Narcissistic personality disorder (NPD) is a trait-based disorder that can be understood as a pathological amplification of narcissistic traits. While temperamental vulnerability and psychological adversity are risk factors for NPD, sociocultural factors are also important. This review hypothesizes that increases in narcissistic traits and cultural narcissism could be associated with changes in the prevalence of NPD. These shifts seem to be a relatively recent phenomenon, driven by social changes associated with modernity. While the main treatment for NPD remains psychotherapy, that form of treatment is itself a product of modernity and individualism. The hypothesis is presented that psychological treatment, unless modified to address the specific problems associated with NPD, could run the risk of supporting narcissism.

Keywords: narcissistic personality disorders, narcissism, personality traits, personality disorders, modernity, individualism

The recent near-death and resurrection of NPD in Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is a good time to take stock of the history of this diagnosis (Levy, Ellison, & Reynoso, 2011) and of the research supporting it (Campbell & Miller, 2011). In February 2010, the American Psychiatric Association (www.dsm-5.org) announced that five of the 10 DSM–IV categories of PD would be removed from the upcoming DSM-5, and that NPD would be one of them. The rationale to remove NPD was a perceived lack of empirical support evidenced by a sparse literature.

This decision can also be understood in light of the agenda of the work group for personality disorders (Krueger, Clark, Markon, Derringer, Skodol, & Livesley, 2011). Their view was that categorical diagnosis of PDs is arbitrary, and that empirical data support continuity between traits and disorders. Moreover, DSM-5 favors dimensionalization of all psychiatric diagnoses (Kupfer & Regier, 2011). With these principles in mind, the revision focuses on making an overall diagnosis of PD, using dimensionalized descriptions to account for variations in trait profiles, and retaining only a few categories.

This approach has merit, but it is arguable that categorical diagnoses should be retained when they are theoretically coherent and supported by a body of empirical data (Millon, 2011). In the case of NPD, although data are indeed thin on the personality disorder, there has been recent and extensive research on narcissistic traits, that is, subclinical levels of NPD that have been consistently shown to be continuous with the disorder (Cain, Pincus, & Ansell, 2008). This literature has been well summarized in the recently published Handbook of Narcissism and Narcissistic Personality Disorders (Campbell & Miller, 2011). If there is no sharp distinction between trait patterns and diagnosable disorder associated with dysfunction, then research on traits could be directly applicable to understanding the personality disorder. In this respect, NPD is better supported by research than some categories (avoidant, compulsive) that have been retained and that were never under threat of removal from DSM-5.

The decision to drop NPD created dismay among researchers (Miller & Campbell, 2010; Miller, Widiger, & Campbell, 2010) and expert clinicians (Pies, 2011; Ronningstam, 2011). Even the New York Times (November 30, 2010) weighed in, suggesting wryly that narcissists don’t like being ignored. Then, in June 2011, the work group reversed its decision. This change may have occurred because of feedback from clinicians that NPD is a useful construct that describes a characteristic group of patients in practice.

To diagnose NPD in DSM-5, the common features of all PDs (significant impairments in self and interpersonal functioning) must be present, manifest in self-functioning (excessive need for approval, grandiosity, entitlement), and interpersonal functioning (poor empathy and problematic intimacy). The associated trait domain for NPD is antagonism, associated with grandiosity (feelings of entitlement, either overt or covert, and self-centeredness, a belief that one is better than others) as well as attention-seeking (excessive seeking for admiration).

This definition is fully consistent with a continuous relationship between NPD and narcissistic traits. While narcissistic traits can be adaptive (Beck & Freeman, 2002), extreme or pathological narcissism describes a dysfunctional level that is essentially equivalent to a diagnosis of NPD. High scores on measures of trait narcissism are also closely related to the features of the disorder.
(Miller, Gaughan, Pryor, Kamen, & Campbell, 2009). Moreover, the NPD construct is rooted in well-researched trait domains of personality such as the Five Factor Model (Miller & Campbell, 2010; Miller & Maples, 2011; Miller, Dir, Gentile, Wilson, Pryor, & Campbell, 2010). To measure the traits underlying NPD more specifically, the Narcissistic Personality Inventory (NPI), a measure that is particularly sensitive to grandiosity, has been widely used (Raskin & Terry, 1988). Another instrument, the Pathological Narcissism Inventory (PNI), also has a close relationship to the clinical diagnosis of NPD (Pincus, Ansell, Pimentel, Cain, Wright & Levy, 2009).

There has been controversy about the precise meaning of the construct of narcissism (Pincus & Lukowitsky, 2010). One reason is that NPD can take either a grandiose or a “covert-vulnerable” form (Miller, Hoffman, Campbell, & Pilkonis, 2008; Cain, Pincus & Ansell, 2009). This review follows the recommendations of Cain et al. (2008) to define pathological narcissism in terms of both grandiosity and vulnerability. There has also been controversy about the validity of the NPI (Ackerman, Witt, Donnellan, Trzesniewski, Robins, & Kashy, 2011; Rosenthal, Montoya, Riedings, Rieck, & Hooley, 2011), and Rosenthal and Hooley (2011) have questioned whether it measures self-esteem. But pathological narcissism differs from normal self-esteem: it is based on feelings of entitlement and in a failure to ground assessment of the self in objective accomplishments (Rommestad, 2010).

It should be kept in mind that personality disorders are complex amalgams of traits and symptoms and are not based on single endophenotypes (Paris, 2011). PDs are also less stable over time than previously thought. Longitudinal studies have shown that symptoms are relatively transient, so that many patients no longer meet criteria when followed over several years, but that the traits that underlie PDs tend to be more stable (Skodol, Gunderson, Shea, McGlashan, Morey, & Sanislow, 2005). Unfortunately, this line of research has not examined NPD, about which we have little or no prospective data.

PDs differ in the extent to which they are characterized by egodynamic symptoms or egosyntonic traits. For example, suicidal behaviors tend to be egodynamic, and borderline PD is associated with a very wide range of symptoms (Zanarini, Frankenburger, Dubo, Sickel, Trikha & Levin, 1998). In contrast, traits such as viewing oneself as superior to other people tend to be egosyntonic. Thus NPD, even when associated with dysfunction, is rooted in traits that patients may consider normal (Rommestad, 2010, 2011). If NPD is not associated with prominent symptoms, this helps to explain why these patients, particularly those with predominantly grandiose features, may not seek psychological treatment (Pincus & Lukowitsky, 2010).

It has been claimed that all PDs lie on a continuum with normal personality traits (Costa & Widiger, 2001; Livesley, 2011). However, this conclusion, largely based on community studies of personality, may not apply to all clinical groups, because it fails to take into account the distinction between egodynamic and egosyntonic features. PDs such as borderline personality have symptoms that may not be seen in subclinical cases (Paris, 2007) and that are difficult to describe by trait dimensions alone. In contrast, when PDs are defined by traits amplified to the point of dysfunction, one would not expect to find any clear separation between disorder and dimensions. NPD is an excellent example. Because its features are highly egosyntonic, a dimensional model is most appropriate, and the cut-off for diagnosis should be quantitative rather than qualitative. This provides a rationale for applying research on narcissistic traits, both in clinical and community populations, to understanding NPD (Cain et al., 2008).

**NPD Is Prevalent**

Several recent studies have examined the prevalence of NPD in community and clinical populations. A national epidemiological survey of substance abuse (Stinson, Dawson, Goldstein, Chou, Huang, & Smith, 2008) reported a surprisingly high prevalence (6.2%) for NPD. However, the cutoff between traits from disorders in PDs requires clinical judgment, and ratings in this study were made by research assistants rather than by trained clinicians. A reanalysis of the same data applying a different cut-off for diagnosis by Trull, Jahng, Tomko, Wood, and Sher (2010) yielded a much lower estimate, 0.7% for males and 1.2% for females. A systematic review of several other published studies (Dhawan, Kunik, Oldham & Coverdale, 2010) found a mean community prevalence of 1%. Yet even this lower figure makes NPD a highly prevalent disorder.

NPD may be more common in clinical populations than in the community, and the largest study reported a prevalence of 2% (Zimmerman, Rothschild & Chelminski, 2005). This suggests that in spite of the egosyntonic nature of NPD, patients (particularly those with a more vulnerable profile) can be help-seeking. Moreover, research shows many patients with NPD are distressed, lonely, and have poor social functioning (Miller, Campbell, & Pilkonis, 2007). These outcomes could be a result of unsuccessful attempts by these patients to get others to meet their needs. NPD patients are more likely to be divorced and/or become unemployed, often leading to depressive symptoms (Rommestad, 2011). While narcissism declines with age (Foster, Campbell & Twenge, 2003), long-term interpersonal problems can have cumulative effects. Finally, if, as Twenge (2011) has suggested, trait narcissism is on the increase, the prevalence of diagnosable NPD could also be increasing. This hypothesis cannot, however, be tested by cross-sectional data and needs to be examined in cohort studies. Up to now, that research design has only been applied to antisocial PD (Moran, 1999).

**NPD Is Biopsychosocial**

NPD, like other mental disorders, can best be understood in a biopsychosocial model. Behavioral genetic studies of NPD (Torgersen, Lygren, Oien, Skre, Onstad, & Edvardsen, 2000), as well as of narcissistic traits (Vernon, Villani, Vickers, & Harris, 2008), show that both have a heritable component accounting for about 40% of the total variance. This suggests that individuals are not likely to develop NPD without first having a trait profile that makes them vulnerable to this disorder. Yet behavioral genetic findings also leave a large scope for environmental influence. Studies consistently show that the environmental component in personality and personality disorder is unshared, that is, that siblings growing up in the same family do not necessarily have similar traits (Livesley, Jang, Jackson & Vernon, 1998). Moreover, if narcissistic traits precede NPD, these characteristics should be observable in childhood. This has been shown to be the case by several research groups (Thomaes, Stegge, Bushman, Olthof &

Some of the specific psychological risk factors that amplify narcissistic traits to pathological levels have been investigated, but this research is in its early stages. The current literature suggests a role for permissiveness for grandiose narcissism and for cold overcontrol in vulnerable narcissism (Horton, Bleau, & Dweck, 2006; Horton, 2011). The first mechanism would be relevant to cultural trends that support parental and social reinforcement of grandiosity (Twenge & Campbell, 2009). These pathways raise the possibility of cohort effects on narcissism, mediated by sociocultural forces.

Twenge and Campbell (2006, 2009) have examined this issue. In surveys of university students, comparing results at different historical periods (30 years ago vs. the present), contemporary subjects were more likely to have high NPI scores. Their conclusion was that narcissistic traits are increasing over time. Support for a cohort effect has also come from a meta-analysis of published studies, which found that self-reported empathy among university students to be decreasing over several decades (Konrath et al., 2011). These conclusions have stimulated some controversy. The most obvious limitation is that the findings are based on self-reports of college-educated youth. The generalizability of findings from students is always problematic, and observations in broader community samples are needed. While some researchers have failed to replicate these findings (Trzesniewski, Donnellan, & Robins, 2008a, 2008b; Donnellan, Trzesniewski, & Robins, 2009), discrepancies may reflect the use of different samples: college populations differ in the proportion of native-born and immigrant populations, and immigrants could be less likely to show narcissistic traits (Twenge, 2011). However, surveys of narcissism need to be conducted in more broadly based samples.

Twenge (2011) found some support for her hypothesis that narcissistic traits are on the increase using other methods. One of the more interesting directions involved the study of changes in cultural products. Thus, narcissistic themes have been increasing in the linguistic content of popular song lyrics, particularly after 2000 (DeWall, Pond, Campbell & Twenge, 2011). Obviously, these measures are indirect, and more research in community populations is needed. Narcissistic traits also need to be studied in populations at different socioeconomic levels, and with different cultural backgrounds. While Twenge’s hypothesis of increasing cultural narcissism is intriguing, her use of the term “epidemic” to describe narcissism in contemporary society (Twenge & Campbell, 2009) is overdrawn. At this point, the hypothesis of a cohort effect requires further empirical support.

Even so, the idea that narcissism is increasing is consistent with a number of observations by social scientists and historians. If the hypothesis is supported by further research, we would need to know whether this change reflects a recent and dramatic change, or a gradual evolution over a longer period. Twenge (2011) suggests a specific mechanism for a cohort effect, proposing that sociocultural changes in parenting practices influence levels of narcissism. Thus the mechanism behind an increase could depend on permissiveness, overindulgence, and the promotion of self-esteem independent of accomplishment. These problems would go beyond the idiosyncrasies of specific families and derive from the culture at large.

There is also evidence that culture plays a role in shaping modal profiles of personality. While broad trait dimensions are universal, one can observe significant cross-national and cross-cultural differences (Eysenck, 1995; Costa, Terracciano & McCrae, 2001). Unfortunately, there has been no specific research as to whether narcissism shows variability across cultures. In line with likely differences between immigrant and native-born populations in Western countries, these traits may be more prevalent in modern than in traditional societies. Durvasula, Lysonski, and Watson (2001) developed a “Vanity Scale,” which they administered to samples in the United States, New Zealand, India, and China. They found that subjects in India and China were less concerned about their physical appearance, or their achievements, than those living in the United States or New Zealand. NPI scores are higher in the United States than in Asia or the Middle East (Foster, Campbell, & Twenge, 2003). Moreover, one study found that people who live in these countries share common perceptions of differences in national character that tend to support what have sometimes been considered stereotypes (Campbell, Miller & Buffardi, 2010). Yet as globalization proceeds, these cross-cultural differences could become attenuated with time. Even so, if narcissistic traits exist in a sociocultural context, their prevalence can be expected to show changes that depend on social forces.

Modernity and Narcissism

It has long been hypothesized by social scientists that the characteristics of modern society promote a greater focus on the self, as opposed to the collective (Markus & Kitayama, 1991). Modernity has been the subject of intensive study by sociologists over several decades (Giddens, 1998). This term describes cultural changes and shifts in values associated with industrial and postindustrial society, associated with a decline in tradition and social norms. These trends have been identified by historians during the 19th and early 20th centuries and probably date back to the 18th century Enlightenment (Giddens, 1991).

Modernity could affect personality traits by supporting what has been called “expressive individualism” (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985). As traditional social structures weaken, people focus less on conforming to external expectations, and more on their inner feelings. These changes have been accelerated by social and geographic mobility; as traditional social structures weaken, roots in family and community become more fragile. Moreover, as the social fabric weakens, the community provides less of a buffer against the vicissitudes of family life (Millon, 1993). Thus, as society modernizes, collective values become less important, and individual needs become more prominent, while basic human needs for connection and meaning are less easily met than in traditional societies (Markus & Kitayama, 1994).

The key aspect of modernity for psychological theory is individualism. The historical roots of individualism lie in the Enlightenment, but the term was first used in the early 19th century (Tocqueville, 1835/2000), gradually becoming a central value in contemporary society (Fischer, 2000). While autonomy and freedom yield many social and personal benefits (Deci & Ryan, 2002), individualism can carry a price. When the ultimate standard is what is good for oneself, rather than for family and/or community, people assess their actions on the basis of personal satisfaction, rather than by commitment to larger ideals (Rieff, 1966). This raises the question as to whether individualistic values, if held too strongly, shade into narcissism.
It needs to be emphasized that while modernity has its challenges, it is associated with numerous positive benefits, from better physical health and decreased violence (Pinker, 2011) to increased well-being (Deci & Ryan, 2002). But social change is a kind of selection pressure that could have different effects on different people, and may have unique effects on vulnerable individuals (Rutter & Smith, 1995). Thus resilience to adverse life events is common but is associated with personality characteristics that include an optimistic attitude, an ability to assess risks and consequences, and an ability to regulate emotions (Westphal & Bonnanna, 2007). These characteristics could make people who have resilient traits better equipped to deal with modernity and rapid social change. In contrast, individuals with problematic personality traits are at greater risk for developing mental disorders (Rutter & Smith, 1995). Thus modernity could be more positive for individuals with characteristics that help them to cope with change but negative for those whose vulnerability makes coping more difficult.

Patients with PDs have many problematic traits and can be described in the Five-Factor Model as having low agreeableness, low conscientiousness, and high neuroticism (Costa & Widiger, 2001). These trait dimensions, also associated with narcissism (Miller et al., 2010), may interfere with adaptive responses to social stressors. In NPD, the grandiose subtype may also be vulnerable to adversity, because behind a mask of arrogance, pathological narcissism fails to address inner neediness (Rommingstam, 2010). This raises a question concerning the extent to which NPD patients require social structures and networks.

There is good evidence for a universal human need for attachment, in both interpersonal and social contexts (Baumeister & Leary, 1995). This observation is also consistent with sociological concepts, which since the time of Durkheim (1897/1997), have linked psychological distress to social alienation. The concept of “social capital” (Putnam, 2000) describes the healthy influence of social networks on psychological functioning. But when social capital is insufficient, people may turn to themselves for affirmation. This can lead to a cycle in which poor social supports reinforce narcissism.

Two caveats should be entered here. First, these social pathways need not be specific to NPD. Similar mechanisms have been invoked to explain increases in the prevalence of other personality disorders, including the antisocial category (Rutter & Smith, 1995) and the borderline category (Millon, 1993; Linehan, 1993; Paris, 1996). Second, because NPD has a community prevalence of about 1%, the disorder likely develops only in people with specific temperamental profiles.

**Modernity and Cultural Narcissism**

Because narcissism is associated with individualist values, it should be most prevalent in societies, and in subgroups within a society, that have most strongly embraced that world-view. Twenge’s (2011) review of empirical studies argues for a cohort effect dating back to the 1980s. However, the cultural changes affecting narcissistic traits probably go back much further. Narcissism is hardly a new historical phenomenon. No purely collectivist traditional society has ever been described; in every historical period, ambitious people have indulged in self-display and sought fame and attention (Baudry, 1986). What is unique about modern societies is that they promote values that encourage narcissism in everyone, not just in an elite (Lasch, 1979). Even if these trends have accelerated in recent decades, most observers of modernity (e.g., Giddens, 1991) have suggested a turning point around the year 1900.

If the effects of modernity were gradual and cumulative, they may not have been clearly observed until they reached a tipping point. Increased interest in narcissism among psychotherapists and social critics dates from the 1960s and 1970s, and these observations could be related to the social changes that characterized those decades (Marwick, 2000). Some of the most important clinical theories about NPD, including the work of Kohut (1970) and Kernberg (1976), as well as cultural theories of narcissism (Lasch, 1979), also date from this era.

The historian Christopher Lasch introduced the term “cultural narcissism” to describe how excessively individualistic values affect contemporary society. Lasch (1979) hypothesized that modern society encourages individuals to focus on self and to loosen ties to community and that contemporary culture has come to focus on fame, celebrity, and riches (as opposed to duty, honor, and service). Lasch suggested that social developments in the course of the 20th century amplified narcissistic traits, producing fragile self-concepts, fear of commitments and lasting relationships, a dread of aging, and an excessive admiration for celebrity.

Others, including popular observers (Wolfe, 1976), have described similar trends. A political philosopher, Amitai Etzioni (1993), saw modern society as atomizing the individual and ignoring the universal human need for social networks and connections. Putnam (2000) saw modernity as reducing social capital, making people turn to self rather than to community. All these processes describe an individualism that became extreme, shaming into narcissism, and leading to social disconnection.

**Narcissism and Psychotherapy**

To understand the relation between narcissism and psychotherapy, one needs to consider the social role of psychological treatment (Cushman, 1990). Talking therapy did not exist before a little over a hundred years ago. That was the same time as the acceleration of modernity—which may not be a coincidence. The rise of psychotherapy may have been in part an attempt to deal with problems created by modernity, specifically a less predictable social environment (Gellner, 1993).

Psychological treatment is a product of modern culture that has, in turn, had a profound effect on contemporary values. Nearly 50 years ago, the sociologist Philip Rieff (1965) described the development of a “therapy culture” linked to radical individualism. Rieff noted that social virtue had become less of an ideal in modern culture and that the well-being of the individual had become paramount over that of society as a whole. He also observed that a “therapeutic” orientation makes all truths contingent and negotiable, undermining shared social values.

Other commentators have come to similar conclusions. The psychologist Phillip Cushman (1990) argued that modernity produces an “empty self,” shorn of social meaning, and strongly criticized psychotherapy for promoting individualistic values over social connections. The sociologist Frank Furedi (2004) elaborated on these ideas in a book critiquing the development of a “therapeutic culture,” in which self-esteem becomes more important than social commitment.
However, not all forms of psychotherapy are the same. Most commentators on "therapeutic culture" have been critics of psychoanalysis and psychodynamically oriented therapies, which sometimes have a tendency to encourage self-absorption (Gellner, 1993). This could be less true for cognitive–behavioral therapy (Beck & Freeman, 2002) and interpersonal therapy (Klerman & Weissman, 1993), whose theories are oriented more to the current social environment.

Nonetheless, the inner dynamic of all psychotherapies encourages patients to look inside the self as a way of dealing with the outside world (Furedi, 2004). For those who are overly concerned with social demands, focus on the self might lead to a better balance. But for those who are already grandiose and seeking of attention, talking therapy could become as much part of the problem as a part of the solution. In this way the classical elements of psychotherapy, such as empathy and unconditional positive regard (Rogers, 1951), can be double-edged. Talking about oneself to a therapist who listens carefully and offers support might even be considered a narcissist’s dream. In this way, some forms of psychological treatment risk supporting the very traits that lead to dysfunction.

We do not know whether existing psychotherapies are effective for the treatment of NPD. Several psychoanalysts have described approaches to the treatment of narcissism (Kohut, 1977; Kernberg, 1987; Ronningstam, 2010). There are five chapters on psychotherapy in the *Handbook of Narcissism and Narcissistic Personality Disorder* (Campbell & Miller, 2011): transference-focused psychotherapy, attachment therapy, schema therapy, cognitive–behavioral therapy, and dialectical behavior therapy. However, none of these methods has ever been tested in clinical trials or shown to be effective in samples of NPD patients. It is true that treatment research for most PDs (with the exception of the borderline category) is generally thin. But the reputation of patients with NPD for being difficult may not be unwarranted. There is some evidence that narcissism interferes with psychotherapy (Ogrodniczuk, Piper, Joyce, Steinberg, & Duggal, 2009), but we need more empirical research on this patient population, particularly concerning the effect of narcissism on psychotherapy process and outcome.

The difficulties associated with the psychological treatment of NPD could relate to the general factors that research shows to impede good outcome, such as a poor therapeutic alliance and a tendency to externalize problems (Orlinsky, Grawe & Parks, 1994). It is also possible that psychotherapy, if it focuses exclusively on the interests of individuals, carries an intrinsic danger of reinforcing narcissism. While no empirical studies have directly examined how therapists use the concept of self-esteem, models that aim to increase regard for the self, although more characteristic of popular psychology than of psychotherapy (Ogrodniczuk, Piper, Joyce, Steinberg, & Duggal, 2009), but we need more empirical research on this patient population, particularly concerning the effect of narcissism on psychotherapy process and outcome.

The family of NPD could relate to the general factors that research shows to impede good outcome, such as a poor therapeutic alliance and a tendency to externalize problems (Orlinsky, Grawe & Parks, 1994). It is also possible that psychotherapy, if it focuses exclusively on the interests of individuals, carries an intrinsic danger of reinforcing narcissism. While no empirical studies have directly examined how therapists use the concept of self-esteem, models that aim to increase regard for the self, although more characteristic of popular psychology than of psychotherapy (Ogrodniczuk, Piper, Joyce, Steinberg, & Duggal, 2009), but we need more empirical research on this patient population, particularly concerning the effect of narcissism on psychotherapy process and outcome.

Treatment for patients who involve narcissistic traits and NPD may require unique methods of psychotherapy. Genetic therapies develop for common mental disorders are not consistently useful for PDs, as has been shown to be the case for borderline PD, which does not respond well to standard approaches, often called “treatment as usual” (Paris, 2010). Rather, BPD has been found to remit with highly structured therapies that are specifically designed to deal with emotion dysregulation and impulsivity, such as dialectical behavior therapy (Linehan, 1993). Identification of traits that could be targeted might also help to define the elements that need to be included in a specific therapy for NPD. Thus treatment might need to offer ways to challenge grandiosity effectively and to provide tools to reduce vulnerability. Patients with NPD may also need a better balance between individual goals and social attachments. Development of a model based on these principles could then be followed by clinical trials to determine efficacy.

**Conclusions and Suggestions for Further Research**

This review offers a number of hypotheses, each of which requires empirical confirmation. The proposal that increasing cultural narcissism is promoting the development of NPD and associated traits has some support from empirical data, and from the social science literature, but clearly requires much more research. Thus, measures such as NPI scores need to be examined more systematically and move beyond convenience samples to large community populations, cross-cultural samples, and prospective research in population cohorts.

Second, the hypothesis that therapy runs the risk of promoting narcissism has also not been examined empirically. While narcissism probably makes psychotherapy more difficult, studies are needed to examine the effects of therapy on these traits, particularly in extended courses of treatment, and in different modalities. The use of standard measures of narcissism in psychotherapy research could shed light on these questions. Studies of how therapists of different persuasions view the problem of self-esteem might also be illuminating. Finally, the suggestion for a new method of psychotherapy specifically designed to modify narcissism could be the basis of a long-term research project.

These lines of investigation would all take time. While awaiting more definitive data, this review aims to alert therapists and theoreticians to place the problem of narcissism in a historical and sociocultural perspective that goes beyond individual life narratives. Psychotherapists cannot change the culture and society in which we live but can be aware of its contradictions and avoid promoting values that have the potential to support narcissistic traits.

**References**


Costa, P. T., & Widiger, T. A. (Eds.) (2001). *Personality disorders and the


---

This document is copyrighted by the American Psychological Association or one of its allied publishers. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.


