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文章在人格障碍：理论、研究和治疗：2014 年 4 月

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COMMENTARY

The Narcissism Epidemic: Commentary on Modernity and Narcissistic Personality Disorder

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Is modern life making us more narcissistic? And if so, why? We agree with Paris (2014, pp. 220–226) that the answer to the first question is yes. In fact, as we demonstrate below, the case for increasing narcissism is even stronger than presented in his article. On the second question, we agree that expressive individualism and lack of social support play key roles in this increase. However, we question the idea that therapy is building narcissism.

Evidence for Increasing Narcissism Among Individuals

Paris (2014) states that "the hypothesis of a cohort effect for narcissism needs further empirical support" and that the finding that narcissism has increased has "stimulated some controversy" (p. 222). Fortunately, that controversy has now ended. Originally, a dataset of students from University of California (UC) campuses showed no change in narcissism from 1982–2008 (Trzesniewski, Donnellan, & Robins, 2008; Donnellan, Trzesniewski, & Robins, 2009). However, the dataset used in both articles was confounded by campus: the 1982 and 1996 samples were from UC Berkeley and the 2002–2008 samples were from UC Davis. Within the UC Davis samples, Narcissistic Personality Inventory (NPI; Raskin & Terry, 1988) scores increased from 2002 to 2008 at the same yearly rate found in the nationwide meta-analysis (Twenge & Foster, 2008). UC Davis students scored unusually low on the NPI compared to UC Berkeley students, making it appear that narcissism had not changed (Twenge & Foster, 2010). Another analysis of college students using the narcissism items of the California Psychological Inventory (Gough & Bradley, 1996) also showed a significant increase in narcissistic traits between the 1980s and the mid-2000s (Stewart & Bernhardt, 2010). Thus, four datasets show increasing narcissism over the generations among American college students.

Paris (2014) notes that "surveys of narcissism need to be conducted in more broadly based samples" (p. 222). Fortunately, they have been. Stinson et al. (2008) asked a nationally representative sample of over 35,000 Americans if they had ever experienced the symptoms of narcissistic personality disorder (NPD) during their lifetimes. Compared to those over 65 years old (3.2%), nearly three times as many respondents in their twenties (9.4%) reported already experiencing the symptoms of NPD (Stinson et al., 2008). If rates of NPD were constant over the generations, older people would be more likely to report experience with NPD (because they have had more years in which to develop the disorder). This again suggests a generational increase in narcissism. The reanalysis of this dataset by Trull, Jahng, Tomko, Wood, and Sher (2010) found lower prevalence rates overall but the same pattern of higher rates among younger respondents.

Other community samples have examined correlates of narcissism. In a large nationally representative sample of high school students, recent generations were more likely to have unrealistically high expectations for their future educational attainment and job prospects than previous generations at the same age (Reynolds, Stewart, Sischo, & MacDonald, 2006), to expect to perform at the highest level in important adult roles (Twenge & Campbell, 2008), and to value goals linked to money, fame, and image (Twenge, Campbell, & Freeman, 2012). They were also less likely to express empathy for outgroups, to take action to help the environment, and to donate to charity (Twenge, Campbell, & Freeman, 2012). Middle school students scored markedly higher on self-esteem in the mid-2000s compared to the late 1980s (Gentile, Twenge, & Campbell, 2010). Finally, 80% of teens agreed with the statement "I am an important person" in 1989, up from only 12% in 1952 (Newsom, Archer, Trumbetta, & Gottesman, 2003). Out of 393 Minnesota Multiphasic Personality Inventory (MMPI) for Adolescents (Butcher et al., 1992) items, "I am an important person" increased in endorsement the most. Thus narcissism—or at least its correlates—has increased in community samples as well as college student samples.

The Use of the Term Epidemic

Given this evidence, especially the tripling of the lifetime prevalence of NPD, we do not believe that using the term *epidemic* (in *The Narcissism Epidemic*, Twenge & Campbell, 2009) is "overdrawn" (Paris, 2014, p. 222). That is especially true in light of the definition of the word epidemic, which is any affliction "affecting an atypically large number of individuals within a population" (Merriam-Webster Dictionary, 2012).

Evidence for Increasing Narcissism in the Culture

In the Google Books database of 5 million books, first-person singular words such as *I* and *me* were used more frequently in

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注释

narcissism epidemic: 对现代性和自恋型人格障碍的评论

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现代生活让我们变得更加自恋吗？如果是这样，原因是什么？我们同意帕里斯（2014，第 220-226 页）的观点，第一个问题的答案是肯定的。事实上，正如我们下面所展示的，增加自恋的证据甚至比他的文章中呈现的还要强烈。对于第二个问题，我们同意表达性个人主义和社会支持不足在这一增长中扮演着关键角色。然而，我们质疑治疗正在培养自恋的观点。

证据显示个体自恋现象日益增加

巴黎（2014）指出，“自恋群体效应的假设需要更多的实证支持”，并且自恋增加的发现“引发了一些争议”（第 222 页）。幸运的是，这场争议现在已经结束。最初，来自加州大学（UC）校园的学生数据集显示，从 1982 年到 2008 年，自恋没有发生变化（Trzesniewski, Donnellan, & Robins, 2008；Donnellan, Trzesniewski, & Robins, 2009）。然而，两篇文章中使用的数据库被校园所混淆：1982 年和 1996 年的样本来自加州大学伯克利分校，而 2002-2008 年的样本来自加州大学戴维斯分校。在加州大学戴维斯分校的样本中，自恋人格量表（NPI；Raskin & Terry, 1988）的得分从 2002 年到 2008 年以与全国元分析相同的年增长率增加（Twenge & Foster, 2008）。与加州大学伯克利分校的学生相比，加州大学戴维斯分校的学生在 NPI 上的得分异常低，这使得自恋似乎没有发生变化（Twenge & Foster, 2010）。另一项对使用加利福尼亚心理调查（高夫和布拉德利，1996 年）中的自恋项目的大学生分析也显示，在 20 世纪 80 年代和 2005 年中期之间，自恋特征显著增加（斯图尔特和伯恩哈特，2010 年）。因此，四个数据集显示，美国大学生一代代自恋程度在增加。

巴黎（2014）指出，“需要在对更广泛样本的纳粹主义进行调查”（第 222 页）。幸运的是，他们已经进行了。Stinson 等人（2008）对超过 35 个国家的代表性样本进行了调查。000 美国人如果在他们的 lifetime 中曾经经历过自恋型人格障碍（NPD）的症状。与 65 岁以上的受访者（3.2%）相比，二十多岁的受访者（9.4%）中有近三倍的人报告已经经历过 NPD 的症状（Stinson 等人，2008 年）。如果 NPD 的比率在几代人之间保持不变，那么老年人更有可能报告有 NPD 的经历（因为他们有更多的时间来发展这种疾病）。这再次表明了自恋在代际间的增加。Trull、Jahng、Tomko、Wood 和 Sher（2010 年）对这一数据集的重新分析发现，总体患病率较低，但年轻受访者中高比率的现象保持不变。

其他社区样本已考察了自恋的相关因素。在一项大规模的全国代表性高中生样本中，与同年龄段的前几代人相比，近几代人更有可能对未来教育成就和就业前景有不切实际的过高期望（Reynolds, Stewart, Sischo, & MacDonald, 2006），期望在重要的成人角色中表现出最高水平（Twenge & Campbell, 2008），以及重视与金钱、名誉和形象相关的目标（Twenge, Campbell, & Freeman, 2012）。他们也不太可能对群体外表现出同理心，采取行动帮助环境，以及捐赠给慈善机构（Twenge, Campbell, & Freeman, 2012）。与 20 世纪 80 年代末相比，2000 年代中期中学生自我-esteem 得分显著提高（Gentile, Twenge, & Campbell, 2010）。最后，在 1989 年，80%的青少年同意“我是一个重要的人”这一说法，而 1952 年这一比例仅为 12%（Newsom, Archer, Trumbetta, & Gottesman, 2003）。在 393 项明尼苏达多项人格问卷（MMPI）青少年版（Butcher et al., 1992）的项目中，“我是一个重要的人”这一说法的认可度增加最多。 因此，自恋——至少是其相关因素——在社区样本以及大学生样本中也有所增加。

术语“流行病”的使用

鉴于这一证据，尤其是 NPD 终身患病率的三倍增长，我们不认为使用“流行病”一词（在《自恋流行病》，Twenge & Campbell，2009）是“夸张的”（Paris，2014，第 222 页）。这一点在考虑到“流行病”一词的定义时尤其正确，即任何“在人群中影响异常大量个体的”疾病（Merriam-Webster 词典，2012）。

文化中自恋现象增加的证据

在 500 万册的谷歌图书数据库中，第一人称单数词如“我”和“我”的使用频率更高，在

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recent years, and *we* and *us* were used less often (Twenge, Campbell, & Gentile, 2012a). Recent books were also more likely to feature narcissistic phrases such as "I love me," "I am special," and "I'm the best" (Twenge, Campbell, & Gentile, 2012b). TV shows popular with young adolescent viewers became more focused on fame and less on community between the 1980s and the 2000s (Uhls & Greenfield, 2011), and song lyrics featured more self-centered and antisocial language (DeWall, Pond, Campbell, & Twenge, 2011).

Does Therapy Increase Narcissism?

Paris (2014) puts forth the fascinating but speculative idea that therapy might increase narcissism by encouraging individuals to focus more intensely on the self. It is important to note, as Paris does, that therapy is not a monolithic entity; as such, all forms of therapy would not be similarly encouraging of narcissistic characteristics. For instance, although cognitive–behavioral approaches do include a careful examination of patients' cognitions, this is usually done to promote more appropriate and adaptive emotions and behaviors. Similarly, Paris (2014) notes that talking to a therapist who is empathic and provides unconditional positive regard (i.e., Rogers) may be a "narcissist's dream" (p. 224). Yet, a Rogerian therapist would also emphasize the importance of genuineness or transparency. In fact, Rogers noted that "If I should dislike my client persistently, I feel it better that I should express it" (Shostrom, 1965). This belief in transparency, paired with therapists' tendency to experience strong countertransference toward narcissistic patients (Betan, Heim, Conklin, & Westen, 2005), suggests that therapists' interactions with narcissistic patients may not be as gratifying for these patients as Paris (2014) suggests.

Irrespective of orientations, most skilled therapists attentive to personality disorder symptoms will be careful to avoid providing an environment that would serve to exacerbate narcissistic pathology. Nonetheless, we agree with Paris (2014) that this is best addressed via empirical study. Furthermore, we believe that the shift in culture toward a more therapeutic orientation (e.g., in self-help books, Mullins & Kopelman, 1985) is indicative of increasing individualism (although among individuals, the "self-help" trend is likely to capture vulnerable rather than grandiose narcissism.) Again, this is an empirical question.

Even if Paris (2014) is correct that certain forms of psychotherapy might increase narcissism, it is important to note that this effect on the overall rise in narcissism would likely be quite small. Most narcissistic individuals are unlikely to seek therapy, partially because their symptoms are externalizing rather than internalizing. Furthermore, narcissism—even for those who enter therapy—is associated with dropping out of therapy (e.g., Ogrodniczuk, Piper, Joyce, Steinberg & Duggal, 2009). Instead, efforts to reduce these increases in narcissism are better directed toward modifying the cultural influences that have broader, more far-reaching effects. As we note in *The Narcissism Epidemic* (Twenge & Campbell, 2009), these might include eliminating self-esteem boosting programs for children, teaching empathy, and debunking the myth that narcissism leads to success.

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近年来，我们和我们的使用频率降低（Twenge, Campbell, & Gentile, 2012a）。近期书籍也更可能包含自恋的短语，如“我爱我自己”、“我是特别的”和“我是最棒的”（Twenge, Campbell, & Gentile, 2012b）。在 1980 年代到 2000 年代之间，受年轻青少年观众欢迎的电视节目越来越关注名声，而较少关注社区（Uhls & Greenfield, 2011），歌曲歌词也出现了更多以自我为中心和反社会的语言（DeWall, Pond, Campbell, & Twenge, 2011）。

治疗是否会增加自恋？

巴黎（2014）提出了一个引人入胜但具有推测性的观点，即治疗可能会通过鼓励个体更加专注于自我来增加自恋。值得注意的是，正如巴黎所指出的，治疗并非一个统一的实体；因此，所有形式的疗法并不都会同样鼓励自恋特征。例如，尽管认知-行为方法确实包括对病人认知的仔细检查，但这通常是为了促进更适当和适应性的情绪和行为。同样，巴黎（2014）指出，与一个富有同理心并提供无条件积极关注的（即罗杰斯）治疗师交谈可能是“自恋者的梦想”（第 224 页）。然而，罗杰斯式的治疗师也会强调真诚或透明度的重要性。事实上，罗杰斯指出，“如果我对我的客户持续地不喜欢，我觉得最好是表达出来”（Shostrom，1965）。 这种对透明度的信念，加上治疗师倾向于对自恋型患者产生强烈的反移情（Betan, Heim, Conklin, & Westen, 2005），表明治疗师与自恋型患者的互动可能不像 Paris（2014）所暗示的那样令人满意。

无论方向如何，大多数关注人格障碍症状的熟练治疗师都会小心避免提供一个可能加剧自恋病理的环境。尽管如此，我们同意 Paris（2014）的观点，这最好通过实证研究来解决。此外，我们认为文化向更治疗导向的转变（例如，在自助书籍中，Mullins & Kopelman，1985）表明了个人主义的增加（尽管在个人中，“自助”趋势可能更多地吸引脆弱的自恋而非夸大的自恋。）再次，这是一个实证问题。

即使巴黎（2014）正确指出某些形式的心理治疗可能会增加自恋，但重要的是要注意，这种对自恋总体上升的影响可能相当小。大多数自恋者不太可能寻求治疗，部分原因是因为他们的症状是外化的而不是内化的。此外，自恋——即使是那些进入治疗的人——也与退出治疗有关（例如，Ogrodniczuk，Piper，Joyce，Steinberg & Duggal，2009）。相反，减少这些自恋增加的努力应更好地针对修改具有更广泛、更深远影响的文化影响。正如我们在《自恋流行病》（Twenge & Campbell，2009）中所指出的，这些可能包括消除儿童的自我价值提升计划、教授同理心和驳斥自恋导致成功的神话。

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