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On the Measure and Mismeasure of Narcissism: A Response to "Measures of Narcissism and Their Relations to *DSM-5* Pathological Traits: A Critical Reappraisal"

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Abstract

Narcissism continues to suffer from a lack of consensual definition. Variability in the definition is reflected in the growing multitude of measures with oftentimes diverging nomological nets. Although the themes of narcissistic grandiosity and vulnerability appear to have achieved reasonable agreement on their central importance, the lower order structure of each is not well understood and debates remain about how (and whether) they can be integrated into a coherent whole. However, it is clear that a narrow focus on higher order grandiosity without consideration of concomitant vulnerability neglects clinically important features of narcissism. Occasioned by the potential for a new personality disorder model in the *Diagnostic and Statistical Manual of Mental Disorders–Fifth edition*, several colleagues and I demonstrated that pathological narcissism, as measured by the Pathological Narcissism Inventory, could not be adequately summarized by the lower order traits of Grandiosity and Attention Seeking, and argued that this should be reflected in the diagnostic manual in some form. Miller, Lynam, and Campbell then subjected these same data to critical reanalysis and interpretation. I respond here to several points raised by Miller and colleagues. In so doing, I highlight areas of agreement, disagreement, and suggest directions for future research.

Keywords

pathological narcissism, narcissistic grandiosity, narcissistic vulnerability, narcissistic personality disorder, personality disorders

The science of narcissism is hindered by a lack of definitional consensus. Disagreements are a reflection of, and reflected in, the considerable variability in content across the various self-report narcissism instruments, which often differ in patterns of external correlates (e.g., Cain, Pincus, & Ansell, 2008; Miller, McCain, et al., 2014; Samuel & Widiger, 2008; Wright et al., 2013). Until recently, relatively few instruments had tried to capture narcissism as construed in clinical theory (e.g., Kernberg, 1975; Kohut, 1971; Ronningstam, 2005) and how it commonly manifests in clinical treatment settings (e.g., Pincus, Cain, & Wright, 2014; Ronningstam, 2009, 2011; Russ, Shedler, Bradley, & Westen, 2008), which goes beyond the features of narcissistic personality disorder (NPD) in the *Diagnostic and Statistical Manual of Mental Disorders–Fifth edition* (*DSM-5*; American Psychiatric Association, 2013). The principal motivation for developing the Pathological Narcissism Inventory (PNI; Pincus et al., 2009) was to provide researchers and clinicians with an instrument better suited to measuring the clinical expression of narcissism.

This was the backdrop for a recent empirical report, in which my colleagues and I (Wright et al., 2013) correlated several measures of narcissism—the PNI, the Narcissistic Personality Inventory–16 (Ames, Rose, & Anderson, 2006), and the Personality Disorder Questionnaire NPD scale (Hyler, 1994)—with the Personality Inventory for the *DSM-5* (Krueger, Derringer, Markon, Watson, & Skodol, 2012) scales. Based on the observed patterns of *DSM-5* trait correlations with the PNI, we argued that the *DSM-5* Section III (Emerging Models and Measures) trait profile for NPD should be expanded to recognize a broader, clinically relevant, variant of pathological narcissism. Subsequently, Miller, Lynam, and Campbell (2014) used our data (both the published correlations and raw data provided by me) to perform additional analyses, and ultimately critique our

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conclusions and question the PNI's articulation of narcissistic grandiosity. Miller, Lynam, et al. (2014) also cite results from another recent article (Miller, McLain, et al., 2014) to buttress their points. The main critiques raised are, (a) the PNI's Grandiosity dimension produces a pattern of correlations that deviate from expert predictions and (b) the role of narcissistic vulnerability in the definition and description of narcissism/NPD is questionable. In response, I offer a general observation about the challenges faced in this debate, and then discuss each of the specific issues in turn.

The Fundamental Debate: A Lack of Common Ground

The reality is that narcissism lacks a definition shared across the various interested researchers in disciplines ranging from psychiatry to social/personality psychology (Cain et al., 2008; Miller & Campbell, 2008; Pincus & Lukowitsky, 2010). Nothing better reflects this state of affairs than the diversity of instruments available to measure narcissism, of which there has been a proliferation in the past decade or so (see, e.g., Samuel & Widiger, 2008; Watson & Bagby, 2011, for reviews; but also more recent additions from Back et al., 2013; Gebauer et al., 2012; Glover, Miller, Lynam, Crego, & Widiger, 2012). This diversity undercuts psychometric comparisons of specific inventories because expectations for nomological networks depend on theoretical assumptions about the construct. Definitional ambiguity may merely reflect the natural process of clarifying, refining, and delineating the boundaries of a complex construct that is studied from multiple perspectives. Indeed, few psychological constructs are as complex as narcissism, with its hypothesized paradoxes and contradictions (Morf & Rhodewalt, 2001). Nevertheless, other complex clinical notions (e.g., borderline personality disorder) have managed to accrue general consensus in their definition, even as individual measures vary somewhat in their content, and theoreticians vary in their emphasis on specific features. Thus, we must strive toward similar clarity in narcissism if it is to remain a viable construct.

Accordingly, I believe it fair to say that Miller, Lynam, et al.'s (2014) critiques and my response rest largely on disagreements about the universe of phenomena we each believe the term *narcissism* encompasses, as opposed to any disagreements on the empirical results *or* possibly even their interpretation. Miller, Lynam, et al. (2014) make this point as well, noting that researchers should clarify how they are conceptualizing narcissism in order to provide appropriate context to interpret their results. At this juncture, I join Miller and colleagues in this call, and answer it by laying out my own working definition. Although a full review and summary of the influences on my thinking are beyond the scope of this article, the working definition of narcissism I ascribe to draws heavily on clinical description (e.g., Kernberg, 1975, 2007; Kohut, 1971; Ronningstam, 2005) and clinical research (e.g., Miller, Campbell, & Pilkonis, 2007; Russ et al., 2008), as well as basic social/personality psychology (e.g., Paulhus, 1998; Rhodewalt, Madrian, & Cheney, 1998; Wink, 1991). From my perspective, narcissism should be differentiated from normative/adaptive motivations and strategies used for self-esteem maintenance, receiving validation/recognition, and achievement striving, and instead should be reserved as a term for maladaptation in these motivations, strategies, and dysregulated responses when they are unfulfilled or fail. Grandiose manifestations may include extreme, rigid, or inappropriate emphasis on self-enhancement, overinvestment in achieving and maintaining status, self-serving and biased beliefs, entitlement and disregard for the needs and feelings of others. Grandiosity also may manifest in subtler or less overt strategies and behaviors, including fantasy, insincere humility (e.g., the "humble brag"), and pseudoaltruism. Pathological narcissism also manifests in vulnerability to dysregulation of self (i.e., shifts in social cognition and self-concept), affect (e.g., anger, shame, anxiety), and interpersonal behavior (e.g., hostility, withdrawal, avoidance) when entitled expectations or needs are challenged or not met.

From their perspective,

> NPD should be conceptualized and assessed primarily on the basis of pathological levels of grandiosity (consistent with its current descriptions in the *DSM-IV* and *DSM-5*), but that there should be a distinct diagnostic specifier that could be used to address occasions when substantial vulnerability is present as well. (Miller, Lynam, et al., 2014)

Therefore, as they argue, the description of the construct should retain a crisp focus on the notion of *overt grandiosity*, although they allow for the role of vulnerability in some instances. The perspective I have adopted is that although the features outlined in the *DSM-IV*/*DSM-5* are important, maintaining too sharp of a focus on these features may lead to problematic blind spots in research and in clinical settings. Thus, the major distinction in our perspectives is one of scope and breadth.

Unfortunately, these differences in perspective are unlikely to be resolved solely be examining patterns of external correlates of narcissism measures, because each was created with specific content included or excluded. As such, the results are either in line or not with one's theoretical definition of the construct. One potential response would be to foreclose on a debate, throw up our hands, and feel justified that each of our patterns of correlates emerges as expected. This would be a mistake because there are clear points of agreement and we are undoubtedly not discussing wholly distinct constructs. Thus, this debate has value, in so

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far as it might contribute to a reconciliation of definitions. My responses below are in this spirit.

Why is the PNI's Grandiosity Dimension Different and Is That a Problem?

Miller et al. (Miller, Lynam, et al., 2014; Miller, McCain, et al., 2014) noted that the PNI Grandiosity dimension's (PNI-G) patterns of zero-order correlations with external scales deviate from the patterns exhibited by other grandiosity measures, and this pattern is also less strongly related to expert predicted profiles on various measures for *DSM-IV*/*DSM-5* NPD (Samuel, Lynam, Widiger, & Ball, 2012) and grandiose narcissism (Thomas, Wright, Lukowitsky, Donnellan, & Hopwood, 2012). Ratings from Samuel et al. (2012) came from 22 individuals who had previously published an article on personality disorders, and were asked to rate a "prototypic case" (p. 4) of *DSM-IV* NPD on the *DSM-5* traits. Thomas et al.'s (2012) ratings came from four experts who had previously worked with the PNI in research, and were asked to predict correlations on the Big Five Inventory (John, Donahue, & Kentle, 1991), the Personality Assessment Inventory (Morey, 1991), and the Schedule for Nonadaptive and Adaptive Personality–Second edition (Clark, Simms, Wu, & Casillas, in press). Miller, Lynam, et al. (2014) questioned the utility of the PNI for assessing, "widely accepted conceptualizations of NPD and grandiose narcissism."

One could argue against this critique given that (a) the PNI was not created to assess the narrowly defined *DSM-IV*/*DSM-5* NPD with its limited utility (Ronningstam, 2011) and (b) the PNI-Exploitativeness scale matches the expected profiles (r = .66). Therefore, I note that the PNI-G includes a subscale that aligns with the expected *DSM-IV*/*DSM-5* NPD profile of correlations. What requires greater consideration is Miller et al.'s (Miller, Lynam, et al., 2014; Miller, McCain, et al., 2014) expressed concern with the fact that the PNI-G dimension and its subscales correlate with a broader set of pathological traits, which they contend lack a link to narcissism. I argue that these patterns of correlations are understandable and expected; though this hinges on the perspective that narcissistic grandiosity is not limited to the overt grandiosity described in *DSM-IV*/*DSM-5* NPD.

Rather, narcissistic grandiosity and vulnerability can each manifest in overt and covert ways (Wright, Lukowitsky, Pincus, & Conroy, 2010). If this is not immediately clear, consider preoccupation with grandiose fantasies (Criterion 2 of the *DSM-5* NPD diagnosis), which although grandiose in nature, occurs by definition within the confines of one's mind (i.e., covertly). Although the tendency to engage in grandiose fantasy is recognized as a core feature of NPD, little systematic research has investigated the correlates of individual differences in this behavior. This is undoubtedly due, in large part, to a lack of adequate scales, which was one motivation for including one in the PNI. Since then, Glover et al. (2012) have included a very similar scale with the same name in the Five Factor Narcissism Inventory. As predicted, the PNI Grandiose Fantasy scale demonstrates significant associations with traits such as Grandiosity, Attention Seeking, as well as other Antagonism traits. But it also demonstrates significant associations with Negative Affectivity traits and also Psychoticism-related traits. Miller, Lynam, et al. (2014) interpret these additional correlations as problematic because they deviate from an expert generated profile of the *DSM-IV* NPD prototype. An alternative perspective might view grandiose fantasy as an important part of the construct, and find these additional correlations to be novel and interesting findings, compelling further reflection and interpretation. For instance, it may be that the associations with Negative Affectivity traits provide evidence for fantasy as a compensatory strategy in the face of frustration, disappointment, or feeling that actual assertion/achievement is beyond the individual (e.g., Submissiveness) as is often hypothesized in theoretical models of narcissism. The associations with Psychoticism traits are less immediately obvious, but diminish considerably in multiple regression models (Wright et al., 2013). Instead of causing concern with the construct validity of the Grandiose Fantasy scale, this finding should serve to motivate more systematic and in-depth investigation. Progress toward understanding the full range of narcissistic thoughts, feelings, and behaviors might be hindered if researchers adhere too tightly to a reified profile derived from the potentially limited way the construct is defined from the perspective of the *DSM-IV*/*DSM-5* NPD.

Similar issues arise for the PNI-G Self-Sacrificing Self-Enhancement scale, the content of which can be linked to clinical discussions of the narcissistic–masochistic character (Cooper, 1988) or pseudoaltruism (see Seelig & Rosof, 2001), and which is intended to measure the use of purportedly communal and altruistic acts to support an inflated self-image. This type of process can be brought to life with a clinical example. In a previously reported case (see Pincus, Sadler, et al., 2014, for an in-depth discussion), a patient would take time out of his workday to assist and guide more junior members of the team; except that they did not experience this as helpful, but rather as patronizing to them and self-enhancing for the individual. There was a major disconnect between what the patient viewed as his benevolence and others viewed as his narcissism (see, e.g., Klonsky, Oltmanns, & Turkheimer, 2002, for supportive empirical results). Measuring this type of process is challenging, and requires a scale that will tap into the phenomenological experience of the individual (see, e.g., Lilienfeld & Fowler, 2006). However, the average individual scoring high in Self-Sacrificing Self-Enhancement is unlikely to also endorse very high levels

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of antagonism or dominance, and instead may view himself or herself as an underappreciated yet righteous actor. Thus, although some of the PNI-G scales correlate significantly with negative affect related traits, this does not make them "vulnerable" per se. The key point here is that narcissistic grandiosity can and does manifest in subtler or less direct ways as individuals adopt diverse strategies toward self-promotion and admiration seeking. Indeed, interest in more communally mediated manifestations of grandiosity and self-enhancement may be growing, as evidenced by Gebauer et al.'s (2012) Communal Narcissism Inventory.

In consideration of the constituent scales, that the PNI-G dimension diverges in its correlations relative to traditional measures that emphasize a more narrow definition of grandiosity (often rooted in *DSM* NPD) should not be surprising. The question becomes whether this is advantageous or problematic. As I noted above, that will likely depend on one's perspective on how narcissism should be defined (see also, Ackerman, Hands, Donnellan, Hopwood, & Witt, 2015). Regardless of whether opinions on this differ, the Grandiose Fantasy scale is directly linked to the theoretical literature on narcissism and the extant *DSM* NPD criteria, and the Self-Sacrificing Self-Enhancement scale is rooted in the clinical literature on the construct (Cooper, 1988; Seelig & Rosof, 2001). Given that the PNI-G scales were intended to capture maladaptive variants of narcissism, it would be expected that individuals endorsing higher scores on them would also endorse not only disruptions in social relationships (Antagonism) but also mood (Negative Affectivity), motivated behavior (Disinhibition), and possibly even cognition (Psychoticism). Miller and colleagues are critical of the PNI-G scales and dismissive of its construct validity because of these correlations, even as they treat the NPI's positive correlation with self-esteem and other adaptive outcomes as evidence for its construct validity over the protestations of others (e.g., Rosenthal & Hooley, 2010). It would seem that these are actually flip sides of the same coin.

What Role Should Vulnerability Play in the Definition of Narcissism?

One of the major sticking points facing the pursuit of a consensual definition of narcissism is how vulnerability should be incorporated. Miller and colleagues (Miller, Lynam, et al., 2014; Miller, McCain, et al., 2014) argue that grandiosity should be the core of narcissism, and by extension, NPD should be "conceptualized and assessed primarily on the basis of pathological levels of grandiosity" (Miller, Lynam et al., 2014). They further suggest, that in the case of NPD, a diagnostic specifier should be available when considerable vulnerability is present. Personally, I am inclined to agree with their main point (also further elaborated in their publications), that grandiosity is an important feature of narcissism and NPD that is relatively specific to the construct, and therefore should be understood as the central feature (assuming grandiosity includes entitlement; cf. Brown, Budzek, & Tamborski, 2009). However, the features that serve to index a disorder may not fully constitute it (Kendler, 2014); in fact, it is easily argued that this is usually the case in psychopathology (e.g., depression is a larger construct with interpersonal implications that are not mentioned in the diagnostic criteria). Thus, this leaves unresolved how to incorporate narcissistic vulnerability as a coherent part of the construct, and, important for the discussion here, how to go about measuring it. In my opinion, this issue goes far beyond narcissism and NPD, and is actually a specific instantiation of a major discussion facing the broader field of personality and its pathology: How can we differentiate general personality impairments from more specific phenotypic manifestations of pathology (Bender, Morey, & Skodol, 2011; Hopwood, Wright, Ansell, & Pincus, 2013)?

As I understand it, what Miller and colleagues are suggesting is largely consistent with the approach taken through the successive editions of the *DSM* in the modern era. Basically, discriminant validity should be prioritized, and narcissism/NPD should be defined in terms of what most differentiates it from other constructs—namely grandiosity—and although vulnerability is acknowledged, it is not fully integrated into the construct. An alternative perspective is to understand the content currently referred to as narcissistic vulnerability as largely overlapping with, or that it is an expression of, the general personality impairments as defined by various theorists (e.g., Bender et al., 2011; Kernberg, 1975; Luyten & Blatt, 2013; Morey & Stagner, 2012). From this perspective, narcissistic vulnerability reflects an inability to manage or regulate the core motives and expectations associated with narcissism. The core that colors and drives the specific way the pathology presents remains grandiosity, in the form of entitled expectations, strong motives for self-enhancement, and a need to see the self as special and unique. But, when these are extreme or the ability to regulate them is deficient, problems with affective, behavioral, and cognitive regulation likely ensue. Thus, the patterns of correlations that arise from measures of narcissistic vulnerability should look a great deal like the pattern predicted for general personality pathology. Borderline personality disorder features have been hypothesized and shown to reflect the core of general personality pathology (e.g., Sharp et al., 2015; Turkheimer, Ford, & Oltmanns, 2008). It follows then that profiles of correlations for measures of narcissistic vulnerability should be similar to those of borderline personality disorder, and this is in precisely what occurs (Miller et al., 2010; Miller, McCain, et al., 2014).

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From a measurement perspective, challenges arise when trying to distinguish *narcissistic* vulnerability from measures saturated with general personality pathology based on patterns of correlations with other measures. The PNI Entitlement Rage scale provides an excellent example of the complexity involved. That entitlement is central to narcissism should be uncontroversial. But, which aspect of entitlement a scale is measuring will affect its external correlates (see also, Ackerman & Donnellan, 2013; Lessard, Greenberger, Chen, & Farruggia, 2011). Take, for example, NPI Entitlement items (e.g., *I expect a great deal from other people; I insist upon getting the respect that is due to me*) or Psychological Entitlement Scale (Campbell, Bonacci, Shelton, Exline, & Bushman, 2004) items (e.g., *I honestly feel I'm just more deserving than others; I do not necessarily deserve special treatment* [Reversed]; *I feel entitled to more of everything*). In each case, the items emphasize entitled *expectations* and/or *beliefs* that one might hold. In contrast, the PNI's entitlement items emphasize potential *consequences* of holding entitled expectations (*I typically get very angry when I'm unable to get what I want from others; I get annoyed by people who are not interested in what I say or do*), assuming one is unable to manage these expectations. Thus, the Entitlement Rage scale loads most strongly on the PNI's Vulnerability factor and correlates with not only Antagonism but also Disinhibition and Negative Affectivity, because it emphasizes failures at regulating one's entitlement. Arguably, knowing the uncomplicated beliefs/expectations and whether someone can manage them are both important. However, the PNI emphasizes failures to regulate these expectations due to its emphasis on clinical manifestations of the construct.

Individuals who struggle with self-regulation, almost irrespective of the specific processes underlying it, are likely to report higher negative emotions, difficulty pursuing and achieving goals in a planful manner, and getting along well with others. The clear implications would be higher scores on neuroticism, and lower scores on conscientiousness- and agreeableness-related scales (i.e., the domains covered by Digman's [1997] Alpha or DeYoung's [2006] Stability). This is the challenge facing measures of narcissistic dysregulation (i.e., vulnerability), which given what they are intended to measure will naturally correlate broadly with personality domains captured by Alpha/Stability, and especially so with maladaptive scales that tend to be saturated (to varying degrees) with this content. I would argue that this is a measurement challenge and not a conceptual one. Measures of personality traits, including well-validated inventories, capture constructs in the abstract; in fact, they are designed to do so. As a result, an individual presented with the stimuli from a standard trait measure will respond accordingly, without differentiating from where their experiences emerge. For instance, two individuals, one depressed the other pathologically narcissistic, may both endorse high levels of neuroticism/negative affectivity, and the scores cannot differentiate between the mechanisms driving that negative affect. Also endemic in these considerations are the limitations correlations have in establishing directionality and causality.

In summary, I agree with Miller and colleagues that narcissism requires the notion of grandiosity, although this may or may not be overt. Furthermore, I would caution against falling into the trap, as noted by Kendler (2014), of believing that the index features (i.e., the discriminant features) of a construct reflect the entire construct. I would argue, though, that vulnerability should not be a mere specifier, but is best understood as impairments in regulatory functioning as they relate to narcissistic needs, expectations, and motives. In other words, it is a marker of personality pathology severity. This is in line with the perspective furthered in the *DSM-5* Section III definition of NPD, which includes specific instantiations of self and interpersonal impairments. These maladaptive processes are also described nonspecifically in the text for Criterion A, and can be tailored for particular hypothesized processes. However, given the use of profiles of correlations in the studies being discussed here (i.e., Miller, Lynam, et al., 2014; Miller, McCain, et al., 2014; Wright et al., 2013), it is understandable that one might be puzzled by how narcissistic grandiosity and vulnerability can be integrated into a coherent whole. This suggests the need for additional research that adopts different approaches toward targeting the hypothetical processes involved in the grandiosity–vulnerability relationship.

Future Directions

Up to this point, the discussion has been constrained to a large degree by the outcomes used in the studies in question—patterns of profile correlations. However, although informative, this level of data analysis also has its limitations. The most significant challenge is that they cannot satisfactorily adjudicate between differences of opinion in the precise definition and encompassing features of narcissism. Resolving these differences will likely require novel research designs. Indeed, the existing findings are unambiguous; measures like the NPI and the Five Factor Narcissism Inventory Grandiosity scale do the best at capturing conceptions of prototypical *DSM-IV*/*DSM-5* NPD, and the composite PNI-G scale diverges from these (albeit the PNI Exploitativeness scale does well by this standard). I also note that these results also show that the profiles are scarcely able to differentiate between the profiles of NPD and Antisocial PD (Miller, McCain, et al., 2014). This is not surprising; the expert profiles of NPD and Antisocial PD have always been highly overlapping (r = .80; Lynam & Widiger, 2001). Thus, it would seem a step backward to use profiles of *DSM* defined constructs as the sole or even ideal

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benchmark for construct evaluation. Beyond this, profiles of correlations are also quite distal from the processes and mechanisms that are of central interest, and as described in the section preceding this, they may lack the precision to adequately differentiate among scales of putatively distinct processes that include a high degree of dysregulation.

Research on narcissism needs to augment inventory development research with ecologically valid mechanistic research. Sorely lacking is person-focused studies that select individuals that have been determined to demonstrate narcissistic processes and study them more intensively in their natural environments to get an empirical handle on hypothetical defining processes (Wright, 2011, 2014). This is what will allow move us to move beyond static profiles that cannot clarify whether one's negative affect is arising from an unmet narcissistic expectation or, for instance, depression. This type of research will allow us to settle questions of whether narcissistic grandiosity and vulnerability are cyclical as has been suggested based on clinical observation, whether there are "subtypes" as others have suggested, or whether they serve more as moderators of each other. Miller, Lynam, et al. (2014) note that the existing data would argue against a cyclical or oscillating process, citing Bosson et al.'s (2008) review of self-esteem instability (but see Rhodewalt et al., 1998, for divergent evidence). However, the studies summarized in the Bosson et al. (2008) review are far from definitive. The key limitation is that the precise timing, duration, context, and nature of these oscillations are not known. For instance, whether detectible oscillations exist remains a question, but if so, they are most likely under certain contexts (e.g., ego threat), which also require concurrent assessment. Furthermore, if oscillations between grandiose and vulnerable states do exist, it is not yet well understood empirically whether they are frequent or infrequent, of short or long duration, are they characterized by detectible affective shifts or alterations in interpersonal behavior, and so forth. Theory and clinical observation would suggest all are plausible, and it would not be limited to self-esteem variability per se. Moreover, drastically needed are studies of individuals selected for exhibiting specific processes presumed to be related to narcissism, who can then be followed to determine the empirical nature of these processes. For example, Trull et al. (2008) selected individuals with clinical levels of emotional lability and studied them to demonstrate that (a) affective instability could be assessed, (b) it was distinct from elevated negative affect, and (c) begin to establish descriptive expectations of these processes.

Other areas of psychopathology frequently select individuals with specific features of interest to study, but with the exception of the sample described in Vater et al. (2013), this practice is almost unheard of in narcissism research. Note that this need not be patients, but could be selected from any population, the broader the better. However, median splits on the NPI in undergraduates are a poor substitute for the type of research actually needed, and when coupled with contrived laboratory tasks offer little more than initial hypothesis generation. Naturally, this type of research is more time consuming and expensive, but is arguably necessary if we plan to move the field beyond new measure creation and comparison.

Conclusion

Major challenges face the scientific study of narcissism. Most important, there is ardent debate about how the construct should be defined. This ambiguity is reflected in the diversity of measures that vary in the precise construct they measure and, accordingly, differ in their nomological nets. The PNI was developed so that researchers and clinicians would have an instrument designed to measure pathological narcissism as conceptualized in clinical theory. However, this deviates, by design, from conceptions of NPD in the *DSM* and the view of narcissism derived from the large body of research using the NPI. Unfortunately, the field's fractured state allows for this diversity, and it could be argued that any study will largely confirm a researcher's expectations given this flexibility (Brown & Tamborski, 2011). For the time being, calls for clarity and precision in definition are likely the only solution (Ackerman, Hands, et al., 2015). Moving forward, the field needs to resolve discrepancies and come to an accord. Continued inventory development will not resolve these problems, as one person's measure is another's "mismeasure."

Author's Note

Aidan Wright is a codeveloper of the Pathological Narcissism Inventory, which is a freely available instrument. He receives no financial compensation or royalties from the Pathological Narcissism Inventory.

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