

Adolescent Narcissism

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“Now he worships at an altar of a stagnant pool
And when he sees his reflection he’s fulfilled”
—Bob Dylan (“License to Kill”)

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 websites 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 & Roberts, in press). 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 developmental textbooks or in the proceedings of professional conferences devoted to the study of adolescence.

There are several reasons for this. One is that the foundational writings on the development of narcissism are located within the broad psychoanalytic paradigm whose theoretical preoccupations are mostly rejected by contemporary academic psychology. Narcissism is one of the most important but also one of the most confusing contributions of psychoanalysis (Miller & Campbell, 2008; Pulver, 1986), and there is little enthusiasm among contemporary developmental scientists to wade 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 empirically 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 & Lukowitsky, 2010), there is far less agreement about whether normal and pathological narcissism lie along a continuum of adaptation or constitute different personality types (Foster & Campbell, 2007). The broad outline of narcissistic pathology is well-described from numerous theoretical perspectives (e.g., Morrison, 1988. Dickinson & 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 “sub-clinical” 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 symptoms 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 construction of assessments of normal narcissism based on diagnostic criteria of narcissistic personality disorder (e.g., Raskin & Hall, 1981), or in the claim that social-personality research targets normal, subclinical narcissism while clinical research studies narcissism pathology (Miller & 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 (in press) 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 we take 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 manifestation or expression of narcissism (but see Washburn, McMahon, King, Reinecke & Silver, 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 we describe 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 narcissism. The claims for narcissism as a normative developmental experience is often related to its role in managing the “second phase” of separation-individuation in adolescence, and here we will forge an integrative linkage with certain constructs in the “new look” personal fable constructs (Lapsley & Rice, 1988; Lapsley, 1993). Finally, we describe some promising new assessments of normal adolescent narcissism, and revisit the claim that adolescent narcissism is different in kind from the narcissism of clinical and social-personality psychology

II. 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 (O. 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 towards 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 includes positive feelings that attend one’s safety, mastery, appearance and health, the attainment of goals, and living up to one’s ideals (P.F. 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” (P.F. Kernberg, 1998, p. 104).

In contrast the child prone to narcissistic pathology approaches these things not with a tonus 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 is 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 is 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 (1988) analyzed the narcissistic defenses of the first phase as described by Mahler and her colleagues (Mahler, Pine & Bergman 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 coerce 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 (1988, 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 (1988) argues that narcissistic investment of the self and separation anxiety are ubiquitous features of the human condition, an insight that we take up next when we consider the separation anxiety 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 (1987) 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, 1987, 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 we understand 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 & Lapsley, in press; Lapsley & 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 blankie 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 *selfobjects* 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 selfobjects 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 selfobject is based on the child’s natural tendency to idealize parents as omnipotent figures and to desire merger with their magnificence and power. It’s 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 selfobjects, 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 selfobject; 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 selfobject that provides mirroring support and opportunities for idealization.

Kohut had in mind the selfobject 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 & Lapsley, 1999; Lapsley & 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 our concern. Rather, our 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 our purposes, 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 depletion and emptiness that accompanies a self-image under reconstruction; with the anxiety of forming new kinds of relationships that integrate agentic postures of independence and autonomy with communal needs for attachment, connection and bonding. And from this tradition we learn what narcissistic defense looks like. It looks like a subjective sense of invulnerability, 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 selfhood in the context of on-going relationships.

III 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 incapability 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 adolescent'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 experiences 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 & Murphy, 1985; Lapsley & 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.

IV 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 & 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 & Terry, 1988; Rhodewalt & 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, Budzek & Tamorksi, 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, Rose & Cameron, 2006). A second scale (NPI-C, Barry, Frick & Killian, 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, Stegge, Bushman, Olthoff & Dennissen, 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, Ansell, Pimentel, McCain, Wright & Levy, 2009). These dimensions are grouped under the two broad categories (grandiosity-vulnerability) of the narcissism phenotype (Pincus & Lukowitsky, 2010), and showed convincing evidence of psychometric integrity and validity.

Other assessment options include several MMPI-derived scales (Wink, 1991; Wink & Gough, 1990), scales based on the California Q-set (Wink, 1992), and assessments motivated by Kohut’s self-psychology (Robbins, 1989; Robbins & Patton, 1985; Lapan & Patton, 1986), among others (e.g., O’Brien, 1988; Mullins & 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 & 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, Borroni, Eisenberg and Maffei (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, Pincus & Ansell, 2008) argued that the narcissism phenotype is comprised of two core components: grandiosity and vulnerability. Grandiosity is characterized, intra-psychically, 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 exploitativeness, lack of empathy, envy and exhibitionism. In other words, grandiosity is the totality of everything the DSMS-IVF-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 shameful 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 & Lukowitsky, 2010, p. 430).

Our own approach to assessing adolescent narcissism has been to target subjective omnipotence, invulnerability and personal uniqueness as its core components and to develop separate scales for each component¹ (Hill & Lapsley, in press), a strategy increasingly being adopted in the assessment of other narcissism components (e.g., Campbell, Bonacci, Shelton, Exline & Bushman, 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 towards risk behavior and another towards adaptation (Lapsley & 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 than other people at just about everything”). It shows strong internal consistency ($\alpha = .90$ s), strong convergent validity with the NPI, and robust association with numerous indices of positive adjustment while counter-indicating internalizing symptoms (e.g., Aalsma, Lapsley & Flannery, 2006). Finally, the Personal Uniqueness Scale is a 21-item scale that also shows strong evidence of internal consistency ($\alpha = .80$ s), a significant association with hypersensitive narcissism, little relationship with overt narcissism and positive associations with internalizing symptoms and adjustment problems.

V. Summary and Conclusion

We 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, idealization 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 narcissism. 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.

Footnotes

¹The Adolescent Invulnerability Scale, the Subjective Omnipotence Scale and the Personal Uniqueness Scale are available at www.nd.edu/~dlapsle1/Lab

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