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1

## 2 Narcissism

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5 ▶ Now he worships at an altar of a stagnant pool  
6 And when he sees his reflection he's fulfilled  
7 –Bob Dylan ("License to Kill")

### 8 Introduction

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

30 The tale of Narcissus has long been a caution  
31 against the dangers of vanity, obsessive self-regard,  
32 and haughty rejection of relationship. In the twentieth  
33 century, the myth lent its name to a character type and  
34 personality disorder, and gave rise to a widely held  
35 assumption that narcissism captures something  
36 fundamental about the normative developmental

37 experiences of adolescents – after all, Narcissus was  
38 a teenager when consumed with self-desire. The pop-  
39 ular fascination with narcissism has only increased in  
40 recent years so that today there are nearly two million  
41 Web sites devoted to the topic, and it is a common term  
42 of abuse for all manner of individuals who annoy us  
43 with their egotism, vanity, and self-regard.

44 Not surprisingly narcissism is the target of scientific  
45 investigation in clinical-developmental, social and per-  
46 sonality psychology, where it has attracted much inter-  
47 est, although not evenly across these fields of study.  
48 The earliest writings on narcissism arose within the  
49 psychoanalytic tradition. Freud's (1914) essay "On  
50 Narcissism" is credited with introducing narcissism as  
51 a feature of normal psychodynamic development. On  
52 Freud's view, the sexual instincts first pass through an  
53 initial phase of *primary narcissism* where libido is  
54 invested in the self to support self-preservation. Later  
55 psychodynamic theories would retain a place for nar-  
56 cissism in the story of normal development and work  
57 out explanations for how developmental experiences  
58 gone awry contribute to the formation of later narcis-  
59 sistic pathology (Ronningstam 1998; Wink 1996).

60 Hence, from the earliest theoretical formulations  
61 narcissism was a developmental construct. Yet devel-  
62 opmental studies of narcissism have not kept pace with  
63 research in clinical, social, and personality psychology,  
64 and, indeed, research on adolescent narcissism is com-  
65 paratively slight (Hill and Roberts 2011). This is para-  
66 doxical given the widely held view, in both popular and  
67 academic literatures, that narcissism is both endemic  
68 among adolescents and somehow related to their devel-  
69 opmental status. As Bleiberg (1994, p. 31) put it,  
70 "Perhaps like no other phase of life, the passage  
71 through adolescence bears the hallmarks of narcissistic  
72 vulnerability: a proneness to embarrassment and  
73 shame, acute self-consciousness and shyness, and pain-  
74 ful questions about self-esteem and self-worth."  
75 Indeed, how narcissism is managed may well

76 differentiate normal from dysfunctional adolescent  
77 development (Bleiberg 1994), yet one looks in vain  
78 for the term “narcissism” in the subject index of devel-  
79 opmental textbooks or in the proceedings of profes-  
80 sional conferences devoted to the study of adolescence.

81 There are several reasons for this. One is that the  
82 foundational writings on the development of narcis-  
83 sism are located within the broad psychoanalytic para-  
84 digm whose theoretical preoccupations are mostly  
85 rejected by contemporary academic psychology. Nar-  
86 cissism is one of the most important but also one of the  
87 most confusing contributions of psychoanalysis (Miller  
88 and Campbell 2008; Pulver 1986), and there is little  
89 enthusiasm among contemporary developmental sci-  
90 entists to wade very deeply into the lacunae of Freudian  
91 theories largely forgotten, marginalized, or rejected.  
92 The challenge is to translate the many searching  
93 insights of this tradition into a modern developmental  
94 language that is both theoretically plausible and empir-  
95 ically testable.

96 A second reason is that extant narcissism theory,  
97 even in the psychoanalytic tradition, is concerned  
98 mostly with clinical manifestations of narcissism and  
99 its treatment. As a result, it is hard to render an account  
100 of normative adolescent development in a way that  
101 does not presume pathology or personality disorder.  
102 Although there is broad agreement that narcissism can  
103 take normal and pathological forms, and can reflect  
104 adaptive and maladaptive personality organization  
105 (Pincus and Lukowitsky 2010), there is far less agree-  
106 ment about whether normal and pathological narcis-  
107 sism lie along a continuum of adaptation or constitute  
108 different personality types (Foster and Campbell 2007).  
109 The broad outline of narcissistic pathology is well  
110 described from numerous theoretical perspectives  
111 (e.g., Morrison 1988; Dickinson and Pincus 2003),  
112 but what constitutes normal narcissism is far less clear  
113 (see Paulhus 2001, for a Big Five account). Is it really  
114 healthy and adaptive, or merely a “subclinical” form of  
115 narcissistic disorder, something along the lines of the  
116 better known distinction between having depressive  
117 *symptoms* versus being clinically *depressed*?

118 But no one would mistake depressive symptoms for  
119 something normal and healthy just because the symp-  
120 toms did not rise to the level of clinical significance, yet  
121 the conflation of normal and subclinical narcissism is  
122 quite common, as evident, for example, in the con-  
123 struction of assessments of normal narcissism based

124 on diagnostic criteria of narcissistic personality disor- 124  
125 der (e.g., Raskin and Hall 1981), or in the claim that 125 [AU1]  
126 social-personality research targets normal, subclinical 126  
127 narcissism while clinical research studies narcissism 127  
128 pathology (Miller and Campbell 2008). As Kohut 128  
129 (1986, p. 61) put it, “the contribution of narcissism to 129  
130 health, adaptation and achievement has not been 130  
131 treated extensively,” and if narcissism is indeed linked 131  
132 to the developmental status of adolescents then better 132  
133 accounts of normal adolescent narcissism are required. 133  
134 Along these lines, Hill and Lapsley (2011) argued that 134 [AU3]  
135 normal adolescent narcissism might be different *in kind* 135  
136 from the “subclinical” narcissism of interest to clinical 136  
137 and social-personality researchers, a view that is taken 137  
138 up later. 138

139 Finally, the relative neglect of developmental 139  
140 research on adolescent narcissism can be linked to the 140  
141 problem of assessment. Until recently, assessments of 141  
142 narcissism targeted adults rather than adolescents and 142  
143 so presumed no developmental variation in the mani- 143  
144 festation or expression of narcissism (but see 144  
145 Washburn et al. 2004). Moreover extant assessments, 145  
146 including recently developed measures that do target 146  
147 children or adolescents, are derived from measures that 147  
148 operationalize clinical diagnostic criteria of narcissistic 148  
149 personality, or purport to measure self-pathology 149  
150 (Robbins 1989) and so elide the possibility that normal 150  
151 narcissism might look differently than the clinical or 151  
152 subclinical examples these assessments provide. Of 152  
153 course, the lack of theoretically derived measures of 153  
154 normal adolescent narcissism also reflects the lack of 154  
155 strong developmental theory by which to guide 155  
156 assessment. 156

157 In what follows, the essay describes the various 157  
158 clinical-developmental accounts of narcissism with 158  
159 the aim of identifying a set of themes that will anchor 159  
160 a strong theoretical account of normal adolescent nar- 160  
161 cissism. The claims for narcissism as a normative devel- 161  
162 opmental experience is often related to its role in 162  
163 managing the “second phase” of separation- 163  
164 individuation in adolescence, and here an integrative 164  
165 linkage is forged with certain constructs in the “new 165  
166 look” personal fable constructs (Lapsley and Rice 1988; 166  
167 Lapsley 1993). Finally, the essay describes some prom- 167  
168 ising new assessments of normal adolescent narcissism, 168  
169 and revisits the claim that adolescent narcissism is 169  
170 different in kind from the narcissism of clinical and 170  
171 social-personality psychology. 171

## 172 **Developmental Perspectives**

173 Two post-Freudian traditions suggest that narcissism is  
174 embedded deeply into normative developmental pro-  
175 cesses (Mitchell 1988). One tradition regards narcissis-  
176 tic illusions as defensive stratagems that protect the self  
177 against anxiety, frustration, inadequacy, separation,  
178 and disappointment. This narcissism-as-defense per-  
179 spective is associated with mainline Freudian theories  
180 (e.g., Blos 1962), ego psychology (Kernberg 1975;  
181 Rothstein 1986), and interpersonal theory (Sullivan  
182 1972; Fromm 1941). A second tradition views narcis-  
183 sism more positively as the cutting edge of the growing,  
184 creative self. This narcissism-as-creativity perspective  
185 is associated primarily with Kohut's (1971) self-  
186 psychology, but includes Winnicott's (1965) object  
187 relations theory as well. The two traditions diverge  
188 with respect to the adaptive value of narcissistic illu-  
189 sions and the clinical treatment of narcissistic pathol-  
190 ogy. Yet both traditions present integrative possibilities  
191 for understanding how narcissism is mobilized by ado-  
192 lescents to cope with normative developmental chal-  
193 lenges and in a way that is conducive to successful  
194 adaptation. Moreover, the common ground between  
195 these traditions opens up new possibilities for assessing  
196 normal adolescent narcissism and for understanding  
197 how narcissistic displays by adolescents can be man-  
198 aged by parents and educators.

## 199 **Narcissism as Defense**

200 All psychodynamic theories locate the developmental  
201 origins of narcissism in infancy, and acknowledge that  
202 normal functioning requires some form of it. Normal  
203 narcissism, for example, is often described first as the  
204 original psychological state of the infant where the  
205 caregiver is experienced as an omnipotent extension  
206 of the self. Otherwise it is the instinct for self-  
207 preservation and self-regard, the disposition toward  
208 self-regulation and mastery and the sense of compe-  
209 tence and pleasure that it evokes (Stone 1998). It is  
210 adaptive self-esteem regulation of the normally inte-  
211 grated self, sources of which include positive feelings  
212 that attend one's safety, mastery, appearance, and  
213 health, the attainment of goals, and living up to one's  
214 ideals (Kernberg 1998). Importantly, one source of  
215 positive self-esteem regulation originates "in early  
216 experiences of secure attachment as well as by positive  
217 resolution of the separation-individuation process  
218 leading to the capacity to gratify both autonomous

and dependent needs in an adaptive way" (Kernberg  
1998, p. 104). 219 220

In contrast, the child prone to narcissistic pathol-  
221 ogy approaches these things not with a tonus of plea-  
222 sure and mastery but of failure, depletion, and  
223 inadequacy. For O. Kernberg (1975), the developing  
224 child resorts to narcissistic grandiosity and idealization  
225 as a defense against frustration and rage at the  
226 inability of caregivers to meet its needs. The narcissistic  
227 prone child is resentful and angry, and develops a  
228 precocious "illusion of self-sufficiency" to prevent reli-  
229 ance on others who are disappointing (Modell 1986).  
230 Grandiose self-admiration, then, is paired with depre-  
231 ciation of others and a denial of dependency. 232

O. Kernberg (1986) noted five criteria by which to  
233 distinguish normal and pathological narcissism in chil-  
234 dren. First, the grandiose fantasies of normal children,  
235 their (sometimes angry) desire to control caregivers,  
236 and to be the center of attention are nonetheless more  
237 realistic than that of narcissistic personalities. Second,  
238 in normal children the overreaction to criticism, fail-  
239 ure, and restraint and the need to be the center of  
240 admiration are balanced with genuine expressions of  
241 other-regarding affect, love, and gratitude and a  
242 willingness to trust and depend upon the caregiver. 243  
244 This is less likely with narcissistic children. Third, the  
245 demands of normal children are based on real needs,  
246 while the demands of pathological narcissism are exces-  
247 sive, unrealistic, and can never be met. Fourth, whereas  
248 the self-centeredness of the normal child is otherwise  
249 warm and engaging, the pattern of relationships char-  
250 acteristic of pathological narcissism is aloof and cold,  
251 with cycles of idealization and devaluation of others  
252 and a destructiveness that is easily activated. Finally, the  
253 normal narcissistic fantasies of wealth, power, beauty,  
254 or accomplishment do not rule out the possibility that  
255 others might enjoy or possess these things too. As  
256 O. Kernberg (1986, p. 254) put it, "The normal child  
257 does not need that everybody should admire him for  
258 the exclusive ownership of such treasures; but this is  
259 a characteristic fantasy of narcissistic personalities." 259

Narcissism as defense is also prominent in the  
260 accounts of the first (infancy) and second (adolescence)  
261 phases of separation-individuation. Rothstein (1986)  
262 analyzed the narcissistic defenses of the first phase as  
263 described by Mahler and her colleagues (Mahler et al.  
264 1975). At some point after learning to walk and  
265 to navigate independently the child develops a sense  
266

267 of its separateness, vulnerability, and helplessness.  
268 Mother's presence and smile is reassuring, but the  
269 developing child cannot coerce mother's constant pres-  
270 ence as before, and her absence or unreliability is feared  
271 or resented. Here a defensive retreat to narcissism  
272 shields the child from the dread and anxiety associated  
273 with separateness. "The perception of separateness,"  
274 writes Rothstein (1986, p. 310), "stimulates separation  
275 anxiety and the experience of object loss."

276 The child regains the absent parent by identification  
277 with her. The child incorporates the smiling reassur-  
278 ance of mother as an internalized maternal representa-  
279 tion. This gives the illusion that the mother is part of  
280 the self as agent, but also that the self is an object that  
281 elicits maternal approval. The self as agent or object  
282 performs as if to elicit the internalized maternal smile,  
283 which "...assuages the terror that results from the  
284 perception of vulnerability implicit in separateness"  
285 (p. 310). This is a narcissistic investment of the self  
286 insofar as the child's incorporation of the gratifying,  
287 omnipotent caregiver restores the symbiotic unity  
288 between the mother and child of infancy, along with  
289 the infant's sense of grandeur and perfection. Rothstein  
290 (1986) argues that narcissistic investment of the self  
291 and separation anxiety are ubiquitous features of  
292 the human condition, an insight that is taken up next  
293 when the separation anxiety is considered that  
294 attends the second phase of separation-individuation  
295 in adolescence.

296 Blos (1962) famously argued that adolescence  
297 marks the second phase of separation-individuation,  
298 although his orthodox Freudian theory has little in  
299 common with Mahler's account of the first phase  
300 (e.g., Blos viewed adolescent separation-individuation  
301 as a recapitulation of the infantile Oedipus complex).  
302 In more general terms, separation-individuation  
303 requires adolescents to shed parental dependencies,  
304 exercise autonomous agency, and become an individu-  
305 ated self, but in the context of ongoing relational com-  
306 mitments. During the years of childhood, one's self-  
307 image is typically derived from parental conceptions of  
308 the child. Yet, during adolescence, there is an attempt to  
309 establish a self-conception in a way that seems newly  
310 created (Josselson 1980). The opening move is to psy-  
311 chologically divest oneself of parental introjections,  
312 a move that nonetheless leaves the teenager vulnerable  
313 to mourning reactions (because the adolescent has, in  
314 fact, lost the durable self-images of childhood), and its

315 accompanying feelings of depletion, ambivalence, and  
316 inner emptiness (Blos 1962). This feeling of impover-  
317 ishment is a form of separation anxiety that is com-  
318 pensated, much like the first phase in early childhood,  
319 by narcissistic self-inflation (Rothstein 1986) that sup-  
320 ports self-esteem until it can be reestablished on the  
321 basis of updated and reconstructed identifications.

322 It is important to note how this tradition under-  
323 stands the role of narcissism in the separation-  
324 individuation process. Sarnoff (1988) argued, for  
325 example, that this compensatory and "reactive narcis-  
326 sism" involves a *sense of omnipotence* that includes  
327 "grandiose ideas, plans and views of the self" (p. 26).  
328 In his view, narcissistic omnipotence "denotes a defen-  
329 sive and reactive heightening of self-esteem to cope  
330 with inner feelings of low self-worth, depressive mood  
331 and empty feelings" (Sarnoff 1988, p. 25). Similarly,  
332 Blos (1962, p. 98) suggested that the upsurge of narcis-  
333 sism is a restitution strategy whereby the adolescent's  
334 newly keen perception of inner life, and his or her  
335 "willful creation of ego states of a poignant internal  
336 perception of the self," leads to a heightened sense of  
337 *uniqueness, indestructibility, and personal agency*. Blos  
338 (1962) also believed, however, that such narcissistic  
339 ideation tended to impair the adolescent's judgment,  
340 and therefore was a problematic aspect of ego develop-  
341 ment, its defensive qualities notwithstanding.

342 Note that adolescent narcissism on this account is  
343 a natural outgrowth of the individuation process and  
344 takes certain recognizable forms in adolescence. It takes  
345 the form of *subjective omnipotence*, of a heightened  
346 sense of *uniqueness* and of *indestructibility* (which is  
347 understood as adolescent invulnerability, see Lapsley  
348 2003). As "reactive narcissism" (Sarnoff) or as a "nar-  
349 cissistic restitution strategy" (Blos), omnipotence,  
350 uniqueness, and invulnerability are forms of narcissism  
351 that have not yet been captured adequately by current  
352 assessments of narcissism (Hill and Lapsley 2011;  
353 Lapsley and Rice 1988).

### Narcissism as Creativity

354 In Winnicott's (1965) theory, the prompt and sensitive  
355 care of the mother in the way she shapes the "facilitat-  
356 ing environment" allows the child to experience a sense  
357 of *subjective omnipotence*. The good-enough mother  
358 instantiates the child's desires, implements the child's  
359 gestures, completes his actions, anticipates his needs,  
360 and in so doing makes it possible for the child to  
361

362 assume that his own wishes brings about that which he  
363 desires. Of course, the child will emerge from complete  
364 subjective omnipotence and encounter objective reality  
365 for what it is, but not all at once. There is an intervening  
366 period where there is some ambiguity about the status  
367 of objects – what is to be made of a blankie or teddy  
368 bear? These “transitional objects” are invested with  
369 symbolic meaning in the creative play of the child’s  
370 imagination long before they simply become just  
371 some objects among many.

372 For Winnicott, the good-enough caregiver permits  
373 this transitional phase of ambiguity and, indeed, par-  
374 ticipates in the child’s illusions. Indeed, the capacity to  
375 play is the moment of mental health, “the freedom to  
376 move back and forth between the harsh light of objec-  
377 tive reality and the soothing ambiguities of lofty self-  
378 absorption and grandeur in subjective omnipotence”  
379 (Mitchell 1988, p. 188). Herein lays the wellspring of  
380 creativity, the ability to give free play to narcissistic  
381 illusions, and also the source of psychopathology,  
382 which is the insufficient experience of subjective  
383 omnipotence during the transitional phase.

384 For Winnicott (1965), then, self-absorption and  
385 a sense of subjective omnipotence provide the psycho-  
386 logical aliments that support self-extension, ambition,  
387 creativity, and growth (Winnicott 1965). Kohut (1971,  
388 1977) also suggests that narcissistic illusions can be  
389 used to creatively sustain psychological growth and  
390 healthy self-development. In his view, normal self-  
391 development can follow either a “grandiose” line, char-  
392 acterized by exhibitionism, assertiveness, and ambi-  
393 tion, or else an “idealizing” line, characterized by an  
394 idealization of figures and goals.

395 The earliest self-constructions, on this view, are  
396 built out of the experience with others. These construc-  
397 tions Kohut called *self-objects* to denote the crucial role  
398 that others play in providing a sense of self-cohesion  
399 and esteem over the course of development. The con-  
400 struction of self-objects can follow a *grandiose* or *ide-*  
401 *alizing* line of development. The grandiose self is felt as  
402 the center of influence and can be observed in young  
403 children who delight in exhibiting their accomplish-  
404 ments while demanding the watchful attention,  
405 approval, and admiration of their parents (“Mommy,  
406 watch me!”). It is as if the child says “I am perfect, and  
407 you admire me.” The idealizing self-object is based on  
408 the child’s natural tendency to idealize parents as  
409 omnipotent figures and to desire merger with their

410 magnificence and power. It is as if the child says, “You  
411 are perfect, and I am part of you.”

412 For healthy development to occur, the caregiver  
413 must be sensitive to the child’s need for admiration  
414 and to be available as targets of idealization (Cooper  
415 1986). Parents are normally responsive to children’s  
416 prideful exhibitionism and need for idealization. For  
417 example, the “good-enough” caregiver sustains the  
418 cohesiveness of the emergent self by empathic  
419 mirroring of the child’s grandiosity (“What a big  
420 boy!”) and by sensitive, age-appropriate attunement  
421 of parental empathy to the child’s proud displays of  
422 emerging capacities and wish for identification and  
423 merger. Put differently, the emerging self of the devel-  
424 oping child is consolidated around grandiose or ideal-  
425 izing self-objects, which caretakers sustain and  
426 complete by their empathic attunement and sensitivity.

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

440 But narcissistic vulnerability arises under condi-  
441 tions of chronic empathic failure – either parents fail  
442 to mirror the child’s grandiose self or are unavailable or  
443 unsuitable as targets of idealization, resulting in an  
444 arrest of self-development. What is required to revital-  
445 ize the self is sustained experience of grandeur and  
446 idealization that is afforded by having relationships of  
447 a certain kind – relationships where the other functions  
448 as a self-object that provides mirroring support and  
449 opportunities for idealization. Kohut had in mind the  
450 self-object role played by therapists, but the point is  
451 a more general one. There is no reason why others –  
452 parents, mentors, educators, and peers – should not  
453 play this role by communicating an empathic compre-  
454 hension of the adolescent’s narcissistic constructions,  
455 by providing a holding and facilitating environment  
456 that permits the teen a dalliance with grandiose self-  
457 absorption and the illusions of subjective omnipotence.

458 To mirror their narcissistic strivings is a way of “going  
459 to meet and match the moment of hope,” to use  
460 Winnicott’s (1992, p. 309) eloquent expression. One  
461 participates in the adolescent’s illusions while “never  
462 losing sight of the fact that this is a form of play”  
463 (Mitchell 1988, p. 196). In Kohutian terms one effects  
464 the transmutation of narcissism by withdrawing, in  
465 phase-appropriate ways, the mirroring support,  
466 thereby channeling the adolescent’s narcissistic needs  
467 in realistic directions (Aalsma and Lapsley 1999;  
468 Lapsley and Rice 1988).

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

### 478 Integrative Lessons

479 The two approaches to narcissism revealed here are  
480 often considered rival traditions of psychoanalytic  
481 thought, with very different implications for clinical  
482 intervention. Sorting this out is not the concern.  
483 Rather, the intent is to show that both traditions offer  
484 resources for conceptualizing normal adolescent nar-  
485 cissism – for understanding the role that it plays in  
486 helping adolescents face up to normative developmen-  
487 tal challenges and the way it is manifested in adolescent  
488 behavior. The two traditions also offer insights  
489 about how to respond to the narcissistic displays of  
490 adolescents.

491 Hence, for this essay, adolescent narcissism has both  
492 defensive and growth-enhancing functions. Its defen-  
493 sive function is recruited during periods of transition  
494 when the person is faced with crucial developmental  
495 challenges to self-esteem, of which separation-  
496 individuation is a prominent example. The individu-  
497 ating adolescent has recourse to narcissistic defense to  
498 cope with mourning reactions that attend lost child-  
499 hood identifications; with the dread and anxiety of  
500 psychological separation; with the inner sense of deple-  
501 tion and emptiness that accompanies a self-image  
502 under reconstruction; with the anxiety of forming  
503 new kinds of relationships that integrate agentic pos-  
504 tures of independence and autonomy with communal

needs for attachment, connection, and bonding. And 505  
from this tradition, one learns what narcissistic defense 506  
looks like. It looks like a subjective sense of invulnera- 507  
bility, omnipotence, and personal uniqueness. 508

Yet to focus solely on the defensive uses of narcis- 509  
sistic illusion is to miss its role in recruiting develop- 510  
mentally crucial relationships that play a growth- 511  
enhancing function in healthy self-development. 512  
Narcissistic illusions can be defensive but in the service 513  
of the ego if it recruits sensitive, empathic relationships 514  
that provide mirroring support to the adolescent’s 515  
grandiosity, need for admiration and idealization. 516  
Hence, the defensive use of narcissism should not 517  
obscure its essentially creative function, which is to 518  
support the adolescent’s search for individuated self- 519  
hood in the context of ongoing relationships. 520

### Adolescent Narcissism and “Personal Fables” 521

522  
The theory of adolescent egocentrism is one of the great 523  
contributions to the study of adolescent development 524  
(Elkind 1967). The theory asserts that during the tran- 525  
sition to formal operations adolescents over-assimilate 526  
their experience, making them vulnerable to a number 527  
of distinctive patterns of ideation. One pattern is the 528  
tendency to construct *personal fables*. Personal fables 529  
typically include themes of *invulnerability* (an incapa- 530  
bility of being harmed or injured), *omnipotence* (view- 531  
ing the self as a source of special authority, influence or 532  
power), and *personal uniqueness* (“no one understands 533  
me”). Elkind (1967, p. 1031) describes it this way: 534

- ▶ Perhaps because he believes he is of importance to so 535  
many people, the imaginary audience, he comes to 536  
regard himself, and particularly his feelings, as some- 537  
thing special and unique. Only he can suffer with such 538  
agonized intensity, or experience such exquisite rap- 539  
ture. The emotional torments. . .exemplify the adoles- 540  
cent’s belief in the uniqueness of his own emotional 541  
experience. 542

These are, of course, the very terms of reference 543  
noted in psychodynamic accounts of the transitory 544  
narcissism of separation-individuation. For example, 545  
Blos (1962, p. 93) describes the narcissist defenses using 546  
very similar language: “It is as if the adolescent experi- 547  
ences the world with a unique sensory quality that is 548  
not shared by others: ‘Nobody felt the way I do’; 549  
‘Nobody sees the worlds the way I do’” 550

551 In a number of papers Lapsley and his colleagues  
552 argued that the personal fable constructs (subjective  
553 omnipotence, personal uniqueness, and invulnerabil-  
554 ity) are poorly grounded by treating them as instanti-  
555 ations of logical egocentrism; and fault the theory on  
556 empirical grounds as well (Lapsley 1993; Lapsley and  
557 Murphy 1985; Lapsley and Rice 1988). In their view,  
558 these constructs are understood better as Bloisian exam-  
559 ples of a “narcissistic restitution strategy” for coping  
560 with self-image vulnerabilities that attend separation-  
561 individuation. In other words, the narcissistic invul-  
562 nerability, omnipotence, and uniqueness experienced  
563 by adolescents may have more to do with ego develop-  
564 ment than it does cognitive development.

## 565 Assessment

566 The *Diagnostic and Statistical Manual of Mental Disor-*  
567 *ders (DSM-IV-TR;* American Psychiatric Association  
568 2000) lists several central characteristics of narcissism:  
569 a grandiose sense of self-importance, a need for the  
570 admiration of others, arrogance, a sense of uniqueness  
571 and entitlement, a lack of empathy, envy, and  
572 a tendency to exploit others. It was around such diag-  
573 nostic criteria that the Narcissistic Personality Inven-  
574 tory (NPI, Emmons 1987; Raskin and Hall 1979) was  
575 constructed. The NPI is arguably the most often used  
576 measure of “normal” (read: subclinical) narcissism.  
577 Although it enjoys a measure of construct validity  
578 (e.g., Emmons 1984; Raskin and Terry 1988; Rhodewalt  
579 and Morf 1995), there is also mounting dissatisfaction  
580 with it, too, largely because of the modest reliabilities of  
581 its subscales, uncertainty about its factor structure, and  
582 ambiguity about how to interpret the total score when  
583 it is summed across these items (e.g., Brown et al.  
584 2009). Still, it is widely accepted as a measure of overt  
585 narcissism.

586 But there has been a remarkable interest in narcis-  
587 sism assessment, with four promising narcissism scales  
588 appearing recently. One scale (NPI-16) is a short mea-  
589 sure of narcissism based on the original 40 items of the  
590 NPI (Ames et al. 2005). A second scale (NPI-C, Barry  
591 et al. 2003) is also based on the 40-item NPI but uses  
592 a response format patterned after the Self-Perception  
593 Profile (Harter 1982, measuring self-worth). The  
594 Childhood Narcissism Scale (CNS) is a 10-item scale  
595 designed for use with children and young adolescents  
596 (Thomaes et al. 2008). Both the NPI-C and the CNS  
597 claim to measure adult characteristics of narcissism but

598 at younger ages. All three of these new scales purport to  
599 tap narcissistic tendencies or symptoms in normal,  
600 non-referred population. In contrast, a new measure  
601 of pathological narcissism was reported that assesses  
602 seven dimensions of narcissism (Pincus et al. 2009).  
603 These dimensions are grouped under the two broad  
604 categories (grandiosity–vulnerability) of the narcissism  
605 phenotype (Pincus and Lukowitsky 2010), and showed  
606 convincing evidence of psychometric integrity and  
607 validity.

608 Other assessment options include several MMPI-  
609 derived scales (Wink 1991; Wink and Gough 1990),  
610 scales based on the California Q-set (Wink 1992), and  
611 assessments motivated by Kohut’s self-psychology  
612 (Robbins 1989; Robbins and Patton 1985; Lapan and  
613 Patton 1986), among others (e.g., O’Brien 1988;  
614 Mullins and Kopelman 1988). In some of this research,  
615 a distinction is reported between overt and covert nar-  
616 cissism. For example, Wink (1991), described the overt  
617 narcissist as a grandiose exhibitionist who is self-indul-  
618 gent, manipulative, driven by power, and by a strong  
619 need to be admired. The covert narcissist, in turn, was  
620 described as being insecure, hypersensitive, and vulner-  
621 able to feelings of inferiority. As Wink (1996, p. 167)  
622 put it, “narcissistic fantasies of power and grandeur  
623 can equally well lurk behind a bombastic and exhibi-  
624 tionistic façade as one of shyness, vulnerability and  
625 depletion.”

626 The distinction between overt and covert narcis-  
627 sism has gained some traction in the literature, and  
628 the pace of research will surely increase with the  
629 appearance of a 10-item measure of hypersensitive  
630 covert narcissism (Hypersensitive Narcissism Scale;  
631 Hendin and Cheek 1997). The general strategy is to  
632 use the NPI as a measure of overt narcissism and the  
633 HSNS as a measure of covert narcissism. Using this  
634 strategy, Fossati et al. (2010) showed that overt and  
635 covert narcissism was differentially related to proactive  
636 and reactive aggression. Some evidence for the distinc-  
637 tion was also reported by Lapsley and Aalsma (2005),  
638 who identified a typology of narcissism that included  
639 both overt and covert forms in a sample of late adoles-  
640 cents, using a cluster analysis of extant measures.

641 More recently, however, doubts have been raised  
642 about the distinction between overt and covert narcis-  
643 sism. Pincus and Lukowitsky (2010; also Cain et al.  
644 2008) argued that the narcissism phenotype is com-  
645 prised of two core components: grandiosity and

Au5

Au6



646 vulnerability. Grandiosity is characterized, intra- 694  
647 psychically, by a repression of negative self-other rep- 695  
648 resentations, by a tendency to distort disconfirming 696  
649 information, by a sense of entitlement and an inflated 697  
650 self-image without real accomplishment, along with 698  
651 fantasies of power, superiority, and perfection. Behav- 699  
652 iorally grandiosity is marked by interpersonal exploita- 700  
653 tiveness, lack of empathy, envy, and exhibitionism. In 701  
654 other words, grandiosity is the totality of everything the 702  
655 DSMS-IVF-TR has to say about narcissism. In turn, the 703  
656 vulnerability component is marked by hypersensitivity, 704  
657 a sense of humiliation in response to narcissistic injury, 705  
658 a pattern of shameful reactivity, as well as other themes 706  
659 noted by Wink (1991). However, the vulnerability 707  
660 component of narcissism does not appear to be central 708  
661 to its DSM diagnosis.

662 Pincus and Lukowitsky (2010) complain that 709  
663 prevailing clinical theory requires both grandiosity 710  
664 and vulnerability as core components of narcissism, 711  
665 but that revision of the DSM diagnostic criteria has 712  
666 narrowed to focus exclusively on grandiosity while 713  
667 eliminating vulnerability themes from diagnostic con- 714  
668 sideration. They also argue that the overt-covert dis- 715  
669 tinction should not be considered part of the 716  
670 narcissism phenotype but rather reflects different 717  
671 modes of expressing narcissistic grandiosity and vul- 718  
672 nerability. “The distinction between overt and covert 719  
673 expressions of narcissism,” they write, “is secondary to 720  
674 phenotypic variation in grandiosity and vulnerability” 721  
675 (Pincus and Lukowitsky 2010, p. 430).

676 A recent strategy for assessing adolescent narcissism 722  
677 has been to target subjective omnipotence, invulnera- 723  
678 bility, and personal uniqueness as its core components 724  
679 and to develop separate scales for each component 725  
680 (Hill and Lapsley 2011), a strategy increasingly being 726  
681 adopted in the assessment of other narcissism compo- 727  
682 nents (e.g., Campbell et al. 2004). The Adolescent 728  
683 Invulnerability Scale (AIS) is a reliable 21-item Likert- 729  
684 type scale that assesses felt invulnerability to danger, 730  
685 injury, or harm. It includes separate subscales for 731  
686 Danger Invulnerability and Psychological Invulnerabil- 732  
687 ity. Strong associations with risk behavior have been 733  
688 documented, but also with indices of successful adap- 734  
689 tation and coping, suggesting that felt invulnerability 735  
690 has two faces, one that looks toward risk behavior and 736  
691 another toward adaptation (Lapsley and Hill 2010). 737  
692 The Subjective Omnipotence Scale is a 30-item scale 738  
693 that taps adolescent sense of having unusual power or

influence across three subscales: Influence (“I can influ- 694  
ence how people think”), “Leadership” (“I’d make 695  
a great leader because of my abilities”) and “Grandios- 696  
ity” (“I’m better than other people at just about every- 697  
thing”). It shows strong internal consistency ( $\alpha = .90$ ), 698  
strong convergent validity with the NPI, and robust 699  
association with numerous indices of positive adjust- 700  
ment while counter-indicating internalizing symptoms 701  
(e.g., Aalsma et al. 2006). Finally, the Personal Unique- 702  
ness Scale is a 17-item scale that also shows strong 703  
evidence of internal consistency ( $\alpha = .90$ ), a signifi- 704  
cant association with hypersensitive narcissism, little 705  
relationship with overt narcissism, and positive associ- 706  
ations with internalizing symptoms and adjustment 707  
problems. 708

## 709 Summary and Conclusion

710 The essay attempted to make the case for a develop- 711  
mental theory of normal adolescent narcissism. Key 712  
themes were drawn from psychoanalytic traditions 713  
that understand narcissism both as a defense and as 714  
a creative engine of positive self-development. The 715  
narcissism that attaches to the developmental status 716  
of adolescents is motivated by the normative challenges 717  
that attend separation-individuation, and take the 718  
form of pronounced invulnerability, omnipotence, 719  
and personal uniqueness. These constructs constitute 720  
a form of narcissism insofar as they align with the 721  
grandiose-vulnerable narcissism prototype, with gran- 722  
diosity picking up invulnerability and omnipotence, 723  
and vulnerability aligning with personal uniqueness. 724  
These constitute normal narcissism just to the extent 725  
that they are expressed without the clearer markers of 726  
narcissism dysfunction or pathology, that is, without 727  
exploitativeness, lack of empathy, envy, entitlement, 728  
among other diagnostic markers.

729 Grandiosity without exploitation, illusions without 730  
entitlement, invulnerability without shame, idealiza- 731  
tion without envy, omnipotence without isolation, the 732  
desire for admiration but with moments of realistic 733  
self-consciousness, preening self-preoccupation but 734  
with warm other-regarding affect – these may well 735  
mark the boundary of normal and dysfunctional nar- 736  
cissism. With a stronger conception of its role in nor- 737  
mative developmental processes and armed with 738  
theoretically derived assessments, the study of adoles- 739  
cent narcissism is at an exciting juncture.

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