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A Review and Expansion of
Research on Narcissism in the
Workplace

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A Review and Expansion of Research on Narcissism in the Workplace

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Introduction

The world outwardly rewards narcissists . . . they're charming, manipulative, and goal-oriented, they go on more dates and become titans of industry. But while they may control everything around them, they are yet to accept themselves. "Underneath all the noise is insecurity."¹

These lines underscore the significance of narcissism, which fundamentally affects human interactions (American Psychological Association [APA], 2022) and can have powerful, widespread impact. Moreover, the prevalence of narcissism has increased in recent decades, reflecting broad sociocultural trends (e.g., Twenge et al., 2008). As such, narcissism, a "relatively stable individual difference consisting of grandiosity, self-love, and inflated self-views" (Campbell et al., 2011, p. 269), has increasingly captivated the attention of scholars (e.g., Miller et al., 2017) and popular discourse (e.g., Caron, 2024) alike. Narcissism is highly salient in the workplace, where management scholars have found it exerts a "pervasive influence" on organizational life (Campbell et al., 2011, p. 281).

The extent to which this influence is positive or negative has been murky, according to the most recent review of narcissism in management research (Campbell et al., 2011). This review highlights several key ways narcissism exerts influence at the individual, interpersonal, and organizational levels. The authors argue that narcissism should be considered a trade-off, with effects varying by context (i.e., the extent to which the environment is novel or chaotic vs. stable or long term; Campbell et al., 2011). Across many outcomes, time horizon plays a critical role, with higher narcissism often positive in the short term but negative in the long term. For instance, higher narcissism is linked to leadership emergence in the short term but questionable leadership effectiveness in the long run (Grijalva et al., 2015). Organizational selection processes

that prioritize short-term performance, likability in an interview, and projections of self-confidence can favor people higher in narcissism. Yet over time, higher narcissism often harms interpersonal relationships (Campbell et al., 2011). For organizational outcomes, in the short term, leaders higher in narcissism can generate better firm performance but eventually “destroy systems that they and others depend on to survive and thrive” (Campbell et al., 2011, p. 280).

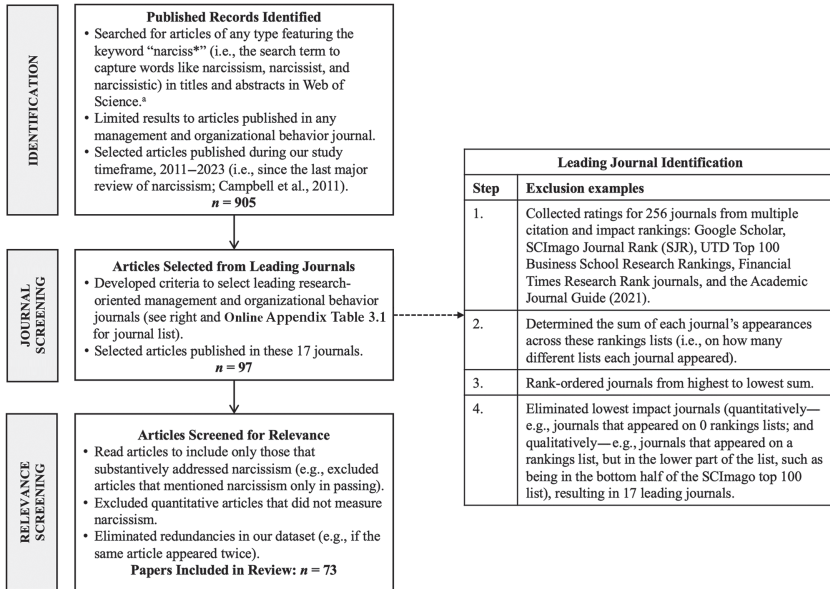
Campbell and colleagues’ (2011) review provides a useful definition of narcissism (above). Yet it also highlights “confusion about the construct” (p. 269) as a core issue in management research on narcissism; hence, we view this as a working definition for purposes of the present chapter. The review concludes by emphasizing that “from our perspective, the single most important theme in research on narcissism in organizations is that there is more research needed” (p. 281). Management scholars have heeded this call, publishing over 900 articles about narcissism since 2011, with exponential growth since 2018.

This surge in research reflects narcissism’s growing importance in academic and public discourse. Yet it has yielded a fragmented body of work with significant knowledge gaps alongside well-studied areas. This chapter addresses these gaps with a two-step approach. First, to assess recent findings about narcissism since the last major review (Campbell et al., 2011), we conducted a systematic review. We focused on publications in leading management journals to identify key patterns, including those related to construct definition, outcomes of interest, and research methods. Second, we integrated our findings with extant research from another discipline that has paid considerable attention to narcissism: clinical psychology. Despite sharing a strong interest in narcissism, the management and clinical psychology literatures have remained distinct (Campbell et al., 2011), as with other psychological constructs appearing in both (Rosado-Solomon et al., 2023). We hope this integration will enhance and shape future narcissism research, as well as exemplify the benefit to management research of incorporating insights from clinical psychology.

Methods

Literature Search, Inclusion Criteria, and Coding Procedure

We conducted a systematic review of management research on narcissism after the last major review of this topic (Campbell et al., 2011), resulting in a 13-year study timeframe (2011–2023, inclusive). The search terms, sources, and screening criteria we specified yielded a final sample of 73 papers (see Figure 3.1).² All coauthor team members participated in preliminary coding, refinement of the coding scheme, and systematic coding of variables of interest across studies, ensuring multiple viewpoints contributed to each coding stage.



^aThis step, which searched for all article types in all disciplines between 2011 and 2023, yielded 7,044 articles.

Figure 3.1 Search Terms, Sources, and Screening Criteria for the Literature Search.

Narcissism in Management Literature: Overview of Findings

How Has Narcissism Been Studied?

We provide descriptive information about the papers reviewed and how narcissism has been studied in the Online Appendix, Table 3.1.³

About the Papers

The 73 papers appeared in 14 leading journals, with between 1 and 10 papers per journal (see Figure 3.1 for journal selection criteria). Studies were predominantly quantitative, using varied methodological approaches. Notably, our sample contained no qualitative studies. Roughly two-thirds of the studies used an organizational behavior/management lens, while one-third used a strategy lens.

About Narcissism

A majority of papers examined narcissism as the focal construct or independent variable ($n = 51$; 70%), with the next largest set ($n = 17$; 23%) studying

narcissism as a moderator. Only one study viewed narcissism as a dependent variable, in a dynamic model where narcissism was also an independent variable. These findings highlight that management research has been disproportionately interested in narcissism's impact as opposed to its antecedents. (For an exception, see Martin et al., 2016, on narcissism as a mediator between parental income and leader effectiveness.)

Additionally, studies varied in terms of *whose* narcissism they examined. Of the 49 studies treating narcissism as an independent variable, most examined individuals in formal authority ($n = 31$; 63.3%): CEOs (32.7%), leaders (22.4%), and managers/supervisors (8.2%). A few studies were conducted about teams ($n = 2$; 4.1%), while the remainder ($n = 16$; 32.7%) examined individuals (e.g., employees, college alumni, students) in varied settings.⁴ Lastly, dependent variables studied in relation to narcissism varied by whose outcomes they examined—mostly individual level (49.0%) or organizational level (30.6%).

Measures Used

We identified the narcissism measures most frequently used in our sample, their characteristics, and evaluated their strengths and weaknesses (see Online Appendix, Table 3.2). These measures (e.g., Narcissistic Personality Inventory (NPI); Raskin & Hall, 1979; Raskin & Terry, 1988) were developed to focus on and assess aspects of grandiose narcissism. Measures of vulnerable and other subtypes of narcissism, though routinely used in clinical psychology research, have not yet been deployed in management research (e.g., Hypersensitive Narcissism Scale, Wink & Gough, 1990; Pathological Narcissism Inventory, Pincus et al., 2009).

Pattern of Findings

About Narcissism's Impact

Our review of narcissism's relationships to outcomes revealed key patterns between two core facets of each study: *whose narcissism* (leaders, non-leader individuals, and teams) and *whose outcome* (impact on leader, non-leader individuals, team, and organization). First, research has disproportionately examined leader narcissism ($n = 31$) compared to non-leader narcissism (e.g., employees, college alumni, students; $n = 16$). Within the studies of leader narcissism, most have focused on leader narcissism's impact on *others* ($n = 25$), including on the firm ($n = 15$). Even when outcomes involve non-leader individuals like followers ($n = 10$), they typically concern organizations (e.g., prosocial and voice behaviors; Liu et al., 2017), rather than outcomes directly relevant to leaders or followers themselves (e.g., well-being). Much of this research has focused on reconciling complexities and nuances in relationships between leader narcissism and outcomes—the “bright” and “dark” side of leader narcissism (e.g., Reina

et al., 2014), or how it leads to both positive and negative outcomes (Liu et al., 2022), reflecting the maturity of this line of work. Another nuanced aspect of leader narcissism explored in these studies is its interaction with other leader characteristics, such as the finding that leaders can have positive effects on followers when their narcissism is tempered by humility (Owens et al., 2015).

The limited research examining leader narcissism's impact on *leader outcomes* ($n = 7$) has focused on outcomes such as leader development, emergence, and effectiveness (see Grijalva et al., 2015, for a review). For instance, higher leader narcissism has been shown to predict leader emergence regardless of context, whereas its impact on leader performance depends on context (Nevicka et al., 2011). Grijalva and colleagues (2015) demonstrated that the relationship between leader narcissism and effectiveness depends on whether the effectiveness rating is observer- or self-reported. This set of outcomes has also included those that, while assessed about a leader (e.g., abusive supervision in Waldman et al., 2018), affect followers rather than leaders themselves. Though these studies examined both independent and dependent variables, all focused on leaders' roles—rather than their well-being, mental health, or career outcomes as individuals. As above, many of these studies examined complexities and nuances in the relationships between leader narcissism and outcomes, reflecting the advanced stage of research on these topics.

By contrast, the outcomes studied in relation to non-leader narcissism ($n = 15$) follow a different pattern. Although still generally relevant to organizations, these outcomes center on the non-leaders themselves rather than on other individuals or on the firm. They include greater variety, such as career outcomes (Wille et al., 2019), job performance (O'Boyle et al., 2012), and organizationally relevant attitudes and behaviors (e.g., citizenship behaviors in LeBreton et al., 2018 and workplace deviance in Ellen et al., 2021). This set of studies is robust in many ways, yet we note a few striking absences: research has paid less attention to individually relevant psychological or attitudinal variables such as job satisfaction and well-being, and to non-leader narcissism's impact on others.

Furthermore, the limited number of studies on narcissism in teams ($n = 2$) has investigated only team-level outcomes (e.g., cooperation and performance in Dierdorff & Fisher, 2022). This approach follows a pattern similar to that observed for leaders and non-leaders, where alignment exists between whose narcissism and whose outcomes are studied. As with research on leader narcissism, which has focused on outcomes not directly relevant to leaders themselves, research on team narcissism has focused on outcomes relevant only to the team or organization but not to individuals on the team.

Narcissism's Impact as a Moderator

When research examined narcissism as a moderator ($n = 17$), we identified a pattern similar to the main effect findings: leader narcissism ($n = 12$) remained the primary focus. Leader narcissism typically moderated relationships relevant to

firms, whether regarding firm outcomes ($n = 8$; e.g., CEO narcissism as a moderator of the relationship between CEO political orientation and firm corporate social responsibility activities in Gupta et al., 2019) or leader outcomes ($n = 4$; e.g., leader narcissism as a moderator of the relationship between follower citizenship behavior and leader unethical behavior in Ahmad et al., 2021) but rarely outcomes directly about the leaders themselves or employees (e.g., well-being). A handful of studies examined non-leader narcissism ($n = 4$) as a moderator of relationships between individual independent and dependent variables (e.g., employee narcissism moderating the relationship between employees receiving help and their interpersonal deviance in Zhong et al., 2022) or team narcissism ($n = 1$) as a moderator of relationships between team independent and dependent variables (e.g., team member narcissism moderating the relationship between team leader narcissism and team member task performance in Han et al., 2020), again focusing on outcomes relevant to the organization but not to individuals themselves.

The Clinical Psychology Perspective on Narcissism

As in management research, narcissism has also captured the attention of scholars in clinical psychology. Indeed, in our review timeframe (2011–2023), while the management literature published more than 900 studies on narcissism, clinical psychology published close to 700 articles on narcissism.⁵ We approached the clinical psychology literature at a high level, focusing on its relevance to and alignment with management research, rather than conducting a second systematic review. Core perspectives of each discipline have shaped their research on narcissism, with the management literature focusing on narcissism's impact in the workplace and clinical psychology focused differently. Specifically, clinical psychology is the branch of psychology that provides comprehensive mental and behavioral healthcare, research-based assessment, and intervention to prevent and treat emotional and behavioral disorders, primarily at the individual, couple, and family levels, as well as consultation on prevention and intervention at organizational levels (APA, 2022). With respect to narcissism, clinical psychology focuses more directly on narcissism itself, including its definition, assessment, etiology, and treatment to improve functioning in multiple life domains.

Both management and clinical psychology research view narcissism as a personality trait existing as a spectrum, with people showing varied levels of narcissistic characteristics. Low or moderate levels are below the threshold for clinical significance (hereafter referred to as “subclinical”) and are considered generally unproblematic or even adaptive (Campbell et al., 2011). High levels can be maladaptive (hereafter referred to as “pathological”)⁶ and in some cases are classified as narcissistic personality disorder or NPD (Ellison et al., 2013; Levy, 2012). NPD is a severe, pathological form of high narcissism characterized by meeting at least five of nine diagnostic criteria outlined in the DSM-5,

including arrogant, haughty behaviors and attitudes; lack of empathy; and excessive demand for admiration (APA, 2013). People with NPD exhibit widely varying levels of functioning, from “captains of industry [to those] unable to maintain steady employment,” with a wider range of severity than any other personality disorder (Caligor et al., 2015, p. 416).

Clinical psychology researchers generally agree that two subtypes exist: grandiose, which presents as a “pervasive pattern of grandiosity” (Weinberg & Ronningstam, 2022, p. 368), and vulnerable, which presents as excessive fragility and intense need for acceptance from others (Pincus et al., 2014).⁷ Both subtypes involve strong feelings of entitlement (Weinberg & Ronningstam, 2022). While the DSM-5 diagnostic criteria have been criticized for overemphasizing grandiose characteristics and underemphasizing vulnerable characteristics (Miller et al., 2013), these criteria nevertheless remain the primary method for clinically assessing NPD.

Key distinctions between the perspectives on narcissism in the management versus clinical psychology literatures have had significant implications for the nature of research undertaken in these fields. Clinical psychology research has focused on pathological narcissism as a stable condition that is perhaps malleable in the long term, whereas management research generally has not distinguished between subclinical and pathological narcissism, instead viewing it on a spectrum as a monolithic trait that does not change (e.g., Campbell et al., 2011). Correspondingly, the clinical psychology literature has acknowledged the genetic and contextual origins of narcissism, as well as interventions and treatments that might reshape or change it (Weinberg & Ronningstam, 2020, 2022). Recent meta-analytic evidence shows that narcissism decreases slightly as people age (Orth et al., 2024), supporting the argument that narcissism should be viewed as changeable.

Despite sustained attention to narcissism for over a hundred years (Freud, 1914/1957) and the acknowledgment that pathological narcissism may be treated, clinical psychology research on its antecedents and potential treatments has been limited (e.g., Miller et al., 2017). One reason for this lack of understanding is that core features of high narcissism, including a lack of authentic self-awareness, challenge the therapeutic process (Weinberg & Ronningstam, 2020). As such, pathological narcissism is often underdiagnosed (Ronningstam, 2011). The limited research on antecedents has identified a significant genetic component, with personality traits linked to adolescent narcissism observable in children as young as 3 (Carlson & Gjerde, 2009). Yet pathological narcissism can also emerge in reaction to certain early childhood experiences. In particular, childhood adversity, including various forms of abuse and trauma, is associated with higher rates of NPD later in life, as are certain parenting styles, including lenient discipline and invalidation (see Weinberg & Ronningstam, 2022).

In terms of interventions and treatments, most extant research utilizes individual case studies (e.g., Dimaggio & Weinberg, 2024), which limits a broad

understanding of interventions due to lack of generalizability. The many distinctive challenges NPD creates in therapy settings have resulted in a situation where, for the limited subset of NPD patients who receive treatment, “existing treatments are only marginally helpful” (Weinberg & Ronningstam, 2020, p. 123). For example, when confronted with anything or anyone that does not foster their positive sense of self, people with NPD can react in a strongly negative manner (Di Pierro et al., 2019). Moreover, the interpersonal displays typical of people with NPD, such as detachment or paranoid reactions, can significantly impede the development of a therapeutic relationship with clinicians (Weinberg & Ronningstam, 2020).

Emerging research suggests techniques that may improve treatment of pathological narcissism. Certain psychotherapies show promise in reducing maladaptive symptoms, such as transference-focused psychotherapy [TFP-N] (Diamond et al., 2021), and goal-setting, due to its alignment with narcissists’ strengths (DiMaggio & Weinberg, 2024). Moreover, flexibility in treating narcissism, including altering meeting frequency or temporarily decreasing required commitments from patients to build trust with the clinician (e.g., DiMaggio & Weinberg, 2024), can also be beneficial.

Enriching Narcissism Research

To enrich future research on narcissism in both management and clinical psychology, we propose incorporating insights into each from the other discipline. We first discuss four key themes identified by our review as needing greater attention: understanding of the construct, outcomes, methodological approaches, and interventions and treatments. We suggest ways management researchers might conduct novel future research based on insights from clinical psychology. Then, we propose that a reciprocal relationship exists between the management and clinical psychology literatures, and we recommend how strengths and insights from management research can enrich clinical psychology research.

Enriching Understanding of the Construct

Our review found that management research rarely distinguished among narcissism subtypes, instead implicitly treating grandiose narcissism as the sole form (see Online Appendix, Table 3.2). The singular exception in our sample is a study that conceptually differentiated grandiose and vulnerable narcissism but nonetheless focused only on grandiose narcissism in its focal data collection (Reina et al., 2014). Most studies in our review focused on individuals in positions of formal authority—CEOs, leaders, and managers—likely contributing to this emphasis. We suggest that the prominence of grandiose narcissism in these individuals, whose grandiosity, extraversion, assertiveness, and power-seeking tendencies may have helped them attain leadership roles (Brunell et al., 2008),

has reinforced this bias. Clinical psychology, by contrast, emphasizes narcissism's dimensionality (Miller et al., 2021).⁸ We propose that integrating insights from clinical psychology, particularly on the vulnerable subtype (e.g., Pincus et al., 2014), would benefit management research by broadening its theoretical mechanisms and range of variables.

Grandiose and vulnerable narcissism share characteristics of self-importance and entitlement. People with narcissism can oscillate between episodes of grandiosity and vulnerability, and high levels of the two may co-exist (e.g., Jauk et al., 2017). Yet the vulnerable form is marked by fragile self-esteem and hypersensitivity to rejection (Cain et al., 2008), with individuals often experiencing attachment anxiety, insecurity, and enmity (Besser & Priel, 2010; Rogoza et al., 2022) resulting in social withdrawal, decreased life satisfaction, and increased levels of anger and hostility (e.g., Zajenkowski et al., 2021). Vulnerable narcissism relates to hypercompetitiveness, neuroticism, disagreeableness, and antagonism (Luchner et al., 2011; Miller et al., 2017), potentially driving social comparison and a relentless pursuit of advancement in the workplace.

As narcissism is not homogeneous, we contend acknowledging and incorporating the existence of its subtypes would enrich management research conceptually and empirically. A more holistic view of narcissism including both vulnerable and grandiose could extend our understanding of narcissism's impact on those experiencing it and how to prevent negative impact on others in the workplace. For instance, in a study of managers, while grandiose narcissism did not predict work performance, vulnerable narcissism was linked to more counterproductive work behaviors and lower task performance (Dåderman & Kajonius, 2024). Future management research could further explore how narcissism subtypes differently impact key outcomes, which would also require broader measurement approaches (see following sections). Novel theorizing about narcissism subtypes is also possible; for example, as vulnerable narcissism is characterized by insecurity, detrimental effects could be driven more strongly by insufficient self-efficacy than with grandiose narcissism. We suggest future research questions for this and the themes that follow, with possible methodologies to extend those used in extant narcissism research, in the Online Appendix, Table 3.3.

Enriching Understanding of Outcomes

Our review highlights how research to date has offered a sophisticated, nuanced view of the impact of leader narcissism on specific outcomes relevant to organizations or leaders' roles. Yet research has rarely examined narcissism's relational impact—how it affects others—or its influence on broader, significant outcomes, including “traditional” organizational behavior constructs like job satisfaction, engagement, turnover, and well-being, for both leaders and those around them. Non-leader narcissism research has likewise centered on organizational outcomes while overlooking traditional organizational behavior variables

despite earlier calls to address them (Mathieu, 2013). These patterns—of what narcissism research has and has not examined—align with findings from studies predating our review timeframe (e.g., for reviews, see Resick et al., 2009; Rosenthal & Pittinsky, 2006), indicating that psychological and attitudinal outcomes remain largely absent from the narcissism literature.

In contrast, clinical psychology views narcissism's impact as inherently relational. The DSM-5 definition of NPD classifies possible symptoms into two dimensions, self and interpersonal relations, each consisting of two areas of functioning—identity and self-direction for the self, and empathy and intimacy for the interpersonal—along with two personality traits: grandiosity and attention seeking (APA, 2013). Of note, beyond the clear relational nature of the interpersonal dimension, the self-dimension's criteria are also strongly relational: the identity area of functioning centers on individual appraisal of the self in relation to others. The self-direction area of functioning also involves goal-setting based on approval from others and viewing oneself as exceptional in relation to others. Even the two personality traits involve relations to others: a view that one is better than others for grandiosity, and extreme pursuit of admiration in attention seeking (Weinberg & Ronningstam, 2022).

We believe that integrating clinical psychology's relational view of narcissism and its impact could significantly enrich management research by, for instance, examining narcissism's impact on relations with other people, including but not limited to coworkers across hierarchical levels, teammates, clients, supervisors, protégés, or even boundary spanning to encompass others in work and nonwork domains. This is particularly salient for research on non-leader narcissism, where a relational focus is especially lacking. Also consistent with the clinical psychology literature, we encourage future management research to examine a broader range of outcomes in relation to the self, including the aforementioned traditional organizational behavior outcomes (e.g., job satisfaction, well-being).

Enriching Methodological Approaches

Our review recognized that studies have employed varied quantitative methodologies to examine narcissism, with none using qualitative methods. Furthermore, although the literature benefits from numerous studies employing more than one wave of data collection, these studies have typically examined narcissism's effect on an outcome at a later time point rather than examining narcissism longitudinally—collecting three or more measures of narcissism to understand its change over time, along with possible antecedents or consequences of change (Singer & Willet, 2003). Our review found that narcissism research has relied on a small number of measures. The Narcissistic Personality Inventory (Raskin & Hall, 1979; Raskin & Terry, 1988) was the most frequent self-report measure (37% of our sample), and the CEO Narcissism Index (Chatterjee & Hambrick, 2007) was the most frequent archival, unobtrusive measure (12% of our sample).

Other measures were used in a handful of studies apiece, and all assessed only grandiose narcissism.

Clinical psychology has excelled at developing clinical assessments of narcissism, beneficial for purposes including differentiating subclinical from pathological narcissism. Clinical psychology also acknowledges the existence and importance of narcissism's antecedents and potential for change—critical to diagnosing and treating pathological narcissism. Although systematic clinical psychology research on the antecedents—and especially the treatment—of NPD remains limited (Weinberg & Ronningstam, 2022), the available work has employed a broader range of methodological approaches than is typical in management studies on narcissism.

Integrating clinical psychology's methodologies for studying narcissism could enrich the taken-for-granted approaches in management research. First, we encourage management research to broaden its methodologies by incorporating those used or advocated in clinical psychology. The field would benefit from longitudinal studies examining the antecedents and change in narcissism over time, as well as from qualitative research, which—drawing on case study research widely used in the clinical tradition—could offer much-needed richness and depth to our understanding of how narcissism functions in the workplace. Repeated collection of existing measures, even with known limitations (see Online Appendix, Table 3.2), can still enrich our understanding of narcissism over time.

Second, we encourage expanding the range of narcissism assessments used in management research. This includes adapting established clinical measures and validating them for organizational settings. Clinical measures for other mental health conditions like those for depression have already been adapted for management research (e.g., Beck Depression Inventory-II, Beck et al., 1996). Similar adaptation of narcissism assessments could introduce useful methodological variety to a field long dominated by a narrow set of measures. Moreover, narcissism is inherently difficult to assess, and the typical subjects in management research—CEOs and leaders—are particularly hard to access for self-report (Cycyota & Harrison, 2006). Novel methods are emerging, such as an unobtrusive index measure calculated from five LinkedIn profile indicators (Junge et al., 2024), and other promising approaches, including natural language processing, have been proposed to capture CEO narcissism without direct input (Cragun et al., 2020). We echo calls for continued innovation in this area.

Lastly, we believe management research would benefit from incorporating clinical insights about narcissism subtypes into its measurement approaches. To move beyond a sole focus on grandiose narcissism, we encourage using clinical measures to assess vulnerable and other subtypes. Research on non-grandiose narcissism could be advanced through the methodological approaches noted earlier, such as using natural language processing to identify subtypes among leaders.

Enriching Understanding of Interventions

Despite the problems caused in organizations by people with untreated high narcissism (e.g., NPD)—such as abusive supervision (Waldman et al., 2018)—our review found no management studies investigating interventions directly targeting this problematic impact. As such, current management research offers little guidance for actionable interventions.

Clinical psychology's exploration of narcissism's developmental trajectory has yielded a key insight: early trauma may contribute to the emergence of clinically significant narcissism later in life (Weinberg & Ronningstam, 2022), but trauma-informed approaches have not been substantially connected to interventions for pathological narcissism. Broadly, a trauma-informed approach requires four competencies across all levels of an organization: (1) *realizing* trauma's existence and impact; (2) *recognizing* signs of trauma in context; (3) *responding* with trauma-informed care; and (4) *resisting re-traumatization* of stakeholders (Huang et al., 2014, pp. 9–10). Combining this approach with clinical insights about treating people with pathological narcissism—and those who interact with them—could inform novel intervention strategies, such as the use of goal-setting (e.g., Weinberg & Ronningstam, 2020).

We propose that management research on narcissism would be enriched by incorporating clinical insights into both uncovering and treating trauma. Applying a trauma-informed lens could deepen understanding of both people with high narcissism and those impacted by them. Organizations might leverage this approach by ensuring employee access to mental health resources, including adequate benefits and the time and flexibility to utilize them. When employees experience trauma due to interactions with colleagues with high narcissism in the organization, senior management might consider relocating or removing the latter to prevent further harm. Research shows that distancing from abusive supervision supports trauma processing (Masood et al., 2024), and trauma-informed responses that prioritize preventing re-traumatization can facilitate healing. To explore these possibilities, researchers could conduct natural field experiments to assess whether organizational provision of trauma-informed support for people harmed by narcissistic colleagues yields benefits both at the individual (e.g., well-being) and organizational (e.g., reduced turnover) levels.

Enriching Clinical Psychology Research

As noted earlier, we view management research as a potential source of enrichment for clinical psychology, as well as a beneficiary of it. About one-third of the studies we reviewed investigated the impact of those in formal authority on organizations ($n = 15$) or individuals with whom they interact ($n = 10$). This multilevel perspective (Klein & Kozlowski, 2000)—examining how people high in narcissism affect others and broader social systems—contrasts with clinical

psychology's typical focus on the well-being or impairment of people with narcissism and their immediate relationships. We encourage clinical psychology to draw on management research's insights into the relational implications of pathological narcissism and to more explicitly consider its broader social implications. This perspective may be particularly generative in domains where interpersonal dynamics are central, such as couples and family counseling.

Another strength of management research is its emphasis on quantifying narcissism's effects—such as on creativity (Mao et al., 2021), advice taking (Kausel et al., 2015), and firm legal vulnerability (O'Reilly et al., 2018). We suggest that clinical psychology could be enriched by incorporating similarly outcome-focused approaches, for both people with narcissism and those affected by it. By better understanding the magnitude of narcissism's impact, clinical psychologists may be better positioned to evaluate the risks and benefits of different therapeutic strategies, including whether non-treatment may sometimes be appropriate.

Conclusion

Narcissism can pose serious challenges in organizations—not only for those who experience it directly but also for those around them: “Narcissism can be like a fire . . . the longer it burns, the more it destroys. If you want to avoid damage, there has to be some intervention” (Caron, 2024). With the significant rise in management research on narcissism since the last major review (Campbell et al., 2011), this chapter arrives at a critical moment to reassess what is—and is not yet—understood about this complex trait.

Our systematic review of 73 articles in leading management journals revealed key patterns and gaps in knowledge. By incorporating insights from clinical psychology, we sought to illuminate these gaps and encourage future research that expands our understanding of narcissism in organizational contexts. This interdisciplinary approach enriches theoretical and practical insights into narcissism and highlights the broader value of cross-field integration for addressing other complex constructs.

Looking ahead, we hope this chapter contributes to shaping future discourse on narcissism in management and beyond. By encouraging nuanced questions and innovative methods, it may guide efforts to manage narcissism's challenges and leverage its potential benefits. In so doing, we aim to offer a pathway toward healthier, more productive organizational environments.

Notes

- 1 Baer (2016) quoting the work of Wendy Behary.
- 2 A full list of studies is available from the first author upon request.
- 3 Online appendices can be viewed at <http://bit.ly/4iMIhYe>, or the information can be requested from the first author.

- 4 We categorized studies based on the terminology used by their authors to preserve the studies' intent, even though these categories may overlap conceptually (e.g., CEOs are also leaders).
- 5 Other related disciplines, such as social and industrial/organizational psychology, psychoanalysis, and psychiatry, have also addressed narcissism but are beyond the scope of this review.
- 6 We use this term to refer to people who display clinically significant levels of narcissism and some degree of impairment but may or may not have a clinical diagnosis.
- 7 These represent the two most popular conceptualizations of narcissism but not the only distinctions. For a broader discussion of other ways to differentiate narcissism, see Miller et al. (2021).
- 8 This review summarizes that narcissism should be conceptualized as hierarchical and comprising two distinguishable subtypes or dimensions, grandiose and vulnerable, which in turn comprise three dimensions: antagonism, part of both grandiose and vulnerable narcissism; agentic extraversion, characterizing grandiose narcissism only; and narcissistic neuroticism, characterizing vulnerable narcissism only (Miller et al., 2021). Scholars have proposed additional dimensions of narcissism, such as communal (Gebauer et al., 2012), a subtype of grandiose narcissism whereby individuals possess the same self-focused style as other people with grandiose narcissism, but overclaim how other-focused they are (e.g., viewing themselves as saintly figures in Yang et al., 2018, or boasting about their prosociality in Fatfouta & Schröder-Abé, 2018).

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