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Controversies in Narcissism

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Abstract

There has been a surge in interest in and research on narcissism and narcissistic personality disorder (NPD). Despite or because of this increased attention, there are several areas of substantial debate that surround the construct, including descriptions of grandiose and vulnerable dimensions or variants, questions regarding the existence of a consensual description, central versus peripheral features of narcissism, distinctions between normal and pathological narcissism, possible etiological factors, the role of self-esteem narcissism, where narcissism should be studied, how it can be assessed, and its representation in diagnostic nosologies. We suggest that a failure to distinguish between grandiose (i.e., overtly immodest, self-centered, entitled, domineering) and vulnerable (e.g., self-centered, distrustful, neurotic, introverted) presentations of narcissism has led to a less cohesive and coherent literature and that trait-based models of personality and personality disorder can bring greater clarity to many of these important debates.

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CONTROVERSIES IN NARCISSISM

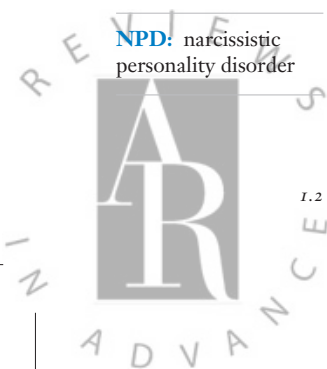
Research on narcissism in all its forms—narcissistic personality disorder (NPD), grandiose narcissism, and vulnerable narcissism—is more popular than ever. Since 2010, an average of 357 peer-reviewed articles has been published per year in which narcissism is discussed in the abstract. This represents a substantial change from previous years (e.g., 85 in 1980, 219 in 1990, and 173 in 2000). Despite or due to the growing interest in narcissism, there are many unanswered questions in the literature, including basic questions about the nature of the construct itself (Cain et al. 2008, Miller & Campbell 2008). In the present review, we examine these unresolved issues and address them using a general personality trait-based perspective.

ONGOING CONTROVERSIES IN THE FIELD OF NARCISSISM

There are a number of active debates in the narcissism literature (e.g., Campbell & Miller 2011), including the question of whether there is any consensus in what is meant by the term. Other questions include the following: Which traits are central versus peripheral to narcissism? What is the distinction between normal and pathological narcissism? What etiological factors are associated with narcissism? What is the role of self-esteem in narcissism? Which constructs and disorders are most closely related to narcissism? Where should narcissism be studied (i.e., in what type of samples)? How should narcissism be assessed, given the proliferation of self-report measures, and what is its place in our diagnostic nosology?

The answer to many of these questions is—it depends. More specifically, it depends on whether one is studying grandiose narcissism, vulnerable narcissism, or some blend of the two as found in many operationalizations of NPD. Grandiose narcissism refers to individuals who are explicitly and outwardly immodest, self-promotional, self-enhancing, and entitled, and it combines the traits of disagreeableness (also known as antagonism) and agentic aspects of extraversion (e.g., Paulhus & Williams 2002). Conversely, vulnerable narcissism—as typically measured in the empirical literature—describes individuals who are self-absorbed, entitled, and distrustful of others

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while presenting substantial, overt psychological distress and fragility. Once this heterogeneity in narcissism is acknowledged and the literature parsed accordingly, greater clarity is possible.

What Are Grandiose and Vulnerable Narcissism?

Theorists have long suggested that there exist different dimensions or variants of narcissism that can be roughly categorized into narcissistic grandiosity versus narcissistic vulnerability. Cain and colleagues (2008) provided a detailed discussion of the terms used by different scholars to discuss these presentations. Terms used for individuals with grandiosity-related presentations include malignant, overt, oblivious, thick skinned, special child, manipulative, arrogant, and psychopathic. Alternatively, terms that have been used to describe individuals with more vulnerability-related presentations include craving, covert, hypervigilant, thin skinned, shamed child, compensatory, and shy.

Although this heterogeneity has been noted by many scholars, until recently the majority of this work has been descriptive and theoretical rather than empirical. One exception, however, is a seminal study by Wink (1991) in which he conducted a principal components analysis of six narcissism scales derived from the Minnesota Multiphasic Personality Inventory, which yielded two unrelated components that he labeled vulnerability-sensitivity and grandiosity-exhibitionism. The spouse-rated correlates of these dimensions indicated that they shared a tendency toward an egocentric, demanding, and domineering interpersonal style (i.e., antagonism, bossy, intolerant, arrogant). The two dimensions diverged, however, with respect to ratings of neuroticism such that only the individuals high on vulnerability-sensitivity were rated by their spouses as worrying, emotional, defensive, and anxious. The two diverged again on agentic (i.e., assertive, proactive) interpersonal traits with only the individuals high on grandiosity-exhibitionism being rated as aggressive, outspoken, assertive, and show-offs.

In Cain and colleagues' (2008) review of the theoretical and empirical evidence for the existence of these two expressions of narcissism, they argued that the field, including the existing psychiatric nosology and much of the empirical research, had emphasized the grandiosity component while largely ignoring or excluding vulnerability. Around the same time, Miller & Campbell (2008) compared clinical and social-personality conceptualizations of narcissism and suggested that they mapped onto a vulnerable versus grandiose distinction such that the clinical (vulnerability focused) perspective resembled "a borderline configuration with high levels of intrapersonal distress reminiscent of Kernberg's writings" (p. 470), whereas the social-personality variant (grandiosity focused) looked "more like a highly extraverted and disagreeable (although not distressed) variant described by Freud" (p. 470). That is, contrary to Cain et al. (2008), Miller & Campbell (2008) found that measures of NPD, as studied more typically in clinical settings, included a substantial emphasis on emotional and psychological fragility. Miller & Campbell (2008) noted that the overlap between the two conceptualizations of narcissism was due to the shared role of traits from the general personality domain of antagonism (e.g., noncompliance, callousness, deceitfulness) but differed most prominently with regard to the roles of neuroticism (higher in the clinical view of NPD; lower in the social-personality view of narcissism) and extraversion (lower in the clinical view; higher in the social-personality view).

In summary, although long acknowledged in the clinical literature (e.g., Cain et al. 2008), the substantial heterogeneity in narcissism has only been studied empirically with any regularity over the past 8–10 years. Two dimensions have been consistently described that include strong and explicit grandiosity versus self-absorption paired with strong and explicit emotional and psychological vulnerability. Studies of grandiose and vulnerable narcissism have demonstrated that they have widely divergent nomological networks (e.g., Miller et al. 2010a, 2011).



Consensual description of narcissism: one emphasizing traits in the domains antagonism (e.g., grandiosity, entitlement, manipulateness, noncompliance) and extraversion (e.g., assertiveness, attention seeking, excitement seeking)

Section III: section III of the DSM-5 describes emerging models and measures

DSM: *Diagnostic and Statistical Manual of Mental Disorders*

Is There Consensus in the Description of Narcissism?

Given these two weakly related narcissism dimensions with disparate theoretical and empirical profiles, can a consensual description of narcissism exist? We believe the answer is yes and that this consensual description converges on a construct that looks much like grandiose narcissism. Several sets of expert ratings have been collected in which researchers or mental health clinicians have been asked to rate prototypical cases of narcissism or NPD on various criteria, including the general personality traits of the five-factor model (FFM)¹ (Lynam & Widiger 2001, Samuel & Widiger 2004, Thomas et al. 2012), the personality disorder (PD) traits from section III of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, DSM-5 (Am. Psychiatr. Assoc. 2013, Samuel et al. 2012), psychopathological constructs (Thomas et al. 2012), or other narcissism-relevant constructs (Ackerman et al. 2016a). **Table 1** provides a list of the top six most descriptive constructs across these sets of ratings.

A review of these traits across sets of raters suggests that there is generally excellent consensus for many of the constructs thought to be central to narcissism. For instance, across five of the six sets of ratings (except for vulnerable narcissism), constructs related to grandiosity, callousness, entitlement, and manipulateness are viewed as the most descriptive and prototypical. From a general personality model perspective, these traits are found within the domain of agreeableness versus antagonism. One also finds traits related to an extraverted, agentic interpersonal style represented (e.g., assertiveness, high activity level, and attention seeking or exhibitionism). Vulnerable narcissism is different. The constructs viewed as most descriptive of this include neuroticism or negative temperament (and specific traits such as depression and anxiety), borderline personality disorder, low trust, and suicidality (Thomas et al. 2012). Throughout this review, we argue that the heterogeneity caused by differential emphases on grandiosity versus vulnerability is responsible for many of the ongoing debates.

It is not only experts (i.e., academicians and clinicians) who view these antagonistic and agentic traits as being most central to the description of narcissism. J.D. Miller, D.R. Lynam, L. Siedor, M. Crowe, and W.K. Campbell (unpublished observations) asked over 1,900 individuals recruited via an online platform to rate prototypical narcissistic individuals falling in different categories (e.g., man or woman; young, middle-aged, older aged; occupational status) on the traits of the FFM. Raters were not provided descriptions of narcissism and had to rely on their own internal prototypes. Despite the purposeful lack of explicit operationalization of narcissism provided to these lay raters, the consensual profile of narcissistic individuals strongly matched the academician, i.e., $r = 0.92$ (Lynam & Widiger 2001), and clinician profiles, i.e., $r = 0.95$ (Samuel & Widiger 2004), of the prototypical NPD profile. These lay ratings, which were consistent across gender, age, and occupational categories, emphasized the same FFM traits: high assertiveness, activity, and excitement seeking, as well as low modesty, altruism, self-consciousness, straightforwardness, compliance, and tender-mindedness.

In summary, across ratings of narcissism from different sources (i.e., researchers, clinicians, and lay people), there is convergence in the description of prototypical cases of narcissism and NPD that emphasize traits related to grandiosity, callousness, entitlement, exploitativeness, and noncompliance, as well as traits such as assertiveness, exhibitionism, and risk taking. Alternately, traits associated with vulnerable narcissism, namely negative affectivity (e.g., depression, anxiety, dependency, shame) and introversion (e.g., submissiveness), are mostly absent from these ratings.

¹The five-factor model (FFM) of personality includes the five higher-order domains of neuroticism versus emotional stability, extraversion versus introversion, openness to experience versus closed, agreeableness versus antagonism, and conscientiousness versus disinhibition.



Table 1 Expert ratings of centrality of constructs related to narcissism

Narcissistic personality disorder using FFM (Lynam & Widiger 2001) ^a	Narcissistic personality disorder using FFM (Samuel & Widiger 2004) ^a	Narcissistic personality disorder using DSM 5, section III traits (Samuel et al. 2012) ^b	Grandiose narcissism using Big Five, PAI, and SNAP (Thomas et al. 2012) ^c	Vulnerable narcissism using Big Five, PAI, and SNAP (Thomas et al. 2012) ^c	Components of narcissism (Ackerman et al. 2016b) ^d
<i>N</i> = 12 academicians	<i>N</i> = 22 clinicians	<i>N</i> = 22 academicians	<i>N</i> = 4 academicians and clinicians	<i>N</i> = 4 academicians and clinicians	<i>N</i> = 47 academicians
Altruism (<i>r</i>) ^e	Modesty (<i>r</i>)	Grandiosity	Treatment rejecting	Negative temperament	Grandiose presentation
Modesty (<i>r</i>)	Self-consciousness (<i>r</i>)	Manipulativeness	Manipulative	Neuroticism	Entitlement
Assertiveness	Altruism (<i>r</i>)	Callousness	Entitlement	Borderline	Self-serving distortions
Trust (<i>r</i>)	Compliance (<i>r</i>)	Risk taking	Exhibitionism	Mistrust	Self-absorption or egocentricity
Warmth (<i>r</i>)	Tender mindedness (<i>r</i>)	Attention seeking	Antisocial	Depression	Grandiose fantasies
Self-consciousness (<i>r</i>)	Trust (<i>r</i>)	Hostility	Agreeableness (<i>r</i>)	Anxiety	Dependency on external sources of admiration
Tender mindedness (<i>r</i>)	Activity			Positive temperament (<i>r</i>)	
				Suicide	

^aLynam & Widiger (2001) and Samuel & Widiger (2004) had experts rate prototypical case of narcissistic personality disorder (NPD) using 30 facets of the five-factor model (FFM).

^bSamuel et al. (2012) had experts rate prototypical case of NPD using DSM-5 section III traits.

^cThomas et al. (2012) had experts rate grandiose and vulnerable narcissism on the Big Five, scales from the Personality Assessment Inventory (PAI), and traits from the Schedule for Nonadaptive and Adaptive Personality (SNAP).

^dAckerman et al. (2016b) had experts rate the centrality of different components of narcissism that they compiled.

^eFor the sake of a parsimonious presentation, we chose the six most strongly descriptive features from each study (in case of a tie for the sixth place, all items contained within the tie are reported); *r* = reverse scored.

Thus, the lack of consensus surrounding narcissism is directly related to the role of negative affectivity and introversion in conceptions of narcissism, and there is debate as to whether these are fundamental components found nearly uniformly among narcissistic individuals or whether they should be considered peripheral traits that might operate as diagnostic specifiers (i.e., Miller et al. 2013a,b).

Central Versus Peripheral Components of Narcissism: Bases for a Unified Model

Given these differences between grandiose and vulnerable narcissism in their descriptions, it may seem there is no such thing as narcissism per se. However, a closer examination of their trait profiles allows for the development of a unified version of narcissism that still retains the



FFNI: Five-Factor Narcissism Inventory

NPI: Narcissistic Personality Inventory

PNI: Pathological Narcissism Inventory

important distinctions between different narcissism dimensions. More specifically, we suggest that some features should be considered central to narcissism, and others should be considered peripheral. Central features are those shared across the two dimensions of narcissism, whereas peripheral features are those that distinguish the two.

Miller et al. (2014a) compared profiles of multiple grandiose and vulnerable narcissism measures across a range of criteria including the 30 facets of the FFM. For the purposes of this review, we combined the FFM profiles of the Five-Factor Narcissism Inventory (FFNI) (Glover et al. 2012) grandiose dimension and the Narcissistic Personality Inventory (NPI)-16 (Ames et al. 2006) to form a grandiose composite profile and three measures of vulnerable narcissism [i.e., FFNI vulnerable, Pathological Narcissism Inventory (PNI) (Pincus et al. 2009) vulnerable, and the Hypersensitive Narcissism Scale (Hendin & Cheek 1997)] to form a vulnerable composite profile.² An examination of the profiles in **Table 2** and the correlations appearing at the bottom reveals what is common across the dimensions and what distinguishes them. Though the two profiles are dissimilar across all 30 facets, as indexed by the similarity coefficient (i.e., correlation between the columns) of $-.30$, both profiles share one thing in common—negative correlations with all facets of agreeableness, but the strength of some of these correlations differ rather dramatically. Grandiose and vulnerable narcissism demonstrate similar negative correlations with straightforwardness, altruism, and compliance, and both are weakly negatively related to tender-mindedness. Although the correlations are all negative, the narcissism dimensions differ in the size of their relations to the remaining two facets, with grandiose narcissism much more strongly negatively related to modesty and with vulnerable narcissism much more strongly negatively related to trust. An examination of the similarities of these correlational profiles provided at the bottom of **Table 2** reveals that when the agreeableness facets are removed from the similarity calculation the profiles for grandiose and vulnerable narcissism become even more dissimilar, i.e., become more negatively correlated at $r = -.56$. Thus, agreeableness serves to bind these dimensions together to the degree they coalesce at all.

The case is different for the domains of neuroticism and extraversion (i.e., see **Table 2**). Across all facets of neuroticism (i.e., anxiety, angry hostility, depression, self-consciousness, impulsiveness, and vulnerability), vulnerable narcissism is strongly positively correlated, whereas grandiose narcissism bears weak positive or moderate negative correlations with these same facets. When the neuroticism facets are removed from the similarity calculation, the profiles become more similar (i.e., the correlation between FFM profiles changes from $-.30$ to $-.03$). For the extraversion facets (i.e., warmth, gregariousness, assertiveness, activity, excitement seeking, and positive emotions), grandiose narcissism bears positive correlations that are particularly strong for the more agentic aspects of extraversion (i.e., assertiveness and activity). Conversely, vulnerable narcissism is negatively correlated with all but one facet (i.e., excitement seeking) and especially strongly negatively related to warmth and positive emotions. When the facets from extraversion are removed from the similarity calculation, the FFM profiles are again more similar with a correlation of $-.18$. In effect, neuroticism and extraversion serve to distinguish or to drive apart grandiose and vulnerable narcissism.

Similar results were obtained by Miller et al. (2016c) in their factor analyses of the FFNI, a measure of narcissism designed to assess traits descriptive of both grandiose and vulnerable narcissism from an FFM perspective. Across two samples, three factors were identified. The first, interpersonal antagonism (i.e., low agreeableness), included the following subscales:

²The profiles presented in **Table 2** are very similar to those from a meta-analysis reported by Campbell & Miller (2013). The correlations between these profiles are 0.95 and 0.97 for grandiose and vulnerable narcissism, respectively.

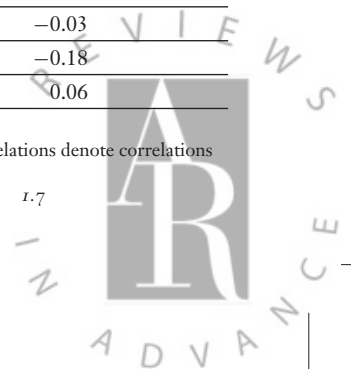
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Table 2 Five-factor model profiles of grandiose and vulnerable narcissism (from Miller et al. 2014a)

Narcissism		
Five-factor facets	Grandiose ^a	Vulnerable
N facets		
Anxiety	-0.32	0.60
Angry hostility	0.14	0.61
Depression	-0.31	0.60
Self-consciousness	-0.39	0.58
Impulsiveness	0.07	0.46
Vulnerability	-0.24	0.62
E facets		
Warmth	0.13	-0.42
Gregariousness	0.28	-0.30
Assertiveness	0.51	-0.34
Activity	0.44	-0.29
Excitement seeking	0.26	0.10
Positive emotions	0.21	-0.47
O facets		
Fantasy	-0.03	-0.05
Aesthetics	0.08	-0.17
Feelings	0.04	0.01
Actions	0.14	-0.41
Ideas	0.04	-0.17
Values	-0.18	-0.23
A facets		
Trust	-0.08	-0.50
Straightforwardness	-0.43	-0.40
Altruism	-0.29	-0.34
Compliance	-0.32	-0.26
Modesty	-0.60	-0.13
Tender mindedness	-0.16	-0.24
C facets		
Competence	0.14	-0.44
Order	0.13	-0.07
Dutifulness	0.03	-0.19
Achieve, striving	0.34	-0.21
Self-discipline	0.24	-0.29
Deliberation	-0.25	-0.22
Similarities		
All 30 facets		-0.30
Without A facets		-0.56
Without N facets		-0.03
Without E facets		-0.18
Without N or E facets		0.06

^aPositive values indicated a positive bivariate correlation, negative values indicate negative bivariate correlations. Bolded correlations denote correlations above $r = |.30|$.



exploitativeness, lack of empathy, entitlement, arrogance, manipulativeness, reactive anger, distrust, and thrill seeking. The second factor, labeled neuroticism, consisted of shame, low indifference (i.e., high self-consciousness), and a need for admiration. The final factor, labeled agentic extraversion, included the subscales of acclaim seeking, authoritative, grandiose fantasies, and exhibitionism. Scores on these factors were correlated with seven measures of grandiose narcissism and four measures of vulnerable narcissism. Although measures of grandiose and vulnerable narcissism were strongly correlated with the FFNI interpersonal antagonism factor (mean $r = 0.55$ and $r = 0.56$, respectively, for grandiose and vulnerable scales), they differed substantially in their relations to the other two factors. Measures of vulnerable narcissism were strongly correlated with FFNI neuroticism (mean $r = 0.57$), whereas measures of grandiose narcissism were not (mean $r = 0.04$). Conversely, grandiose narcissism scales were strongly related to FFNI agentic extraversion (mean $r = .53$), whereas vulnerable narcissism scales were not (mean $r = 0.12$).

These different components of narcissism can also help clarify the confusing array of positive and negative relations reported for different measures of narcissism with explicit measures of self-esteem. Miller et al. (2016c) also examined the relations of these three FFNI narcissism factors to self-esteem. Interpersonal antagonism was unrelated to self-esteem, whereas neuroticism and agentic extraversion bore opposite relations ($r = -.36$ and $r = 0.35$, respectively). These results may explain the inconsistency in the relation between narcissism and self-esteem (Miller et al. 2011, Rosenthal & Hooley 2010). Measures of grandiose narcissism should be positively related to self-esteem because of the inclusion of extraversion-related content, whereas measures of vulnerable narcissism should be negatively related because of its neuroticism-related content.

Thus, the central feature of narcissism, in the sense of being shared across the two dimensions, is interpersonal antagonism. This trait appears necessary for the description of narcissism. More peripheral traits, those found in only one dimension, include neuroticism and agentic extraversion, although the latter traits are seen as much more prototypic than the former by experts and lay individuals alike. Neuroticism serves to mark the vulnerable dimension, whereas agentic extraversion marks the grandiose dimension. Individuals high in interpersonal antagonism and neuroticism represent vulnerably narcissistic individuals; individuals high in interpersonal antagonism and agentic extraversion represent grandiosely narcissistic individuals. Individuals high on all three components represent individuals most akin to NPD, according to DSM-5. This said, either grandiose or vulnerable narcissism could meet the criteria for NPD as long as there is evidence of substantial distress or impairment.

The remaining question is what do elevations solely on interpersonal antagonism represent? These elevations appear necessary for narcissism, but are they sufficient? On the one hand, Miller et al. (2016c) note that interpersonal antagonism correlates as highly with indicators of grandiose and vulnerable narcissism as the scales assessing these constructs do with one another, suggesting that interpersonal antagonism may be sufficient. On the other hand, the answer may be definitional rather than empirical. Perhaps elevations on specific facets need to be considered. For example, is it possible to be narcissistic without being immodest? Vulnerable narcissism is described by low scores on trust, straightforwardness, and altruism but not modesty. Should this be considered narcissism considering the limited levels of grandiosity? Ultimately, these types of nuanced questions should be the focus of future theoretical discussions and empirical work.

In summary, a trait-based approach offers a parsimonious way of understanding what are central versus peripheral elements of narcissism. The central element, shared by both grandiose and vulnerable narcissism, is interpersonal antagonism, although their relations to individual facets vary with the former most strongly related to immodesty and the latter most strongly associated with distrust. Peripheral elements are those that serve to distinguish the dimensions from one

another; grandiosity is associated with more agentic aspects of extraversion, and vulnerability with more neuroticism.

What Are the Distinctions Between Normal and Pathological Narcissism?

In addition to the grandiose versus vulnerable distinction, a distinction has been drawn between normal (or adaptive) and pathological narcissism. Pincus & Lukowitsky (2010) suggest that “narcissism has both normal and pathological expressions reflecting adaptive and maladaptive personality organization, psychological needs, and regulatory mechanisms, giving rise to individual differences in managing needs for self-enhancement and validation” (p. 423). In their opinion, the substantial literature on narcissism created by social-personality psychologists is relevant to normal but not pathological or subclinical narcissism. We disagree and believe the normal versus pathological distinction instead primarily reflects different emphases on the grandiose versus vulnerable features of narcissism, where grandiosity is characterized as normal and vulnerable narcissism as pathological. We believe that either grandiose or vulnerable narcissism can be considered pathological depending on the extremity, inflexibility, and pervasiveness, as well as the degree of functional impairment and/or distress that accompanies them. The dismissal of measures of so-called normal narcissism as nonpathological appears to be the result of overemphasizing the role of subjective distress while underemphasizing the role of impairment and distress caused to others (Miller et al. 2007).

Normal narcissism is not always adaptive. The argument that research from the social-personality literature examines normal or adaptive narcissism has persisted despite consistent evidence that the typical assessment used—the NPI—is significantly correlated with symptoms of NPD (Miller et al. 2009b) and manifests trait profiles that are consistent with expert ratings of prototypical cases of grandiose narcissism and NPD (e.g., Miller et al. 2014a,b). A review of the PD traits associated with this normal narcissism, as assessed by the NPI, also belies the accuracy of this description. Across three samples ($N = 2,057$) (Miller et al. 2013a,b, 2014a,b; Wright et al. 2013), so-called normal or adaptive narcissism manifests substantial correlations with DSM-5 section III PD traits from the domain of antagonism, including grandiosity, attention seeking, manipulateness, callousness, deceitfulness, and hostility (mean $r = 0.63, 0.52, 0.50, 0.42, 0.38,$ and 0.31 , respectively)—traits that are considered prototypical of NPD and considered neither normal nor adaptive. Similarly, this form of narcissism is substantially associated with psychopathy (see Vize et al. 2016 for a meta-analytic review)—a configuration of traits that is rarely considered adaptive or normal.

So-called normal or adaptive narcissism is pathological when it is extreme and causes impairment. Indeed, there is a sizable literature that documents many of the maladaptive outcomes associated with so-called normal narcissism (i.e., grandiose narcissism), including a tendency to aggress against others both with and without provocation (Krizan & Johar 2015, Maples et al. 2010, Twenge & Campbell 2003) and to engage in antisocial behavior (Miller et al. 2010b). Individuals with high scores on these measures of narcissism make risky and maladaptive decisions (e.g., Foster et al. 2011, Miller et al. 2009a) owing, in part, to an excessively active reward-oriented system (e.g., Foster & Trimm 2008) as well as an overconfidence in their own knowledge and abilities (e.g., Campbell et al. 2004). There is also a host of interpersonal costs associated with this form of normal narcissism. For example, although initially liked by others, these individuals are seen as increasingly unlikable and disagreeable over time (Paulhus 1998). Romantically, these individuals endorse greater infidelity and a game playing approach to intimate relations (e.g., Campbell et al. 2002; Miller et al. 2013a,b). Among newlyweds, this type of narcissism (for women) is associated



with steeper declines in both husbands' and wives' satisfaction over the first four years of marriage (Lavner et al. 2016). In general, these findings are consistent with the literature on NPD in which these individuals cause great distress for significant others (Miller et al. 2007) and fit with the broader literature documenting the strong association between grandiose narcissism and the use of interpersonally antagonistic (e.g., O'Boyle et al. 2015) and noncommunal approaches to others (e.g., Miller et al. 2012b, Ogrodniczuk et al. 2009). In sum, the lack of psychological distress and higher self-esteem reported by grandiosely narcissistic individuals should not be taken as *prima facie* evidence of the adaptivity or normalcy of the processes underlying this construct given its general association with antagonistic and externalizing traits and behaviors.

Pathology should not be equated with subjective distress. As we noted above, to equate vulnerable narcissism with pathological narcissism and grandiose narcissism with adaptive narcissism is to ignore the distress to others and the functional impairment associated with grandiose narcissism, and to elevate subjective distress to the sole criterion for pathology. Vulnerably narcissistic individuals are undoubtedly high in subjective distress and, for this reason, find their way into treatment; this may be enough to call this dimension pathological. However, although it may be true that grandiosely narcissistic individuals may not experience much subjective distress, their pathology can be seen in the damage they do to their own lives and the harm they do to those around them. In this way, they may be akin to Cleckley's (1941) psychopaths who despite showing little anxiety or distress were profoundly dysfunctional.³

In summary, both grandiose and vulnerable narcissism can be pathological when they lead to distress and/or impairment. Models that link normality with grandiose narcissism and pathology with vulnerable narcissism overweight distress while underweighting impairment.

What Etiological Factors Are Associated with Narcissism?

The etiology of narcissism is a case in which theoretical speculation far outweighs empirical evidence. There exist numerous theories positing the importance of childhood events (e.g., parenting) in the development of narcissistic personality traits (see Thomaes et al. 2013 for a review), including psychodynamic theories that suggest cold, nonvalidating, or dismissive parenting may foster the development of these traits (e.g., Kernberg 1975, Kohut 1977). In these cases, the narcissistic presentation is seen as a compensation for these experiences, and overt narcissism serves as a facade hiding an underlying fragility. Conversely, Millon et al. (2004) suggest that "caretakers overvalue the self-worth of the future narcissist by providing noncontingent praise, attention, and tribute" and thus "narcissists fail to develop the motivation and skills ordinarily necessary to elicit these rewards" (p. 358). Unfortunately, until recently, relatively limited empirical work tested these theories.

Any discussion of the potential developmental and etiological factors associated with narcissism comes with the important caveat that the majority of studies have assessed these childhood events retrospectively and from the perspective of the participant. Data from these retrospective studies indicate that vulnerable narcissism, compared to grandiose narcissism, is associated with

³Another suggestion in the literature is that pathological narcissism involves a vacillation between grandiose and vulnerable forms. There is, however, little empirical evidence documenting this pattern. In general, grandiose and vulnerable narcissism scores are not strongly related when using inventories other than the Pathological Narcissism Inventory and are quite stable over time (at least grandiose narcissism is stable) (Giacomin & Jordan 2016, Lavner et al. 2016, Orth & Luciano 2015), and their nomological networks are so disparate that it is unlikely that most narcissistic individuals could elevate both dimensions at different points in time. Further prospective data are needed to examine this important hypothesis.

retrospective self-reports of developmentally adverse events, including abusive experiences (e.g., verbal, emotional, physical (Miller et al. 2010a), negative parenting practices, involving lower parental warmth and more intrusive overcontrol (Barry et al. 2007, Miller et al. 2010a, Otway & Vignoles 2006), and inconsistent discipline (Mechanic & Barry 2015), as well as the development of anxious and avoidant attachment styles (Dickinson & Pincus 2003; Miller et al. 2010a, 2011). Grandiose narcissism generally manifests null to very small relations with developmental events and parenting (e.g., Horton & Tritch 2014, Miller et al. 2010a), although there are some small and inconsistent relations with lower parental monitoring (e.g., Horton et al. 2006), higher warmth (Horton et al. 2006), and overvaluation (e.g., Otway & Vignoles 2006).

Only a few prospective studies of narcissism exist, and they report null to very small relations between parenting practices and adult narcissism (e.g., Cramer 2011). In an interesting prospective test of competing developmental models, Brummelman and colleagues (2015) found that parental overvaluation but not warmth predicted the development of more grandiose narcissistic traits, but the effects were small. There are also prospective data to suggest that traits associated with adult narcissism emerge quite early and are relatively stable over time. For instance, Carlson & Gjerde (2009) found that preschoolers who were rated as being interpersonally antagonistic, impulsive, histrionic, high in activity, and attention seeking were generally rated as more narcissistic in adolescence and early adulthood, which may suggest that these traits arise quite early in life. In a behavioral genetic analysis of the dark triad, narcissism was found to have a substantial genetic contribution (i.e., $h^2 = .59$, where h^2 is broad-sense heritability) that was strongly linked with interpersonal antagonism (Vernon et al. 2008).

In summary, from the limited data available, grandiose and vulnerable narcissism are linked to different etiological factors: grandiose narcissism with slightly more permissive parenting or parental overvaluation (or with no associations to parenting at all) and vulnerable narcissism with colder, more controlling and intrusive, or inconsistent parenting. There is still a great deal of work to be done in this area, especially with the use of prospective designs.

What Is the Role of Self-Esteem in Narcissism?

A long-standing issue in the literature on narcissism is the role of self-esteem. Typically defined as a global, evaluative judgment about the self that can range from positive to negative, self-esteem has been central to theoretical accounts of narcissism since their conception and remains an active area of scholarly debate. There are two basic approaches to understanding the relations between narcissism and self-esteem: the mask model versus an explicit model.

Early theoreticians, writing primarily from a psychodynamic perspective, argued that, although narcissistic individuals display an outwardly grandiose self-concept, they do so in an effort to conceal feelings about the self that are either labile and dependent on admiration from others (Kohut 1977) or emphatically negative (Kernberg 1986). Often referred to as the mask model, narcissistic traits such as grandiosity and assertiveness are purported to conceal deep-seated feelings of inferiority. To resolve this discrepancy, narcissistic individuals engage in self-regulatory processes by seeking positive feedback and self-affirmation from others (Bosson et al. 2008, Morf & Rhodewalt 2001).

To test the mask model, it is necessary to distinguish between explicit self-esteem, or “deliberate, controllable feelings toward the self,” (Bosson et al. 2008, p. 1418) and implicit self-esteem, commonly defined as “automatic, uncontrollable feelings toward the self” (Bosson et al. 2008, p. 1418), which may not be captured on a self-report measure. Although explicit self-esteem can be measured reliably and validly, it has proven more difficult to develop reliable and valid measures of implicit self-esteem. The most common approaches employed are implicit associations

tests (IATs), which examine the degree of association between self-related and positive words (i.e., high association equals high implicit self-esteem), and name letter tests (NLTs), which assess the degree to which individuals like the letters in their names relative to the standardized popularity of the letters (see Fazio & Olson 2003 for a review). A meta-analysis (Bosson et al. 2008) found that self-esteem IATs evinced null correlations with narcissism, and NLTs evinced a weak yet positive correlation with narcissism (i.e., the opposite direction predicted by the mask model). The correlation between narcissism and implicit evaluation is more clearly positive when the IAT includes agentic rather than communal words, suggesting that narcissism may be related to implicit self-evaluations in a manner similar to explicit self-evaluations (Campbell et al. 2007).

Researchers have also found no relation between IAT and NLT scores, raising serious concerns about the convergent and construct validity of these measures (Bosson et al. 2008). More recently, authors have attempted to study this issue using a bogus pipeline methodology in which participants answer questions regarding self-esteem while they are connected to what they believe to be a functioning lie detector test. Results from these approaches have yielded mixed evidence; one study found that narcissistic women inflate their self-esteem (Myers & Zeigler-Hill 2012), whereas another found no evidence of inflation for narcissistic men or women (Brunell & Fisher 2014). In general, the data to date using these methodologies are mixed at best and have yet to yield consistent data in support of the mask model of narcissism.

In contrast, the explicit model, which posits that narcissistic individuals are willing to endorse positive feelings about themselves, is most applicable to grandiose narcissism, which has been robustly linked to high explicit self-esteem (e.g., $r = 0.34$ to 0.47) (Sedikides et al. 2004). This is unsurprising as experts and laypersons alike characterize the prototypical narcissist as arrogant, self-promotional, and attention seeking. Indeed, it is unclear how one can endorse symptoms such as grandiosity, superiority, and other aspects of self-enhancement and narcissism but fail to endorse signs of high self-esteem on a self-report measure (Miller et al. 2009a).

In contrast to the positive correlation expected and found between narcissistic grandiosity and self-esteem, it is difficult to articulate exactly how self-esteem should be related to narcissistic vulnerability. Empirically, vulnerable narcissism and self-esteem are substantially negatively related to one another, e.g., $r = -0.57$ (Barnett & Womack 2015), $r = -.45$ (Miller et al. 2010a), and $r = -.32$ (Zeigler-Hill et al. 2008). However, these results raise important concerns about the nature of vulnerable narcissism and how well it accords with classic descriptions of narcissism that highlight (overt and/or covert) grandiosity. These discrepancies and what they mean for the conceptualization of vulnerable narcissism are not yet adequately addressed in the literature.

In summary, although the mask model has served as a critical impetus for investigations into the role that self-esteem plays in narcissism, empirical support for this model is limited. At the self-report level, however, it is clear that grandiose and vulnerable narcissism differ substantially in their relations to explicit measures of self-esteem, with only the latter endorsing higher self-esteem. Measures that divide narcissism into separable units related to agreeableness, extraversion, and/or neuroticism [e.g., FFNI and the Narcissistic Admiration and Rivalry Questionnaire (Back et al. 2013)] provide promise for understanding the differential relations found among measures and dimensions of narcissism and self-esteem.

What Are Narcissism's Near-Neighbor Disorders?

Another controversy surrounding narcissism and NPD is what are their nearest neighbors—that is, to what other PDs are they most closely related? To the degree that antagonism is central to all narcissistic presentations (e.g., grandiosity, entitlement, callousness, manipulativeness), narcissism should overlap primarily with other disorders characterized by traits from this domain, such

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as antisocial, psychopathy, and paranoid PDs (e.g., see Saulsman & Page 2004 and Samuel & Widiger 2008a for meta-analytic reviews). O'Connor (2005) analyzed the structure of DSM PDs using 33 previously published datasets and found evidence for a four-factor structure that was generally consistent with the dimensions of general personality. In these analyses, NPD formed part of an antagonism factor comprising narcissistic, antisocial, histrionic, and paranoid PDs (see Zimmerman et al. 2005). When PDs are examined in structural models along with Axis I disorders (e.g., depressive disorders), NPD again typically forms an antagonism factor along with histrionic, paranoid, antisocial, and borderline PDs, although the exact nature of this factor varies from study to study (R. Kotov, R.F. Krueger, D. Watson, T.M. Achenbach, R.R. Althoff, M. Bagby, & M. Zimmerman, unpublished observations; Roysamb et al. 2011, Wright & Simms 2015).

One can also examine this issue by quantifying the similarity of the personality trait profiles associated with NPD in comparison to other PDs—whether they are from expert ratings (e.g., Lynam & Widiger 2001, Miller et al. 2001, Samuel et al. 2012, Samuel & Widiger 2004) or meta-analyses (Campbell & Miller 2013, O'Boyle et al. 2015, Samuel & Widiger 2008a). This involves calculating second-order correlations of the profiles of FFM facet correlations for narcissism with those same FFM profile correlations for other PDs. As seen in **Table 3** and **Figure 1**, the FFM trait profiles associated with NPD and grandiose narcissism are relatively specific and overlap most strongly with FFM trait profiles of psychopathy, antisocial, and histrionic PDs. NPD but not grandiose narcissism also overlaps to some degree with borderline PD, owing, in part, to the fact that many measures of NPD include emotional vulnerability. Conversely, the FFM profile for vulnerable narcissism demonstrates little discriminant validity; its trait profile is strongly correlated with the profiles of most PDs, with the exception of histrionic and obsessive-compulsive personality disorders. These findings mirror other studies that demonstrate strong empirical ties between vulnerable narcissism and the majority of DSM-based PDs (Miller & Campbell 2008, Miller et al. 2011). We have also provided the correlations between the PD trait profiles and the trait profile of the neuroticism domain (i.e., the domain score for neuroticism correlated with the 30 facets of the FFM); as can be seen in **Table 2** and **Figure 1**, neuroticism bears nearly identical relations to the PDs as vulnerable narcissism—in terms of size and the absence of discriminant validity.

In summary, NPD is most strongly linked with an antagonistic interpersonal approach (grandiosity, entitlement, callousness, manipulativeness, noncompliance) and generally relates most strongly with disorders that share these traits. The interpretability of these data is made more difficult, however, by the heterogeneity in how NPD is assessed, specifically the degree to which it aligns with more grandiose or vulnerable features of narcissism (e.g., Miller et al. 2014a). If one believes vulnerability is central to narcissism as some do (e.g., Ackerman et al. 2016a), it may not be problematic that it overlaps so strongly with all of personality pathology in general and borderline PD specifically (e.g., Wright 2016), and manifests a nearly identical pattern of interrelations as that found for trait neuroticism. However, if one believes grandiosity and other traits from antagonism form the bedrock of narcissism, then one would expect to find a smaller, more specific, tightly bound network of related disorders, consisting primarily of constructs, such as psychopathy, antisocial, histrionic, and paranoid PDs.

In Which Types of Samples Should Narcissism Be Studied?

Another controversy concerns the type of samples in which narcissism is best studied. The most commonly used samples are convenience samples of undergraduates, online panels (e.g., Mechanical Turk), or generic clinical samples of individuals receiving mental health treatment. The samples chosen may depend on beliefs about the core of narcissism (Ackerman et al. 2016a, Miller & Campbell 2008) such that social-personality psychologists, who are most interested in





Table 3 Five-factor model profile similarities

Trait profiles	Narcissistic personality disorder (Lynam & Widiger 2001)	Narcissistic personality disorder (Samuel & Widiger 2004)	Narcissistic personality disorder (Samuel & Widiger 2008a,b)	Narcissistic personality disorder (Samuel et al. 2012)	Grandiose narcissism (Campbell & Miller 2013)	Vulnerable narcissism (Campbell & Miller 2013)	Neuroticism (Costa & McCrae 1992)
Data Source	N = 12 academicians	N = 22 clinicians	Meta-analyzed effect sizes	N = 22 academicians	Meta-analyzed effect sizes	Meta-analyzed effect sizes	NEO PI-R normative data ^a
Paranoid	0.29	0.36	0.52	0.27	-0.07	0.94	0.85
Schizoid	-0.32	-0.34	0.04	-0.29	-0.51	0.80	0.67
Schizotypal	-0.15	-0.10	0.35	-0.46	-0.28	0.95	0.89
Antisocial	0.80	0.89	0.81	0.77	0.43	0.58	0.64
Psychopathy ^b	0.85	NA	0.85	NA	0.47 ^b	0.59 ^b	0.63
Borderline	0.39	0.68	0.47	0.01	-0.15	0.95	0.96
Histrionic	0.51	0.64	0.64	0.47	0.78	-0.17	-0.03
Avoidant	-0.56	-0.59	-0.02	-0.33	-0.61	0.90	0.83
Dependent	-0.81	-0.74	-0.05	-0.17	-0.61	0.85	0.90
OCPD	-0.16	-0.18	-0.15	-0.03	-0.18	0.15	-0.09

^aRevised NEO Personality Inventory (NEO PI-R) assesses the Big Five personality traits.

^bExpert ratings for psychopathy (Miller et al. 2001) and meta-analytic effect sizes for psychopathy (O'Boyle et al. 2015). Abbreviations: OCPD, obsessive-compulsive personality disorder; NA, not available.

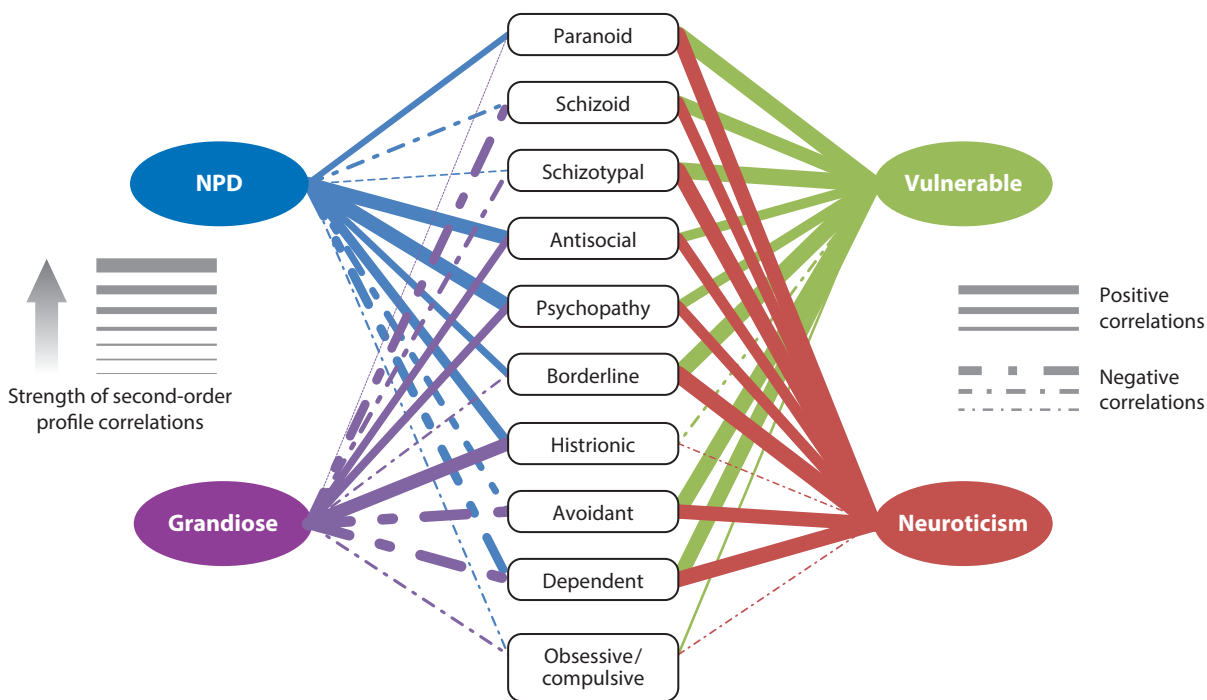


Figure 1

The relations between various conceptualizations of narcissism and other personality disorders. Data for the figure are taken from **Table 3**. The four columns for narcissistic personality disorder (NPD) in **Table 3** were averaged to generate a single set of correlations.

grandiose narcissism, use undergraduate or online panel samples, whereas clinical psychologists and psychiatrists, who may be more interested in the vulnerability and emotionally distressed features, prefer clinical samples. It is also likely that pragmatic concerns, such as convenience and access to various populations, are influential in these discrepancies.

We have argued previously that “clinical samples may not be the ideal place to study individuals with NPD, as this will invariably lead to a sample biased in the direction of vulnerability (given that it is these traits rather than the grandiosity-related traits that typically motivate individuals to seek treatment. . .)” (Miller et al. 2014b, p. 450). In fact, traits that are generally thought to be most strongly and consensually related to narcissism (see **Table 1**)—grandiosity, domineering, exhibitionism, risk taking, aggression, callousness, manipulativeness—are often found to be higher in community samples than in patient samples (Morf et al. 2016, Simms et al. 2013). At the same time, research participants found in clinical samples tend to be substantially higher in traits that are relatively uncharacteristic of grandiose narcissism and NPD, such as anxiousness, depressiveness, and anhedonia. We believe that the focus on narcissism as seen in clinical samples has led to the strong emphasis on the role of vulnerability in theories of narcissism derived from clinical experience, despite the fact that these traits may not be typical of the broader narcissism construct.

It is challenging to interpret research from clinical samples, especially inpatient samples (e.g., Morf et al. 2016, Vater et al. 2013), as these cases tend to demonstrate very high comorbidity with other disorders [e.g., 60% for borderline personality disorder (Vater et al. 2013) and approximately 66% for affective disorders (Morf et al. 2016)] that are not traditionally considered near-neighbor disorders and whose co-presence may fundamentally affect the presentation of these narcissistic



traits. Importantly, in studies in which inpatients with NPD are used, it is important to consider the degree to which these individuals are representative of the typical narcissistic individual. If one believes that traits such as grandiosity, entitlement, and callousness represent the core of narcissism, it is better to study narcissism in contexts where these traits are found to a greater degree, e.g., forensic, offender, corporate, community, and even undergraduate samples. One is likely to find more prototypical cases of narcissism in these settings than in clinical samples. This is not to suggest that clinical samples are not worthy of further study, but rather that it may be difficult to generalize from these samples as they may represent unusual and atypical cases of narcissism. Just as antisocial and psychopathic disorders are not regularly studied in clinical settings because these are not representative locations from which to sample, one must proceed with some caution when doing the same with regard to narcissism.

In summary, the types of samples in which one studies narcissistic traits are tied to one's conceptualization and relative emphasis on grandiosity versus vulnerability. If one believes that antagonism and extraversion are at the core of narcissism, as most experts do (e.g., Lynam & Widiger 2001, Samuel & Widiger 2008a), one may decide that clinical settings are not ideal for understanding narcissism generally but are good for studying vulnerable narcissism, given the saturation of negative affectivity in these settings. Although clinical manifestations of narcissism certainly warrant attention, especially given the consequences of these traits for therapeutic alliances (e.g., Betan et al. 2005), it is important to note that many narcissistic individuals do not voluntarily seek out treatment and thus cases of narcissism studied in this context may differ quite substantially from those found in other settings.

Controversies in the Assessment of Narcissism?

With the growing interest in narcissism has come a corresponding increase in available measures that assess either or both grandiose and vulnerable dimensions. The vast majority of these measures are self-report inventories, although interview-based measures of NPD exist, as do a few implicit measures.⁴ The assessment of narcissism has been a source of substantial debate and controversy. Many criticisms have been leveled at the NPI related to its inconsistent factor structure, inclusion of content some deem irrelevant or peripheral (e.g., self-esteem, leadership), the assessment of normal or adaptive narcissism rather than pathological narcissism, and the use of a forced-choice format in which all item pairs do not appear to be unidimensional in nature (e.g., Ackerman et al. 2016b), Brown et al. 2009, Pincus et al. 2009. Recently, the PNI has been criticized particularly with regard to the performance of its grandiose factor for failing to correlate substantially with alternative measures of grandiose narcissism and with its resulting empirical profiles that are inconsistent with expert ratings of NPD and grandiose narcissism (e.g., see Miller et al. 2016a,b for reviews).

We believe an empirical approach to construct validation as articulated by Cronbach & Meehl (1955) is best suited for arbitrating these debates such that “the proposed interpretation generates specific testable hypotheses, which are a means of confirming or disconfirming the claim” (p. 290). If the assessment yields results consistent with a priori predictions, one has gathered data supportive of its validity; conversely, if the assessment yields results inconsistent with predictions, one must question the validity of the assessment. Expert ratings, such as those reported in **Table 1**, can be used as a priori predictions about how various narcissism measures should relate

⁴We also believe informant-based reports are a helpful and important adjunct (Miller & Lynam 2015) to these methods for use in the study of narcissism, especially given their relative ease of collection (Vazire 2006).

to personality traits, pathological personality traits, and a number of other criteria. Empirical data can be compared to these predictions to see how well a measure performs. A number of such studies have been reported in which individual measures have been examined (e.g., Miller et al. 2009a; Thomas et al. 2012, 2016), as well as others in which multiple measures of narcissism have been examined simultaneously (e.g., Miller et al. 2012a, 2014a, 2016a).

Across these studies, several findings emerge. First, despite the pervasive criticism of the NPI, its relations to general personality traits, PD traits, and psychopathological constructs are quite consistent with expert ratings of NPD and grandiose narcissism, as are several other promising measures including the Narcissistic Admiration and Rivalry Questionnaire (Back et al. 2013), the Narcissistic Grandiosity Scale (S.A. Rosenthal, J.M. Hooley, Y. Steshenko, unpublished information), and the Grandiose Narcissism Scale (Foster et al. 2015). Second, despite its increasing popularity as a measure of narcissism, the PNI demonstrates limited success in capturing grandiose narcissism and NPD. Third, DSM-5-based measures differ substantially in the constructs they capture (e.g., Samuel & Widiger 2008b) and the degree to which they align with grandiose or vulnerable narcissism (Miller et al. 2014a,b); as such, results can vary substantially from study to study based on the NPD assessment used. Fourth, the FFNI appears to be among the most promising measures for capturing NPD and for capturing grandiose and vulnerable narcissism. Fifth, all vulnerable measures of narcissism do a reasonably similar job of capturing the construct in a manner that aligns with expert ratings, likely because any measure that captures neuroticism serves as a reasonable proxy for this construct.

In summary, individuals should consider carefully which dimensions of narcissism they want to assess and be cognizant of the empirical data supporting the various measures. Given the differences that exist across many similarly named measures of narcissism, we suggest that a battery of measures be used so that results are not relevant to only one specific and possibly idiosyncratic operationalization. Similarly, latent variable modeling approaches may be useful in addressing these difficulties by controlling for measurement error.

What Is the Appropriate Role of Narcissism in the *Diagnostic and Statistical Manual of Mental Disorders*?

Despite substantial interest in narcissism, NPD was almost dropped from the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders, DSM-5* (Am. Psychiatr. Assoc. 2013, Skodol et al. 2011). NPD, which was first included in the DSM in 1980 (DSM-III), was set to be excluded from the DSM-5, along with four other PDs. Although the decision to exclude some PDs was purportedly made to reduce co-occurrence among the PDs and because some literature bases were viewed as small (Blashfield & Intocchia 2000, Morey & Stagner 2012), these decisions were widely criticized by some members of the workgroup (Livesley 2013, Krueger 2013) and researchers in the field (Blashfield & Reynolds 2012, Miller et al. 2010b, Widiger 2011). Notably, in the buildup to the release of DSM-5, several scholars published reviews of the state of the literature on narcissism and NPD and documented their support for its continued inclusion in the DSM (e.g., Levy et al. 2007; Pincus & Lukowitsky 2010; Ronningstam 2009, 2011).

Despite the initial decision to delete NPD, it was included in the final version, although it is not entirely clear what caused this reversal. The chair of the work group said that it was reinstated due, in part, to the comments posted on the official website “bemoaning its deletion as a specific PD” (Skodol 2012, p. 331). Another DSM-5 work group member noted that this reversal was likely due to the “power of the lobby for including narcissistic personality disorder” (Livesley 2013, p. 213)—as no new evidence was presented to support this reversal. We supported the reversal as we believe the initial review of the empirical literature was insufficient and that NPD was as empirically deserving as the other PDs, which were to be retained (Miller et al. 2010b).



Although the DSM-5 section III PD proposal could have been improved from our perspective (e.g., Miller & Lynam 2013), the general approach that marries personality traits and impairment in the conceptualization, assessment, and diagnosis of PDs is a step in the right direction for the PDs (e.g., Widiger et al. 2002). We do suggest a few changes to the system. First, we would propose that criteria A (impairment) and B (elevation on at least one maladaptive trait) are reversed such that one first evaluates whether an individual has one or more elevated pathological traits followed by an assessment of the degree to which there is an impairment associated with such elevation (e.g., Widiger et al. 2002). Second, we would replace the psychodynamic, process-focused impairments with more concrete categories and exemplars tied to one's ability to function adaptively (e.g., to work and love) (see Pilkonis et al. 2011 for a discussion) as there are concerns with the reliability and incremental utility of the impairment ratings above and beyond the pathological traits (e.g., Few et al. 2013).

Third, and more specific to NPD, we would change the traits required to diagnose NPD—retaining grandiosity but replacing attention seeking with entitlement,⁵ manipulateness, and callousness as expert ratings by researchers and clinicians (Brown et al. 2009, Lynam & Widiger 2001, Samuel & Widiger 2004, Samuel et al. 2012, Thomas et al. 2012) and meta-analytic reviews (e.g., O'Boyle et al. 2015, Samuel & Widiger 2008a) identify these as key traits associated with narcissism and NPD.⁶ This is consistent with antagonism forming the central core of NPD. Next, we suggest two specifiers that would allow one to document whether the narcissistic individuals fall in either or potentially both of the two most commonly recognized presentations—grandiose or vulnerable narcissism (e.g., Cain et al. 2008, Miller et al. 2011, Wink 1991). A grandiose specifier would emphasize traits from the domain of extraversion versus detachment and include current DSM-5 traits, such as attention seeking, as well as traits excluded from this model but included in other models, such as dominance or authoritative. Conversely, a vulnerable specifier (i.e., Miller et al. 2013a,b) would include traits from the domain of negative affectivity (e.g., depressivity, suspiciousness, emotional lability, perseveration) and detachment (e.g., social withdrawal, intimacy avoidance).

One important benefit of this approach is that it includes a foundation of low agreeableness upon which all manifestations of narcissism would be built. There is still a residual concern, however, regarding the specific facets of low agreeableness that underlie vulnerable narcissism. As assessed and conceptualized to date, vulnerable narcissism's hypothesized (e.g., Thomas et al. 2012, $r = -.27$) and empirically derived (Miller et al. 2010a, $r = -.36$; Miller et al. 2011, $r = -.06$) nomological networks are either unrelated or negatively related to the more prototypical profiles associated with grandiose narcissism. In fact, vulnerable narcissism's empirical nomological net is more strongly aligned with borderline PDs than grandiose narcissism's or NPDs (Miller et al. 2010a, 2014a,b).

Although the two narcissism dimensions share an association with an interpersonally antagonistic or noncommunal approach at the factor level, the underlying facets differ such that vulnerable narcissism manifests more limited relations with traits related to grandiosity and is instead mostly predicated on high levels of distrust. The current proposal would thus require that all presentations of narcissism include substantial elevations on traits such as grandiosity, callousness,

⁵Entitlement is not currently one of the traits included in the DSM-5 section III model but could easily be added in future iterations.

⁶Only two traits were included for the assessment of narcissistic PD in an effort to reduce its level of comorbidity with other PDs, notably antisocial personality disorder. We believe that such concern over comorbidity is overstated as it is primarily problematic if one believes the PDs represent distinct categories. If one allows that PDs are simply combinations of a finite number of traits, comorbidity is expected to the degree that the traits for various PDs overlap with one another (Lynam & Widiger 2001).

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manipulativeness, and entitlement while offering the necessary flexibility to accommodate the description of different variants, such as attention seeking and domineering cases of NPD versus dysphoric, socially withdrawn cases of NPD. The requirement that all manifestations share certain trait elevations would ensure that these different presentations overlap to a greater degree and would likely improve the discriminant validity of vulnerable narcissism by making it less of a general and diffuse marker of psychopathology (Morey & Stagner 2012). Importantly, for our proposal to be useful, more work needs to be done in the assessment of vulnerable narcissism to develop or refine scales so that they capture vulnerability but with a core of grandiosity or related disagreeable facet level traits.

In summary, we propose that NPD should be captured via a core of antagonistic traits, potentially with specific emphasis on grandiosity, entitlement, manipulateness, and callousness. Specifiers for grandiose and vulnerable forms should also be available that would allow for the assessment of more grandiose (i.e., agentic extraversion) or vulnerable (i.e., neuroticism) forms. Impairment assessments should be assessed based on actual difficulties in important life domains. This approach would clarify the definition of narcissism and allow for a more cohesive approach to narcissism in that all presentations would require the presence of some shared traits (i.e., interpersonal antagonism).

CONCLUDING THOUGHTS

Research into narcissism is thriving with a substantial empirical base accruing in relation to an array of interesting topics related to etiology, stability, assessment, occupational, emotional, and interpersonal functioning; externalizing behaviors; convergence and divergence from related constructs such as psychopathy and Machiavellianism; and treatment-related outcomes. Although many questions remain, including several not addressed here, this makes for an interesting and lively area in which to work. We hope that readers do not see these debates and controversies as discouraging or off-putting as we believe debates of these sorts are a positive feature of the scientific endeavor. Given well-known cognitive and emotional biases that can make it difficult to question one's own theories and findings, rigorous debate is necessary for the advancement of the field. Specific to the literature on narcissism, we believe that many of the debates touched upon in this review require further study. Such study requires careful attention to the conceptualization and assessment of narcissism. It is our hope that scholars give serious thought to the construct they hope to assess—grandiose narcissism, vulnerable narcissism, and/or NPD—prior to their study and utilize multiple measures of the relevant constructs such that the resultant findings are not tied to any specific operationalization. Such an approach will allow for a better understanding of the nomological networks of these measures and, more importantly, the underlying constructs.

SUMMARY POINTS

1. There are a number of controversies in the field of narcissism, many of which can be resolved by distinguishing two dimensions of narcissism—grandiose and vulnerable.
2. Grandiose narcissism represents the prototypic manifestation of narcissism, which consists of high trait levels of antagonism (i.e., grandiosity, selfishness, deceitfulness, oppositionality, and callousness) and agentic extraversion (i.e., assertiveness, high activity level, and attention seeking/exhibitionism). Vulnerable narcissism consists of high levels of antagonism (i.e., distrust, selfishness, deceitfulness, oppositionality, and callousness) and negative affect (i.e., anxiety, depression, self-consciousness, and vulnerability).



3. All narcissistic presentations can be considered pathological to the degree to which they are inflexible and/or pervasive and are associated with distress and/or functional impairment.
4. The two dimensions of narcissism are related to different etiological factors, bear differential relations to self-esteem, show divergent patterns of relations to other PDs, and are likely better studied in different types of samples.
5. Extant inventories of narcissism differ as to whether they assess grandiose narcissism, vulnerable narcissism, or both, and in the degree to which they adequately assess these dimensions. Careful attention must be given a priori to these issues to ensure that one uses an assessment appropriate for the study goals. When possible, multiple measures should be used.
6. It is suggested that the central feature of narcissism is interpersonal antagonism and that the peripheral features of agentic extraversion and neuroticism be considered diagnostic specifiers indicating grandiose or vulnerable variants, respectively.

FUTURE ISSUES

1. Developmental psychopathology approaches are needed that use prospective, genetically informed designs that can identify etiological factors associated with grandiose and/or vulnerable narcissism.
2. Longitudinal studies—both short- and long-term—are needed to test critical hypotheses regarding the (in)stability of narcissism in which some argue that grandiose and vulnerable narcissism are states, not traits, between which all or most narcissistic individuals fluctuate.
3. The elemental approach advocated here, whereby all narcissism presentations can be described via the components of antagonism, extraversion, and neuroticism, should be used to understand which parts of these multidimensional constructs are most strongly related to the outcomes that are key to narcissism's nomological network.
4. Narcissism researchers should adopt assessment tools that allow for a parsing of grandiose and vulnerable narcissism into their constituent components. Assessments that allow for the use of narrower, unidimensional narcissism scores will help move the field ahead more quickly in this vein (Smith et al. 2009).
5. Adversarial collaborations might be pursued as a means to guide the field through theoretical, methodological, or empirical disagreements.

DISCLOSURE STATEMENT

The authors are not aware of any affiliations, memberships, funding, or financial holdings that might be perceived as affecting the objectivity of this review.

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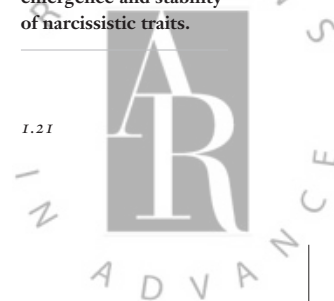
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The authors demonstrate that narcissistic individuals react aggressively toward individuals following ego-relevant social rejection threats.

This seminal study demonstrates the distinct spousal ratings associated with grandiose and vulnerable narcissism.
