

DO NARCISSISTIC SUBTYPES REALLY EXIST? AN ONGOING DEBATE

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Abstract

Narcissistic pathology is a topic of great interest for both researchers and clinicians nowadays. A growing body of research has investigated pathological narcissism to understand its nature and to reach a comprehensive definition of such personality pathology. We revised empirical and theoretical literature on pathological narcissism to show how its conceptualizations have changed over time. Also, we presented which objectives have been reached by experts in narcissism in the attempt to univocally define the phenomenon in recent times. Finally, we highlighted which aspects of the definition of narcissistic pathology are still not clear and remain the subject of debates at present.

Key words: grandiose narcissism, vulnerable narcissism, narcissistic subtypes

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Conceptualizing narcissism: a historical excursus

Pathological narcissism has a long history in clinical psychology. Originally, Freud referred to narcissism as a sexual disorder, a developmental stage, and an object choice in “*On Narcissism: an Introduction*” (1914). However, he did not refer to narcissism as a personality pathology. Only later, some authors described more detailed observations on narcissistic functioning (Walder 1925, Freud 1931, Reich 1933) underlying arrogance, coldness, and self-confidence as typical aspects of narcissists. In particular, Horney (1935) firstly spoke about narcissistic subtypes.

Although narcissism has been a key construct in clinical psychology for a long time, and especially in the psychodynamic field, narcissistic pathology has received empirical attention starting from the inclusion of the Narcissistic Personality Disorder (NPD) diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; APA, 1980). The DSM III criteria for NPD were quite near to psychodynamic models of pathological narcissism, as they collected the main descriptive features of both Kernberg's and Kohut's works (Goldstein 1985). But, in later versions of the DSM (APA 1987, 1994, 2000), diagnostic criteria of NPD have gradually become more and more focused on behavioral aspects rather than on psychological features. In the name of greater scientific validity, only aspects that were most easily and objectively observable have been included in the psychiatric description of NPD, leading to an increased distance between conceptualizations of narcissistic pathology provided by psychiatrists and clinical psychologists over time. Observations of NPD patients in clinical settings usually included not only grandiose manifestations, such as arrogance and entitled attitudes,

but most frequently vulnerable manifestations related to emotional reactivity and chronic emptiness. Aspects of narcissistic vulnerability were highlighted by Winnicott (1965), describing painful and childish vicissitudes of narcissists, as well as their pseudo-adaptive presentations. Again, traits of narcissistic vulnerability were described by Modell (1984) speaking about the “*narcissistic cocoon*”, and by Cooper (1988) who based his theory of narcissism on masochistic themes.

Albeit vulnerable narcissistic manifestations have been often described in clinical settings, empirical interest in investigating pathological narcissism including both grandiose and vulnerable manifestations has been discouraged for a long time. The lack of a clear systematization of clinical observations, as well as the extreme heterogeneity of terms used by psychodynamic theorists referring to vulnerable narcissistic manifestations, gave back to researchers the idea of vulnerable narcissism as a somewhat confusing issue. As well documented by Cain et al. (2008), psychodynamic theorists have referred to both grandiose and vulnerable narcissistic manifestations using a greater variety of terms for a long time. Also, such variety of terms reflected differences in how psychodynamic theorists conceptualized narcissism and narcissistic pathology. Indeed, different psychodynamic theories promoted unique ways of understanding, thinking and defining pathological narcissism itself and its manifestations, leading to greater difficulties in elaborating a comprehensive and univocal definition of such pathology.

Unlike the psychodynamic approach to pathological narcissism, the description of narcissistic pathology provided by the psychiatric approach was clear and univocal, but extremely reductive in nature. NPD diagnosis focused exclusively on overt grandiose manifestations, neglecting vulnerable ones: narcissists

were described as individuals showing arrogant attitudes, self-love, lack of empathy, and entitled expectations. Krueger et al. (2011) stated that “*the DSM–III and its offspring (DSM–III–R and DSM–IV) served an important function in the zeitgeist in which they were created, by codifying definitions of mental disorders that were more reliable than previous definitions, thereby jumpstarting research into these debilitating and costly conditions.*” (p. 329). Overall, personality disorders (PDs) diagnoses provided by the DSM included criteria describing behavioral aspects that could have been considered “scientific” in nature, as they could have been observed directly. However, this choice has determined a significant gap between PDs diagnoses and clinical observations of PDs patients over time, and Frances (1980) expressed strong doubts about the clinical utility of PDs diagnoses provided by the DSM. In particular, including criteria relating to explicitly observable behaviors in NPD diagnosis was linked to several factors. Among the others, a key role had the idiosyncrasy for the nosographic themes expressed by most psychoanalytic authors (e.g., Kohut), as well as Kernberg’s emerging clinical theory of narcissism (1975), which highlighted narcissistic themes closer, in some respects, to the psychiatric description. Again, as overt grandiose manifestations were univocally related to narcissism, other PDs (i.e., schizoid personality disorder and avoidant personality disorder) seemed suitable to grasp some covert narcissistic manifestations. Finally, the importance of valid and reliable diagnoses, at the expense of their clinical coherence, has had a key role in the decision to include only grandiose overt behavioral aspects in NPD.

As a consequence of the lack of a univocal conceptualization of pathological narcissism and its manifestations in the clinical psychology field, the psychiatric approach to narcissistic pathology has become more and more predominant in the empirical literature on narcissism. This predominance, in turn, has limited the possibility to understand the nature of pathological narcissism considering both grandiose and vulnerable aspects of such personality disorder. Indeed, the most common measurement instruments in empirical studies on pathological narcissism were the Structured Clinical Interview for DSM–IV Axis II Personality Disorders (SCID–II; First et al. 1997) and the Narcissistic Personality Inventory (NPI; Raskin and Terry 1988). Both the SCID–II and the NPI included items reflecting exclusively overt grandiose narcissistic manifestations according to NPD criteria. Thus, researchers could not investigate pathological narcissism considering its vulnerable manifestations.

Luckily, the lack of empirical attention on vulnerable manifestations of pathological narcissism didn’t mirror a decrease of attention by clinical theorists. Debates about narcissism and its manifestations have continued until recent years thanks to the contributions of some experts. In particular, Gabbard (1998) suggested that narcissistic pathology relied on a continuum spanning from oblivious narcissists to hypervigilant narcissists, according to the patients’ predominant style of interacting in social relationships. Oblivious narcissists had no awareness of their impact on others, as well as of the needs of others, and they usually showed a typical inter-acting style as they “*talk at others, not to them*” (p. 528). On the other hand, hypervigilant narcissists usually appeared shy, modest and hypersensitive to criticisms from others. Also, Ronningstam (2005a, 2005b) suggested that disturbed relationships, emotion dysregulation, and self-esteem deficits were the core aspects of narcissistic pathology. According to Ronningstam, the unreal grandiose sense of

self compensated for low self-esteem levels in arrogant narcissists. Psychopathic narcissists showed antisocial behaviors and lack of empathy for others to protect and strengthen their inflated self-view. Finally, shy narcissists compensated for low self-esteem levels by creating grandiose fantasies to which they felt ashamed.

Overall, authors like Gabbard and Ronningstam have kept the interest of clinicians on narcissism and its phenotypic manifestations alive for several years, setting the basis for the process of redefinition of pathological narcissism that took place in recent years (Cain et al. 2008, Caligor et al. 2015). Although these authors suggested different etiological explanations for narcissistic pathology, and different core elements organizing the narcissistic pathology itself, they began to organize their thinking systematically around the recognition of narcissistic themes that are quite in line with the ones we now refer to as grandiose and vulnerable narcissism.

Subtypes of narcissism

In recent years, most attempts have been made to overcome theoretical controversies on narcissism. A turning point in the study of narcissism was represented by the review process of Personality Disorder diagnoses in the DSM–5 (APA 2013, Skodol et al. 2011), as the existence of NPD diagnosis was in doubt (see Madeddu and Di Piero 2014 for a review). One of the main reasons for excluding NPD diagnosis from the manual was its low prevalence rates both in the community (0 – 5.7%, Mattia and Zimmerman 2001, Torgersen et al. 2001) and in clinical samples (about 2.3% in psychiatric settings, Zimmerman et al. 2005). Actually, empirical evidence suggests that prevalence rates of narcissistic pathology varied according to clinical settings considered by studies, as well as to clinicians’ theoretical framework. For instance, clinicians working in private practice within a psychodynamic framework reported higher prevalence rates of narcissistic pathology in patients than their colleagues working within a theoretical framework different from the psychodynamic one (Levy et al. 2007). Moreover, prevalence rates of narcissistic pathology arose up in both community and clinical samples when considering also vulnerable manifestations in addition to grandiose manifestations (Ronningstam 2011). Overall, these findings suggested that considering vulnerable manifestations of narcissistic pathology could have been important to diagnose the disorder correctly, as well as to deepen its knowledge.

Starting from these empirical findings, most experts in narcissism have conducted revisions of empirical and theoretical literature on narcissism in the attempt to systematize the scientific knowledge accumulated up to that moment (Cain et al. 2008, Levy et al. 2007; Pincus and Lukowitsky 2010, Ronningstam 2011). Also, these efforts have allowed to create a common ground to develop a more cohesive definition of pathological narcissism. For instance, there is now quite an agreement in recognizing the existence of both grandiose and vulnerable narcissistic manifestations, and such existence is also recognized by psychiatry, even if only partially. The description of NPD in the Alternative Model for Personality Disorder (AMPD; APA 2013) emphasizes not only behavioral correlates of narcissistic grandiosity but also self-esteem instability and emotion reactivity (Caligor et al. 2015), which are typical aspects of the vulnerable narcissistic manifestations. In particular, AMPD Criterion A stated that NPD is described by “*exaggerated self-appraisal inflated or deflated, or*

vacillating between extremes” and “*emotional regulation mirrors fluctuations in self-esteem*” (APA 2013, p. 767), and other presentations of narcissistic vulnerability are considered “specifiers” of NPD.

Thus, the existence of both grandiose and vulnerable manifestations of pathological narcissism is now recognised. Despite this, the nature of the relationship between such manifestations, as well as their role in defining narcissistic pathology remains still unclear. Empirical research has suggested that vulnerable and grandiose narcissistic manifestations often show differential associations with several correlates, such as aspects of interpersonal dysfunctioning (Campbell et al. 2002, Dickinson and Pincus 2003, Miller et al. 2011), emotion dysregulation (Ronningstad 2005a), empathy (Baskin-Sommers et al. 2014, Di Pierro et al. 2017), and psychopathological features (Kernberg and Caligor 2005). For instance, several studies showed that vulnerable narcissism, but not grandiose narcissism, is associated with low levels of explicit self-esteem (Di Pierro et al. 2016, Trzesniewski et al. 2008, Maxwell et al. 2011, Brunell and Fisher 2014, Crowe et al. 2016). Moreover, Zeigler-Hill et al. (2008) found that self-esteem is mainly based on agentic aspects in grandiose narcissists, while vulnerable narcissists based their self-esteem on communal aspects, which in turn allow them to obtain others’ approval. Similarly, some studies have found that grandiose and vulnerable narcissistic manifestations are linked to different attachment styles (Dickinson and Pincus 2003; Otway and Vignoles 2006): grandiose narcissism is mainly associated with dismissive attachment styles, while vulnerable narcissism is often associated with fearful attachment styles. Supporting these results, only individuals with high vulnerable narcissistic traits report high levels of anxiety and emotional distress when socially excluded (Besser and Priel 2010). Finally, empirical studies have suggested that grandiose and vulnerable narcissism have different patterns of association with empathic capabilities, even though results are still controversial and limited. Overall, grandiose narcissistic traits have shown to be usually associated with low affective empathy (Baskin-Sommers et al. 2014, Di Pierro et al. 2017, Wai and Tiliopoulos 2012), but good cognitive empathy (i.e. theory of mind; Di Pierro et al. 2017, Vonk et al. 2013, Ritter et al. 2011). In particular, such typical pattern of association between narcissism and empathic capabilities seems to support the existence of a continuum between grandiose narcissism, malignant narcissism, and psychopathy (Kernberg and Caligor 2005). Conversely, vulnerable narcissists usually show difficulties in both affective and cognitive empathy, and these difficulties seem to be mainly due to emotion dysregulation, rather than to disinterest in others as hypothesized for grandiose narcissists (Baskin-Sommers et al. 2014).

Overall, such results are interpreted as evidence of the existence of two narcissistic subtypes, as individuals presenting vulnerable narcissism showed very different presentations in terms of behavioral and psychological correlates compared with individuals presenting grandiose narcissism. According to Pincus and colleagues (Pincus et al. 2009, Pincus and Lukowitsky 2010), vulnerable and grandiose narcissistic manifestations reflect predominant ways of coping with narcissistic needs of admiration and recognition that are pervasive in nature. Thus, narcissistic grandiosity involves regulatory fantasies of power, superiority and perfection, entitlement expectations and disinterest toward others’ needs and feelings (Dickinson and Pincus 2003, Ronningstad 2005a, Pincus et al. 2014). Moreover, grandiose narcissists show arrogant exhibitionistic attitudes that allow them

to obtain attention and admiration from others, which in turn strengthen a bloating sense of self (Caligor et al. 2015, Miller and Campbell 2008, Ronningstad 2011). Conversely, narcissistic vulnerability usually involves feelings of emptiness, shame and anger. Moreover, vulnerable narcissists usually show hypersensitivity to exclusion and critiques from others, as well as social avoidance and withdrawal (Dickinson and Pincus 2003, Ronningstad 2005, Pincus et al. 2014). People high in vulnerable narcissism look shy and inhibited, in spite of their inner grandiose fantasies (Miller and Campbell 2008), and this in turn might account for their chronic and intense feelings of envy when comparing themselves with others (Caligor et al. 2015). In a sense, grandiose narcissists look for interpersonal situations that might support their grandiose but fragile self-view through arrogant attitudes; while vulnerable narcissists, who are absorbed in grandiose fantasies, usually avoid interpersonal situations that could not confirm such fantasies, feeling ashamed when their fantasies are not supported by external environment. As suggested by Miller (2011) “*Grandiose narcissism primarily reflects traits related to grandiosity, aggression, and dominance, whereas vulnerable narcissism reflects a defensive and insecure grandiosity that obscures feelings of inadequacy, incompetence and negative affect*” (p. 1013). Thus, grandiose narcissists believe others should treat them in a special way, as they are more intelligent or charming than other people, while vulnerable narcissists believe others should treat them in a special way as they are fragile (weak).

Thus, empirical studies conducted in the last 10 years suggest that grandiose and vulnerable narcissism are different phenotypic subtypes, as they usually show different patterns of associations with behavioral and psychological correlates. However, the nature of the relationship between grandiose and vulnerable narcissism, as well as their role in defining narcissistic pathology, is still uncertain. Campbell and Miller (2011) stated that “*Some argue that these two forms of narcissism are two sides of same coin—different manifestations of the same underlying construct. We believe they are different coins, with separate etiologies, but this issue is certainly still open to debate*” (p. 485). In a sense, after recognizing the existence of both grandiose and vulnerable narcissistic manifestations, the main issue in studying narcissism now is to clarify the structure and nature of narcissistic pathology, as well as the role played by grandiose and vulnerable manifestations in defining such pathology. In this sense, paying more attention to aspects such as the etiology, stability, and severity of pathological narcissism might help us to understand better whether narcissistic grandiosity and vulnerability are discrete entities (subtypes) or rather expressions of the same construct. Clarifying the nature of narcissistic grandiosity and vulnerability, and their role in defining pathological narcissism is fundamental as it might help us to understand better disease course, comorbidity, and prognosis of NPD patients, as well as to address therapeutic interventions that are more effective.

New developments: core and peripheral aspects of narcissism

Empirical findings have provided a broader description of the variability of pathological narcissistic manifestations in recent years. At the same time, increasingly findings on grandiose and vulnerable narcissistic manifestations, as well as on their widely divergent nomological networks, have led

to an accumulation of knowledge difficult to integrate (Wright and Edershire, 2017). We currently know that individuals with pathological narcissism might show different phenotypical presentations, but we do not yet know which aspects, among the others, define the narcissistic pathology.

Overall, PDs diagnoses are based on the presence/absence of exchangeable symptoms (Skodol et al. 2011), and this seems to account for the high heterogeneity of clinical presentations within PDs diagnoses. Moreover, the lack of a clear distinction between core features and marginal features of PDs limits our knowledge of such pathological conditions. Thus, empirical research is becoming more and more interesting in recognizing the differential role of aspects defining personality pathologies.

The importance of identifying core and peripheral features of PDs is having consequences also in conceptualizing and empirically investigating pathological narcissism. Rather than considering differences between the two phenotypic manifestations of narcissism, clinicians and researchers are now increasingly taking an interest in identifying which aspects have a key role in defining pathological narcissism beyond its phenotypic presentations. In other words, we are now moving towards a more cohesive and complex conceptualization of narcissism that no longer describes narcissistic pathology in terms of subtypes (grandiose and vulnerable subtypes). The conceptualization that is taking shape recognizes that individuals with pathological narcissism should share fundamental components that can then be associated and expressed through different attitudes and behaviors.

Within the Big-Five personality framework, Miller et al. (2017) have suggested that traits of interpersonal antagonism, such as exploitativeness, entitlement attitudes and arrogance, might be considered as core aspects of pathological narcissism. Differently, traits of agentic extroversion and neuroticism are peripheral aspects linked to respectively grandiose and vulnerable manifestations. Indeed, the authors have collected data showing that profiles relying on the two narcissistic manifestations share moderate negative correlations with traits of agreeableness (i.e. high interpersonal antagonism). In addition to typical narcissistic interpersonal antagonism, grandiose manifestations of narcissism are best described by traits of agentic extraversion such as acclaim seeking, authoritativeness, and exhibitionism. Conversely, vulnerable manifestations of narcissism are best described by traits of neuroticism such as anxiety, depression, and self-consciousness. Interestingly, preliminary findings have shown that the relationship between grandiose and vulnerable manifestations of narcissism is significantly stronger when controlling for traits of intro-extraversion (Jauk et al. 2017). The authors have interpreted such results as an evidence of the relevant role of introvert and extrovert traits in determining respectively vulnerable and grandiose narcissistic manifestations. As traits of introversion and extraversion are highly genetically determined (McCartney et al. 1990, Loehlin, 1992), these results seem to suggest that grandiose and vulnerable narcissistic manifestations could be considered indexes of individual variability rather than subtypes. Similarly, the central role of entitled self-importance in narcissism, as well as the peripheral role of other dispositional traits, have been recently point out also by Krizan and Herlache (2017). Starting from the approach-avoidance framework, the authors suggest that entitled self-importance mainly defines pathological narcissism, while temperamental

aspects, such as exhibitionism and vulnerability, could account for respectively grandiose and vulnerable manifestations.

Summarizing, some authors have recently recognized entitlement and self-centeredness as central aspects of narcissism, and traits related to grandiose and vulnerable manifestations as more peripheral aspects that could be linked to interindividual differences. However, such models are not conclusive in nature, as they need empirical support. Indeed, most recent empirical studies have investigated grandiose and vulnerable narcissistic manifestations, and their relations with external features, while few studies have empirically identified central and peripheral aspects of pathological narcissism until now.

A recent study (Di Pierro et al. 2018) confirmed only partially the models described by Miller et al. (2017), and Krizan and Herlache (2017). The authors adopted a network approach to investigate the nature and structure of pathological narcissism among young adults. Indeed, network analysis is a data-analytic method that allows to investigate the differential role of symptoms or traits in defining a specific disorder, and it has been recently used in studying psychosis (Isvoranu et al. 2017) and borderline personality disorder (Richetin et al. 2017). Overall, Di Pierro et al. (2018) found that core features of pathological narcissism were related to both grandiose and vulnerable manifestations. In particular, findings showed that traits reflecting grandiose fantasies, entitlement, and fluctuations in self-esteem levels in the absence of external sources of admiration had a central role in defining pathological narcissism. Moreover, such traits maintained their central role in networks of pathological narcissism, regardless of the individuals' underlying level of personality structure.

Overall, findings from recent studies question the existence of narcissistic subtypes as they have been conceptualized until now (i.e. grandiose and vulnerable narcissism). However, such findings are preliminary, as they are limited in number, and further investigations are needed to clarify the role of aspects related to grandiose and vulnerable manifestations in defining narcissistic pathology. In a sense, studying empirically the nature of interconnections between manifestations of pathological narcissism could help in understanding whether narcissistic subtypes really exist. As reported, empirical studies have mainly focused on investigating how the two subtypes of narcissism were differently related to psychological and behavioral features in the last years. Such approach of study has been needed to show that pathological narcissism could include both grandiose and vulnerable manifestations, reducing the gap between clinical psychology and psychiatry. Now that clinicians and researchers have recognised the existence of both grandiose and vulnerable manifestations of narcissism, studies should investigate narcissistic subtypes empirically. On the one hand, studies should investigate the existence of recurring patterns of traits and their role in predicting maladaptive outcomes. Also, longitudinal studies adopting a developmental approach should be conducted to clarify whether narcissistic subtypes really exist. Indeed, investigating how such recurring patterns of pathological narcissistic traits develop over time, as well as whether they are predicted by specific risk factors (i.e. temperamental and environmental risk factors) could help clarifying the structure of narcissistic pathology and its manifestations.

Conclusions

It is noteworthy that something is changing in the way of conceptualizing pathological narcissism nowadays, and many aspects of narcissism should be yet clarified. Are grandiosity and vulnerability subtypes of narcissism, or do they reflect the same construct? Which is common foundation of such narcissistic manifestations? Which is the role of grandiose and vulnerable manifestations in defining narcissistic pathology? Recently, some promising hypotheses on the structure and nature of pathological narcissism have been suggested, but they need to be investigated empirically. Thus, albeit narcissism has a long history in psychological literature, it is still a challenging field of study.

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