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ATTACHMENT THEORY AND NARCISSISTIC PERSONALITY DISORDER

Björn Meyer and Paul A. Pilkonis

Attachment theory postulates that early life experiences have an enduring effect on personality organization and thereby exert an influence on the development of personality disorders (PDs), either increasing or buffering risk. The effect of early experiences on adult personality is thought to be mediated by cognitive-affective mental structures known as attachment representations or, in Bowlby's (1988) terminology, internal working models. For heuristic purposes, such working models are either positive or negative, and they can refer either to the self or to other people. Through repeated experiences with their caregivers that help is readily and consistently available at times of distress, children learn that they are worthy of attention and that others are reliable sources of nurturance. Such benevolent experiences are reflected over time in the emergence of secure attachment patterns, characterized by positive models of self and others. Inconsistent experiences of care or consistent rejection, neglect, or abuse, however, are thought to give rise to more problematic internal working models: others come to be viewed as emotionally irrelevant or malevolent, and the self as unworthy of attention and care.

As we described previously (Meyer & Pilkonis, 2005), internal working models can be viewed as complex patterns of cognitive and affective processes that are differentially activated in specific types of circumstances and, by their recursive activation, guide experience and behavior in interpersonal situations. These cognitive-affective processes include, for example, the way interpersonal experiences are encoded and interpreted, expectations of how such experiences will unfold over time, affective evaluations of interpersonal encounters, the implications one deduces from such events, and the goals, scripts, and intentions that are formed in response to interpersonal cues. This construal of attachment representations is consistent with contemporary models of personality functioning, such as the Cognitive-Affective Personality Systems model (Mischel, 2009). Another assumption of an attachment approach to PDs is that many of these goals, scripts, expectations, and affective responses develop in early-life relationships, become overlearned, and later operate implicitly, outside of conscious awareness and volitional control.

Variants of self- and other-representations may correspond to the different PDs exemplified in current classification systems, much in the same way that particular kinds of underlying beliefs are thought to be disorder-specific in cognitive models of psychopathology (Beck et al., 2001). In previous work, we attempted to describe how attachment processes in early life can give rise to the full spectrum of PD pathology (Meyer & Pilkonis, 2005). In this chapter, we focus on narcissistic PD (NPD), which can be described prototypically as a reflection of dismissing attachment, characterized by inflated internal working models of the self (the self viewed as superior but unacknowledged) and negative models of others (others viewed as failing to provide the unconditional devotion that is felt to be deserved; Meyer & Pilkonis, 2005). We start out by providing a brief overview of NPD and its potential subtypes as viewed from the perspective of attachment theory. We review pertinent empirical findings and then present recommendations for psychotherapeutic treatment that emerge from an attachment-based understanding of NPD.

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TWO ATTACHMENT SUBTYPES OF NARCISSISM?

A growing literature suggests that the unidimensional conceptualization of narcissism may be inappropriate because at least two subtypes have been differentiated: Grandiose (sometimes referred to as overt) narcissism versus vulnerable (sometimes referred to as covert) narcissism (Dickinson & Pincus, 2003; Russ, Shedler, Bradley, & Westen, 2008; Wink, 1991). Whereas grandiose narcissists tend to be dominant, self-assured, exhibitionistic, and aggressive, vulnerable narcissists tend to be defensive, hypersensitive, and anxiously concerned with their adequacy while harboring an underlying sense of importance. Both types share the same focus of attention—they are more interested in their own need-fulfillment than in the concerns of others (Dickinson & Pincus, 2003; Wink, 1991). The grandiose narcissistic type is better captured by current DSM descriptions than vulnerable narcissism. Beyond the grandiose and vulnerable types of narcissism, other types may also exist, such as the high functioning, exhibitionistic narcissist, who is described as boastful and arrogant as well as energetic, socially skilled, attention-seeking, and generally well-adjusted (Russ et al., 2008).

We suggest that these subtypes can be distinguished and understood from the perspective of attachment theory. From this perspective, two questions are particularly pertinent: (1) What are the formative attachment experiences that give rise to these different variants of narcissism?, and (2) What is the nature of the internal working models or attachment styles that have resulted from these early experiences and now contribute to the maintenance of these patterns?

ATTACHMENT EXPERIENCES ASSOCIATED WITH NARCISSISM: OVERINDULGENCE OR REJECTION?

Clinical observation and classic theoretical work have emphasized that narcissism may arise either from excessive parental admiration and overindulgence—such that children learn that they are the proverbial center of the universe—or from the opposite—parental neglect or rejection, leading to a felt sense of deprivation. This seeming paradox has led to considerable confusion and frustration, as expressed by Millon's request: "Will the real narcissistic child please stand up?" (Millon & Davis, 1996). Despite the seeming contradiction, however, both pathways (and fluctuations between them) appear plausible in the light of attachment considerations.

In theory, budding narcissists may learn from overindulgent experiences that they deserve consistent admiration and indulgence, leading to a conviction of one's superiority. In attachment terms, consistent and indiscriminate adulation from caregivers might be expected to lead to positive, even inflated self-models, along with at least partially positive other-models. Other-models may also contain elements of negativity, however, as the growing narcissist inevitably learns that entitled expectations are not always met by others. Furthermore, consistent overindulgence may lead to impoverished mental models of others as the narcissist does not learn that the attention of others need be contingent upon his behavior. By definition, consistent overindulgence means that attention and praise are indiscriminate, so others may be viewed as automatons, existing only in order to serve one's needs, rather than being autonomous agents with whom reciprocal interactions are possible. The attachment styles that would be expected to result from such overindulgence, then, could range from secure to dismissing—the self is adored, and others are viewed either benignly as willing service providers or angrily as reluctant providers.

Experiences of rejection or neglect, however, should have dramatically different learning consequences than those resulting from overindulgent parenting. The experience of repeated rejection or maltreatment may suggest that one is unworthy of consistent care and nurturance; defensive narcissism may thus emerge in response to parental coldness, rejection, and disapproval. Conscious acknowledgment of being "deserving" of aversive treatment would be emotionally overwhelming and, as a consequence, the developing narcissist may evolve inflated

self-views in order to ward off fears of being unworthy. Such compensatory or defensive views of narcissism have been elaborated in psychoanalytic thought (Kernberg, 1998). Some of these models have postulated that narcissism may be particularly likely to emerge when unresponsive, detached parenting is coupled with superficial praise and admiration: "Fostering the development of a pathological grandiose self are parents who are cold and rejecting, yet admiring" (Kernberg, 1998, p. 41). From an attachment perspective, such cold and rejecting parenting would be expected to result in avoidant-dismissing attachment styles. Internal working models of others become mostly negative as the child learns that instead of responding to their distress and gratifying their needs, others tend to be detached and disinterested—irrelevant in terms of their capacity to aid in emotion regulation.

Several theorists have offered similar attachment-based accounts of the pathogenesis of narcissism. For example, Popper (2002) noted that, "the avoidant [attachment] pattern, like pathological narcissism, is a result of the child having a cold unresponsive mother . . . and a caregiver who constantly rebuffs the child when she or he approaches for comfort or protection . . . According to both [narcissistic and attachment] theories, the child is left emotionally hungry. Consequently, she or he may use a strategy of minimizing emotional investments in others" (p. 803). In Popper's view, too, then, narcissism can be viewed as a reflection of avoidant attachment.

The patterns described thus far seem plausible for grandiose forms of narcissism. Different attachment histories, however, are more likely to be associated with vulnerable forms. Specifically, when parental attention and nurturance are *inconsistently* available, anxious-preoccupied attachment patterns may emerge: The child learns that care is not reliably available—although it is within the realm of possible experience. He learns that the threat of abandonment is continuously present and that close proximity to others must be ensured in order to prevent rejection. Children with such learning experiences are thought to develop negative self-models ("I am apparently not worthy of consistent attention and care") along with mostly positive other-models ("Others are capable of providing the care that I long for—but they cannot always be counted on"). The anxious apprehension and concern with self-worth that are prominent in vulnerable narcissism parallel this preoccupied attachment pattern. Vulnerable narcissists may have interpreted the inconsistency they experienced from caregivers as an indication that they must demand and insist on the attention they feel they deserve—otherwise it will not be forthcoming. The hard lesson that others are only inconsistently responsive may leave residues of chronic disappointment and negative affect. The existence of such a preoccupied variant of narcissism would be bolstered to the extent that evidence could substantiate associations between anxious-preoccupied attachment and covert narcissism. As we review below, such evidence has indeed been found.

Few studies, however, have empirically examined the linkages between specific childhood experiences and adulthood narcissism. Moreover, these studies tend to be retrospective in design and based on self-reports, which renders causal conclusions tenuous. In one such study (Otway & Vignoles, 2006), both covert and overt narcissism were simultaneously associated with cold parenting experiences (e.g., "When I was a child I sometimes felt that my parents wished I wasn't around") and with parental overvaluation (e.g., "When I was a child my parents praised me for virtually everything I did"). The link between overvaluation and overt narcissism was particularly strong in that study, suggesting that aspects of narcissism such as vanity and a sense of superiority are associated with early experiences of indiscriminate praise. Both forms of narcissism, though, may arise from parental coldness and rejection combined with the kind of indiscriminate praise that rings hollow to the child who feels emotionally neglected. This study supports the idea that narcissism may emerge in a defensive or compensatory process and appears to be associated with care-giving experiences that lead to the avoidant pattern of attachment.

In another study, significant associations were found between "unhealthy narcissism" (after removing variance associated with self-esteem) and parental warmth as well as control (Horton, Bleau, & Drwecki, 2006). More narcissistic college students tended to recall their parents as

more supportive of the child). These school students predicted unhealthy overindulgent parenting experiences but that others' models). Such an attachment, as de

Other studies generally, without example, state predictors of PD. Interestingly, does with narcissistic potentially confounded associated with N experiences in children after controlling for are consistent with parenting may lead to narcissistic personality disorder.

From an attachment perspective, the experiences encountered in childhood are consistent with related experiences and self-reflections of interest. Narcissism is

NARCISSISTIC AVOIDANT ATTACHMENT

A third pattern [be the individual has the contrary, expect life without the to later be diagnosed as narcissism. It is constantly rebuffing his result from repeated

According to Bowlby, avoidant attachment is linked to a defensive process as they have failed to exist. Theorists, for example, Pistole (1999) represent defensive narcissism reminiscent of narcissism. Avoidant attachment is similar to vulnerability, coldness (2001) construed nar

more supportive and warm but also as more controlling (e.g., using guilt and pressure to control the child). These findings were replicated and extended in a second study with a sample of high school students (Horton et al., 2006). In that study, lower levels of parental monitoring also predicted unhealthy narcissism. The pattern of findings from these studies largely supported the overindulgence hypothesis of narcissism: Children may learn from such warm yet controlling parenting experiences that they deserve praise and admiration (leading to positive self models), but that others may attempt to control them, which they resent (leading to negative other models). Such a constellation would be expected to facilitate the dismissing-avoidant pattern of attachment, as described above.

Other studies have investigated links between childhood adversity and PD pathology more generally, without a specific focus on NPD. In one longitudinal studies of 639 families, for example, state records and self-reports of childhood adversity were examined as potential predictors of PDs in early adulthood (Johnson, Cohen, Brown, Smailes, & Bernstein, 1999). Interestingly, documented as well as self-reported neglect experiences in childhood were linked with narcissistic PD symptoms, even after controlling for co-occurring PD symptoms and other potentially confounding variables. Physical and sexual abuse experiences, however, were not associated with NPD. In another study with the same sample, it was also found that verbal abuse experiences in childhood were associated with the emergence of NPD in early adulthood, again after controlling for various potential confounds (Johnson et al., 2001). In sum, these findings are consistent with the attachment view that consistently unresponsive, insensitive, and rejecting parenting may lead to avoidant attachment and thereby predispose individuals to develop narcissistic personality tendencies in later years.

From an attachment perspective, however, what is perhaps even more important than the events encountered in childhood are the internal working models that emerge as a consequence of such experiences and subsequently, in the form of adult attachment styles, shape and guide attachment-related experiences and behavior. Because attachment styles are thought to be the observable reflections of internal working models, the question of which attachment representations characterize narcissism is an empirical one—and several studies have addressed this question.

NARCISSISTIC ATTACHMENT REPRESENTATIONS: AVOIDANT AND/OR ANXIOUS?

A third pattern [beyond secure and anxious-resistant] is that of anxious avoidant attachment in which the individual has no confidence that, when he seeks care, he will be responded to helpfully but, on the contrary, expects to be rebuffed. When in marked degree such an individual attempts to live his life without the love and support of others, he tries to become emotionally self-sufficient and may later be diagnosed as narcissistic . . . This pattern . . . is the result of the individual's mother constantly rebuffing him when he approaches her for comfort or protection. The most extreme cases result from repeated rejection. (Bowlby, 1988, p. 124)

According to Bowlby, as the quote earlier testifies, narcissism appears to be most closely linked to avoidant or dismissive attachment. As reviewed earlier, repeated rejection is thought to result in a defensive distancing from relationships; over time, others are viewed as irrelevant as they have failed to provide comfort, and solitary independence becomes a preferred mode of existing. Theorists other than Bowlby have tended to agree with this conceptualization. For example, Pistole (1995) noted that both preoccupied and dismissing avoidant attachment may represent defensive strategies to navigate narcissistic needs, but only "dismissing avoidance is reminiscent of narcissistic personality disorder. The high, defensive self-concept of dismissing attachment is similar to the idealized, narcissistic grandiose self; both patterns involve latent vulnerability, coldness, hostility, and using others" (p. 123). In a similar vein, Lyddon and Sherry (2001) construed narcissistic PD as a reflection of dismissing and fearful attachment, marked

by negative models of others and ambivalent models of the self: "They tend to have a negative and disdainful working model of others . . . [but] working models of the self tend to vacillate between positive and negative appraisals" (p. 410).

Several studies have examined whether narcissistic tendencies are indeed linked with avoidant-dismissive attachment as these clinical conjectures would predict. Table 39.1 provides an overview of some of these findings. The pattern of findings appears to be somewhat supportive but not entirely consistent. When overt and covert narcissism are considered separately, however, the conclusions become clearer, suggesting that vulnerable narcissism is strongly linked with anxious attachment, whereas grandiose narcissism is related (but more weakly) to dismissing-avoidant attachment.

In two correlational studies, for example, attachment anxiety was specifically associated with covert (vulnerable) narcissism, showing that tendencies to worry about abandonment and yearn for intimacy are linked with the hypersensitive self-absorption characterizing vulnerable narcissism (Otway & Vignoles, 2006; Smolewska & Dion, 2005). In another study, vulnerable narcissism also tended to be linked with anxious attachment patterns characterized by negative self-models (i.e., fearful or preoccupied), whereas grandiose narcissism was linked with nonanxious and, to some extent, avoidant attachment patterns, indicating positive self- and ambivalent other-models (Dickinson & Pincus, 2003). Similarly, Israeli army cadets who were considered by their superiors to be charismatic leaders, and who also exhibited narcissistic features, were found to score higher on an avoidant attachment measure (Popper, 2002). In several studies, however, there was no clear link between narcissism and attachment style measures (Brennan & Shaver, 1998; Sherry et al., 2007).

In sum, these studies suggest that different variants of narcissism appear to be associated with different attachment patterns. Whereas the grandiose or malignant narcissistic type tends to report little attachment anxiety but more defensive avoidance of intimacy, the vulnerable or fragile narcissistic type tends to show much more attachment anxiety and less interpersonal avoidance. High rates of overall insecure attachment, however, can be expected for both subtypes. A third possible subtype—the high-functioning or exhibitionistic narcissist (Russ et al., 2008)—may be the least likely to show insecure attachment and, despite a sense of entitlement and exaggerated self-importance, may feel as comfortable as other securely attached individuals in terms of navigating intimacy and distance. Because studies of narcissism in nonclinical populations often do not differentiate among these subtypes, the linkages with attachment measures are often obscured.

TREATMENT IMPLICATIONS

Not infrequently . . . a patient seems wholly unaware of any such feelings [of being rejected, criticized, or humiliated] despite his attitude to the therapist exuding distrust and evasion . . . These patients, who are often described as being narcissistic . . . avoid therapy as long as they can and, should they undertake it, keep the therapist at arm's length. If allowed to, some will talk incessantly about anything and everything except emotionally charged relationships, past or present. Others will explain they have nothing to talk about . . . To treat such deeply distrustful people [can be] compared with trying to make friends with a shy and frightened pony: both situations require a prolonged, quiet, and friendly patience . . . (Bowlby, 1988, p. 143)

As illustrated by Bowlby's quote, attachment theory can inform the process of psychotherapy with narcissistic patients. Bowlby comments in this passage about the distrustful narcissist who has learned from early experience that rejection and humiliation are real and common events. However, despite these learning experiences, the patient may be unaware of any defensive tendencies or of the developmental experiences that have created them. The insecure and avoidant attachment that has resulted from such experiences compels the patient to maintain distance,

Table 39.1. Studies Investigating Associations of Narcissism With Attachment Styles or Representations

Study	Sample	Measures	Main Findings
• Brennan and Shaver (1998)	• 1,407 adolescents and young adults	• Attachment: Bartholomew and Horowitz's methodology in which the secure, fearful avoidant, preoccupied and dismissing avoidant attachment styles are distinguished	• Narcissistic PD was not clearly associated with any one attachment style, possibly because of the low

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Table 39.1. Studies Investigating Associations of Narcissism With Attachment Styles or Representations

Study	Sample	Measures	Main Findings
• Brennan and Shaver (1998)	• 1,407 adolescents and young adults	• Attachment: Bartholomew and Horowitz's methodology in which the secure, fearful avoidant, preoccupied and dismissing avoidant descriptions are rated on 7-point scales. • PDs: Personality Diagnostic Questionnaire – R	• Narcissistic PD was not clearly associated with any one attachment style, possibly because of the low prevalence of NPD in that study (0.9%).
• Dickinson and Pincus (2003)	• 80 participants selected from a pool of 2,532 undergraduates: Grandiose narcissists (N = 26), vulnerable narcissists (N = 26), and controls (N = 28)	• Attachment: Adult Attachment Questionnaire: Participants select whether brief descriptions of secure, preoccupied, dismissive, or fearful attachment best fits their own experience. • PDs: Narcissistic Personality Inventory	• Grandiose narcissists tended to report secure or dismissive attachment, whereas vulnerable narcissists tended to select fearful or preoccupied attachment.
• Meyer et al. (2001)	• 149 adult psychiatric inpatients and outpatients	• Attachment: Interview-based attachment prototype rating method • PDs: Experienced clinician consensus ratings based several structured interviews with patients and significant others	• Narcissistic PD features correlated inversely with secure attachment but did not correlate with attachment prototypes most strongly signifying preoccupied attachment (excessive dependency) or avoidant-dismissive attachment (defensive separation). • Narcissistic PD did correlate with attachment prototype measures of ambivalent and detached interpersonal functioning.
• Otway and Vignoles (2006)	• 120 adults from the general community	• Attachment: Experiences in Close Relationships (ECR) Scale (a measure of attachment anxiety and avoidance) • PDs: Self-report measures of overt and covert narcissism (the Hypersensitive Narcissism Scale and the Narcissistic Personality Inventory)	• Attachment anxiety associated with covert narcissism. • Both vulnerable and grandiose narcissism linked with cold parenting and overvaluation. • Association between overvaluation and grandiose narcissism particularly strong.

(Continued)

Table 39.1. (Continued)

Study	Sample	Measures	Main Findings
• Popper (2002)	• 184 men who were cadet squad commanders in the Israel Defense Forces and were considered by their commanders to be charismatic leaders.	<ul style="list-style-type: none"> • Attachment: 15-item attachment questionnaire derived from previous other studies • PDs: Narcissistic Personality Inventory 	<ul style="list-style-type: none"> • Participants (charismatic leaders) with high narcissism scores reported more avoidant attachment than those low on narcissism.
• Sherry, Lyndon, and Henson (2007)	• 273 undergraduate students	<ul style="list-style-type: none"> • Attachment: Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994) • PDs: Millon Clinical Multiaxial Inventory-III (Millon, Davis, & Millon, 1997) 	<ul style="list-style-type: none"> • Narcissism, as measured by the MCMI-III, did not correlate with preoccupied or dismissing attachment; however, a weak positive correlation with secure attachment and a weak inverse correlation with fearful attachment were found. • Narcissistic, antisocial, and compulsive PDs were not well explained by the attachment scales.
• Smolewska and Dion (2005)	• 171 female undergraduate students	<ul style="list-style-type: none"> • Attachment: Experiences in Close Relationships (ECR) Scale (a measure of attachment anxiety and avoidance) • PDs: Self-report measures of overt and covert narcissism (the Hypersensitive Narcissism Scale and the Narcissistic Personality Inventory) 	<ul style="list-style-type: none"> • Only vulnerable narcissism was strongly and positively correlated with attachment anxiety and more weakly positively correlated with attachment avoidance. • Grandiose narcissism appeared unrelated to attachment anxiety and avoidance.

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despite a superficial willingness to engage in therapy. The therapist's task is to provide the trustworthy safe haven and secure base that the patient's caregivers in childhood could not deliver.

As reviewed above, narcissism may also be associated with variants of attachment other than the avoidant pattern, such as a more preoccupied variant and perhaps also a relatively securely attached variant. Depending on the attachment constellation of the patient, the therapist must modify his or her approach in order to maximize the possibility of forming a strong and authentic alliance that can serve as a secure base for the therapeutic relationship (Bowlby, 1988).

Beyond the message that therapists should aim to function as a secure base to facilitate psychological growth, attachment theory offers several additional treatment recommendations. Firstly, attachment theory offers suggestions for preventative treatment efforts. To the extent that certain variants of narcissism emerges from cold and rejecting parenting—often coupled with indiscriminate praise—the development of narcissism might be prevented to the extent that parents learn to refrain from such practices and instead provide consistent, responsive, and sensitive care to their offspring. Short-term parenting interventions can significantly enhance maternal sensitivity and thereby increase the likelihood of raising securely attached children (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003).

A second treatment implication concerns the need to assess attachment explicitly in treatment. Many measures of attachment style exist from brief versions of well-validated questionnaires (Wei, Russell, Mallinckrodt, & Vogel, 2007) to treatment-specific questionnaires assessing patients' attachment to their therapist (Mallinckrodt, Gantt, & Coble, 1995) to more elaborate and time-intensive interview-based measures of attachment states-of-mind (Hesse, 1999). Regardless of which measures one uses, therapists would be well advised to be familiar with these possibilities so they can empirically pursue the third treatment recommendation: To use the therapeutic process in order to modify attachment representations.

In order to accomplish this goal, therapists can use cognitive-behavioral, psychodynamic, or other strategies: Attachment theory is "most properly and usefully thought of as a way of informing, rather than defining or prescribing, intervention" (Bartholomew, Kwong, & Hart, 2001). As an example, several of the techniques developed in CBASP (Cognitive Behavioral Analysis System Psychotherapy; McCullough, 2000) appear to be well-suited for attachment-focused work with patients with PDs. Over the first several sessions, CBASP therapists review the most important attachment relationships of each patient, concluding with a brief description of what key learning experiences might have resulted—which internal working models might have emerged. Therapists and patients then deduce a *transference hypothesis* from these summaries of formative experiences, in which they articulate which kinds of implicit expectations patients might bring into therapy, based on early learning experiences, and which problems in the therapeutic relationship might be reasonably anticipated because of those expectations (e.g., "If I open up emotionally, I will probably get hurt"). Later in treatment, various exercises are used to help the patient experience the contrast between harmful formative relationships and the current, helpful therapeutic relationship. From an attachment perspective, such exercises may function to revise the internal working models underlying the patient's psychopathology.

Which kinds of implicit interpersonal expectancies might patients with different variants of NPD bring to therapy, and how should attachment-informed therapists respond to them? In Table 39.2, we present a preliminary overview of potentially relevant self-, other-, and interpersonal expectancies therapists might encounter in their work with grandiose, vulnerable, or high-functioning narcissistic patients. As can be seen in the table, we would expect grandiose narcissists to be particularly likely to exhibit avoidant-dismissing attachment; their inflated self-views are likely to be coupled with views of others as potentially interested audiences but as ultimately irrelevant. In terms of their interpersonal expectancies, we predict that they would—unconsciously—fear showing more vulnerable aspects of their personality because of their implicit expectation that such displays of ostensible weakness would be followed by the same cold and rejecting response from their therapist as they experienced earlier from attachment

figures. Therapists are well advised to explore these potential developmental antecedents and to encourage or reward instances of genuine relatedness in the session.

We expect vulnerable narcissists, by contrast, to exhibit anxious-preoccupied attachment styles, given the evidence in this regard (Otway & Vignoles, 2006; Smolewska & Dion, 2005). Their self-model may contain elements of inflated entitlement but also of vulnerable self-doubt; their model of others may reflect an anxious desire to maintain proximity and receive nurturance coupled with the anticipation of likely disappointment. Given their early experiences of parental inconsistency and their current longing for closeness, their interpersonal expectancies may be centered on the conviction that their expectations of therapy will not be reciprocated by therapists.

Finally, we expect that high-functioning narcissists, who tend to show the best relative adjustment (Russ et al., 2008) but might also benefit from more secure attachment, would be more

Table 39.2. Attachment Variants of Narcissistic PD: Therapeutic Implications

Attachment-Variant of NPD	Interpersonal Expectancies	Therapeutic Strategies
Grandiose narcissist (avoidant-dismissing attachment)	<ul style="list-style-type: none"> • <i>Self-expectation</i>: I am special, fascinating, impressive, and superior to others. • <i>Other-expectation</i>: Others are sometimes enjoyable audiences; they ought to treat me as the special person that I am, but they inevitably fail me and are ultimately irrelevant. • <i>If-then relational expectation</i>: If I open up to my therapist, enter into an equal relationship, or show my weak, vulnerable side . . . I will be hurt because the therapist will be disgusted by such weakness and will reject me as coldly as my parents did. 	<ul style="list-style-type: none"> • Explore the possibility of cold-rejecting early experiences and their consequences. • Encourage and reward instances of genuine relatedness and expression of feared emotional states.
Vulnerable narcissist (anxious-preoccupied attachment)	<ul style="list-style-type: none"> • <i>Self-expectation</i>: I am special and wonderful inside but also sensitive and vulnerable. • <i>Other-expectation</i>: Others ought to attend to me and discover how wonderful I am, but they may fail to understand and appreciate me appropriately; they often selfishly attend to things other than me; they cannot be trusted or counted on. • <i>If-then relational expectation</i>: If I open up to my therapist, enter into an equal relationship, or show my weak, vulnerable side . . . I will be disappointed because the therapist won't be able to give me the intense support that I require, just like my parents could not provide what I needed. 	<ul style="list-style-type: none"> • Explore the possibility of inconsistent early experiences and their consequences. • Encourage and reward openness and expressions of vulnerability while discussing potential disappointment reactions.
High-functioning narcissist (secure attachment)	<ul style="list-style-type: none"> • <i>Self-expectation</i>: I am special, talented, and successful. • <i>Other-expectation</i>: Others can be enjoyable company—especially if they recognize my greatness—but I do not really need them. • <i>If-then relational expectation</i>: If I open up to my therapist, enter into an equal relationship, or show my weak, vulnerable side . . . it might actually work out and help me. 	<ul style="list-style-type: none"> • Explore the interpersonal consequences of narcissistic behavior on others, including the therapist.

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likely than individuals with other NPD variants to engage readily in the therapeutic process. Their inflated self-views and arrogance could irritate inexperienced therapists, but with greater experience, therapists may find it easier to focus on the motives behind overt narcissistic behavior and modify their interventions accordingly in a complementary manner (Caspar, Grossmann, Unmüssig, & Schramm, 2005). High-functioning narcissists may be more likely than other variants to hold positive models of others, and this sense of confidence in relationships may translate into greater capacity to enter into effective therapeutic relationships.

In conclusion, we regard attachment theory as a useful framework within which to conceptualize different variants of narcissistic psychopathology. Such an approach can inform our understanding of the potential development antecedents of NPD, of cognitive and affective processes that maintain the disorder, and of interventions that may be helpful. There is clearly a need for more research on these matters, particularly for prospective studies with measurement approaches that capture the subtle distinctions in mental representations that differentiate the attachment variants of NPD we described in this chapter.

REFERENCES

- Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Juffer, F. (2003). Less is more: Meta-analyses of sensitivity and attachment interventions in early childhood. *Psychological Bulletin*, *129*, 195–215.
- Bartholomew, K., Kwong, M. J., & Hart, S. D. (2001). Attachment. In J. W. Livesley (Ed.), *Handbook of personality disorders: Theory, research and treatment*. New York, NY: Guilford Press.
- Beck, A. T., Butler, A. C., Brown, G. K., Dahlsgaard, K. K., Newman, C. F., & Beck, J. S. (2001). Dysfunctional beliefs discriminate personality disorders. *Behaviour Research and Therapy*, *39*, 1213–1225.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. London, England: Routledge.
- Brennan, K. A., & Shaver, P. R. (1998). Attachment styles and personality disorders: Their connections to each other and to parental divorce, parental death, and perceptions of parental caregiving. *Journal of Personality*, *66*, 835–878.
- Caspar, F., Grossmann, C., Unmüssig, C., & Schramm, E. (2005). Complementary therapeutic relationship: Therapist behavior, interpersonal patterns, and therapeutic effects. *Psychotherapy Research*, *15*, 91–102.
- Dickinson, K. A., & Pincus, A. L. (2003). Interpersonal analysis of grandiose and vulnerable narcissism. *Journal of Personality Disorders*, *17*, 188–207.
- Griffin, D., & Bartholomew, K. (1994). Models of the self and others: Fundamental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology*, *67*, 430–445.
- Hesse, E. (1999). The adult attachment interview: Historical and current perspectives. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications*. New York, NY: Guilford Press.
- Horton, R. S., Bleau, G., & Drwecki, B. (2006). Parenting narcissus: What are the links between parenting and narcissism? *Journal of Personality*, *74*, 345–376.
- Johnson, J. G., Cohen, P., Brown, J., Smailes, E. M., & Bernstein, D. P. (1999). Childhood maltreatment increases risk for personality disorders during early adulthood. *Archives of General Psychiatry*, *56*, 600–606.
- Johnson, J. G., Cohen, P., Smailes, E. M., Skodol, A. E., Brown, J., & Oldham, J. M. (2001). Childhood verbal abuse and risk for personality disorders during adolescence and early adulthood. *Comprehensive Psychiatry*, *42*, 16–23.
- Kernberg, O. F. (1998). Pathological narcissism and narcissistic personality disorder: Theoretical background and diagnostic classification. In E. F. Ronningstam (Ed.), *Disorders of narcissism: Diagnostic, clinical, and empirical implications* (pp. 29–51). Washington, DC: American Psychiatric Association.
- Lyddon, W. J., & Sherry, A. (2001). Developmental personality styles: An attachment theory conceptualization of personality disorders. *Journal of Counseling & Development*, *79*, 405.
- Mallinckrodt, B., Gantt, D. L., & Coble, H. M. (1995). Attachment patterns in the psychotherapy relationship: Development of the client attachment to therapist scale. *Journal of Counseling Psychology*, *42*, 307–317.
- McCullough, J. P. (2000). *Treatment for chronic depression. Cognitive behavioral analysis system of psychotherapy*. New York, NY: Guilford Press.
- Meyer, B., & Pilkonis, P. A. (2005). An attachment model of personality disorders. In M. F. Lenzenweger & J. F. Clarkin (Eds.), *Major theories of personality disorder* (2nd ed., pp. 231–281). New York, NY: Guilford Press.

- Meyer, B., Piskonis, P. A., Proctor, J. M., Heape, C. L., & Egan, M. (2001). Attachment styles and personality disorders as predictors of symptom course. *Journal of Personality Disorders, 15*(5), 371-389.
- Millon, T., & Davis, R. (1996). *Disorders of personality: DSM-IV and beyond* (2nd ed.). New York, NY: Wiley.
- Millon, T., Davis, R., & Millon, C. (1997). *MCMI-II manual* (2nd ed.). Minneapolis, MN: National Computer Systems.
- Mischel, W. (2009). From personality and assessment (1968) to personality science, 2009. *Journal of Research in Personality, 43*, 282-290.
- Orway, L. J., & Vignoles, V. L. (2006). Narcissism and childhood recollections: A quantitative test of psychoanalytic predictions. *Personality and Social Psychology Bulletin, 32*, 104-116.
- Pistole, M. C. (1995). Adult attachment style and narcissistic vulnerability. *Psychoanalytic Psychology, 12*, 115-126.
- Popper, M. (2002). Narcissism and attachment patterns of personalized and socialized charismatic leaders. *Journal of Social and Personal Relationships, 19*, 797-809.
- Russ, E., Shedler, J., Bradley, R., & Westen, D. (2008). Refining the construct of narcissistic personality disorder: Diagnostic criteria and subtypes. *American Journal of Psychiatry, 165*, 1473-1481.
- Sherry, A., Lyddon, W. J., & Henson, R. K. (2007). Adult attachment and developmental personality styles: An empirical study. *Journal of Counseling & Development, 85*, 337-348.
- Smolewska, K., & Dion, K. L. (2005). Narcissism and adult attachment: A multivariate approach. *Self and Identity, 4*, 59-68.
- Wet, M., Russell, D. W., Mallinckrodt, B., & Vogel, D. L. (2007). The experiences in close relationship scale (ECRS)—short form: Reliability, validity, and factor structure. *Journal of Personality Assessment, 88*, 187-204.
- Wink, P. (1991). Two faces of narcissism. *Journal of Personality and Social Psychology, 61*, 590-597.

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