

On overvaluing parental overvaluation as the origins of narcissism

Understanding the developmental roots of narcissism has inspired much theorizing but little systematic inquiry. In this light, the longitudinal study by Brummelman et al. (1), which found that early socialization experiences in the form of parental overvaluation predicts the development of childhood narcissism, is a notable contribution to the empirical literature. Establishing a link between childhood narcissism and parental overvaluation has important implications for helping parents foster appropriate and realistic self-views in their children.

What is not clear, however, is the degree to which the narcissism measured in this study maps onto the clinically significant pathological narcissism seen in adult psychiatric patients. Trait narcissism is associated with both adaptive and maladaptive features (2). In contrast to the self-inflation measured in this study, pathological narcissism—a clinically severe impairment in self-regulation—can include both grandiose and vulnerable states. Pathological narcissism often involves interpersonal hypervigilance, exploitativeness, and rage. It is important to distinguish between normal and pathological narcissism because different factors may account for their development, which in turn may influence clinical interventions. To infer that pathological narcissism stems from parental overvaluation, on the basis of this study, would be premature and misleading.

Clinicians who work with personality-disordered patients have widely observed narcissistic patients to suffer from considerable emotional deprivation in their early relationships with caregivers. Such observations are not limited to psychoanalytic clinicians; cognitive therapy perspectives on pathological narcissism also recognize the role of early childhood trauma (3).

It is unfortunate that the authors elected to interpret their findings as a refutation of the psychoanalytic theory of narcissism. This reveals a misunderstanding of psychoanalytic theories. Object relations theory, for instance, points to the identity distortion that arises when a child is “not really loved for himself as a person” (ref. 4, p. 17). This resonates with the authors’ parental overvaluation perspective: the actual personhood of the child is replaced in the parent’s eyes with an inflated construction. Contemporary psychodynamic theories also emphasize the roles of secure attachment and genuine empathic responsiveness—relational processes that implicitly mitigate parental overvaluation—in promoting healthy self-regulation and protecting against narcissistic pathology (5).

The complexity associated with narcissism—particularly as a clinically severe pathological personality syndrome—calls for careful, nuanced efforts at comprehending its origins. Social learning and psychodynamic theories are not necessarily mutually

exclusive and may both be relevant. Prospective studies of childhood narcissism—such as the study by Brummelman et al.—contribute to our understanding of the development of normal narcissism. However, further research is needed to clarify the origins of pathological narcissism, and until then scholars should be careful to avoid conflation of constructs and oversimplification of theories.

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2 Ackerman RA, et al. (2011) What does the narcissistic personality inventory really measure? *Assessment* 18(1):67–87.

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