COMMENTARY

Narcissism and Its Discontents

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Joel Paris’s (2014, pp. 220–226) essay on narcissism and modernity is a wide-ranging, ambitious, and, at times, provocative discussion of issues related to putative cultural influences on the etiology, development, and exacerbation of narcissism. Among the most important issues raised by Paris (2014) is the need for well-conducted longitudinal research on the development of narcissism so that the etiological mechanisms underlying this oftentimes-deleterious condition might be uncovered. However, there are a number of ongoing debates in the literature that make much of his proposal premature. One of the most notable pertains to the very definition of this construct, which has varied greatly across individual investigators. For the science of narcissism to proceed successfully toward the rapid accumulation of knowledge in important areas (e.g., etiology, development), a consensual definition of the construct is required.

The description of narcissism (and, by extension, narcissistic personality disorder; NPD) varies considerably across intellectual traditions (i.e., clinical observation/theory, psychiatric nosology, social/personality psychology; Cain, Pincus, & Ansell, 2008), often in ways that are difficult to reconcile. A comprehensive review goes beyond the scope of this commentary, but among the hotly debated topics are the importance of grandiosity versus vulnerability, “normal” and “adaptive” aspects of narcissism, overt versus covert expressions, the associated basic traits (i.e., extraversion related?), and, ultimately, the necessary and sufficient components of the construct. The importance of having an accurate and consensual definition cannot be overstated. In the absence of such a definition, it is difficult to develop adequate etiological models, without which questions about whether narcissism is on the rise (and the role of cultural trends in this purported rise) remain unanswerable.

The target article asserts that pathological narcissism is defined primarily by egosyntonic traits amplified to a pathological level. Paris (2014) contrasts pathological narcissism with borderline personality disorder (BPD), which he characterizes as being defined by egodystonic symptoms. It is further argued that narcissism ranges from the normative to the pathological, whereas the symptomatic expression of BPD “may not be seen in subclinical cases” (p. 221). Accordingly, Paris draws on the large body of research conducted primarily with the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1981) to support his hypotheses.

This definition, and the research that supports the proposed links between narcissism, NPD, and modernity, strike at the very heart of the construct controversy. For one, the NPI is inadequate for capturing the breadth of phenotypic manifestations of pathological narcissism, being limited to grandiose content (Cain et al., 2008). Relatedly, the majority of NPI-based research (especially the research cited in support of the proposed rise in narcissism) relies on the full scale score, despite demonstrations of mixed adaptive and maladaptive content (e.g., Rosenthal & Hooley, 2010). Indeed, the utility of the NPI for understanding clinical manifestations of narcissism continues to fuel arguments (Ackerman et al., 2011).

Furthermore, by defining narcissism exclusively in terms of egosyntonic traits, the considerable symptomatic impairment and distress experienced by individuals with narcissistic pathology is ignored. Clinically, these individuals often report substantial symptomatic distress (see Ronningstam, 2011), including, but not limited to, difficulties with emotional regulation, intense shame associated with their entitled expectations, significant interpersonal discord, social withdrawal, depressed mood, and suicidal ideation and attempts (Ansell et al., 2012; Pincus et al., 2009). Those aspects of all personality disorders (PDs) that are more trait-like and enduring (vs. symptomatic and variable) make up a complex and understudied issue.

The notion that NPD results from a “pathological amplification” of narcissistic traits requires some clarification. A number of issues emerge when defining narcissism as an extreme basic personality trait profile. Some have questioned whether narcissistic grandiosity and vulnerability belong to the same construct based on their trait profiles, citing differences in extraversion and neuroticism (Miller et al., 2010). Worth noting is that the meta-analytic associations between NPD and basic personality traits are generally modest, especially when compared with diagnoses like BPD (Samuel & Widiger, 2008). More fundamentally, the traits that predict the presence of PD may not be the same as those that predict severity in symptoms once present, thus further complicating this view (Wright, Pincus, & Lenzenweger, 2012). Additionally, as I have argued, “extreme and maladaptive expression” (i.e., “pathological amplification”) of traits requires operationalization by describing the altered processes associated with the trait domains (Wright, 2011). From this perspective, however, the question of which psychological features of the individual drive the pathological amplification of traits remains open. These very issues also emerged in the challenging Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, in press) revision process.

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An alternative approach to conceptualizing narcissism that resolves many of the above issues is to separate the definition of the construct from the individual differences in its phenomenological manifestation (Pincus, 2011). As such, Pincus argues that the core dysfunction of pathological narcissism revolves around “intense needs for validation and admiration that energize the person to seek out self-enhancement experiences. Such needs and motives are normal aspects of personality, but they become pathological when they are extreme and coupled with impaired regulatory capacities” (Pincus & Roche, 2011, p. 32). The phenomenology of a given individual who struggles to effectively manage this motivation may be expressed through narcissistic grandiosity, narcissistic vulnerability, elevated scores on specific measures, or myriad more specific behavioral manifestations associated (albeit not exclusively) with narcissism (e.g., antagonism, fantasy, withdrawal, boasting, devaluing). These behaviors, whether grandiose or vulnerable in theme, may be covert or overt in expression.

Paris’s (2014) proposals inevitably fall to one side or another of the contentious issues outlined here, which may lead some to overlook his essay’s contributions. This would be unfortunate, as he makes a number of important and timely suggestions. For example, as Paris (2014) notes, NPD and pathological narcissism have received scant empirical attention in clinical samples. This was the precise reason the diagnosis was slated for deletion in DSM-5. More clinical research on narcissism is necessary. Additionally, longitudinal research that captures the dynamics of narcissism is necessary. Macrolevel work—spanning years—that can inform questions of development and etiology is important. Essential, too, is microlevel work, focusing on the daily, within-day, and situational affective and interpersonal dynamics noted by many authors (e.g., Ronningstam, 2011). Further, Paris’s (2014) assertion that psychotherapies designed specifically to address pathological narcissism may be needed accords well with my clinical experience and requires empirical examination. Nonetheless, questions of the potential influence of culture on pathological narcissism remain moot, because hypotheses of this kind necessarily rely on the definition of the construct.

The title of this commentary is meant to draw a loose analogy between the current state of affairs of narcissism research and Freud’s (1930/2002) exposition on the inherent tension between the individual’s drives and the organizing role of civilization. Those familiar with the contemporary literature on narcissism and NPD are likely aware of the considerable discontent fostered by differences in definition and approach across individual research groups. The heated debates about conceptualization and measurement frequently result in entrenched positions, published critiques, and sharp rejoinders. In some respects, diversity of opinion furthers scientific progress; at the same time, a failure to arrive at a consensus definition relegates the study of narcissism to a science of small differences that can be difficult to integrate. I advocate integration and believe that the definitional approach articulated by Pincus and summarized here resolves many of the confusing paradoxes and variability in descriptions found across researchers and clinicians. The widespread adoption and use of this definition could potentially civilize the state of narcissism research.

References


