen sexualität [Critical notes on the chapter on normal and pathological sexuality]. In F. Jolly (Ed.), *Archiv für Psychiatrie und Nervenkrankheiten* (Vol. 32, pp. 356–386). Berlin, Germany: Verlag von August Hirschwald.
- Narayan, C. (1990). Birth order and narcissism. *Psychological Reports, 67*, 1184–1186. doi: 10.2466/pr0.1990.67.3f.1184
- Nelemans, S., Thomaes, S., Bushman, B. J., Aleva, L., Goossens, F. A., Olthof, T., . . . Vermande, M. (2015). *All egos were not created equal: Narcissism, self-esteem, and internalizing problems in children*. Manuscript submitted for publication.
- Olson, K. R., & Dweck, C. S. (2008). A blueprint for social cognitive development. *Perspectives on Psychological Science, 3*, 193–202. doi: 10.1111/j.1745-6924.2008.00074.x
- Ong, E. Y. L., Ang, R. P., Ho, J. C. M., Lim, J. C. Y., Goh, D. H., Lee, C. S., & Chua, A. Y. K. (2011). Narcissism, extraversion and adolescents' self-presentation on Facebook. *Personality and Individual Differences, 50*, 180–185. doi: 10.1016/j.paid.2010.09.022
- Ornstein, A. (1981). Self-pathology in childhood: Developmental and clinical considerations. *Psychiatric Clinics of North America, 4*, 435–453.
- Otway, L. J., & Vignoles, V. L. (2006). Narcissism and childhood recollections: A quantitative test of psychoanalytic predictions. *Personality and Social Psychology Bulletin, 32*, 104–116. doi: 10.1177/0146167205279907
- Ovid. (2010). *Metamorphoses* (S. Lombardo, Trans.). Indianapolis, IN: Hackett Publishing.
- Pascal, B. (1829). *Thoughts on religion and other subjects* (E. C. Oxon, Trans.). Amherst, MA: J.S. and C. Adams.
- Paulhus, D. L. (2001). Normal narcissism: Two minimalist accounts. *Psychological Inquiry, 12*, 228–230.
- Paulhus, D. L. (2008). Birth order. In M. M. Haith & J. B. Benson (Eds.), *Encyclopedia of infant and early childhood development* (pp. 204–211). San Diego, CA: Academic Press. doi: 10.1016/B978-012370877-9.00025-6
- Paulhus, D. L., & Williams, K. M. (2002). The dark triad of personality: Narcissism, Machiavellianism, and psychopathy. *Journal of Research in Personality, 36*, 556–563. doi: 10.1016/S0092-6566(02)00505-6
- Pickard, J. D., Barry, C. T., Wallace, M. T., & Zeigler-Hill, V. (2013). Ethnicity, ethnic identity, and adolescent narcissism. *Self and Identity, 12*, 489–503. doi: 10.1080/15298868.2012.693258
- Pincus, A. L., Ansell, E. B., Pimentel, C. A., Cain, N. M., Wright, A. G. C., & Levy, K. N. (2009). Initial construction and validation of the Pathological Narcissism Inventory. *Psychological Assessment, 21*, 365–379. doi: 10.1037/a0016530
- Pincus, A. L., & Lukowitsky, M. R. (2010). Pathological narcissism and narcissistic personality disorder. *Annual Review of Clinical Psychology, 6*, 421–446. doi: 10.1146/annurev.clinpsy.121208.131215
- Plato. (2008). *Gorgias* (B. Jowett, Trans.). Rockville, MD: Serenity.
- Ramsey, A., Watson, P. J., Biderman, M. D., & Reeves, A. L. (1996). Self-reported narcissism and perceived parental permissiveness and authoritarianism. *Journal of Genetic Psychology, 157*, 227–238. doi: 10.1080/00221325.1996.9914860
- Rank, O. (1912). Ein Beitrag zum Narzissismus [A contribution to narcissism]. *Jahrbuch für Psychoanalytische und Psychopathologische Forschungen, 3*, 401–426.
- Raskin, R., & Hall, C. S. (1979). A Narcissistic Personality Inventory. *Psychological Reports, 45*, 590–590. doi: 10.2466/pr0.1979.45.2.590
- Raskin, R., & Terry, H. (1988). A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology, 54*, 890–902. doi: 10.1037/0022-3514.54.5.890
- Reich, A. (1960). Pathological forms of self-esteem regulation. *Psychoanalytic Study of the Child, 15*, 215–232.
- Reich, W. (1972). *Character analysis* (3rd ed.). New York, NY: Farrar, Straus, and Giroux. (Original work published 1933.)
- Reimer, M. S. (1996). "Sinking into the ground": The development and consequences of shame in adolescence. *Developmental Review, 16*, 321–363. doi: 10.1006/drev.1996.0015
- Rinsley, D. B. (1980). The developmental etiology of borderline and narcissistic disorders. *Bulletin of the Menninger Clinic, 44*, 127–134.
- Roberts, B. W., Edmonds, G., & Grijalva, E. (2010). It is developmental me, not generation me developmental changes are more important than generational changes in narcissism—Commentary on Trzesniewski & Donnellan (2010). *Perspectives on Psychological Science, 5*, 97–102. doi: 10.1177/1745691609357019
- Robins, R. W., & Trzesniewski, K. H. (2005). Self-esteem development across the lifespan. *Current Directions in Psychological Science, 14*, 158–162. doi: 10.1111/j.0963-7214.2005.00353.x
- Robinson, T. E., & Berridge, K. C. (2008). The incentive sensitization theory of addiction: Some current issues. *Philosophical Transactions of the Royal Society B: Biological Sciences, 363*, 3137–3146. doi: 10.1098/rstb.2008.0093
- Ronningstam, E. F. (2009). Narcissistic personality disorder: Facing DSM-V. *Psychiatric Annals, 39*, 111–121. doi: 10.3928/00485713-20090301-09
- Rose, P. (2002). The happy and unhappy faces of narcissism. *Personality and Individual Differences, 33*, 379–391. doi: 10.1016/S0191-8869(01)00162-3
- Rothbart, M. K. (1986). Longitudinal observation of infant temperament. *Developmental Psychology, 22*, 356–365. doi: 10.1037/0012-1649.22.3.356
- Rothbart, M. K. (1988). Temperament and the development of inhibited approach. *Child Development, 59*, 1241–1250. doi: 10.2307/1130487
- Rothbart, M. K. (1989). Temperament in childhood: A framework. In G. Kohnstamm, J. Bates, & M. K. Rothbart (Eds.), *Temperament in childhood* (pp. 59–73). Chichester, UK: Wiley.
- Rothbart, M. K., Ahadi, S. A., & Evans, D. E. (2000). Temperament and personality: Origins and outcomes. *Journal of Personality and Social Psychology, 78*, 122–135. doi: 10.1037/0022-3514.78.1.122
- Rothbart, M. K., & Bates, J. E. (2006). Temperament. In W. Damon, R. M. Lerner (Series Eds.), & N. Eisenberg (Vol. Ed.), *Handbook of child psychology: Social, emotional, and personality development* (Vol. 3, pp. 99–166). New York, NY: Wiley.
- Rousseau, J. J. (1979). *Emile: Or, on education* (A. Bloom, Trans.). New York, NY: Basic Books. (Original work published 1762.)
- Rousseau, J. J. (1993). Discourse on the origins of inequality (second discourse), polemics, and political economy. In R. D. Masters, C. Kelly (Eds. & Trans.), J. R. Bish, & T. Marshall (Trans.), *Collected writings of Rousseau* (Vol. 3). Lebanon, NH: University Press of New England. (Original work published 1755.)
- Russ, E., Shedler, J., Bradley, R., & Westen, D. (2008). Refining the construct of narcissistic personality disorder: Diagnostic criteria and subtypes. *American Journal of Psychiatry, 165*, 1473–1481. doi: 10.1176/appi.ajp.2008.07030376
- Sadger, J. (1908). Psychiatrisch-Neurologisches in psychoanalytischer Beleuchtung [Psychiatric-neurological issues from a psychoanalytic perspective]. *Zentralblatt für das Gesamtgebiet der Medizin und ihrer Hilfswissenschaften, 4*, 7–8.

724 Narcissism

- Sameroff, A. J. (1983). Developmental systems: Contexts and evolution. In P. Mussen (Ed.), *Handbook of child psychology: Theoretical models of human development* (Vol. 1, pp. 237–294). New York, NY: Wiley.
- Schwartz, C. E., Snidman, N., & Kagan, J. (1999). Adolescent social anxiety as an outcome of inhibited temperament in childhood. *Journal of the American Academy of Child and Adolescent Psychiatry*, *38*, 1008–1015. doi:10.1097/00004583-199908000-00017
- Sedikides, C., Gaertner, L., & Vevea, J. L. (2005). Pancultural self-enhancement reloaded: A meta-analytic reply to Heine (2005). *Journal of Personality and Social Psychology*, *89*, 539–551. doi:10.1037/0022-3514.89.4.539
- Sedikides, C., Rudich, E. A., Gregg, A. P., Kumashiro, M., & Rusbul, C. (2004). Are normal narcissists psychologically healthy?: Self-esteem matters. *Journal of Personality and Social Psychology*, *87*, 400–416. doi:10.1037/0022-3514.87.3.400
- Sroufe, L. A. (1990). Considering normal and abnormal together: The essence of developmental psychopathology. *Development and Psychopathology*, *2*, 335–347. doi:10.1017/S0954579400005769
- Stinson, F. S., Dawson, D. A., Goldstein, R. B., Chou, S. P., Huang, B., Smith, S. M., et al. (2008). Prevalence, correlates, disability, and comorbidity of *DSM-IV* narcissistic personality disorder: Results from the Wave 2 national epidemiologic survey on alcohol and related conditions. *Journal of Clinical Psychiatry*, *69*, 1033–1045. doi:10.4088/JCP.v69n0701
- Stone, M. H. (1993). *Abnormalities of personality: Within and beyond the realm of treatment*. New York, NY: Norton.
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behavior. In S. Worchel & W. Austin (Eds.), *The social psychology of intergroup relations* (2nd ed., pp. 7–24). Chicago, IL: Nelson-Hall.
- Theophrastus. (2004). *Characters* (J. Diggle, Trans). Cambridge, UK: Cambridge University Press.
- Thomaes, S., Brummelman, E., Bushman, B. J., Reijntjes, A., & Orobio de Castro, B. (2014). *Wiping the fog from the mirror: Clearing up three misconceptions about children with low self-esteem*. Manuscript submitted for publication.
- Thomaes, S., Brummelman, E., Reijntjes, A., & Bushman, B. J. (2013). When Narcissus was a boy: Origins, nature, and consequences of childhood narcissism. *Child Development Perspectives*, *7*, 22–26. doi:10.1111/cdep.12009
- Thomaes, S., Bushman, B. J., Orobio de Castro, B., Cohen, G., & Denissen, J. J. A. (2009). Reducing narcissistic aggression by buttressing self-esteem: An experimental field study. *Psychological Science*, *20*, 1536–1542. doi:10.1111/j.1467-9280.2009.02478.x
- Thomaes, S., Bushman, B. J., Orobio de Castro, B., & Stegge, H. (2009). What makes narcissists bloom? A framework for research on the etiology and development of narcissism. *Development and Psychopathology*, *21*, 1233–1247. doi:10.1017/S0954579409990137
- Thomaes, S., Bushman, B. J., Stegge, H., & Olthof, T. (2008). Trumping shame by blasts of noise: Narcissism, self-esteem, shame, and aggression in young adolescents. *Child Development*, *79*, 1792–1801. doi:10.1111/j.1467-8624.2008.01226.x
- Thomaes, S., Reijntjes, A., Orobio de Castro, B., Bushman, B. J., Poorthuis, A., & Telch, M. J. (2010). I like me if you like me: On the interpersonal modulation and regulation of preadolescents' state self-esteem. *Child Development*, *81*, 811–825. doi:10.1111/j.1467-8624.2010.01435.x
- Thomaes, S., Stegge, H., Bushman, B. J., Olthof, T., & Denissen, J. (2008). Development and validation of the Childhood Narcissism Scale. *Journal of Personality Assessment*, *90*, 382–391. doi:10.1080/00223890802108162
- Thomaes, S., Stegge, H., Olthof, T., Bushman, B. J., & Nezlak, J. B. (2011). Turning shame inside-out: "Humiliated fury" in young adolescents. *Emotion*, *11*, 786–793. doi:10.1037/a0023403
- Tromp, N. B. (2010). Adolescent personality pathology: A dimensional approach. *Unpublished doctoral dissertation*.
- Trzesniewski, K. H., Donnellan, M. B., & Robins, R. W. (2008a). Is "generation me" really more narcissistic than previous generations? *Journal of Personality*, *76*, 903–918. doi:10.1111/j.1467-6494.2008.00508.x
- Trzesniewski, K. H., Donnellan, M. B., & Robins, R. W. (2008b). Do today's young people really think they are so extraordinary? An examination of secular trends in narcissism and self-enhancement. *Psychological Science*, *19*, 181–188. doi:10.1111/j.1467-9280.2008.02065.x
- Twenge, J. M., Abebe, E. M., & Campbell, W. K. (2010). Fitting in or standing out: Trends in American parents' choices for children's names, 1880–2007. *Social Psychological and Personality Science*, *1*, 19–25. doi:10.1177/1948550609349515
- Twenge, J. M., & Campbell, W. K. (2008). Increases in positive self-views among high school students: Birth-cohort changes in anticipated performance, self-satisfaction, self-liking, and self-competence. *Psychological Science*, *19*, 1082–1086. doi:10.1111/j.1467-9280.2008.02204.x
- Twenge, J. M., Campbell, W. K., & Gentile, B. (2012). Generational increases in agentic self-evaluations among American college students, 1966–2009. *Self and Identity*, *11*, 409–427. doi:10.1080/15298868.2011.576820
- Twenge, J. M., & Foster, J. D. (2008). Mapping the scale of the narcissism epidemic: Increases in narcissism 2002–2007 within ethnic groups. *Journal of Research in Personality*, *42*, 1619–1622. doi:10.1016/j.jrp.2008.06.014
- Twenge, J. M., & Foster, J. D. (2010). Birth cohort increases in narcissistic personality traits among American college students, 1982–2009. *Social Psychological and Personality Science*, *1*, 99–106. doi:10.1177/1948550609355719
- Twenge, J. M., Konrath, S., Foster, J. D., Campbell, W. K., & Bushman, B. J. (2008). Egos inflating over time: A cross-temporal meta-analysis of the Narcissistic Personality Inventory. *Journal of Personality*, *76*, 875–902. doi:10.1111/j.1467-6494.2008.00507.x
- Van Baardewijk, Y., Stegge, H., Andershed, H., Thomaes, S., Scholte, E., & Vermeiren, R. (2008). Measuring psychopathic traits in children through self-report. *The development of the Youth Psychopathic Traits Inventory-Child Version*. *International Journal of Law and Psychiatry*, *31*, 199–209. doi:10.1016/j.ijlp.2008.04.004
- Vernon, P. A., Villani, V. C., Vickers, L. C., & Harris, J. A. (2008). A behavioral genetic investigation of the Dark Triad and the Big 5. *Personality and Individual Differences*, *44*, 445–452. doi:10.1016/j.paid.2007.09.007
- Vitacco, M. J., Rogers, R., & Neumann, C. S. (2003). The Anti-social Process Screening Device: An examination of its construct and criterion-related validity. *Assessment*, *10*, 143–150. doi:10.1177/1073191103010002005
- Voltaire, F. M. A. (1856). *Philosophical dictionary, part 2*. Whitefish, MT: Kessinger Publishing. (Original work published 1764.)
- Wälder, R. (1925). The psychoses: Their mechanisms and accessibility to influence. *International Journal of Psychoanalysis*, *6*, 259–281.
- Washburn, J. J., McMahon, S. D., King, C. A., Reinecke, M. A., & Silver, C. (2004). Narcissistic features in young adolescents: Relations to aggression and internalizing symptoms. *Journal of Youth and Adolescence*, *33*, 247–260. doi:10.1023/B:JOYO.0000025323.94929.d9
- Watts, A. L., Lilienfeld, S. O., Smith, S. F., Miller, J. D., Campbell, W. K., Waldman, I. D., et al. (2013). The double-edged sword of grandiose narcissism: Implications for successful and unsuccessful leadership among US presidents. *Psychological Science*, *24*, 2379–2389. doi:10.1177/0956797613491970
- Westen, D., DeFife, J. A., Malone, J. C., & DiLallo, J. (2014). An empirically derived classification of adolescent personality disorders. *Journal*

References 725

- of the American Academy of Child and Adolescent Psychiatry, 53, 528–549. doi:10.1016/j.jaac.2013.12.030
- Westen, D., Shedler, J., Durrett, C., Glass, S., & Martens, A. (2003). Personality diagnosis in adolescence: *DSM-IV* Axis II diagnoses and an empirically derived alternative. *American Journal of Psychiatry*, 160, 952–966. doi: 10.1176/appi.ajp.160.5.952
- Wieseler, F. (1856). *Narkissos: Eine kunstmythologische Abhandlung nebst einem Anhang über die Narcissen und ihre Beziehung im Leben, Mythos and Cultus der Griechen* [Narcissus: An art-mythological treatise together with an appendix about narcissi and their relationship in life, myth, and culture of the Greeks]. Göttingen, Germany: Verlag der Dieterichschen Buchhandlung.
- Wink, P. (1991). Two faces of narcissism. *Journal of Personality and Social Psychology*, 61, 590–597. doi: 10.1037/0022-3514.61.4.590
- Young, J. E., Klosko, J., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York, NY: Guilford.
- Zuckerman, M., & Kuhlman, D. M. (2000). Personality and risk-taking: Common bisocial factors. *Journal of Personality*, 68, 999–1029. doi: 10.1111/1467-6494.00124