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The Case for Using Research on Trait Narcissism as a Building Block for Understanding Narcissistic Personality Disorder: A Clarification and Expansion

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We appreciate the thoughtful commentaries provided by Drs. Widiger (pp. 192–194, this issue), Krueger (pp. 195–196, this issue), and Blais and Little (pp. 197–199, this issue) on our initial article. These authors and prominent scholars have provided a number of compelling points both in support of and in opposition to the central tenets of our article. In what follows, we clarify and expand on our own position as it was interpreted in the commentaries of Krueger and Blais and Little.

Krueger discussed the article in the context of our previous work calling for the use of dimensional models of personality pathology and in the context of the development of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM–5*). He was critical of both our call for further research on narcissistic personality disorder (NPD) and our use of prevalence data to justify this call. Krueger objected to these points because (a) the data indicate that narcissism is dimensional in nature, which contradicts "estimating the prevalence of NPD" (p. 195) and (b) he believes the categorical personality disorder (PD) constructs should be "retired" and replaced with a "more empirically accurate dimensional account of personality and personality pathology" (p. 196). We agree with Krueger on both points; however, we must also respond to the current situation in the area of PDs. Krueger's points are inconsistent with those made by the *DSM–5* Personality and Personality Disorder Work Group, of which Krueger is a core member. The *DSM–5* Personality and Personality Disorder Work Group has proposed to drop five of the 10 official PDs, including NPD, with the remaining five designated as PD types. The rationale for retaining certain PD types, such as obsessive–compulsive, is based explicitly, in part, on the prevalence rates of the *DSM–IV* disorders (http://www.dsm5.org). Our presentation of prevalence data for NPD is simply an attempt to meet the *DSM–5* Personality and Personality Disorder Work Group on its own playing field.

As noted earlier, we generally agree that the PDs should be replaced with a trait model of personality pathology. Unfortunately, despite Krueger's involvement in *DSM–5* and his stance on this issue, this does not appear likely to happen. Instead, five of the PDs will remain as PD types, with the other five dropped and assessed only by a newly created dimensional trait model. We have three concerns with this proposal. First, there is no strong rationale for why certain PDs were kept (e.g., avoidant PD) and others were dropped (e.g., NPD), particularly when NPD has a larger empirical base than some of the retained PDs. We believe that if certain PDs are retained, NPD should be among those. Second, the trait model proposed for inclusion in *DSM–5* will be incapable of assessing all of the core features of grandiose narcissism because this model does not include traits indicative of high extraversion (which are important to understanding narcissism's relation to risky behavior; Foster & Trimm, 2008; Miller, Campbell, et al., 2009). Although there may be an explicit trait narcissism scale, it may be a better indicator of narcissistic vulnerability than grandiosity (Miller, Widiger, & Campbell, in press). Third, the dimensional traits in this model will not be given official diagnostic codes and thus will likely be ignored by clinicians. As such, there is reason to believe that NPD may effectively be excluded from *DSM–5*.

We would also like to dispel any notion that we encourage an "uncritical adoption of the trait narcissism paradigm" (Blais & Little, p. 197, this

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issue). In fact, we were careful to point out many of the limitations of this research, including the overreliance on the Narcissistic Personality Inventory (NPI). We do not suggest that the NPI become the gold-standard assessment of narcissism used by clinical psychologists and psychiatrists. Instead, we suggest that the extant literature, most of which has used the NPI, is relevant to our understanding of NPD.

We also agree with Blais and Little's encouragement of the development and use of alternative assessments of narcissism, such as the Pathological Narcissism Inventory (Pincus et al., 2009), the Psychological Entitlement Scale (Campbell, Bonacci, Shelton, Exline, & Bushman, 2004), and the Narcissistic Grandiosity Scale (Rosenthal, Hooley, & Steshenko, 2007). In fact, we explicitly encouraged this in our original article (pp. 180–191, this issue). We find it strange, however, that the "critical eye" cast by Blais and Little on the NPI was not also applied to these scales. For example, although the NPI has no clearly agreed-on factor structure, it has been used in more than 160 studies and has demonstrated strong validity. This is counter to the Narcissistic Grandiosity Scale, praised by Blais and Little, which is an unpublished instrument with little to no extant data on its reliability and validity.

Finally, we fully agree with Blais and Little's encouragement of researchers to "routinely incorporate multimethod assessments into research on normal and pathological narcissism" and "broaden clinical research to identify real-life functioning" (p. 199). Indeed, this is entirely consistent with our own program of research in which we use self- and other reports of personality and multiple measures of narcissism (including scales assessing grandiose and vulnerable narcissism, as well as NPD) and examine these constructs in relation to real-life functioning such as substance use, aggression, nonsuicidal self-injury, and other self-defeating behaviors (e.g., Miller & Campbell, 2008; Miller, Campbell, et al., 2009; Miller , Dir, et al., in press; Miller, Gaughan, Pryor, Kamen, & Campbell, 2009).

In sum, we believe that the extant research on trait narcissism has much to offer to our understanding of pathological narcissism. Given the current rationale provided for retaining and deleting PDs, we believe that the inclusion of this substantial literature would make it difficult to argue that NPD should be dropped from *DSM–5* as other PD types are retained.

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