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Narcissism

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Introduction

There are several versions in antiquity of the myth of Narcissus. In Ovid’s telling, Narcissus was an exceptionally beautiful boy (born of a nymph and a river god) who was cruel and disdainful of his admirers. By age 15 he was highly desired by youth but by the nymph Echo, in particular, who was herself cursed by the goddess Juno (or Hera) to never speak first but to repeat whatever was said to her. When Echo happened upon Narcissus in the woodlands he haughtily spurned her, a rejection that left her pining till the end of her days until only her voice remained. Echo’s plaintive cries for revenge were heard by Venus (or Nemesis), who cursed Narcissus to fall in love with the beautiful boy whose reflection he saw in the waters of a deep pool. When Narcissus realized it was his own reflection that he loved, he despaired of possessing the watery image but could not stop longing for it. There he died, a casualty of ceaseless, malignant self-love, and when the nymphs he had scorned came to look for his body they could only find in its place a flower, now called narcissus.

The tale of Narcissus has long been a caution against the dangers of vanity, obsessive self-regard, and haughty rejection of relationship. In the twentieth century, the myth lent its name to a character type and personality disorder, and gave rise to a widely held assumption that narcissism captures something fundamental about the normative developmental experiences of adolescents – after all, Narcissus was a teenager when consumed with self-desire. The popular fascination with narcissism has only increased in recent years so that today there are nearly two million Web sites devoted to the topic, and it is a common term of abuse for all manner of individuals who annoy us with their egotism, vanity, and self-regard.

Not surprisingly narcissism is the target of scientific investigation in clinical-developmental, social and personality psychology, where it has attracted much interest, although not evenly across these fields of study. The earliest writings on narcissism arose within the psychoanalytic tradition. Freud’s (1914) essay “On Narcissism” is credited with introducing narcissism as a feature of normal psychodynamic development. On Freud’s view, the sexual instincts first pass through an initial phase of primary narcissism where libido is invested in the self to support self-preservation. Later psychodynamic theories would retain a place for narcissism in the story of normal development and work out explanations for how developmental experiences gone awry contribute to the formation of later narcissistic pathology (Ronningstam 1998; Wink 1996).

Hence, from the earliest theoretical formulations narcissism was a developmental construct. Yet developmental studies of narcissism have not kept pace with research in clinical, social, and personality psychology, and, indeed, research on adolescent narcissism is comparatively slight (Hill and Roberts 2011). This is paradoxical given the widely held view, in both popular and academic literatures, that narcissism is both endemic among adolescents and somehow related to their developmental status. As Bleiberg (1994, p. 31) put it, “Perhaps like no other phase of life, the passage through adolescence bears the hallmarks of narcissistic vulnerability: a proneness to embarrassment and shame, acute self-consciousness and shyness, and painful questions about self-esteem and self-worth.” Indeed, how narcissism is managed may well
differentiate normal from dysfunctional adolescent
development (Bleiberg 1994), yet one looks in vain for
the term “narcissism” in the subject index of develop-
mental textbooks or in the proceedings of profes-
sional conferences devoted to the study of adolescence.

There are several reasons for this. One is that the
foundational writings on the development of narciss-
sism are located within the broad psychoanalytic para-
digm whose theoretical preoccupations are mostly
rejected by contemporary academic psychology. Nar-
cissism is one of the most important but also one of the
most confusing contributions of psychoanalysis (Miller
and Campbell 2008; Pulver 1986), and there is little
enthusiasm among contemporary developmental scient-
ist to vade very deeply into the lacunae of Freudian
theories largely forgotten, marginalized, or rejected.

The challenge is to translate the many searching
insights of this tradition into a modern developmental
language that is both theoretically plausible and empir-
ically testable.

A second reason is that extant narcissism theory,
even in the psychoanalytic tradition, is concerned
mostly with clinical manifestations of narcissism and
its treatment. As a result, it is hard to render an account
of normative adolescent development in a way that
does not presume pathology or personality disorder.

Although there is broad agreement that narcissism can
take normal and pathological forms, and can reflect
adaptive and maladaptive personality organization
(Pincus and Lukowitsky 2010), there is far less agree-
ment about whether normal and pathological narciss-
sim lie along a continuum of adaptation or constitute
different personality types (Foster and Campbell 2007).

The broad outline of narcissistic pathology is well
described from numerous theoretical perspectives
(e.g., Morrison 1988; Dickinson and Pincus 2003),
but what constitutes normal narcissism is far less clear
(see Paulhus 2001, for a Big Five account). Is it really
healthy and adaptive, or merely a “subclinical” form of
narcissistic disorder, something along the lines of the
better known distinction between having depressive
symptoms versus being clinically depressed?

But no one would mistake depressive symptoms for
something normal and healthy just because the symp-
toms did not rise to the level of clinical significance, yet
the conflation of normal and subclinical narcissism is
quite common, as evident, for example, in the con-
struction of assessments of normal narcissism based
on diagnostic criteria of narcissistic personality disor-
der (e.g., Raskin and Hall 1981), or in the claim that
social-personality research targets normal, subclinical
narcissism while clinical research studies narcissism
pathology (Miller and Campbell 2008). As Kohut
(1986, p. 61) put it, “the contribution of narcissism to
health, adaptation and achievement has not been treated extensively,” and if narcissism is indeed linked
to the developmental status of adolescents then better
accounts of normal adolescent narcissism are required.

Along these lines, Hill and Lapsley (2011) argued that
normal adolescent narcissism might be different in kind
from the “subclinical” narcissism of interest to clinical
and social-personality researchers, a view that is taken
up later.

Finally, the relative neglect of developmental
research on adolescent narcissism can be linked to the
problem of assessment. Until recently, assessments of
narcissism targeted adults rather than adolescents and
so presumed no developmental variation in the mani-
festation or expression of narcissism (but see
Washburn et al. 2004). Moreover extant assessments,
including recently developed measures that do target
children or adolescents, are derived from measures that
operationalize clinical diagnostic criteria of narcissistic
personality, or purport to measure self-pathology
(Robbins 1989) and so elide the possibility that normal
narcissism might look differently than the clinical or
subclinical examples these assessments provide. Of
course, the lack of theoretically derived measures of
normal adolescent narcissism also reflects the lack of
strong developmental theory by which to guide
assessment.

In what follows, the essay describes the various
clinical-developmental accounts of narcissism with
the aim of identifying a set of themes that will anchor
a strong theoretical account of normal adolescent nar-
cissism. The claims for narcissism as a normative de-
velopmental experience is often related to its role in
managing the “second phase” of separation-
individuation in adolescence, and here an integrative
linkage is forged with certain constructs in the “new
look” personal fable constructs (Lapsley and Rice 1988;
Lapsley 1993). Finally, the essay describes some prom-
ising new assessments of normal adolescent narcissism,
and revisits the claim that adolescent narcissism is
different in kind from the narcissism of clinical and
social-personality psychology.
**Developmental Perspectives**

Two post-Freudian traditions suggest that narcissism is embedded deeply into normative developmental processes (Mitchell 1988). One tradition regards narcissistic illusions as defensive stratagems that protect the self against anxiety, frustration, inadequacy, separation, and disappointment. This narcissism-as-defense perspective is associated with mainline Freudian theories (e.g., Blos 1962), ego psychology (Kernberg 1975; Rothstein 1986), and interpersonal theory (Sullivan 1972; Fromm 1941). A second tradition views narcissism more positively as the cutting edge of the growing, creative self. This narcissism-as-creativity perspective is associated primarily with Kohut’s (1971) self-psychology, but includes Winnicott’s (1965) object relations theory as well. The two traditions diverge with respect to the adaptive value of narcissistic illusions and the clinical treatment of narcissistic pathology. Yet both traditions present integrative possibilities for understanding how narcissism is mobilized by adolescents to cope with normative developmental challenges and in a way that is conducive to successful adaptation. Moreover, the common ground between these traditions opens up new possibilities for assessing normal adolescent narcissism and for understanding how narcissistic displays by adolescents can be managed by parents and educators.

**Narcissism as Defense**

All psychodynamic theories locate the developmental origins of narcissism in infancy, and acknowledge that normal functioning requires some form of it. Normal narcissism, for example, is often described first as the original psychological state of the infant where the caregiver is experienced as an omnipotent extension of the self. Otherwise it is the instinct for self-preservation and self-regard, the disposition toward self-regulation and mastery and the sense of competence and pleasure that it evokes (Stone 1998). It is adaptive self-esteem regulation of the normally integrated self, sources of which include positive feelings that attend one’s safety, mastery, appearance, and health, the attainment of goals, and living up to one’s ideals (Kernberg 1998). Importantly, one source of positive self-esteem regulation originates “in early experiences of secure attachment as well as by positive resolution of the separation-individuation process leading to the capacity to gratify both autonomous and dependent needs in an adaptive way” (Kernberg 1998, p. 104).

In contrast, the child prone to narcissistic pathology approaches these things not with a touch of pleasure and mastery but of failure, depletion, and inadequacy. For O. Kernberg (1975), the developing child resorts to narcissistic grandiosity and idealization as a defense against frustration and rage at the inability of caregivers to meet its needs. The narcissistic prone child is resentful and angry, and develops a precocious “illusion of self-sufficiency” to prevent reliance on others who are disappointing (Modell 1986). Grandiose self-admiration, then, is paired with depreciation of others and a denial of dependency.

O. Kernberg (1986) noted five criteria by which to distinguish normal and pathological narcissism in children. First, the grandiose fantasies of normal children, their (sometimes angry) desire to control caregivers, and to be the center of attention are nonetheless more realistic than that of narcissistic personalities. Second, in normal children the overreaction to criticism, failure, and restraint and the need to be the center of admiration are balanced with genuine expressions of other-regarding affect, love, and gratitude and a willingness to trust and depend upon the caregiver. This is less likely with narcissistic children. Third, the demands of normal children are based on real needs, while the demands of pathological narcissism are excessive, unrealistic, and can never be met. Fourth, whereas the self-centeredness of the normal child is otherwise warm and engaging, the pattern of relationships characteristic of pathological narcissism is aloof and cold, with cycles of idealization and devaluation of others and a destructiveness that is easily activated. Finally, the normal narcissistic fantasies of wealth, power, beauty, or accomplishment do not rule out the possibility that others might enjoy or possess these things too. As O. Kernberg (1986, p. 254) put it, “The normal child does not need that everybody should admire him for the exclusive ownership of such treasures; but this is a characteristic fantasy of narcissistic personalities.”

Narcissism as defense is also prominent in the accounts of the first (infancy) and second (adolescence) phases of separation-individuation. Rothstein (1986) analyzed the narcissistic defenses of the first phase as described by Mahler and her colleagues (Mahler et al. 1975). At some point after learning to walk and to navigate independently the child develops a sense...
of its separateness, vulnerability, and helplessness. Mother’s presence and smile is reassuring, but the developing child cannot coerces mother’s constant presence as before, and her absence or unreliability is feared or resented. Here a defensive retreat to narcissism shields the child from the dread and anxiety associated with separateness. “The perception of separateness,” writes Rothstein (1986, p. 310), “stimulates separation anxiety and the experience of object loss.”

The child regains the absent parent by identification with her. The child incorporates the smiling reassurance of mother as an internalized maternal representation. This gives the illusion that the mother is part of the self as agent, but also that the self is an object that elicits maternal approval. The self as agent or object performs as if to elicit the internalized maternal smile, which “…assuages the terror that results from the perception of vulnerability implicit in separateness” (p. 310). This is a narcissistic investment of the self insofar as the child’s incorporation of the gratifying, omnipotent caregiver restores the symbiotic unity between the mother and child of infancy, along with the infant’s sense of grandeur and perfection. Rothstein (1986) argues that narcissistic investment of the self and separation anxiety are ubiquitous features of the human condition, an insight that is taken up next when the separation anxiety is considered that attends the second phase of separation-individuation in adolescence.

Blos (1962) famously argued that adolescence marks the second phase of separation-individuation, although his orthodox Freudian theory has little in common with Mahler’s account of the first phase (e.g., Blos viewed adolescent separation-individuation as a recapitulation of the infantile Oedipus complex). In more general terms, separation-individuation requires adolescents to shed parental dependencies, exercise autonomous agency, and become an individuated self, but in the context of ongoing relational commitments. During the years of childhood, one’s self-image is typically derived from parental conceptions of the child. Yet, during adolescence, there is an attempt to establish a self-conception in a way that seems newly created (Josselson 1980). The opening move is to psychologically divest oneself of parental introjections, a move that nonetheless leaves the teenager vulnerable to mourning reactions (because the adolescent has, in fact, lost the durable self-images of childhood), and its accompanying feelings of depletion, ambivalence, and inner emptiness (Blos 1962). This feeling of impoverishment is a form of separation anxiety that is compensated, much like the first phase in early childhood, by narcissistic self-inflation (Rothstein 1986) that supports self-esteem until it can be reestablished on the basis of updated and reconstructed identifications.

It is important to note how this tradition understands the role of narcissism in the separation-individuation process. Sarnoff (1988) argued, for example, that this compensatory and “reactive narcissism” involves a sense of omnipotence that includes “grandiose ideas, plans and views of the self” (p. 26). In his view, narcissistic omnipotence “denotes a defensive and reactive heightening of self-esteem to cope with inner feelings of low self-worth, depressive mood and empty feelings” (Sarnoff 1988, p. 25). Similarly, Blos (1962, p. 98) suggested that the upsurge of narcissism is a restitution strategy whereby the adolescent’s newly keen perception of inner life, and his or her “willful creation of ego states of a poignant internal perception of the self,” leads to a heightened sense of uniqueness, indestructibility, and personal agency. Blos (1962) also believed, however, that such narcissistic ideation tended to impair the adolescent’s judgment, and therefore was a problematic aspect of ego development, its defensive qualities notwithstanding.

Note that adolescent narcissism on this account is a natural outgrowth of the individuation process and takes certain recognizable forms in adolescence. It takes the form of subjective omnipotence, of a heightened sense of uniqueness and of indestructibility (which is understood as adolescent invulnerability, see Lapsley 2003). As “reactive narcissism” (Sarnoff) or as a “narcissistic restitution strategy” (Blos), omnipotence, uniqueness, and invulnerability are forms of narcissism that have not yet been captured adequately by current assessments of narcissism (Hill and Lapsley 2011; Lapsley and Rice 1988).

### Narcissism as Creativity

In Winnicott’s (1965) theory, the prompt and sensitive care of the mother in the way she shapes the “facilitating environment” allows the child to experience a sense of subjective omnipotence. The good-enough mother instantiates the child’s desires, implements the child’s gestures, completes his actions, anticipates his needs, and in so doing makes it possible for the child to...
assume that his own wishes brings about that which he desires. Of course, the child will emerge from complete subjective omnipotence and encounter objective reality for what it is, but not all at once. There is an intervening period where there is some ambiguity about the status of objects – what is to be made of a blanket or teddy bear? These “transitional objects” are invested with symbolic meaning in the creative play of the child’s imagination long before they simply become just some objects among many.

For Winnicott, the good-enough caregiver permits this transitional phase of ambiguity and, indeed, participates in the child’s illusions. Indeed, the capacity to play is the moment of mental health, “the freedom to move back and forth between the harsh light of objective reality and the soothing ambiguities of lofty self-absorption and grandeur in subjective omnipotence” (Mitchell 1988, p. 188). Herein lays the wellspring of creativity, the ability to give free play to narcissistic illusions, and also the source of psychopathology, which is the insufficient experience of subjective omnipotence during the transitional phase.

For Winnicott (1965), then, self-absorption and a sense of subjective omnipotence provide the psychological aliments that support self-extension, ambition, creativity, and growth (Winnicott 1965). Kohut (1971, 1977) also suggests that narcissistic illusions can be used to creatively sustain psychological growth and healthy self-development. In his view, normal self-development can follow either a “grandiose” line, characterized by exhibitionism, assertiveness, and ambition, or else an “idealizing” line, characterized by an idealization of figures and goals.

The earliest self-constructions, on this view, are built out of the experience with others. These constructions Kohut called *self-objects* to denote the crucial role that others play in providing a sense of self-cohesion and esteem over the course of development. The construction of self-objects can follow a *grandiose* or *idealizing* line of development. The grandiose self is felt as the center of influence and can be observed in young children who delight in exhibiting their accomplishments while demanding the watchful attention, approval, and admiration of their parents (“Mommy, watch me!”). It is as if the child says “I am perfect, and you admire me.” The idealizing self-object is based on the child’s natural tendency to idealize parents as omnipotent figures and to desire merger with their magnificence and power. It is as if the child says, “You are perfect, and I am part of you.”

For healthy development to occur, the caregiver must be sensitive to the child’s need for admiration and to be available as targets of idealization (Cooper 1986). Parents are normally responsive to children’s prideful exhibitionism and need for idealization. For example, the “good-enough” caregiver sustains the cohesiveness of the emergent self by empathic mirroring of the child’s grandiosity (“What a big boy!”) and by sensitive, age-appropriate attunement of parental empathy to the child’s proud displays of emerging capacities and wish for identification and merger. Put differently, the emerging self of the developing child is consolidated around grandiose or idealizing self-objects, which caretakers sustain and complete by their empathic attunement and sensitivity.

Of course, parents cannot provide empathic mirroring either perfectly or for long. The periodic and inevitable failure of parental empathy is a mechanism that both encourages the child to take over for herself the nurturing, encouraging, holding, and limit-setting functions of the self-object; and encourages a diminution of the idealized parental image. In normal development, phase-appropriate empathic failure will modify the grandiose self in the direction of healthy striving and ambition; and replace idealized images with healthy admiration for the realistic qualities of self and of others, a process Kohut called “transmuting internalization.”

But narcissistic vulnerability arises under conditions of chronic empathic failure – either parents fail to mirror the child’s grandiose self or are unavailable or unsuitable as targets of idealization, resulting in an arrest of self-development. What is required to revitalize the self is sustained experience of grandeur and idealization that is afforded by having relationships of a certain kind – relationships where the other functions as a self-object that provides mirroring support and opportunities for idealization. Kohut had in mind the self-object role played by therapists, but the point is a more general one. There is no reason why others – parents, mentors, educators, and peers – should not play this role by communicating an empathic comprehension of the adolescent’s narcissistic constructions, by providing a holding and facilitating environment that permits the teen a dalliance with grandiose self-absorption and the illusions of subjective omnipotence.
To mirror their narcissistic strivings is a way of “going to meet and match the moment of hope,” to use Winnicott’s (1992, p. 309) eloquent expression. One participates in the adolescent’s illusions while “never losing sight of the fact that this is a form of play” (Mitchell 1988, p. 196). In Kohutian terms one effects the transmutation of narcissism by withdrawing, in phase-appropriate ways, the mirroring support, thereby channeling the adolescent’s narcissistic needs in realistic directions (Aalsma and Lapsley 1999; Lapsley and Rice 1988).

The key vitalizing moment for self-development is that grandiose and idealizing illusions should not be too easily crushed by bruising harsh reality. Instead, the illusions “must be cultivated and warmly received and certainly not challenged, allowing a reanimation of the normal developmental process through which the illusions will eventually be transformed, by virtue of simple exposure to reality, in an emotionally sustaining environment” (Mitchell 1988, p. 190).

Integrative Lessons

The two approaches to narcissism revealed here are often considered rival traditions of psychoanalytic thought, with very different implications for clinical intervention. Sorting this out is not the concern. Rather, the intent is to show that both traditions offer resources for conceptualizing normal adolescent narcissism — for understanding the role that it plays in helping adolescents face up to normative developmental challenges and the way it is manifested in adolescent behavior. The two traditions also offer insights about how to respond to the narcissistic displays of adolescents.

Hence, for this essay, adolescent narcissism has both defensive and growth-enhancing functions. Its defensive function is recruited during periods of transition when the person is faced with crucial developmental challenges to self-esteem, of which separation-individuation is a prominent example. The individuating adolescent has recourse to narcissistic defense to cope with mourning reactions that attend lost childhood identifications; with the dread and anxiety of psychological separation; with the inner sense of deple- tion and emptiness that accompanies a self-image under reconstruction; with the anxiety of forming new kinds of relationships that integrate agentic pos- tures of independence and autonomy with communal needs for attachment, connection, and bonding. And from this tradition, one learns what narcissistic defense looks like. It looks like a subjective sense of invulnera- bility, omnipotence, and personal uniqueness.

Yet to focus solely on the defensive uses of narcissistic illusion is to miss its role in recruiting developmentally crucial relationships that play a growth-enhancing function in healthy self-development. Narcissistic illusions can be defensive but in the service of the ego if it recruits sensitive, empathic relationships that provide mirroring support to the adolescent’s grandiosity, need for admiration and idealization. Hence, the defensive use of narcissism should not obscure its essentially creative function, which is to support the adolescent’s search for individuated self-hood in the context of ongoing relationships.

Adolescent Narcissism and “Personal Fables”

The theory of adolescent egocentrism is one of the great contributions to the study of adolescent development (Elkind 1967). The theory asserts that during the transition to formal operations adolescents over-assimilate their experience, making them vulnerable to a number of distinctive patterns of ideation. One pattern is the tendency to construct personal fables. Personal fables typically include themes of invulnerability (an incapaci- bility of being harmed or injured), omnipotence (viewing the self as a source of special authority, influence or power), and personal uniqueness (“no one understands me”). Elkind (1967, p. 1031) describes it this way:

- Perhaps because he believes he is of importance to so many people, the imaginary audience, he comes to regard himself, and particularly his feelings, as something special and unique. Only he can suffer with such agonized intensity, or experience such exquisite rapture. The emotional torments...exemplify the adoles- cent’s belief in the uniqueness of his own emotional experience.

These are, of course, the very terms of reference noted in psychodynamic accounts of the transitory narcissism of separation-individuation. For example, Blos (1962, p. 93) describes the narcissist defenses using very similar language: “It is as if the adolescent experi-ences the world with a unique sensory quality that is not shared by others: ‘Nobody felt the way I do’; ‘Nobody sees the worlds the way I do.’”
In a number of papers Lapsley and his colleagues argued that the personal fable constructs (subjective omnipotence, personal uniqueness, and invulnerability) are poorly grounded by treating them as instantiations of logical egocentrism; and fault the theory on empirical grounds as well (Lapsley 1993; Lapsley and Murphy 1985; Lapsley and Rice 1988). In their view, these constructs are understood better as Blosian examples of a “narcissistic restitution strategy” for coping with self-image vulnerabilities that attend separation-individuation. In other words, the narcissistic invulnerability, omnipotence, and uniqueness experienced by adolescents may have more to do with ego development than it does cognitive development.

**Assessment**

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association 2000) lists several central characteristics of narcissism: a grandiose sense of self-importance, a need for the admiration of others, arrogance, a sense of uniqueness and entitlement, a lack of empathy, envy, and a tendency to exploit others. It was around such diagnostic criteria that the Narcissistic Personality Inventory (NPI, Emmons 1987; Raskin and Hall 1979) was constructed. The NPI is arguably the most often used measure of “normal” (read: subclinical) narcissism. Although it enjoys a measure of construct validity (e.g., Emmons 1984; Raskin and Terry 1988; Rhodewalt and Morf 1995), there is also mounting dissatisfaction with it, too, largely because of the modest reliabilities of its subscales, uncertainty about its factor structure, and ambiguity about how to interpret the total score when it is summed across these items (e.g., Brown et al. 2009). Still, it is widely accepted as a measure of overt narcissism.

But there has been a remarkable interest in narcissism assessment, with four promising narcissism scales appearing recently. One scale (NPI-16) is a short measure of narcissism based on the original 40 items of the NPI (Ames et al. 2005). A second scale (NPI-C, Barry et al. 2003) is also based on the 40-item NPI but uses a response format patterned after the Self-Perception Profile (Harter 1982, measuring self-worth). The Childhood Narcissism Scale (CNS) is a 10-item scale designed for use with children and young adolescents (Thomaes et al. 2008). Both the NPI-C and the CNS claim to measure adult characteristics of narcissism but at younger ages. All three of these new scales purport to tap narcissistic tendencies or symptoms in normal, non-referred population. In contrast, a new measure of pathological narcissism was reported that assesses seven dimensions of narcissism (Pincus et al. 2009). These dimensions are grouped under the two broad categories (grandiosity–vulnerability) of the narcissism phenotype (Pincus and Lukowitsky 2010), and showed convincing evidence of psychometric integrity and validity.

Other assessment options include several MMPI-derived scales (Wink 1991; Wink and Gough 1990), scales based on the California Q-set (Wink 1992), and assessments motivated by Kohut’s self-psychology (Robbins 1989; Robbins and Paton 1985; Lapan and Patton 1986), among others (e.g., O’Brien 1988; Mullins and Kopelman 1988). In some of this research, a distinction is reported between overt and covert narcissism. For example, Wink (1991), described the overt narcissist as a grandiose exhibitionist who is self-indulgent, manipulative, driven by power, and by a strong need to be admired. The covert narcissist, in turn, was described as being insecure, hypersensitive, and vulnerable to feelings of inferiority. As Wink (1996, p. 167) put it, “narcissistic fantasies of power and grandeur can equally well lurk behind a bombastic and exhibitionistic façade as one of shyness, vulnerability and depletion.”

The distinction between overt and covert narcissism has gained some traction in the literature, and the pace of research will surely increase with the appearance of a 10-item measure of hypersensitive covert narcissism (Hypersensitive Narcissism Scale; Hendin and Cheek 1997). The general strategy is to use the NPI as a measure of overt narcissism and the HSNS as a measure of covert narcissism. Using this strategy, Fossati et al. (2010) showed that overt and covert narcissism was differentially related to proactive and reactive aggression. Some evidence for the distinction was also reported by Lapsley and Aalsma (2005), who identified a typology of narcissism that included both overt and covert forms in a sample of late adolescents, using a cluster analysis of extant measures.

More recently, however, doubts have been raised about the distinction between overt and covert narcissism. Pincus and Lukowitsky (2010; also Cain et al. 2008) argued that the narcissism phenotype is comprised of two core components: grandiosity and
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vulnerability. Grandiosity is characterized, intrapersonally, by a repression of negative self-other representations, by a tendency to distort disconfirming information, by a sense of entitlement and an inflated self-image without real accomplishment, along with fantasies of power, superiority, and perfection. Behaviorally grandiosity is marked by interpersonal exploitative-ness, lack of empathy, envy, and exhibitionism. In other words, grandiosity is the totality of everything the DSM-IV-TR has to say about narcissism. In turn, the vulnerability component is marked by hypersensitivity, a sense of humiliation in response to narcissistic injury, a pattern of shamef ul reactivity, as well as other themes noted by Wink (1991). However, the vulnerability component of narcissism does not appear to be central to its DSM diagnosis.

Pincus and Lukowitsky (2010) complain that prevailing clinical theory requires both grandiosity and vulnerability as core components of narcissism, but that revision of the DSM diagnostic criteria has narrowed to focus exclusively on grandiosity while eliminating vulnerability themes from diagnostic consideration. They also argue that the overt–covert distinction should not be considered part of the narcissism phenotype but rather reflects different modes of expressing narcissistic grandiosity and vulnerability. “The distinction between overt and covert expressions of narcissism,” they write, “is secondary to phenotypic variation in grandiosity and vulnerability” (Pincus and Lukowitsky 2010, p. 430).

A recent strategy for assessing adolescent narcissism has been to target subjective omnipotence, invulnerability, and personal uniqueness as its core components and to develop separate scales for each component (Hill and Lapsley 2011), a strategy increasingly being adopted in the assessment of other narcissism components (e.g., Campbell et al. 2004). The Adolescent Invulnerability Scale (AIS) is a reliable 21-item Likert-type scale that assesses felt invulnerability to danger, injury, or harm. It includes separate subscales for Danger Invulnerability and Psychological Invulnerability. Strong associations with risk behavior have been documented, but also with indices of successful adaptation and coping, suggesting that felt invulnerability has two faces, one that looks toward risk behavior and another toward adaptation (Lapsley and Hill 2010). The Subjective Omnipotence Scale is a 30-item scale that taps adolescent sense of having unusual power or influence across three subscales: Influence (“I can influence how people think”), “Leadership” (“I’d make a great leader because of my abilities”) and “Grandiosity” (“I’m better that other people at about everything”). It shows strong internal consistency (α = .90 s), strong convergent validity with the NPI, and robust association with numerous indices of positive adjustment while counter-indicating internalizing symptoms (e.g., Aalsma et al. 2006). Finally, the Personal Unique-ness Scale is a 17-item scale that also shows strong evidence of internal consistency (α = .90 s), a significant association with hypersensitive narcissism, little relationship with overt narcissism, and positive associations with internalizing symptoms and adjustment problems.

Summary and Conclusion

The essay attempted to make the case for a developmental theory of normal adolescent narcissism. Key themes were drawn from psychoanalytic traditions that understand narcissism both as a defense and as a creative engine of positive self-development. The narcissism that attaches to the developmental status of adolescents is motivated by the normative challenges that attend separation-individuation, and take the form of pronounced invulnerability, omnipotence, and personal uniqueness. These constructs constitute a form of narcissism insofar as they align with the grandiose–vulnerable narcissism prototype, with grandiosity picking up invulnerability and omnipotence, and vulnerability aligning with personal uniqueness. These constitute normal narcissism just to the extent that they are expressed without the clearer markers of narcissism dysfunction or pathology, that is, without exploitativeness, lack of empathy, envy, entitlement, among other diagnostic markers.

Grandiosity without exploitation, illusions without entitlement, invulnerability without shame, idealiza-tion without envy, omnipotence without isolation, the desire for admiration but with moments of realistic self-consciousness, preening self-preoccupation but with warm other-regarding affect – these may well mark the boundary of normal and dysfunctional narc-issism. With a stronger conception of its role in normative developmental processes and armed with theoretically derived assessments, the study of adolescent narcissism is at an exciting juncture.
References


Narcissism


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