CAUSAL ATTRIBUTIONS AMONG OVERT AND COVERT NARCISSISM SUBTYPES FOR HYPOTHETICAL, RETROSPECTIVE, AND PROSPECTIVE EVENTS

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BY
MICHAEL E. HOLDREN

has been approved for
the Department of Psychology and
the College of Arts and Sciences
by

John P. Garske
Professor of Clinical Psychology

Leslie A. Flemming
Dean, College of Arts and Sciences

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Causal Attributions Among Overt and Covert Narcissism Subtypes for Hypothetical, Retrospective, and Prospective Events (155pp.)

Director of Dissertation: John P. Garske

It is hypothesized that recent developments in narcissism theory and research which argue for overt and covert narcissism subtypes would inform the discussion of narcissistic attribution styles. A number of theorists and researchers have suggested that DSM criteria for narcissism are too narrowly drawn and miss the more covert, hypersensitive, and vulnerable aspects of narcissistic disturbances. To date, research into characteristically narcissistic attribution styles has been limited by an over-reliance on the DSM-based measure of the overt, grandiose, and exhibitionistic narcissism, the Narcissistic Personality Inventory (NPI). This study differentiates between the overt and covert subtypes by including both the NPI, as a measure of overt narcissism, and the Hypersensitive Narcissism Scale (HSNS), as a measure covert narcissism.

The attribution styles of low, moderate, and high overt and covert narcissism individuals are compared for hypothetical, retrospective, and prospective, positive and negative events. Results indicate that NPI-defined overt narcissism is related to self-enhancing attributions (internal, stable, and global) for positive hypothetical events. Overt narcissism is also related to defensive attributions (external, unstable, and specific) negative events. In addition, HSNS-defined covert narcissism was related to pessimistic attributions (internal, stable, and global) for negative events.

Next, participants who scored in the extremes on both overt and covert narcissism were recruited to see how combinations of overt and covert narcissism would effect

attribution styles. These results indicate that the most significant differences in attribution styles are between Grandiose/Exhibitionistic (high overt/low covert) narcissism individuals who made self-enhancing attributions for positive events, and Hypersensitive/Vulnerable (low overt/high covert narcissism) individuals who made self-depreciating attributions for negative events. Individuals who scored high in both subtypes are conspicuously absent from group differences as the characteristically grandiose and vulnerable tendencies appeared to counteract each other.

The results of this study provide further construct validity for the differentiation between the more overt, grandiose and exhibitionistic subtype described in the DSM and the more covert, hypersensitive and vulnerable subtype depicted in psychoanalytic theory and clinical descriptions.

Approved: John P. Garske

Professor of Clinical Psychology

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Introduction

The complex and paradoxical nature of narcissism had captured the attention of psychoanalytic and clinical theorists, and is enjoying a resurgence of interest among personality and social psychologists. A significant part of the continuing and scholarly interest in narcissism stems from the fact that the syndrome is highly complex, difficult to define and measure, and linked to a number of somewhat conflicting theoretical perspectives (Morf & Rhodewalt, 2001). Mischel (2001) suggests that it is the paradoxical nature of narcissism that makes it intriguing to anyone who thinks seriously about the vicissitudes of human relationships and the strong-weak nature of the self as people struggle with themselves and each other.

Narcissism's popularity within mainstream culture has also increased. This popularity has been aided by a growing perception that, for better or worse, Americans are becoming more and more self-oriented. A variety of conceptualizations underscore the changes in American culture and the concomitant psychopathogenic effects. For example Kohut (1977) suggests that the beginning of the century was marked by individuals brought up in extended family systems and who, because of overstimulation in childhood, had to struggle as an adult with unresolved Oedipal feelings and conflicts between the id, ego, and superego. In contrast, the more typical contemporary individual is brought up in a nuclear family system and is more susceptible to understimulation as a child and consequently in adulthood faces the ever-present danger of fragmentation of the self. Masterson (1990) depicts a historical shift in psychopathology from preoccupation with guilt and neuroses to a new concern with boredom, meaninglessness, and the search

for a real or authentic sense of self. Lasch (1979) perceives the societal turn toward narcissism as a sad reflection on American culture in the age of diminished expectations. He argues that the contemporary emphasis on the self is a defense against the threat posed by a dying culture which is devoid of meaning and depleted by the abandonment of common values.

Whatever the etiology, our increased preoccupation with the self combined with methodological advances in identifying and measuring narcissism have resulted in a wealth of conceptual and empirical publications. For example, a recent volume of *Psychological Inquiry* (2001) was devoted to addressing the paradoxical nature of narcissism. Not surprisingly, empirical considerations of narcissism have escalated since Narcissistic Personality Disorder was first entered as a discrete diagnostic entity in the third edition of *Diagnostic and Statistical Manual* (DSM III, American Psychiatry Association, 1980). The DSM-IIII criteria were used to develop empirical measures of narcissism such as the objective, self-report Narcissistic Personality Inventory (NPI; Raskin and Hall, 1979). The creation of the NPI has opened the door for empirical investigations and personality psychologists have begun to study the normal range of individual differences in narcissistic tendencies (Emmons, 1987; Raskin & Terry, 1988, Wink and Gough, 1990). The assumption, for personality researchers who use measures like the NPI, is that, when exhibited in less extreme forms, these behaviors are reflective of narcissism as a personality trait, and it is only extreme manifestations of these behaviors which constitute pathological narcissism. Clearly the advent of the DSM criteria, and DSM-based measures like the NPI, has resulted in increased attention and

empirical investigation of narcissism. However, while the DSM is deservingly lauded as an initial attempt at conceptualizing narcissism, a number of theorists and researchers have suggested that DSM criteria are insufficient to adequately capture the diversity of narcissistic disorders.

The proposed shortcomings in DSM-III, and by extension the NPI, have left numerous theorists and researchers advocating for a more comprehensive conceptualization of narcissistic characterizations. It has been argued that the nine diagnostic criteria of the DSM are too narrowly drawn to capture the diverse nature of patients with this characterological diagnosis. The DSM description focuses on the "overt" qualities of narcissism (e.g. grandiosity, exploitativeness, arrogance, interpersonal problems and rage) while omitting the less obvious and more subtle, "covert" characteristics (e.g. tendency to be shame sensitive, introverted, vulnerable, inhibited, and anxiety-prone) (Gabbard, 1989). Thus, it is argued that the same criteria that helped to fuel research, and capture the phenomenology of narcissism, has failed to provide a complete picture of the narcissistic presentation (Balestri, 2000).

The aforementioned debate and confusion regarding our understanding and treatment of narcissistic disorders can be traced back to the conflicting theories of Otto Kernberg and Heinz Kohut, the two most influential theorists on narcissism for several decades. There are considerable differences between Kernberg (1970, 1974a, 1974b) and Kohut (1971, 1977, 1984) with respect to the etiology, psychodynamics, and treatment of Narcissistic Personality disorders. Partly as an outgrowth of their debate, a growing number of clinicians and researchers (Adler, 1986; Broucek, 1982, 1991; Gabbard, 1989;

Hibbard, 1992; Rosenfeld, 1987; Shulman 1986; Storolow & Lachman, 1980; Wink 1991a, 1991b) have come to identify a behavioral and phenomenological continuum of narcissistic disorders. Furtheremore, several types of narcissism have been reported in psychoanalytic theories and case studies (Bursten, 1973; Kernberg, 1986; Kohut & Wolf, 1979; Reich, 1949). Kohut and Wolf (1978) distinguished between merger-hungry, contact-shunning, and mirror-hungry individuals. Bursten (1973) proposed four different types of narcissistic patients: the manipulative narcissist, the paranoid narcissist, the craving narcissist, and the phallic-narcissist.

Recently, the clinical literature had focused on two major subtypes of narcissism: the distinction between overt (grandiose/exhibitionistic) and covert (hypersensitive/ vulnerable) narcissism. This distinction has been as explored in theoretical parlance, clinical observations (Gabbard, 1989, 1990; Masterson, 1981, 1993), and research studies (Hibbard, 1992; Rathvon & Holmstrom, 1996; Wink 1991). Highlighting this distinction, Masterson (1981) suggests that the majority of narcissistic individuals try to impress others with their open display of grandiosity, exhibitionism, and entitlement, while a smaller, but nonetheless significant group of “closet narcissists” present as timid, shy, inhibited, and ineffective, only to show their exhibitionistic and grandiose fantasies on closer contact. From a descriptive standpoint, Gabbard (1989) labeled the two opposite manifestations along the narcissism continuum as oblivious narcissists and hypervigilant narcissists. These terms depict the narcissistic individuals predominant style of interacting, both in transference relationships with a therapist and in social relationships in general. For example, the oblivious types appear to have no awareness whatsoever of

their impact on others while the hypervigilant types are exquisitely sensitive to how others react to them. The present study will attempt to further refine our understanding of narcissism and the proposed distinction between the overt, oblivious, grandiose, and exhibitionistic subtype and the covert, hypervigilant, hypersensitive, and vulnerable subtype by examining differences in cognitive style and functioning. Borrowing form Wink (1991) these subtypes will be simply referred as overt and covert narcissism for the remainder of this consideration.

Previously, researchers have examined the perceptual-cognitive processes of narcissistic individuals by studying their attribution styles. It has been hypothesized that narcissists would make: 1) self-enhancing attributions for positive events by attributing them to internal, stable, and global causes; and 2) defensive attributions for negative events by attributing them to external, unstable, and specific causes. Several investigators have demonstrated that narcissism is related to self-enhancing attributions, with varying degrees of prevalence, insofar as it is related to the tendency to attribute positive events to internal, stable, and global causes (Hartouni, 1992; Holdren, 2000; Ladd, et al., 1997; Rhodewalt and Morf, 1995). However, the hypothesized defensive attribution styles of narcissists have proven to be considerably more elusive as researchers have failed to observe the hypothesized relationship between narcissism and self-protective attributions for negative events. The rationale for this proposed investigation was that the differentiation between overt and covert narcissism subtypes may help to explain the paucity of negative event attribution findings. To date, all of the studies of narcissistic attribution styles have been limited by the exclusive use of the DSM-based NPI to

measure levels of narcissism. Thus a consideration of narcissism attribution styles which includes a measure of covert narcissism was proposed.

To sum up, this project was designed to further our understanding of the cognitive-perceptual processes of narcissistic individuals and to provide further evidence of the differences between overt and covert subtypes in the interest of broadening our conceptualization of narcissistic characterizations beyond the narrow diagnostic criteria established in the DSM-IV. This endeavor has both clinical and theoretical implications as it may facilitate greater specificity in assessment and treatment, and further inform the debate between Kernberg and Kohut.

Literature Review

Narcissism

This section will provide a review of: 1) conceptualizations of narcissism, including the current DSM-IV description, with an emphasis on the proposed centrality of characteristically narcissistic self-concepts; 2) the current state of the controversy between the seminal works of Kernberg and Kohut; 3) a description of, and clinical support for, the increasingly accepted distinction between overt and covert narcissism.

Contemporary Descriptions and the DSM

Despite inclusion in DSM-III and subsequent editions, narcissism is still at the beginning of the process of description, empirical testing, and validation (Gunderson, Ronningstam, & Smith, 1991). Contemporary descriptions of the narcissistic self-concept incorporate elements from the writings of earlier theorists. Among the most prominent have been the theorizings of Otto Kernberg (1976, 1980) and Heinz Kohut (1971, 1977).

The current DSM definition of Narcissistic Personality Disorder has been heavily influenced by the work of these psychoanalysts. Million (1981) reported that these clinical criteria were extracted directly from the major theories of narcissism. And according to Goldstein (1985), the DSM III criteria represent, in a clearly defined way, a descriptive compilation of the works of Kohut and Kernberg. However, in contrast to Kohut's and Kernberg's psychodynamically oriented models, the DSM-IV represents a research-oriented approach to describe narcissism.

The DSM classification, while atheortical regarding etiology, provides a description of the clinical features of the disorder in an attempt to make narcissistic personality easily defined, reliable and valid. Now in its fourth edition, the Diagnostic & Statistical Manual (DSM-IV, American Psychiatry Association, 1994) provides the following description of Narcissistic Personality Disorder:

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and a lack of empathy, beginning by early adulthood and present in a number contexts, as indicated by five (or more) of the following:

1) has a grand sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
2) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3) believes that he or she is "special" and unique and can only be understood by, or associate with, other special or high status people (or institutions)

4) requires excessive admiration
5) has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
6) is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
7) lacks empathy: is unwilling to recognize or identify with the feeling and needs of others
8) is often envious of others or believes that other are envious of him or her
9) shows arrogant, haughty behaviors or attitudes.

As noted earlier, this description focuses on the overt, grandiose, and exhibitionistic aspects of narcissism. Turning to other contemporary conceptualization, a central theme running through much of the current writing on narcissism address the self-concept and interpersonal relations of narcissistic. For example, Westen (1990) argues that narcissism be strictly defined as a cognitive-affective preoccupation with the self, wherein cognitive preoccupation refers to a focus on the self, and affective preoccupation refers to an overconcern with one's wishes, needs, goals, superiority, and perfection. Westen proposes that narcissistic self-representations are grossly distorted, transitory, and largely dependent on both mood and the need to defend against threats to self-esteem. Westen argues that these self-concepts are characterized by fusion, or the failure to differentiate between real and ideal selves. This focus is also shared by Akhtar and Thompson (1982) who concluded that narcissism is comprised of deficits in six areas of functioning: 1) self-concept, 2) interpersonal relationships, 3) social adaptation, 4)

ethics, standards, and ideals, 5) love and sexuality and 6) cognitive style. It is the characteristics of narcissism relating to self-concept and cognitive style that are of particular interest to the present discussion. Akhtar and Thomson (1982) describe the self-concepts of narcissistic individuals as overtly haughty and grandiose, possessing inflated self-regard, and include senses of both entitlement and vulnerability. Paradoxically, they also conclude that narcissists are covertly hypersensitive, and fraught with feelings of inferiority and worthlessness. Regarding cognitive style, Akhtar and Thomson (1982) describe narcissistic individuals as being overtly egocentric in their perceptions of reality, and covertly inattentive to objective events, resulting in the tendency to change meanings of reality when self-esteem is threatened. Here, Akhtar and Thomson (1982) clearly foreshadow some of the dissatisfaction with the DSM descriptions which will be addressed shortly. They point out that their diagnostic criteria are more comprehensive than the DSM-III description and that they distinguish between the overt, readily observable, and the covert characteristics of the disorder. “We regard our conceptualization of the clinical features of overt and covert as a forward step serving to underline the centrality of splitting in narcissistic personalities and to emphasize their divided self” (p.17). As a landmark in the evolution of a definition of this syndrome, the DSM deserves recognition and praise however, it is argued that the same criteria which helped to capture the phenomenology of narcissism has failed to provide a complete picture of the narcissistic presentation (Balestri 2000).

Numerous writers have stated that the DSM criteria are too narrowly drawn and do not capture the diversity of narcissistic disorders (Cooper & Michels, 1988; Gabbard,

1989; Philison, 1985; Richman & Flaherty, 1988). Gabbard (1989) propose that current diagnostic criteria describe only a certain kind of narcissistic patient, the arrogant, boastful, individual who demands to be in the spotlight. Cooper & Michels (1988) suggests that the DSM-II-R easily describes the overtly aggressive expressions of narcissistic conflict but deals poorly with the quiet, passive narcissistic patient whose grandiosity is concealed behind a facade of compliance or shyness.

Several clinicians and theorists (Gabbard, 1990; Masterson, 1993; Curtis, 1994) have observed that in clinical practice, we may be misdiagnosing patients who are suffering from narcissistic defenses. Akhtar and Thomson (1982), commenting on the need to expand narcissistic conceptualizations to include overt and covert clinical features, suggest that patients with Narcissistic Personality Disorder may sometimes display some of the usually covert features, while most of the overt ones remain hidden in the first few interviews. They postulate that the therapist's awareness of the dichotomous self will encourage further inquiry and prevent misdiagnosis.

In an investigation that highlights some of the problems with relying on the DSM-IV description, Ronningstam and Gundersom (1990) attempted to identify useful criteria for assessing Narcissistic Personality Disorder (NPD) using a semi-structured interview. In this study, the authors identified core narcissistic traits such as grandiosity, arrogance, superiority, uniqueness and exaggeration in a group of inpatients. However, they argued that some of the characteristics of NPD suggested by Kohut and Kernberg were also present in the other personality disorder control groups. In particular, Kohut's descriptions of narcissistic patients' hypersensitivity, idealization, devaluation, and

reactiveness to criticism were also found in the authors' narcissistic patient sample. However, these characteristics did not differentiate the narcissistic sample from other personality disorders in Cluster B (i.e., Histrionic, Borderline, and Antisocial Personality disorder). The authors suggest that Kernberg's and Kohut's use of narcissistic designation embraces a broader population than their sample reflected. In sum, there is mounting concern that some patients who possess Narcissistic conditions are going undiagnosed due to over-reliance on the DSM.

Kernberg and Kohut Controversy

Beyond the dissatisfaction and controversy surrounding the DSM criteria, there is contention in psychoanalytic circles regarding the etiology and psychodynamics of narcissistic disorders. The debate has largely centered on the diverging theories of Otto Kernberg (1975) and Heinz Kohut (1971, 1977) who employ different developmental models, describe of narcissists differently, and advocate very different therapy approaches. For example, Kernberg (1975) describes narcissists as grandiose, self-centered, lacking in empathy, intensely envious, and emotionally shallow. This description mirrors what Wink (1997) would later refer to as the overt subtype of narcissism. Meanwhile, Kohut (1977) describes narcissists as diffusely vulnerable, vaguely depressed and empty, and lacking in empathy and resilience. This description mirrors what Wink (1997) would later refer to as the covert subtype of narcissism. Regarding counter-transference, Kernberg advocates for a neutral-interpretive stance where the patients feelings and behaviors are clarified from the standpoint of their impact

on others. Kohut suggests a nurturing-reconstructive stance that is primarily concerned with leaving the patient feeling understood and accepted (Vitek, 2000).

Decades of debate as to the voracity and validity of each position has given way to recent research suggesting that Kernberg and Kohut are both correct and describing distinct narcissism subtypes. The hypothesis is that the differences in their theoretical conceptualizations may derive from working with, and observing, two very different groups of patients. A number of clinicians and researchers (Storolow & Lachman, 1980; Adler, 1986; Shulman, 1986; Rosenfeld, 1987; Gabbard, 1989; Broucek, 1982, 1991; Wink, 1991;Hibbard, 1992) make the case that Kernberg and Kohut formulated their models working with distinct populations. Kernberg worked primarily with more seriously disturbed and maladjusted individuals in an inpatient hospital setting. Kohut saw professionals in an outpatient setting who complained of difficulties with depression, emptiness, and relationships.

Broucek (1982) suggests that the discrepancies between Kernberg's and Kohut's view of narcissistic personalities, which are usually attributed to their different theoretical orientations, appear to reflect a difference in the narcissistic prototypes on which they base their formulations. In fact, although Kernberg and Kohut do not distinguish between types of narcissism, some parallels can be drawn between their descriptions and the hypothesized differences between overt and covert subtypes. Kernberg's description of narcissists as grandiose, self-centered, lacking in empathy, intensely envious, and emotionally shallow is consistent with current conceptualizations of overt, grandiose/exhibitionistic subtypes. Meanwhile, Kohut's description of narcissists as

diffusely vulnerable, vaguely depressed and empty, and lacking in empathy and resilience is consistent with contemporary conceptualizations of covert, hypersensitive/vulnerable subtypes. Thus, it is possible that much of the debate concerning the etiology and psychodynamics of narcissistic disorders may be reconciled, with both conceptualizations being equally valid ways describing differentially overtly and covertly narcissistic individuals.

Proposed Narcissism Subtypes

Beyond the Kernberg and Kohut controversy, clinical and empirical researchers have begun describing different subtypes of narcissistic disorders that share a variety of core narcissistic characteristics but differ in significant ways (Wink 1991; Hibbard, 1992). Several types of narcissism have been reported in psychoanalytic theories and case studies (Broucek, 1982; Bursten, 1973; Kohut & Wolf, 1979; Miller, 1979; Millon, 1996; Reich, 1949). For example, Reich (1949) described a different type of narcissistic disorder that she found most common in women. In this type of narcissism, the narcissist idealizes not the self, but the other, and then identifies subserviently with this powerful other to obtain narcissistic gratification indirectly.

Bursten (1973) distinguished between four personality variants within the narcissistic groupings. He proposed four different types of narcissistic patients referring to them as manipulative, paranoid, craving, and phallic. He based his categories on the manner in which each maintains and restores their self-esteem and the degree of self-object differentiation. He described the manipulative narcissists as someone who perceives another person's goal in conflict with their own, uses deception to influence

others, lies, and experiences little guilt. Paranoid narcissistic types are angry and argumentative, rigid, suspicious jealous, and tend to blame others. Craving narcissists are clingy, demanding, and constantly expecting to be disappointed. The phallic narcissistic type more closely resembles traditional definitions of narcissism. Features of the phallic narcissist include masculinity, aggressiveness, exhibitionism, arrogance, and being reckless in order to feel powerful.

Kohut and Wolf (1978) distinguished between merger-hungry, contact-shunning, and mirror-hungry individuals. Merger-hungry individuals must always attach and define themselves through others. Contact-shunning individuals avoid social contact because of a fear that their behavior will not be admired or accepted. And finally, mirror-hungry individuals tend to display themselves in front of others.

Miller (1979) identified different forms of narcissistic disturbances, which she defined as grandiosity and depression. She saw both grandiosity and depression as having roots in narcissistic disturbances, with grandiosity developing as a denial of the loss of important parts of the self. She describes both as subjects of an expression of the loss of self. Furthermore, she describes both as subjects of an inner prison because they are "compelled to fulfill the introjected mothers' expectations: whereas the grandiose person is her successful child, the depressive sees himself as a failure" (Miller, 1979, p.6). Miller sees these disturbances as two sides of a coin, sharing many common characteristics. In both cases there is a fragility of self-esteem, perfectionism based on high ego ideals, denial of feelings, and the narcissistic cathexes of objects. In addition, at

their core is a fear of loss of love, envy, strong aggression, oversensitivity, tendency to feel shame and guilt, and restlessness.

Broucek (1982) also describes two types of narcissistic disturbances: an egotistical type and a dissociative type. The predominant features of the egotistical type of narcissism are grandiosity and self-aggrandizing behavior. At the other extreme, the grandiose self is disowned, or split off, and projected in the form of an idealized and omnipotent object. The dissociative type identifies with the depreciated actual self which results in the low self-esteem typical.

Millon (1996) suggests that there are several personality blends that incorporate distinct narcissistic features. He terms these narcissistic types unprincipled, amorous, compensatory, and elitist. The unprincipled narcissist is characterized by an arrogant sense of self-worth, an indifference to the welfare of others, and a fraudulent and intimidating social manner. This type is a mixture of narcissistic and antisocial personality characteristics. The amorous narcissist is described as having an erotic and seductive orientation, an indifferent conscience, and aloofness to truth and social responsibility. This type is a mixture of narcissistic and histrionic personality characteristics. The compensatory narcissist is characterized by overtly narcissistic behaviors that derive from an underlying sense of insecurity and weakness rather than from genuine feelings of self-confidence and self-esteem. They are hypervigilant and exquisitely sensitive to how others react to them, watching and listening carefully for any critical judgment, and feeling slighted by every sign of disapproval. This type is a mixture of narcissistic, negativistic, and avoidant personality characteristics. And lastly,

the elitist narcissist is deeply convinced of their superior self-image although it is grounded in few realistic achievements. They are described as self-assured arrogant, energetic, and feeling privileged.

Of late, the clinical literature has focused on two major subtypes of narcissism termed overt or grandiose/exhibitionistic, and covert, or hypersensitive/vulnerable (Gabbard, 1989, 1990; Hibbard, 1992; Masterson, 1981, 1993; Rathvon & Holmstrom, 1996; Wink 1991). The distinction between overt and covert forms of narcissism draws on the tendency of narcissists to hold contradictory views of the self (Akhtar, 1989; Akhtar & Thomson, 1982). The majority of narcissistic individuals try to impress others with their open display of grandiosity, exhibitionism, and entitlement. In their case, feelings of inferiority, depression, and depletion surface infrequently (Wink, 1996). A smaller, but nonetheless significant group of what Masterson (1981) referred to as closet narcissists, present as timid, shy, inhibited, and ineffective, only to show their exhibitionistic and grandiose fantasies on closer contact. Their core narcissistic pathology is hidden by a defensive posture of inhibition and passivity (Masterson, 1990).

Clinical Support for Overt and Covert Subtypes

As indicated above, the contradictory sense of narcissistic self-esteem has lead researchers to postulate the presence of two forms of narcissism. When it is overt, narcissism leads to a direct expression of exhibition, self-importance, and preoccupation with attention and admiration from others. When it is covert, narcissism is marked by largely unconscious feelings of grandeur and openly displayed lack of self-confidence and initiative, and vague feelings of depression (Wink, 1996). Paradoxically, covertly

narcissistic individuals appear to be hypersensitive, anxious, timid, and insecure, but on close contact surprise observers with their grandiose fantasies (Kernberg, 1986). Meanwhile both overt and covert forms of narcissism share characteristics such as exploitativeness and a sense of entitlement.

Several examples of clinical support for the overt and covert subtypes of narcissism are outlined below. Gabbard (1989) suggests that narcissistic personality disorder can be conceptualized as occurring on a continuum between two extremes. He referred to the extremes as the oblivious and hypervigilant subtypes. These terms refer to the person's predominant style of interacting, both in transference relationships with a therapist, and in social relationships in general. The oblivious types appear to have no awareness whatsoever of their impact on others. They are arrogant, self-absorbed, and seemingly oblivious to others' needs, feelings, and reactions. These individuals demonstrate a craving to be at the center of attention while remaining quite impervious to criticism or feedback. The hypervigilant types, on the other hand, are exquisitely sensitive to how others react to them. They are extremely shy, inhibited, shame-prone, and constantly fear rejection or humiliation. As a means of coping with these fears, these individuals become hypervigilant about how others react to them. They continually assess how others feel about them and behave in ways that secure favor and avoid criticism.

Gabbard (1989, 1994) also notes distinct transference and countertransference patterns among different narcissistic patients. He argues that one group of narcissistic patients are exquisitely sensitive to how others react to them and constantly fear criticism

or humiliation. They vigilantly scan the therapist for evidence of rejection or boredom. This creates a particular countertransference for Gabbard of feeling controlled by the careful scrutiny of every detail of his behavior. Another group of narcissistic patients evoke feelings of boredom and irritation. These patients seemingly have no awareness of their impact on others. They talk as if addressing a large audience, rarely make eye contact, and force the therapist to tolerate lengthy monologues describing their accomplishments. Gabbard (1989) speculates that these distinctions may well relate to the controversy in the literature regarding Kohut's views and those of Kernberg.

Masterson (1993) offers theoretical explanations and case study examples in an effort to distinguish what he calls the "closet narcissist" (covert) from the "exhibitionistic narcissist" (overt). He argues that both types share similar intrapsychic structures: the fusion of the grandiose-self representations with omnipotent-object representation. However, the key difference between overt and covert narcissists is in their emotional investment (defense), namely the overt type presents as impervious to and resilient to experiences of psychological turmoil because of his/her investment in the grandiose self which is sustained, in turn, by the admiration and mirror of others. Conversely, the covert subtype is more vulnerable and prone to psychological turmoil because of his/her investment in the idealized-omnipotent other as the grandiose self is maintained by basking in the glow of the idealized object.

Empirical Studies for Overt and Covert Subtypes

The overt and covert typological distinction evident in clinical conceptualizations is also evidenced in the following empirical investigations (Balestri, 2000; Bunce, 1993;

Grabon, 1998; Hibbard, 199; Hendin and Cheek, 1997; Keith , Dickson, & Pincus 20000; Levine, 1999; Rathvon & Holmstrom, 1996; Sawrie, et al.,1997; Schurman, 200; Sturman, 2000; Vitek, 2000; Wink & Donahue, 1997; Wink, 1991a, 1996). All of the findings reported in this section were statistically significant. For convenience and legibility, this fact will not be explicitly stated for each study.

Wink (1991) examined the lack of strong correlations among several self-report measures of narcissism and outlined the presence of two major subtypes of narcissism using the NPI and five MMPI-based measures of narcissism. These scales represented the most widely used and validated objective narcissism instruments available at he time of that study. From the factor-analysis of the subjects' total scores, two factors, Vunerability/Sensitivity and Grandiosity/Exhibitionistic, emerged. These two factors are theoretically, as well as empirically, parallel to the overt and covert subtypes proposed by Gabbard (1989) oblivious and hypervigilant types) and Masterson (1993; exhibitionistic and closet subtypes). The Vulnerability/Sensitivity (covert factor was associated with introversion, defensiveness, anxiety, and vulnerability to life's traumas, whereas the Grandiosity/Exhibitionistic (overt) factor was associated with extraversion, self-assurance, exhibitionism and aggression. Moreover, although unrelated to each other, the two factors were associated with such core narcissistic features as conceit, self-indulgence, and disregard for others.

In a follow up, Wink (1996) found further evidence to substantiate the distinction between overt and covert forms of narcissism. In support of the overt subtype, personality correlates of those scales which were developed using the DSM-III criteria (NPI, Raskin

& Hall, 1979; MMPI-W&G, Wink & Gough, 1990; MMPI-Raskin, Raskin, 1987) included ego-expansiveness, desire for attention, little esteem for others, conceit, exhibitionism, self-centeredness, and impulsivity (Raskin & Novacek, 1989; Raskin & Terry, 1988, Wink & Gough, 1991). In addition to these arguably undesirable correlates which have negative connotations, a number of more desirable qualities, such as assertiveness, social poise, and assurance, were also positively correlated with high scores on the NPI and MMPI-W&G. Moreover, the NPI is associated with leadership potential and achievement orientation. These findings, taken together, indicate that the DSM-III-derived self-report narcissism scales are measuring overt narcissism. In support of the covert narcissism subtypes, the Narcissistic Personality Disorder Scale, (NPDS; Ashby, Lee, & Duke, 1979), Narcissistic-Hypersensitivity Scale (NHMF; Serkownek, 1975), and Ego-Sensitivity Scale (NPDS; Ashby, Lee, & Duke, 1979), Narcissistic-Hypersensitity Scale (NHMF; Serkownek, 1975), and Ego- Sensitivity Scale (ESS; Pepper & Strong, 1958) were positively correlated with sensitivity to slight, and lack of social presence sociability, and dominance (Graham, 1987 Graham, Schroeder, & Lilly, 1971; Wink, 1991a). In addition, the NPDS was associated with depression (Watson, Taylor, & Morris, 1987) and inadequacy, unhappiness, and worry (Mullins & Kopelman, 1988). Wink (1991) suggests that all of these characteristics are congruent with covert narcissism.

Another study of narcissism and its different forms has provided additional support for Wink's (1991, 1996) distinction between overt and covert narcissism. Rathvon and Holmstrom (1996) looked at overt and covert narcissistic subtypes and their

associations to five MMPI-2 narcissistic scales and the NPI in a non-clinical sample. The MMPI-2 narcissism scales included the Narcissistic Personality Disorder Scale (NPDS; Ashby, Lee and Duke, 1979), Ego Sensitivity Scale (ESS; Pepper and Strong, 1985) Narcissistic-Hypersensitivity Scale (NHMF; Serkownek, 1975), MMPI-Morey (Morey, Waugh, and Blashfield, 1985) and MMPI-W&G (Wink & Gough, 1990). As in Wink's study, a divergent pattern of correlation was obtained between these narcissism scales. A Principal-Components analysis produced two orthogonal factors, which they designated "Narcissistic Grandiosity" and "Narcissistic Depletion". The NPI, MMPI-Morey, and MMPI-W&G loaded .83, .86, and .78, respectively, on the Grandiosity (overt) factor. Meanwhile, the NPDS, NHMF, and ESS scales loaded .84, .93, and .89, respectively, on the Depletion (covert) factor. The authors state that the results of their investigation provide further empirical support for the distinction between overt and forms of narcissism described in the psychoanalytic literature (Kernberg, 1975; Kohut, 1971, 1977; Masterson, 1993) and used by Wink to describe his findings (Rathvon & Holmstrom, 1996, p15). They further argue that the two narcissism factors demonstrate a strikingly divergent pattern of association for the MMPI-2 validity, clinical, content and supplemental scales. For the clinical scales the Grandiosity factor displayed a positive correlation only with MMPI-2 mania (Ma), whereas the Depletion factor displayed significant positive associations with all 10 clinical scales. The depletion factor was also related to supplemental measures of distress, with those reflecting chronic anxiety, maladjustment, and social withdrawal exhibiting the strongest relationships. Such findings suggest that subjects scoring high on this factor are struggling with depression,

hostility, troubled social relationships, anxiety, and irritability, which are characteristic features of the covert or closet aspects of narcissism (Rathvon & Holmstrom, 1996, p.16).

In addition to the factor analyses of Wink(1991, 1996) and Rathvon and Holmstrom (1996), numerous empirical studies have used the overt and covert subtypes. Sawries et al., (1997) investigating alcoholism and narcissism, reported linkages among the MMPI-2 narcissism scales that matched the pattern reported by Wink (1991). The covert measure (NPDS) predicted higher depression, anxiety, and low self-esteem scores whereas the opposite was true for the overt measures (MMPI-Morey and MMPI-Raskin). The NPDS mirrored the overt scales in predicting greater hypomania, amorality, ego-inflation, and anti-social practices; however, its association with imperturbability was inverse. Surprisingly, a third overt measure, MMPI-W&G, was more like the NPDS scale than the other covert measures in that it was positively associated with depression, anxiety, low self-esteem scores and the NPDS.

Hibbard (1992), investigating intercorrelations among narcissism, masochism, shame, and object relations also found evidence consistent with the overt/covert distinction. Hibbard selected three measures of narcissism that were each derived in different ways: 1) the NPI, which is derived from the DSM-III (American Psychiatric Association, 1980) and reflects Kernberg's view of narcissistic personality disorder; 2) the NPDS, which was empirically derived from the MMPI and based on the respective item endorsement rates of a clinical narcissistic group vs. a non-clinical control group and strongly reflects themes of vulnerability and sensitivity (Wink, 1991); and 3) the O'Brien Multiphasic Narcissism Inventory (OMNI; O'Brien, 1987) which based on Alice Miller's

(1985) understanding of narcissism in which a second dimension of narcissistic personality, in addition to the DSM-III-Narcissistic Personality Disorder, is postulated. This additional dimension, which she termed the “Narcissistic Abused Personality”, is marked by tendencies toward looking for others approval for self-validation experiencing problems with belongingness, and recognition of others’ needs as being more important than one’s own. A factor analysis revealed two factors consistent with the overt/covert distinction. Hibbard (1992) concluded that NPI-defined narcissism, which corresponds to the overt subtype, is marked by grandiosity, a diminished capacity for shame, and a lack of tension between real and ideal self. Conversely, NPDS and Omni-defined narcissism, which corresponds to the covert subtype, is marked by vulnerability, shame, submissiveness, dependency, and a tendency to idealize.

Bunce (1993) differentiating between grandiose and vulnerable narcissism found the former to be related to higher affiliation motives, higher power motives, and lower achievement motives. In addition, the superiority and self-sufficiency subscales of the NPI were negatively correlated with depression. Conversely, vulnerable narcissism was associated with lower affiliation and power motives, higher achievement motives, covert hostility, and was strong predictor of depressive symptomatology.

Wink & Donohue (1997) investigating the relation between overt and covert narcissism and boredom using a female sample reported that overt (MMPI-W & G) narcissism was associated with feelings of restlessness in response to external constraints on behavior. On the other hand, covert narcissism (NPDS) was characterized by a sense of inner depletion and positively correlated with subscales measuring difficulties in

keeping oneself interested and entertained, feelings of meaninglessness, and the perception that time is passing slowly. Grabon (1998) in a study of self-deception as it relates to MMPI-2 narcissism and adjustment, reported that both overt and covert narcissism were negatively correlated with adjustment, and that covert narcissism was negatively related to self-deception. Levine (1999) examined overt and covert narcissism and the behaviors of handicapping one's own performance, sabotaging an opponent to whom one is being compared, and self-handicapping tendencies. The results indicated significant predictive relationships for sabotaging others, the self-handicapping measure, and the measure of covert narcissism (NPDS). The study found no evidence that behavioral self-handicapping, as opposed to the self-handicapping scale, was predictive of covert narcissism. The relationships found among the other variables and the NPDS were not found for the NPI.

In a study design to provide empirical support for the distinction between overt (NPI) and covert (composite of NPDS, ESS, and NHMF) narcissism subtypes, Balestri (2000) examined their relationship with object relations, depression, Machiavellianism, and the five factor model of personality. Results indicated that both overt and covert narcissism are positively correlated with Machiavellianism, and negatively correlated with the agreeableness factor of the five-factor model of personality. Balestri suggests that these results reflect the narcissistic proclivity toward manipulation, exploitation, and lack of empathy. Covert narcissism was also related to object relations deficits, depression and the neuroticism factor of the five factor model of personality reflecting more dysfunction than overt narcissism. Sturman (2000) investigated the motivational

and behavioral underpinnings of narcissism subtypes. Overt narcissism (NPI) was positively correlated with dominance motivation, while two covert narcissism (NHMF and ESS) measures were inversely associated with affiliation motivation. The ESS measure of narcissism was also negatively correlated with dominance motivation.

Hendin and Clerk (1997), in a study designed to investigate the validity of new covert narcissism scale, the Hypersensitive Narcissism Scale (HSNS), found the NPI positively to extroversion, and openness, and the explosiveness/entitlement subscale of the NPI was negatively correlated with agreeableness. Meanwhile, the MMPI-based composite measure of covert narcissism (NPDS and MHMF) and the HSNS were positively correlated with neuroticism and negatively correlated with extroversion and agreeableness. The HSNS was also negatively correlated with openness. Similarly, Keith, Dickson, & Pincus (2000) examined the validity of grandiose and vulnerable narcissism by comparing trait profiles from the five-factor model personality. They found that participants in the grandiose group reported low neuroticism, high extroversion, and low agreeableness. Conversely, participants in the vulnerable group reported high neuroticism, average extraversion, and low agreeableness.

Two other recent studies, Vitek (2000) and Shurman (2000), have also used the HSNS to investigate the differences between overt and covert narcissism. Vitek (2000) looked into aggression and differentiation of self in narcissism subtypes, which were termed oblivious (overt) and hypervigilant (covert), using Gabbard's (1994) descriptive terms. Oblivious narcissism, as measured by the NPI, was found to be associated with significantly more aggression than hypervigilant narcissism, as measured by the HSNS.

In addition, oblivious narcissism was found to be associated with a greater degree of differentiation of the self than hypervigilant narcissism. In the other study, Schurman (2000) explored the relationships between social phobia, shame, and narcissistic subtypes using the NPI and HSNS to measure overt and covert narcissism, respectively. The results from that study indicated that covert narcissism had an inverse association with shame.

When taken together, these clinical and empirical considerations of narcissism subtypes help to further delineate the distinctive and common features of overt and covert narcissism. To summarize, overt narcissism, as measured primarily by the NPI, but also the MMPI-based instruments by Raskin(1987), Wink & Gough(1990), and Morey(1985), has been shown to be positively correlated with extraversion, self-assurance, exhibitionism, aggression, assertiveness, social poise, assurance, leadership potential, achievement orientation, hypomania, grandiosity, diminished capacity for shame, lack of tension between the real and ideal self, higher affiliation and power motives, lower achievement motivation, feelings of restlessness in response to external constraints on behavior, dominance motivation, openness, low neuroticism, a greater degree of differentiation of the self, and the exploitiveness/entitled subscale of the NPI was negatively correlated with agreeableness.

Covert narcissism, using the HSNS and various combinations of NPDS, NHMF and ESS, has been shown to be related to introversion, defensiveness, anxiety, vulnerability to life’s traumas, sensitivity to slight, lack of social presence, sociability, dominance, depression, hostility, troubled social relationships, irritability, vulnerability,

shame, submissiveness, dependency, tendency to idealize, lower affiliation and power motives, higher achievement motivation, inadequacy, unhappiness, worry, difficulties in keeping oneself interested and entertained, feelings of meaningless, the perception that time is passing slowly, sabotaging others, a measure of self-handicapping, object relations deficits, the neuroticism factor of the five factor model of personality, social anxiety, and inversely associated with affiliation motivation and the agreeableness factor of the five factor model of personality.

These correlates clearly point to overt and covert narcissism as distinct and separate constructs. They provide substantial construct for the grandiose, exhibitionistic, oblivious characterization of overt narcissism, and the vulnerable, hypersensitive, hypervigilant characterization of covert narcissism.

Measuring Narcissism

As referenced in the previous section, numerous measures of pathological narcissism have been developed. Self-report measures of overt narcissism include the Narcissistic Personality Inventory, (NPI; Raskin & Hall, 1979), the Narcissistic scale on the Millon Clinical Multiaxial Inventory (MCMIN; Millon, 1987), and three different narcissism scales for the MMPI: MMPI-Raskin (Raskin 1987); MMPI- W&G, (Wink & Gough, 1990), and MMPI-Morey, (Morey, Waugh, & Blakefield, 1985). Self-report measures of covert narcissism include Hypersensitive Narcissism Scale (HSNS, Hendin & Cheek, 1997), the O'Brien Multiphasic Narcissism Scale (OMNI; O'Brien, 1987), and three scales developed for the MMPI: the Narcissism Personality Disorder Scale (NPDS;

Ashby, Lee, & Duke, 1979), the Narcissistic-Hypersensitivity Scale (NHMF; Serkownek, 1975), and the Ego-Sensitivity Scale (ESS; Pepper and Strong, 1958).

There are also projective measures such as the Self-Focus Sentence Completion (SFSC; Exner, 1973), the Egocentricity Index for Rorschach Test (Exner, 1986) and the Narcissism Projective developed for use with the TAT (N-P; Shulman, McCarthy, & Ferguson, 1988). In addition, there are also semi-structured interviews such as the diagnostic interview for Narcissism (DIN; Gunderson, Ronningston, & Bodkin, 1990). These represent a sample of narcissism measures, a more thorough listing is available in Raskin & Terry (1988).

Of the overt measures developed, the Narcissistic Personality Inventory (NPI) has been the most widely used and researched. The Narcissistic Personality Inventory, designed by Raskin & Hall (1979), is a 40-item questionnaire designed to measure individual differences in narcissistic personality traits. Raskin and his colleagues (Raskin, 1980; Raskin & Hall, 1979, 1981; Raskin & Terry, 1988) employed an internal consistency approach followed with factor analytic studies that result in the 40-item NPI. The construction of the NPI was based on the DSM III criteria for Narcissistic Personality Disorder. Consistent with the assumption that abnormality is continuous with normality is the assumption that there is a normal distribution of narcissistic personality traits (Raskin & Hall, 1979). According to Raskin (1980), the behavioral criteria of the DSM III when exhibited in their extreme forms constitute the Narcissistic Personality Disorder. When exhibited in less extreme forms, these behaviors point to a constellation of narcissistic personality traits. Kernberg (1982) suggests that less extreme

manifestations of narcissistic personality traits represent less serious disruptions in normal narcissistic processes, while more serious disruptions produce pathological narcissism of the proportions required for the formal diagnosis of Narcissistic Personality Disorder. The premise of a normal distribution of narcissistic traits underlies the NPI (Burstein & Bertenthal, 1986; Mullins & Kopelman, 1988; Wilson, 1986).

The NPI is the oldest and most fully researched objective measure of narcissism (Chatham, Tibbals & Harrington, 1993). Since its inception, the NPI has undergone several revisions. The revised NPI, a 40-item questionnaire in a forced choice format, consists of 40 pairs of statements; one statement of the pair reflects narcissistic sentiments, wheras the other does not. The score of NPI is the total number of items endorsed in the keyed direction. This inventory was normed on 1018 college undergraduates (479 men, 539 women). Raskin & Terry (1988) reported means of 15.55 (SD = 6.66), total sample, 16.50 (SD = 6.85), men, and 14.72 (SD = 6/35) women, for the 40-item NPI.

Substantial evidence for the reliability and construct validity of the NPI in nonclinical populations has been reported (Emmons, 1984; Raskin & Hall, 1979; Raskin & Terry, 1988). Internal consistency reliability is high (Guttman's lambda 3= .83) as reported by Raskin and Terry (1988). Raskin and Hall (1979) found reliability of .72, for alternate forms, and .80, for split half. Additionally scores on the inventory also correlated significantly and positively with those on the Narcissistic Personality Scale of the MCMI (Emmons, 1987).

The NPI has been shown to correlate positively with measures with which theoretically it should correlate, such as sensation seeking, disinhibition, and boredom susceptibility (Emmons 1981), self-esteem (Smalley & Stake, 1996) outward expressions of aggression (Biscardi & Schill, 1985), self-esteem, assertiveness, and hyper-competitveness (Watson, Morris, & Miller, 1998), lowered social interest (Joubert, 1986), grandiose self-enhancement, and both defensive and nondefensive self-esteem (Raskin, Novacek, & Hogan, 1991), overly positive evaluations of one's own performance, (John & Robins, 1994), the excessive use of first person pronouns (Raskin & Shaw, 1988), and inversely, to correlate negatively with measures with which it should not be positively correlated, such as empathy, (Biscardi & Schill, 1985; Watson, Grisham, Trotter, & Bidernam, 1984).

The NPI has also been shown to correlate with both peer (Emmons, 1984) and trained staff ratings of narcissism (Raskin & Teerry, 1988). In addition, there is evidence that scorers at the upper end of the scale (e.g., top 20% of a college sample distribution) demonstrate characteristics consistent with the Narcissistic Personality Disorder and/or pathological narcissism (Shulman & Ferguson, 1988a, 1988b). Factor analyses performed on this scale have repeatedly produced factors consistent with the proposed content and multidimensional nature of Narcissistic Personality Disorder and/or pathological narcissism (Emmons, 1984, 1987; Raskin & Terry, 1988).

Researchers, attempting to provide construct validity for the NPI, have found it to be correlated with various measures of defensiveness. Individuals with pathological narcissism are hypothesized to employ certain characteristic defenses (grandiosity and

omnipotence, idealization/devaluation of others, splitting, denial, and projective identification) to protect the ego or sense of self from threat (Glassman, 1986; Kernberg, 1974, 1975l Kohut, 1971; Rinsley, 1989; Ronningston & Gunderson, 1989). Biscardi & Schill (1985) found that NPI scores correlated positively with defense categories that involve the outward expression of aggression, and negatively with those defenses that inhibit or avoid outward expression of aggression. Russo (1991) also found NPI scores to be correlated with immature defenses, but only for males. In sum, there is considerable evidence for the reliability and construct validity of the NPI as a measure of overt narcissism for nonclinical samples. All the studies reviewed have used nonclinical samples to assess narcissistic traits from a dimensional perspective.

In the interest of inclusion, it is important to note that not everyone accepts narcissism as a continuous, normally distributed variable. Some theorists view narcissism as a disorder wherein there are qualitative differences between those who are narcissistic and those that are not. For example, Kohut (1977) relies on the spontaneous emergence of specific transference during psychoanalysis to establish a diagnosis of narcissistic personality. Others, such as Millon (1981), use cutoff scores to differentiate between those with narcissistic personality disorder and those without. These distinctions, however, relate to a specific diagnosis and this was not the focus of this study.

Of the covert narcissism measures developed, the Hypersensitive Narcissism Scale (Hendin and Cheek, 1997; Appendix D) was chosen for inclusion in this study because of its theoretical basis, and its face valid item content. The HSNS is a unimensional 10-item self-report measure derived from Murray's (1938) 20-item

Narcissism Scale. The items in Murray's Narcissism Scale reflect his conceptualization of the narcissistic individual's dual dynamics: many of his items assess covert experiences of anxious self-preoccupation while some of them focus on more overtly self-aggrandizing and exploitatative narcissistic tendencies (Hendin & Cheek, 1997). Although Murray's original scale include both grandiose and vulnerable factors, Hendin & Cheek, in designing the HSNS, chose items from Murray's scale that are consistent with contemporary approaches to covert narcissism to assess those narcissistic tendencies which are not measured well by NPI.

The HSNS employs a 5-point Likert scale (1= "Not at all true of me" to 5 = "Very true of me"). The final score reflects the sum of individual responses. Using three samples of college students (Sample 1, N=109 females; Sample 2, N=151 females; Sample3, N=143 males), the authors retained ten items which had a significant positive correlation to a composite measure of covert narcissism. The composite scale used by Hendin and Check (1997) was a combination of the Narcissistic Personality Disorder Scale (Ashby, Lee, and Duke, 1979) and the Narcissism0-Hypersensitivity Scale (Serkowenek, 1975). Both scales, the HSNS and the composite, had negative correlations woth the NPI ($r[350]=-.18$, $p<.01$; and $r[350]=-.08$, n.s.) and significant correlations with each other ($r[350]=.50$, $p<.01$).

The HSNS had a significant positive correlation with composite measure of covert narcissism (Sample 1, $r[109]=.63$,$p<.01$), approximating Nunnally's (1978) criteria for alternative forms of the same psychological construct (Hendin & Cheek, 1997). The scale was further validated using the NPI (Raskin & Hall, 1979, 1981) and the

Big Five Inventory (John, Donahue, & Kentle, 1991). The correlations to the NPI were as follows: Sample 1, r[109] =.02, ns; Sample 2, r[151]=.16, p<.05; Sample 3, r[143] =-.04, ns. The correlations to the Big Five Inventory were as follows: Extroversion factor, r[151]=-.28, p<.01; Agreeableness factor, r[151] =-.44, p<.01; Conscientiousness factor, r[151]=.12, ns; Neuroticism factor, r[151] = .51, p<.01; and Openness factor, r[151] =-.18, p<.05.

The item content of the HSNS clearly reflects themes of hypersensitivity and vulnerability. Hendin and Cheek (1977) suggest that the face valid item content of the HSNS would appear to have some advantages over the sometimes obscurely or controversially worded MMPI items for the assessment of covert narcissistic tendencies in the normal range of individual differences. Hendin and Cheek report reliabilities of .72 for Sample 1, .75 for Sample 2, and .62 for Sample 3. Means and standard deviations were as follows: Sample 1, M= 28.7, SD = 6.2; Sample 2, M = 29.7, SD = 6.1; Sample 3, M = 29.3 , SD = 4.7. Because the alpha for the male participants in Sample 3 was relatively low, the authors scored the HSNS on another group of 101 college males and obtained a mean of 29.8, a standard deviation of 6.0, and alpha of .76.

In conclusion, a variety of narcissism measures have been developed and reported in the literature. For this study, NPI was chosen as a measure of overt narcissism, and the HSNS as a measure of covert narcissism.

Attribution Styles: Self-Enhancement and Self-Protection

This next section introduces the topics of self-serving bias and causal attribution taken from the social psychology literature. One of the most widespread and robust

findings in attribution theory is that individuals tend to take credit for successful outcomes and to deny blame for failed outcomes (Emmons, 1987). This phenomenon is alternatingly referred to as the self-serving bias (Harvey & Weary, 1984), attributional egotism (Snyder, et al., 1978), and beneffectance (Greenwald, 1980). This process is believed to serve both self-enhancing and protective functions making it a particularly relevant avenue of research for considering differences among the overt and covert narcissism subtypes.

In the social and cognitive psychology, Markus and Wurf (1987) have described the way people in general recount positive working self-concepts from the nearly infinite representations of the self they can hold in memory as a way of regulating self-esteem. Hence, people are typically motivated to bring to consciousness positive representations of the self and systematically exclude undesired representations. Individuals may structure their activities to enhance the probability that they will receive positive feedback, and when the feedback is negative, they will selectively interpret information in such a way as to minimize the threat to self-conceptions (Markus & Warf, 1997). In essence this self-enhancing, or narcissistic behavior is also serving a self-protective and esteem function, similar to a self-serving bias. Greenwald (1980), and others (Greenwald & Pratkanis, 1984; Ickes, 1988), have studied self-serving biases in attributions and in conscious beliefs about the self. These authors theorize that he motivation of the ego is to protect the self from outside threats to self-esteem.

Fisk and Taylor (1984, 1988) advocate that people generally select, interpret, and recall information to be consistent with prior theories or beliefs about one's self and

contradictory information often fails to get into the cognitive system. Thus, information processing is full of incomplete data gathering, shortcuts, errors and biases. Snyder and Higgins (1988) provided additional evidence that personal theories about oneself are fueled by basic underlying human motives to maintain a positive image and sense of control. However, Taylor and Brown (1988) suggest that certain illusions may be adaptive for mental health and well being. These authors have amassed evidence suggesting that normal, mentally healthy individuals tend to manifest unrealistically positive self-evaluations, exaggerated perceptions of their own efficacy or control, and unrealistic optimism about their futures. Underscoring the adaptive nature of these illusions, individuals who are moderately depressed and low on self-esteem consistently display an absence of these illusions. Furthermore, it has been demonstrated that positively biased illusions are associated with and foster better life functioning (Taylor, Collins, Skokan, & Aspinwall, 1989). Weiner (1980), commenting on what he calls the hedonistic bias, has argued that it is seems impossible that motivated inferential biases do not exist and that everyday observations of people often reveal instances of "mass personal delusion." Like other perceptual and cognitive processes, assignment of causality in the attribution process is highly subjective, and subject to errors and distortions (Kelley, 1973). Attributional errors are the results of making egocentric assumptions, ignoring situational factors, experiencing significant affective consequences, and misleading surrounding situations (Heider, 1958).

As events unfold our natural tendency is to try to understand why they occurred (Kelley, 1973). Generally we have one of two explanations: either we are responsible for

our performance (internal attribution), or another person or situation is responsible (external attribution), or another person or situation is responsible (external attribution) (Heider, 1958). An individual's attributional style (Abramson, Seligman, & Teasdale, 1978), which is based on attribution theory (Heider, 1958), is a cognitive theory of causality concerned with the process by which individuals interpret events in their environment. Inferring causality in response to the environment involves processing of information and ordering of perceived events to ascertain the location of causes (Kelley, 1967). An effect is assigned to a cause either in the environment (external) or in the person (internal) (Heider, 1958). Inasmuch as individuals can ascribe causes to events, the stream of social, physical, and personal information is not only registered, but is also used as a source of information for causal hypotheses. These causal hypotheses subsequently enable the person to comprehend the present situation, to predict the course of events in the future, and to adapt his or her behavior strategies, and reactions to the needs of the environment (Forsterling, 1986).

The most prominent research programs relating causal attributions to behavior consequences are the attribution analysis of achievement motivation (Weiner, 1979; Weiner, Frieze, Kukla, Reed, Rest, & Rosenbaum, 1971), and learned helplessness and depression (Abramson, Seligman, & Teasdale, 1978; Peterson & Seligman, 1984). Weiner et al.(1971) assumed that success and failure in achievement contexts give rise to a search of causal attributions for the respective outcomes that, in turn, determine subsequent achivement behavior. Abramson, et al. (1978) introduced an attributionally based analysis of learned helplessness and depression. They postulated that persons who

are prone to depression have a tendency (attributional style) to attribute failure to internal, stable, and global causes that constitutes a risk factor for reactive depression.

Also Folkman, Lazarus, Gruen and Delongis (1986) addressed whether the ways in which people cognitively appraise and cope with the internal and external demands of stressful events were related to somatic health status and psychological symptoms. For specific person-environment transactions, appraisal and coping processes tended to be more variable than stable, nevertheless, they account for a significant amount of variance in psychological symptoms.

Weiner's (1985) model of achievement motivation posits that causal attributions are of little importance in themselves. What is important is how attributions influence behavior in terms of the causal dimensions or common properties underlying attributions. It is theorized that the effects of causal dimensions on behavior are mediated by future expectations and emotional reactions to achievement outcomes (Weiner, 1985). Causal attributions have been identified as playing an important role in such diverse behaviors as interpersonal relations (Fincham, Bradbury, & Grych, 1990), sport and physical activity (McAuley & Duncan, 1990a), international conflict (Betancourt, 1990), and health behaviors (Lewis & Daltroy, 1990; Michela & Wood, 1986).

As considerable importance is placed on the causal dimensions in the attribution-behavior link, it is important that we accurately measure these properties that theoretically underlie causal attributions. Evidence has been generated to support the existence of three causal dimensions, termed the locus of causality, stability, and control (Weiner, 1985). The locus of causality concerns whether the cause resides within or is

external to the attributer. The stability dimension refers to whether the cause is invariant or changeable over time. And finally, the control dimension reflects whether the cause is controllable or uncontrollable. The following section discusses two different causal attribution measures, the Attributional Style Questionnaire, and the Revised Causal Dimension Scale, which are used in this study.

Measuring Attributions.

Attributional style has traditionally been measured by assessing respondents' attributions across a broad range of hypothetical situations. This approach views attributions as predominantly dispositional and therefore relatively consistent across situations (Peterson et al., 1982). Along this line of thinking, attributions are not viewed as situationally determined; rather, individuals are seen as using one primary style of explaining events across very different contexts. Researchers who have adopted this approach typically use the Attributional Style Questionnaire (ASQ; Peterson et al., 1982; Peterson & Villanova, 1988). The ASQ is a self-report inventory composed of 12 hypothetical events, half of these events have positive outcomes and the other half has negative outcomes. Additionally, half of the events are interpersonal/ affinitive, while the other half is achievement related. The questionnaire is used to measure individual tendencies to select particular explanations for positive and negative events in terms of internal versus external, stable versus unstable, and global versus specific dimensions. The three attributional dimension rating scales associated with each event are scored in the directions of increasingly internal, stable, and global causes. Composite scores are created by summing the appropriate items and dividing by the number of items in the

composite. The authors report that respectablealpha coefficients of .75 and .72 were obtained for the composite attributional style scales for good events and bad events, respectively. The six-item subscales reflecting separate attributional dimensions achieved a mean reliability of .54 (range from .44 to .69).

Some researchers disagree with this global attribution perspective, arguing that the attributions individuals make are best measured for very specific situations (Russell, 1982, 1991). Because the global attributions scale (ASQ) consists of a broad range of hypothetical event from a variety of contexts, responses are often unrelated to the context in which independent variables are measure. Additionally, the global attribution subscale of the ASQ has suffered from inadequate reliability, and its validity has been questioned (Anderson, Jennings, & Aarnoult, 1988; Cutrona et al., 1985). Some researchers suggest that global measures of attributions are poor predictors of explanations for specific, actual events (Cutrona et al., 1985; Russell, 1991). Proponents of this view argue that rather than looking across many different situations, researchers should focus on assessing attributions for specific behavior in a specific situation and use this index to predict outcomes. As an example, we might examine the attribution a student makes for failing, or doing particularly well on his/her most recent statistics exam. The core assumption of this view is that people do not possess one all-encompassing “style” of attributions (Cutrona, Russell, & Jones, 1985). Researchers who advocate this position typically use the Causal Dimension Scale (CDS; Russell, 1982) to measure specific events.

Russell (1982) developed the original Casual Dimension Scale as a state measure assessing individual perceptions so causes in particular situations. To address concerns of

low internal consistency within the control dimension, the Causal Dimension Scale was modified so it could evaluate personal control and external control as separate but related dimensions underlying attributions. The revised version of the CDS-II, provides researchers with a reliable and valid measure, permitting respondents to provide open-ended causal attributions for achievement outcome. Respondents then classify these attributions along the dimensions of locus of causality, stability, and control. McAuley, Duncan, & Russell (1992) report the internal consistency of the four scales were within the acceptable range according to Nunnally (1978), ranging from .60 to .92 across their studies. In addition, confirmatory factor analysis of the items from the CDS-II provided support for the hypothesized four-factor oblique structure despite correlations among the factors.

Recently, researchers have begun to investigate the perceptual-cognitive processes of narcissistic individuals by studying their attributional styles. These investigators have used the ASQ to tap overall attributional styles. In this study, both the ASQ and the CDS-II were used to investigate narcissistic attribution styles. The following section considers the concepts of narcissism and causal attributions together, in an attempt to explicate how they can inform the discussion of narcissistic perceptions and cognitions.

Narcissism and Attribution Styles

Several studies have examined self-enhancement biases among narcissistic individuals. John and Robins (1994) reported that NPI scores were correlated with biased self-enhancement. They found that when compared with less narcissistic individuals,

narcissists viewed their performance in a group significantly more positively than did the other group members. Kernis and Sun (1994) provided high and low NPI-defined narcissistic subjects with either positive or negative feedback about their social competence. They found that compared to low NPI subjects, high NPI-defined subjects viewed the positive feedback as coming from a more valid assessment technique and a more competent reviewer, and negative feedback as coming from a less valid instrument and evaluator. These studies provided indirect evidence that NPI-defined subjects are more likely to take credit for success and externalize failure (Rhodewalt & Morf, 1995).

Westen (1990b, 1991) has raised significant questions about how theorists and clinicians tie together narcissism, egocentrism, self-concept, self-esteem, self-schema, and social cognition. Westen (1990b) has argued that psychoanalytic theories too often offer static views of narcissism which do not do justice to the dynamic, and situational determinants, of fluctuations in levels of functioning in different individuals. From this perspective, one can speak of degrees of narcissism and degrees of self-preoccupation or egotism.

Emmons (1987) has stated that one might expect egotistical attributions to be particularly prevalent among narcissistic individuals, given that their self-esteem is especially vulnerable, hence they would be motivated to enhance their sense of self. Furthermore, Emmons (1987) suggests that given the widespread nature of attributional egotism, the role of narcissism might prove especially useful as a moderator variable because there appear to be differences in the extent to which people make self-serving attributions.

Researchers in social cognition tend to assume that activated or on-line representations of the self are accessible representations capable of becoming conscious given the right amount of activation (Westen, 1990a). Millon's (Millon & Kerman, 1986) extensive work on personality prototypes and their diagnostic criteria described narcissistic personalities as appearing "cognitively expansive" with delusions of success and utilizing lies to redeem self-delusions. However, most studies of social cognition have not focused on the idiosyncratic structure of individuals' representations.

Kernberg (1975) has argued that in narcissistic individuals, self and ideal-self representations are poorly differentiated, so that normal discrepancies (e.g., failure experiences) are precluded with a resultant grandiose self-concept). Horowitz (1989) has commented that the grandiose self-schemata which characterize much of the narcissistically disturbed personality have a defensive function. That is, they ward off states of mind organized by self-schemata of being weak, damaged, or incomplete without the supplement provided by using another person as an extension of self. Westen (1990a) added that clinical observation suggests that representations in phenomenal awareness may be defensively transformed versions of active but inaccessible representations.

Raskin, et al., (1991a) have shown that grandiosity, rather than social desirability, is the defensive process associated with narcissism. In reference to self-esteem regulation, narcissists seek attention through exhibitionistic display, and seem unconcerned with gaining social approval. Raskin, et al., (1991b) have suggested a model of narcissistic self-esteem management in which grandiosity is used to protect the self

from self-doubt, depression, and failure experiences. Similarly, Raskin and Novacek (1991) concluded that narcissism people tend to experience fantasies of success, power, and glory to mange stressful experiences in their lives and bolster a threatened sense of self-esteem. Watson, Sawrie, and Biderman (1991) studied social cognition correlates of subjects who varied in trait narcissism. Their findings indicate a positive relationship between level of narcissism and both exaggerated internal locus of control and optimistic view of self. Narcissism was also positively correlated with social schemata that underline a sense of personal invulnerability. Taken together, these theoretical and empirical considerations of how attributions and narcissism are linked have provided the impetus for further empirical investigations.

Empirical Studies of Narcissism and Attributions

Recently, researchers have begun to investigate the perceptual-cognitive processes of narcissistic individuals by studying their attributional styles. While each of these studies has advanced our understanding, each has been handicapped by relying solely on the DSM-based NPI for measuring narcissism.

Hartouni (1992) examined the attributional styles of individuals with Narcissistic Personality Disorder by comparing them to individuals diagnosed as neurotic without personality disorders. Hartouni's hypotheses were based on the reformulated learned helplessness model of depression (Abramson, Seligman, & Teasdale, 1978) that postulates that internal, stable, and global attributions of negative events tend to lead to lower self-esteem, helplessness, and expression. Hartouni speculated that a narcissistic attributional style would reflect a characterological defense to counter these experiences

of helplessness and lowered self-esteem. Accordingly, Hartouni hypothesized that individuals diagnosed with Narcissistic Personality Disorder would: a) be more likely to make external, unstable, and specific attributions to negative events than neurotic individuals, and b) more likely to make internal, stable, and global attributions for positive events.

Hartouni's hypothesis that narcissistic individuals would be more likely to make internal and stable attributions for positive events was supported, providing evidenced for a narcissistic attributional style. However, there were no significant differences for negative events. Additionally, there were no differences in global attributions for positive events. As noted earlier, one criticism of this study is the reliance on the NPI as the only measure of narcissism. A second criticism would be the use of neurotic individuals as a control group as it could be argued that these individuals might have there own characteristic neurotic attributional styles. The addition of a "normal" control group would be helpful and informative.

Ladd, Welsh, Vitulli, Labbe, and Law (1997) examined the attributional styles of individuals with narcissistic personality characteristics through a systematic replication of Hartouni (1992) using a non-clinical sample and additional measure of attributional style. Based on Mitchell's (1989) findings that certain personality traits lead to characteristic attributional styles, Ladd et al. investigated whether those who score higher on the NPI-40 had more defensive attributional styles than those who score lower on the inventory. It was hypothesized that individuals who scored higher on the NPI-40 would be more likely to attribute positive events to internal, stable, and global causes and negative events

to external, unstable, and specific causes than individuals who scored lower on the measure. The only hypothesis supported by the overall sample (N=119) was that high scorers generally reported more internal attributions to positive events. In addition, there were sex differences in this study that were not reported in Hartouni (1992). While a significant main effect for gender was not found, a significant interaction of gender X NPI-40 indicated that men who scored higher on the NPI-40 made specific attributions to negative events, whereas women who scored higher did not.

The Ladd, et al. (1997) replication and extension of Hartouni's study with a non-clinical sample used scores that were one standard deviation above and below the mean to identify high and low scorers. A criticism of this study is again the sole reliance on the NPI to quantify levels of narcissism. A second criticism would be the disadvantage of using a group of low narcissism individuals as a comparison group as these individuals may have their own idiosyncratic attributional styles limiting the generalizability of these results.

Rhodewalt & Morf (1995) also examined the relationship between narcissism and attributional style. They hypothesized that narcissists would be more self-serving in their attributions than less narcissistic individuals. Narcissism was assessed with a 37-item, true-false format version of the NPI. Attributional style was examined by calculating composites of the average ratings of internal, stable, and global subscales separately for positive and negative events on an adapted form of the Attributional Style Questionnaire. They found that NPI-measured narcissism was related to the tendency to attribute

positive events to internal-stable-global causes, but not related to the propensity to make external-unstable-specific attributions for negative outcomes.

The previous studies in this section have all used the ASQ as a measure of attrubuional styles for hypothetical positive and negative events. These studies suggest that for hypothetical scenarios, NPI-defined narcissism is related to the tendency to attribute positive events to internal-stable-global causes. Conversely, NPI-defined narcissism has not been shown to be related to the propensity to make self-protective, external-unstable-specific attributions for negative outcomes as has been hypothesized.

In addition to the aforementioned studies, other investigators have attempted to address attributional styles by manipulating feedback. For example, John and Robins (1994) and Kernis and Sun (1994) both demonstrated self-serving biases. Rizzo (1994) conducted a study to examine the effect of success and failure feedback in the context of high and low ego-threat and involvement on causal attributions of subjects who have different levels of trait narcissism. The NPI was used as the measure of narcissism and the CDS-II as the measure of causal attributions. The findings of this study indicate a significant difference between the success and failure feedback conditions on each of the CDS-II subscales in the predicted direction, confirming the presence of self-serving biases. Subjects in the success condition expressed more internal,stable, and greater personal control attributions than did subjects in the failure condition. However, the hypothesized difference in attribution styles between high and low narcissism groups was significant. Thus, everyone demonstrated self-serving biased, regardless of the subjects' degree of narcissism.

Holdren (2000) attempted to further explicate our understanding of narcissistic attirbutional styles by including both hypothetical and experimentally controlled positive and negative events. This study investigated the attributional styles for low, moderate, and high narcissism individual, as measured by the NPI. These groups were compared on two attribution measures, the Attributional Style Questionnaire (ASQ) and the Causal Dimension Scale II (CDS-II), following either positive or negative feedback on a bogus personality and intelligence test. The results of this study replicated previous studies which have demonstrated that narcissism is related to making self-aggrandizing attributions for positive events. Consistent with previous research, the hypothesized relationship between narcissism and self-protective attributions for negative events was not supported. This null finding is especially powerful given the experimental manipulation of feedback which was designed to evoke defensive narcissistic traits. The CDSII, the specific-event attribution measure, showed an overwhelming effect for the type of feedback received. That the feedback condition did not interact with the effects of narcissism on the ASQ subscales is indicative of just how resiliant and automatic narcissistic attributional styles are.

Despite a sound theoretical rationale for its existents, the association between narcissism and causal attribution styles is tenuous. When taken together, the above studies indicate that narcissism is related to self-enhancing attributions for hypothetical events that are positive, and not related to defensive attributions for hypothetical negative events. Moreover, for the experiments that have used success and failure feedback manipulations no individual differences liking narcissism to attributions have been

evidenced. In these studies, the self-enchanting bias has been demonstrated regardless of the level of narcissism. The rational for this study, which follows this section, will explain how including a measure of covert narcissism and investigating attribution for retrospective and prospective life events will further our understanding of differentially narcissistic individuals.

Rationale for This Study

This investigation was attempted to address the cognitive style and functioning among differentially narcissistic individuals. Although clinical observations of individuals with narcissistic personality disorder have provided theoretical descriptions of characterological style and functioning, there is an absence of theoretical descriptions of the perceptual-cognitive processes in narcissism which reflects our limited understanding of how narcissistic individuals perceive the world (Hartouni,1992). Recently, researchers have begun to examine the perceptual-cognitive processes of narcissistic individuals by studying their attrbutional style. They have demonstrated that NPI-measured narcissism is related to the tendency to attribute positive events to internal-stable-global cause, but not related to the propensity to make external-unstable-specific attributional for negative outcomes as had been hypothesized (Hartouin, 1992; Rhodewalt & Morf, 1995; Ladd et al., 1997 Holdren, 2000).

This study differed from previous studies in several ways. First, previous research of narcissistic attribution styles has relied solely upon the NPI to measure narcissism. And, while the NPI has proven to be a valid and reliable measure modeled after the DSM-IV description of narcissism, theorists and researchers have argued for a more

comprehensive conceptualization of narcissistic characterizations. Gabbard (1989), Wink (1991), and Masterson (1990) have begun to establish narcissism typologies that include the more convert, vulnerable, and hypersensitive aspects of narcissism along with the overt, grandiose and exhibitionistic features which are described in the DSM-IV. This study differentiated between the proposed overt (grandiose/exhibitionistic) and covert (vulnerable/hypersensitive) narcissism subtypes as narcissistic attributional styles were investigated. Participants were selected from groups of high and low scores on the NPI, as the measure of overt narcissism, and the Hypersensitive Narcissism Scale (HSNS), as the measure of covert narcissism.

Second, this study expanded upon previous research by looking at attributions of both hypothetical and real life events. Previous researcher have studied attributions for either: 1) hypothetical events, using the Attributional Style Questionnaire or 2) attributions for experimentally manipulated events, which had either success or failure feedback (Holdren, 2000; Rhodewalt &Morf, 1995; Rizzo, 1994). Research using the ASQ has provided support for the self-enhancing narcissistic attribution style for positive events. However, the hypothesized defensive narcissistic attribution style for negative events has not been evidenced. Meanwhile, research using laboratory setting success and failure feedback has failed to demonstrate differences between groups of high and low narcissism individuals. It appears that individual differences along the narcissism continuum may have been overshadowed by the feedback conditions.

This study included the ASQ in an attempt to replicate previous findings showing self-enhancing attributions for overt (NPI-defined high) narcissism individuals, and

further, to investigate potential differences among covert (HSNS-defined) narcissism individuals. In addition, this study investigated attritional differences among the overt and covert subtypes for the positive and negative events they experience in their own lives. This was done both retrospectively, asking them to describe positive and negative events they have experienced in the past, and prospectively, asking them to keep positive and negative event diaries for a week.

For the retrospective events, subjects were asked to think about and report the most positive event that has happened to them in the past week. Attributions for the positive event were then established using the Casual Dimension Scale (CDS-II, MacAuley, Duncan, & Russell, 1992) that is designed to assess attributions along internal-external, stable-unstable, and personal control-lack of personal control dimensions. This procedure was then be duplicated for the most negative event they can recall from the past week. Subjects repeated the same procedure for the most positive and negative events of the past week, month, and year.

For the prospective events, subjects were asked to report on their daily experiences by completing an abbreviated version of the hassles and Uplifts Scale (DeLongis et al., 1998) before they go to bed for 7 consecutive days. This abbreviated scale was meant to act as a priming agent to get the subjects thinking about their day. After completing the priming questionnaire participants will be asked to describe the most positive and most negative events in their day and to offer attributions for those events by completing the CDS-II for each.

Method

Participants

Subjects were recruited form the psychology department subject pool screenings at the beginning of the winter and spring quarters. Approximately 900 undergraduates participated in these screening sessions and they received partial course credit for their participation. Participants were selected form groups of high, moderate, and low scorers on the Narcissism Personality Inventory (NPI; Raskin, Hall, 1979), as the measure of overt narcissism, and the Hypersensitive Narcissism Scale (HSNS; Hendin & Cheek, 1997), as the measure of covet narcissism. Scores one standard deviation above and below the sample mean, on each of the narcissism measures, were used to identify high and low overt and covet narcissism. Scores within a half of a standard deviation around the mean will be used to identify moderate levels of each type. Male and female participants will be equally represented in the experimental groups. Table 1 presents the research design, cell sizes, means and standard deviations for each of NPI-defined overt and HSNS-defined covert narcissism groups. Next, subjects were identified who would fit into the following groups: low overt/low covert, low overt/high covert, high overt/low covert, and high overt/high covert narcissism. Identifying and recruiting sufficient numbers of participants to fill these overt/covert narcissism groups was a challenge as individuals needed to be at the extremes for both variables. The cutoffs for males were: low overt narcissism, NPI <12; high overt narcissism, NPI > 22; low covert narcissism HSNS < 22; high covert narcissism, HSNS > 32. For females the cutoffs were:

Table 1

Research Design, Cell Sizes and Means (SD) for Overt and Covert Narcissism Groups

Overt Narcissism
NPI Means (SD); Cell Sizes

Gender	Low	Moderate	High
Male	6.6 (2.3); n = 22	16.9 (.8); n = 19	29.2 (3.9); n = 25
Female	4.8 (1.4); n = 25	15.2 (.7); n = 23	30.4 (3.2); n = 24
Total	5.6 (2.1); n = 47	16.0 (1.1); n = 42	29.2 (3.6); n = 49

Covert Narcissism
HSNS Means (SD); Cell Sizes

Gender	Low	Moderate	High
Male	16.3 (2.6); n = 26	27.9 (.9); n = 19	37.8 (2.7); n = 19
Female	15.7 (2.0); n = 25	27.8 (.7); n = 31	39.1 (3.0); n = 29
Total	15.9 (2.3); n = 53	27.9 (1.1); n = 50	38.6 (2.9); n = 48

low overt narcissism, NPI <11; high overt narcissism, NPI > 21; low covert narcissism HSNS < 23; high covert narcissism, HSNS > 32. Approximately10% of the sample met the group inclusion criteria. Table 2 shows the research designs, cell size, NPI and HSNS scores for overt/covert group inclusions.

Measures

Attribution Style Questionnaire (ASQ)

The Attributional Style Questionnaire (Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman, 1982; Appendix E) is a self-report questionnaire that consists of 12 hypothetical events, half with negative outcomes and half with positive outcomes. This questionnaire measures patterns of tendencies to select particular explanations for positive and negative events in terms internal versus external, stable versus unstable, and global versus specific dimensions, (Abrmason, Seligamn, & Teasdale, 1978). These dimensions are scored on a 7-point scale, with 1 indicating external, unstable, and specific attributions and 7 indicating internal, stable, and global attributions. Accordingly, the minimum score for each of these dimensions is 6; and the maximum score is 42. Peterson, et al. (1982) reported internal reliably coefficients of .75 and .72 for the composite positive and negative events, respectively, The six subscales (Internal Negative, Stable Negative, Global Negative, Internal Positive, Stable Positive, Global Positive) reliabilities range form .44 to .69, with a mean reliability of .54 (Peterson, et al., 1982; Tennen & Herzberger, 1985). The 5-wk test-retest correlations for the composite attritional style scales (Negative and Positive) using a sample of 100 participants ranged from .57 to .70 (Peterson, et al. 1982).

Table 2

Research Design, Cell Sizes, and Group Inclusion Criteria for the Overt/Covert Narcissism Groups

	Overt Narcissism (NPI)	
Covert Narcissism (HSNS)	Low Overt	High Overt
Low Covert		
Male	NPI < 12 / HSNS < 22; n = 18	NPI > 22 / HSNS < 22; n = 13
Female	NPI < 11 / HSNS < 23; n = 24	NPI > 21 / HSNS < 22; n = 18
Total	n = 42	n = 31
High Covert		
Male	NPI < 12 / HSNS > 32; n = 17	NPI > 22 / HSNS > 32; n = 16
Female	NPI < 11 / HSNS > 32; n = 22	NPI > 21 / HSNS > 32; n = 27
Total	n = 39	n = 44

Revised Causal Dimension Scale (CDS-II).

The Revised Causal Dimension Scale (MacAuley, Duncan, & Russell, 1992; Appendix F) was designed to assess the causal dimensions of locus of causality, stability, and control for any given specific event. The locus of causality concerns whether the cause resides within or is external to the attributer. The stability dimension refers to whether the cause is invariant or changeable over time. And finally, the control dimension reflects whether the cause is personally controllable or uncontrollable.

The revised version of the scale, the CDSII, provides researchers with a reliable and valid measure permitting respondents to provide open-ended causal attributions for achievement outcome and then classify these attributions along the casual dimensions of locus of causality, stability, and control. For this study, participants began by stating their own causal attributions (Henry & Campbell, 1995; Russell, 1982; MacAuley, Duncan, & Russell, 1992) for the positive and negative events they experience. Next, participants responded to nine items, scaled from 1 to 9, about whether the positive and negative events were due to something internal or external, if the cause was stable or temporary, and whether or not they had personal control over these events. Total scores for each dimension are obtained by summing the items as follows 1,5,7= locus of causality; 3,6,9,= stability; 2,4,8 = personal control; with high scores indicating internal, stable, and more personal control, respectively. The minimum possible score for each scale was 3, with the maximum being 27.

MacAuley, Duncan & Russell (1992) report the internal consistency of th e four scales were within the acceptable range according to Nunn ally (1978), ranging form .60

to .92 across their studies. In addition, confirmatory factor analysis of the items form the CDSII provided support for the hypothesized four-factor oblique structure despite correlations among the factors.

The Narcissistic Personality Inventory.

The Narcissistic Personality Inventory (NPI, Appendix C), developed by Raskin & Hall (1979) is a forced choice format, consist of a pair of statements; one statement of the pair of statements; one statement of the pair reflects narcissistic sentiments, whereas the other does not. The score on the NPI is the total number of items endorsed in the keyed direction. This inventory was nor med on 1018 college undergraduates (479 men, 539 women). Raskin & Terry (1988) reported mean scores of 16.5 (SD=6.85) among male college students, 14.72 (SD=6.35) among female college students, and an overall mean of 15.55 (SD=6.66) for the 40-item NPI.

Substantial evidence for the reliability and construct validity of the NPI in nonclincal populations has been reported (Emmons, 1984; Raskin &Hall, 1979; Raskin & Terry, 1988). In addition, there is evidence that scorer at the upper end of the scale (e.g. top 20% of a college sample distribution demonstrate characteristics consistent with the Narcissism Personality Disorder and/or pathological narcissism (Schulman & Ferguson, 1988a, 1988b). Factor analyses performed on this scale have repeatedly produced factors consistent either the proposed content and multidimensional nature of Narcissistic Personality Disorder and/or pathological narcissism (Emmons, 1984, 1987; Raskin & Terry, 1988). A more extensive reliability and validity evidence for the NPI has been

prepared in the introduction section of this proposal. A copy of the NPI and scoring key can be found in Appendix C.

Hypersensitive Narcissism Scale (HSNS)

The Hypersensitive Narcissism Scale (HSNS Appendix D) is a one-dimensional 10-item self-report measure derived form Murray's (1938) 20-item Narcism Scale. The items in Murray's Narcissism Scale reflect his conception of the narcissistic individual's dual dynamics: many of his items assess covert experiences of anxious self-preoccupation while some of them focus on more overtly self-aggrandizing and exploitative narcissistic tendencies (Hendin & Cheek, 1997). Although Murray's original scale include both grandiose and vulnerable factors, Hendin & Cheek (1997) in designing the HSNS, chose item from Murray's scale that are consistent with contemporary approaches to covert narcissism to assess those narcissistic tendencies which are not measured by the NPI.

The HSNS employs a 5-point Likert scale (1 = "Not at all true of me", to 5 = "Very true of me") with the final score reflecting the sum of the individual response. Using three samples of college students (Sample 1, N-109 females; Sample 2 N=151 females; Sample 3, N=143 males), the authors retained ten items which had a significant positive correlation to a composite measure of covert narcissism. The composite scale used by Hendin and Cheek (1997) is a combination of the Narcissistic Personality Disorder Scale (Ashby, Lee, and Duke, 1979) and the Narcissism Hypersensitivy Scale (Serkownek, 1975). Both scales have negative correlations to the NPI ($r[350]=-.18$, $p<.01$ and $r[350]=.08$, n.s.) and significant correlations with each other ($r[350]=.50$, $p<.01$).

Hendin and Cheek report means of 28.7 (SD= 6.2; N= 109) and 29.7 (SD = 6.1; N= 151) for female undergraduates, and 29.3 (SD= 4.7; N= 143) and 29.8 (8.1 N= 101) for male undergraduates. Vitek (2002) reported a sample mean of 31.79 (SD = 8.1; N = 91). A more extensive reliability and validity evidence for the HSNS had been provided in the introduction section of this proposal.

Procedure

Subjects were recruited from the psychology department mass screening which was done at the beginning of the winter and spring quarters. Approximately 1200 undergraduates participated in the mass screening by filing out a number of screening instruments for experiments that will be run by researchers within the department. Participants began by reading and signing an informed consent form (Appendix A) which indicated that they might be invited to participate in further research based on their responses to the questionnaires. The informed consent form explicitly stated that completion of the questionnaires did not obligate them to participate in further studies.

After the screening sessions, potential subjects were contacted by both phone and e-mail to see if they are interested in participating in a study of personal attitudes and attributions. They were informed the initial research session would take approximately 45 minutes and that they would receive one experimental credit for their participation at that time. Furthermore, potential subjects were advised that there was a take home component to the study which entailed completing three short questionnaires each evening, for seven consecutive days, after their initial experiment session. The three questionnaires took

approximately 15 minutes each evening and participants received two additional research credit for completing and handling in their take-home packages.

The procedure for this study (see Table 3) was piloted in the fall quarter of 2001 to work out any procedural problems than developed. This experiment was conducted in groups between five and ten subjects by an experimenter who was unaware of their levels of overt and covets narcissism. When participants showed for the experimental sessions they were asked to sign the informed consent form. Once the consent forms were completed satisfactorily, the subjects were asked to complete the ASQ. Once the ASQ was completed, participants were being asked to describe, in writing, the most positive and negative events they have experienced in each of these three times frames: 1) the past week, 2) past month, and 3) the past year. After each of these descriptions was given the attributions scores for these past events were established by completing the Casual Dimension Scale (CDS-II, MacAuley, Duncan, Russell, 1992).

Next, subjects were invited to participate in the prospective segment of this study by completing three questionnaires daily. First participants were asked to complete an abbreviated Hassles and Uplifts Scales (Delonigis et al., 1988) that was a primer to get them thinking about the positive and negative things they've experiences during their day. After completing the abbreviated Hassles and Uplifts Scale, subjects were asked to describe the most positive and most negative events in their day, offer attributions for those events, and complete the CDS-II for each event. E-mail reminders were sent during the week to facilitate procedure compliance. To further facilitate compliance, participants were given a schedule of times when they could return their packets to experiment's

Table 3

Experimental Procedure

	Initial Screening	Experiment Session	Each day of Subsequent Week	Final Contact
Measures				
	Informed Consent	Informed Consent	Hassles and Uplifts Scale	Return Daily Prospective Measures
	NPI	ASQ	CDS-II for Prospective Events	Debriefing
	HSNS	CDS-II for Retrospective Events		

office. Drop-off times were scheduled throughout the week for the subjects' convenience. Upon their return, subjects had their experiment cards stamped for the two additional experiment points they have earned, and they were debriefed at that time. Also, an email with a schedule of the drop-off times for that week was sent out on the seventh day of their participation as a reminder to further facilitate optimal return rates.

Research Design

Separate research designs were used to analyze the data collected. The initial analysis was designed to help differentiate between the proposed overt and convert narcissism subtypes (see Table 1). A second experimental design was used to look at both NPI- defined overt and HSNS-defined convert narcissism together (see Table 2). To start, separate analyses were done for the overt and covet narcissism groups. This experiment employed a 3 X 2 between subjects design. The independent variables were level of narcissism (low, moderate, high) and gender (male, female). The dependent variables were the causal attributions for positive and negative hypothetical (eight ASQ subscales), retrospective (three CDS-II subscales), and prospective events (three CDS-II subscales)k. The CDS-II subscale scores of three retrospective (past week, month, and year) positive and negative events were averaged for comparison. Similarly, the average CDS-II subscales for the seven prospective positive and negative events were calculated and used for comparison.

Next, the experiment design for the combined over/covert narcissism groups employed a 4 X 2 between subjects design (Table 4). The independent variables were levels of narcissism (Low Narcissism, Grandiose/Exhibitionistic, Hypersensitive/

Table 4

Overt/Covert Narcissism Groups

		Overt Narcissism (NPI)*	
		Low Overt	High Overt
Covert Narcissism (HSNS)*			
	Low Covert	*Low Narcissism*	*Grandiose/ Exhibitionistic*
	High Covert	*Hypersensitive/* Vulnerable	*High Narcissism*

* Used 80/20 percentile split for group inclusion

Vulnerable, and High Narcissism) and gender (male, female). The dependent variables were the causal attributions for positive and negative, hypothetical (eight ASQ subscales), retrospective (three CDS-II subscales) and prospective (three CDS-II subscales) events. The CDS-II subscale scores of the three retrospective (past, week, month, and year) positive and negative events were averaged for comparison. Similarly, the average CDS-II subscales for the seven prospective positive and negative events were calculated and used for comparison.

Hypotheses

Hypotheses for Overt Narcissism Groups

Hypotheses A1, A2, A3 and A4 predicted that individuals in the high Overt Narcissism (NPI-defined) group will make more self-enhancing attributions than the moderate and low Overt Narcissism individuals on the four ASQ subscales (higher positive event composite, internal, stable, and global scores) for the hypothetical positive events. No differences were expected among the NPI-defined groups for any of the negative event subscales.

A1: Individuals in the high Overt Narcissism (NPI-defined) group will make more self-enhancing attributions for positive events than the moderate and low Overt Narcissism individuals, as evidenced by positive event composite scores on the ASQ.

A2, 3, 4: Individuals in the high Over Narcissism (NPI-defined) group will make more internal, stable, and global attributions for positive events than the moderate

and low Covert Narcissism individuals, as evidenced by locus of causality, stability, and global scores on the positive events of the ASQ, respectively.

Hypotheses A5, A6, and A7, predicted that high Over Narcissism group will make more self-enhancing attributions than the moderate and low Narcissism group on the CDS-II subscales for retrospective positive life events. No differences were expected among the NPI-defined groups for any of the negative event subscales.

A5, 6, 7: Individuals in the high Overt Narcissism (NPI-defined) group will make more internal, stable, and controllable attributions for retrospective positive events than the moderate low Overt Narcissism individuals, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

Hypothesis A8, A9, and A10 mirror the hypotheses for retrospective events and predicted that high Overt Narcissism group will make more self-enhancing attributions than the moderate and low Overt Narcissism individuals on the CDS-II subscales for prospective positive life events. No differences were expected among the NPI-defined groups for any of the negative event subscales.

A8, 9, 10: Individuals in the high Overt Narcissism (NPI-defined) group will make more internal, stable, and controllable attributions for prospective positive events than the moderate low Overt Narcissism individuals, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

Hypotheses for Covert Narcissism Groups

Hypotheses A11, A12, A13, and A14 predicted that high HSNS-defined Covert Narcissism individuals will make more pessimistic attributions than the low and moderate HSNS-defined Covert Narcissism groups for negative events. No differences were expected among the HSNS-defined groups for any of the positive event subscales.

A11: Individuals in the high Overt Narcissism (HSNS-defined) group will make more pessimistic attributions for negative events than the moderate and low Covert Narcissism individuals, as evidenced by higher negative event composite scores on the ASQ.

A12, 13, 14: Individuals in the high Covert Narcissism (HSNS-defined) group will make more internal, stable, and global attributions for negative events than the moderate and low Covert Narcissism individuals, as evidenced by locus of causality, stability, and global subscale scores on the negative events of the ASQ, respectively.

Hypotheses A15, A16, and A17, predicted that high Covert Narcissism group will make more pessimistic attributions (internal, stable, and personally controllable) than the moderate and low Covert Narcissism individuals on the CDS-II subscales for retrospective negative life events. No differences were expected among the HSNS-defined groups for any of the positive event subscales.

A15, 16, 17: Individuals in the high Covert Narcissism (HSNS-defined) group will make more internal, stable, and controllable attributions for retrospective negative events than the moderate and low Covert Narcissism individuals, as

evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

Hypotheses A18, A19, and A20 predicted that high Covert Narcissism group will make more pessimistic attributions (more internal, stable, and personally controllable) than the moderate and low Covert Narcissism individuals on the CDS-II subscales for prospective negative life events. No differences were expected among the HSNS-defined groups for any of the positive event subscales.

A18, 19, 20: Individuals in the high Covert Narcissism (HSNS-defined) group will make more internal, stable, and controllable attributions for prospective negative events than the moderate and low Covert Narcissism individuals, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

Hypotheses for Overt/Covert Narcissism Groups

Hypotheses B1 and B2 predicted that the High Narcissism Group (high NPI and HSNS scores) will make more self-enhancing attributions for hypothetical positive events and more defensive attributions for hypothetical negative events than the Low Narcissism group (low NPI and HSNS scores).

B1: Individuals in the High Narcissism group (high NPI and HSNS scores) will make more self-enhancing attributions for positive events than the Low Narcissism (low NPI and HSNS scores) group, as evidenced by higher positive event composite subscale scores on the ASQ positive events, indicating more internal, stable, and global attributions.

B2: Individuals in High Narcissism group (high MPI and HSNS scores) will make more defensive attributions for negative events than the Low Narcissism (low NPI and HSNS scores) group, as evidenced by lower negative event composite, subscale score on the ASQ negative events, indicating more external, unstable and specific attributions.

Hypotheses B3 and B4 predicted attribution style differences between the Grandiose/ Exhibitionistic and Hypersensitive/Vulnerable groups for positive and negative hypothetical events.

B3: Individuals in the Grandiose/Exhibitionistic group (high NPI, low HSNS scores) will make more self-enhancing attributions for positive events, than the Hypersensitive/Vulnerable group (low NPI, high HSNS scores), as evidenced by higher positive event composite subscales scores on the ASQ positive events, indicating more internal, stable, and global attributions.

B4: Individuals in the Hypersensitive/Vulnerable group (low NPI, high HSNS scores) will make pessimistic attributions for negative events than the Grandiose/Exhibitionistic group (high NPI, low HSNS scores), as evidenced by higher negative event composite subscale scores on the ASQ negative events, indicating a more internal, stable, and global style.

Hypotheses B5, B6, and B7 predicted that the High Narcissism Group (high NPI and HSNS scores will make more self-enhancing attributions for retrospective positive events than the Low Narcissism group (low NPI and HSNS scores).

B5, 6, 7: Individuals in the High Narcissism group will make more internal, stable, and controllable attributions for retrospective positive events than individuals in the Low Narcissism group, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

Hypotheses B8, B9, and B10 predicted that the High Narcissism Group will make more defensive attributions for retrospective negative events than the Low Narcissism group.

B8, 9, 10: Individuals in the High Narcissism group will make more external, unstable, and uncontrollable attributions for retrospective negative events than

individuals in the Low Narcissism group, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

Hypotheses B11 through B16 predicted attribution style differences between the Grandiose/ Exhibitionistic and Hypersensitive/Vulnerable groups for positive and negative retrospective events.

B11, 12, 13: Individuals in the Grandiose/Exhibitionistic group will make more internal, stable, and controllable attributions for retrospective positive events than individuals in the Hypersensitive/Vulnerable group, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

B14, 15, 16: Individuals in the Hypersensitive/Vulnerable group will make more internal, stable, and controllable attributions for retrospective negative events than individuals in the Grandiose/Exhibitionistic group, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

Hypotheses B17, B18, and B19 mirror the hypotheses for retrospective events and predicted that the High Narcissism Group (high NPI and HSNS scores) will make more self- enhancing attributions for prospective positive events than the Low Narcissism group (low NPI and HSNS scores).

B17, 18, 19: Individuals in the High Narcissism group will make more internal, stable, and controllable attributions for prospective positive events than

individuals in the Low Narcissism group, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

Hypotheses B20, B21, B22 predicted that the High Narcissism Group will make more defensive attributions for prospective negative events than the Low Narcissism group.

B20, 21, 22: Individuals in the High Narcissism group will make more external, unstable, and uncontrollable attributions for prospective negative events than individuals in the Low Narcissism group, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

Hypotheses B23 through B28 predicted attribution style differences between the Grandiose/Exhibitionistic and Hypersensitive/Vulnerable groups for positive and negative prospective events.

B23, 24, 25: Individuals in the Grandiose/Exhibitionistic group will make more internal, stable, and controllable attributions for prospective positive events than individuals in the Hypersensitive/Vulnerable group, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

B26, 27, 28: Individuals in the Hypersensitive/Vulnerable group will make more internal, stable, and controllable attributions for prospective negative events than individuals in the Grandiose/Exhibitionistic group, as evidenced by locus of causality, stability, and personal controllability scores on the CDS-II, respectively.

This section presents the results of the data analyses. The results are separated into three sections: (a) analyses of differences among levels of NPI-defined Overt Narcissism, (b) analyses of differences among levels of HSNS-defined Covert Narcissism, and (c) analyses related to the combined Overt/Covert Narcissism groups.

Overt Narcissism Groups

Table 1 presents the experimental design, cell sizes, and means and standard deviations for the NPI-defined Overt Narcissism groups.

Attributional Style Questionnaire A 3x2 between subjects Multivariate Analysis of Variance was computed for the eight ASQ subscales means. Independent variables were level of Overt Narcissism (low, moderate, and high), as measured by the NPI, and Gender (male and female). A significant main effect was found for level of Overt Narcissism, $F(12, 256) = 2.95$, $p < .01$. No significant main effects for gender, or the level of overt Narcissism by Gender interaction, were indicated.

Subsequent univariate analyses indicated that significant effects were found for level of Overt Narcissism on three of the positive event ASQ subscales; positive event composite, $F(2,136) = 9.72$, $p < .01$; internal, $F(2, 136) = 7.20$, $p < .01$; and global, $F(2, 136) = 7.0$, $p < .01$ (see Table 5). The Tukey Honestly Significant Differences (HSD) test will be used throughout this consideration when to determine the significant differences between group means in an analysis of variance setting. The Tukey HSD is generally more conservative than the Fisher LSD test and less conservative than the Scheffe test. In this instance, Tukey post hoc comparisons indicated significant differences among the level of Overt Narcissism groups, and that these differences were in the hypothesized

direction. Both high and moderate Overt Narcissism participants had more self-aggrandizing attributions for positive events as evidenced by higher internal, global, and positive event composite scores than the low Overt Narcissism participants. Differences among the groups on the stability subscale for positive events were also in the hypothesized direction, but not statistically significant. Table 6 presents the ASQ means and standard deviations by Overt Narcissism group.

Univariate analyses of the negative event ASQ subscales also indicated significant differences among the Overt Narcissism groups. Three of the negative events ASQ subscales showed significant effects for level of Overt Narcissism negative event composite, $F(2, 136) = 3.27$, $p<.05$; internal $F(2, 136) = 6.61$, $p<.01$; and stable $F(2, 136) = 3.06$, $p<.05$ (see Table 5). Tukey post hoc comparisons indicated that the low Overt Narcissism group had more negativistic attribution styles as they made more internal attributions for negative events than the moderate and high narcissism groups,

Table 5

Univariate: F Ratios for ASQ Subscales for Overt Narcissism Groups

		F			
Sources	df	Internal	Stable	Global	Composite
Positive Events	2	7.20**	2.86	7.00**	9.72**
Negative Events	2	6.62**	3.06*	.03	3.27*

* indicates $p < .05$; ** indicates $p < .01$

and more stable attributions for negative events than the moderate Overt Narcissism participants (see Table 6). There were no differences among Overt Narcissism groups on the global subscale for negative events.

Retrospective Events A 3X2 between subjects Multivariate Analysis of Variance was computed for the three CDS-II subscales means for both positive and negative retrospective events. Independent variables were level of Overt Narcissism (low, moderate and high, as measured by the NPI, and Gender (male and female). A significant main effect was found for level of Overt Narcissism, $F(12, 246) = 1.96$, $p < .05$. No significant main effects for Gender, or the level of Overt Narcissism by gender interaction were indicated.

Subsequent univariate analyses indicated that significant effects were found for level of Overt Narcissism on internal subscale of the CDS-II for negative events, $F(2, 136) = 3.46$, $p < .05$ (see Table 7). Tukey post hoc comparisons showed that low Overt Narcissism individuals made more internal attributions for negative events they have experienced. There were no significant differences for level of Overt Narcissism on the stable and personal control CDS-II subscale means for recalled negative events. Similarly, there were no significant differences evidenced between low, moderate, and high Overt Narcissism groups for the internal, stable and personal control CDS-II subscales for positive events. Table 8 presents means and standard deviations for the retrospective event CDS-II subscale by overt narcissism group.

Prospective Events A 3 x 2 between subjects Multivariate Analysis of Variance was computed for the three CDS-II subscales means for both positive and negative

Table 6

ASQ Subscale Means (SD) by Overt Narcissism Group

		ASQ Subscale Means (SD)		
Narcissism Group	Internal	Stable	Global	Composite
		Positive Event Subscales		
Low Overt	4.9 (.8)*	5.2 (.8)	4.6 (1.0)*	4.9 (.6)*
Moderate Overt	5.3 (.8)**	5.4 (.7)	5.3 (.8)**	5.3 (.6)**
High Overt	5.5 (.8)**	5.6 (.7)	5.2 (1.0)**	5.4 (.7)**
		Negative Event Subscales		
Low Overt	4.8 (1.2)**	4.4 (.8)**	3.9 (1.0)	4.4 (.7)
Moderate Overt	4.2 (.8)*	3.9 (.7)*	4.0 (1.0)	4.1 (.6)
High Overt	4.1 (.9)*	4.1 (.8)	3.9 (1.1)	5.4 (.7)

** indicates significantly higher subscale scores than *;
Tukey post hoc comparisons, $p < .05$, one-tailed

Table 7

Univariate: F Ratios for Retrospective CDS-II Subscales for Overt Narcissism Groups

		F		
Sources	df	Internal	Stable	Control
Positive Events	2	.08	.26	2.15
Negative Events	2	3.46*	.23	.69

* indicates $p < .05$

Table 8

Retrospective CDS-II Subscale Means (SD) by Overt Narcissism Group

	CDS-II Subscale Means (SD)		
Narcissism Group	Internal	Stable	Control
	Positive Events		
Low Overt	5.9 (1.6)*	5.6 (1.5)	6.2 (1.7)*
Moderate Overt	6.2 (1.2)	5.4 (1.1)	6.8 (1.4)
High Overt	6.7 (1.2)**	6.0 (1.7)	7.1 (1.6)**
	Negative Events		
Low Overt	4.9 (1.4)	4.2 (1.1)	4.9 (1.8)
Moderate Overt	5.3 (1.7)	4.8 (1.4)	4.5 (1.5)
High Overt	4.7 (1.3)	4.6 (1.3)	4.8 (1.7)

** indicates significantly higher subscale scores than *;
Tukey post hoc comparisons, $p < .05$, one-tailed

prospective events. Independent variables were level of Overt Narcissism (low, moderate, and high), as measured by the NPI, and Gender (male and female). No main effects for level of Overt Narcissism, or Gender, were evidenced on the CDS-II subscales (internal, stable, and personal control) for either positive or negative day-to-day events. Similarly, there were no significant interactions for level of Narcissism x Gender on any of the CDS-II subscales.

Subsequent univariate analyses based on this study‘s hypotheses indicated that significant effects were found for level of Overt Narcissism on the internal, $F(2, 89) = 3.94$, $p < .05$, and personal control, $F(2.89) = 4.38$, $p < .05$, subscales of the CDS-II for prospective positive events (see Table 9). Tukey post hoc comparisons showed that moderate and high Overt Narcissism individuals made more personal control attributions for prospective positive events than low Overt Narcissism individuals (see Table 10). Also, high Overt Narcissism individuals scored higher on the personal control subscale for prospective positive events than the low Overt Narcissism individuals. No significant differences were found among the Overt Narcissism groups on the stability subscale for prospective positive events, although the trend was the same with moderate and high Overt individuals scoring higher than the low overt group. No group differences emerged on any of the negative prospective events subscales. Table 10 presents the prospective event CDS-II subscale means and standard deviations by Overt Narcissist group.

Covert Narcissism Groups

Table 1 presents the experimental design, cell sizes, and means and standard deviations for the HSNS-defined Covert Narcissism groups.

Table 9

Univariate: F Ratios for Prospective CDS-II Subscales for Overt Narcissism Groups

		F		
Sources	df	Internal	Stable	Control
Positive Events	2	3.94*	.99	4.38*
Negative Events	2	.03	.97	.36

* indicates $p < .05$

Table 10

Prospective CDS-II Subscale Means (SD) by Overt Narcissism Group

	CDS-II Subscale Means (SD)		
Narcissism Group	Internal	Stable	Control
	Positive Events		
Low Overt	4.9 (1.2)	4.1 (1.2)	5.3 (1.1)*
Moderate Overt	5.7 (1.2)	4.7 (1.3)	5.9 (1.0)
High Overt	5.6 (1.2)	4.6 (1.4)	6.1 (1.6)**
	Negative Events		
Low Overt	5.0 (1.0)	3.7 (1.0)	5.0 (1.3)
Moderate Overt	4.9 (1.2)	3.8 (1.1)	5.0 (1.1)
High Overt	4.9 (1.5)	4.0 (1.2)	5.1 (1.4)

** indicates significantly higher subscale scores than *;
Tukey post hoc comparisons, $p < .05$, one-tailed

Attributional Style Questionnaire. A 3 x 2 between subjects Multivariate Analysis of Variance was computed for each of the eight ASQ subscales means. Independent variables were level of Covert Narcissism (low, moderate, and high), as measured by the HSNS, and gender (male and female). A significant main effect was found for level of Covert Narcissism, $F(12, 282) = 2.39$, $p < .01$. No significant main effects for gender, or the level of Covert Narcissism by gender interaction were indicated.

Univariate analyses of the negative event subscales of the ASQ indicated significant effects for the level of Covert Narcissism on the stable, $F(2, 148) = 5.44$, $p < .01$; global, $F(2, 148) = 9.57$, $p < .01$; and negative event composite, $F(2, 148) = 8.92$, $p<.01$ subscales (see Table 11). Tukey post hoc analyses showed that High Covert Narcissism individuals had higher negative event composite subscale scores and made more stable and global attributions for hypothetical negative events on the ASQ than moderate and low Covert Narcissism participants (see table 12). High Covert narcissism subjects also made more stable attributions for negative events than moderate and low narcissism subjects, but this difference was not statistically significant.

Univariate analyses of the ASQ positive event subscale scores indicated that significant effects were found for level of Covert Narcissism on the Global subscale, $F(2, 148) = 3.24$, $p< .05$ (see Table 11). Tukey post hoc comparisons indicated that high Covert Narcissism participants made significantly more global attributions for positive events than low Covert Narcissism participants. No other significant differences were evident for the remaining positive event subscales. Table 12 presents the means and standard deviations for the ASQ subscales by level of Covert Narcissism.

Table 11

Univariate: F Ratios for ASQ Subscales for Covert Narcissism Groups

		F			
Sources	df	Internal	Stable	Global	Composite
Positive Events	2	1.03	.42	3.23*	1.32
Negative Events	2	2.21	5.44**	9.57**	8.92**

* indicates $p < .05$; ** indicates $p < .01$

Table 12

ASQ Subscale Means (SD) by Covert Narcissism Group

	ASQ Subscale Means (SD)			
Narcissism Group	Internal	Stable	Global	Composite
		Positive Event Subscales		
Low Covert	5.2 (.8)	5.4 (.8)	4.8 (1.1)*	5.1 (.7)
Moderate Covert	5.4 (.7)	5.7 (1.9)	5.0 (1.0)	5.7 (.8)
High Covert	5.2 (1.0)	5.4 (.8)	5.3 (.8)**	5.3 (.7)
		Negative Event Subscales		
Low Covert	4.4 (1.2)	4.0 (.9)*	3.5 (1.0)*	4.0 (.7)*
Moderate Covert	4.3 (.8)	4.0 (.8)*	3.9 (.9)*	4.1 (.6)*
High Covert	4.7 (.9)	4.5 (.8)**	4.4 (1.0)**	4.5 (.7)**

** indicates significantly higher subscale scores than *;
Tukey post hoc comparisons, $p < .05$, one-tailed

Retrospective Events A 3 x 2 between subjects Multivariate Analysis of Variance was computed for the three CDS-II subscales means for both positive and negative retrospective events. Independent variables were level of Covert Narcissism (low, moderate, and high), as measured by the HSNS, and gender (male and female). A significant main effect was found for level of Covert Narcissism, $F(12, 262) = 2.67$, $p < .01$. No significant main effects for gender, or the level of Covert Narcissism by gender interaction, were indicated.

Subsequent univariate analyses indicated that significant effects for level of Covert Narcissism on the personal control subscale of the CDS-II for retrospective negative events, $F(2,139) = 5.94$, $p < .01$ (see Table 13). Tukey post hoc comparisons showed that moderate Covert Narcissism participants made more personal control attributions for negative retrospective events than the low Covert Narcissism individuals. No significant differences were found for the any of the positive retrospective events or the internal and stable subscales for negative retrospective events. Table 14 presents the means and standard deviations of the CDS-II retrospective event subscales by level of Covert Narcissism.

Prospective Events. A 3 x 2 between subjects Multivariate Analysis of Variance was computed for the three CDS-II subscale means for both positive and negative prospective events. The independent variables were level of Covert Narcissism (low, moderate, and high), as measured by the HSNS, and Gender (male and female). No significant main effects for Gender, or interaction effects for the level of Covert Narcissism by Gender were indicated.

Table 13

Univariate: F Ratios for Retrospective CDS-II Subscales for Covert Narcissism Groups

		F		
Sources	df	Internal	Stable	Control
Positive Events	2	.72	2.39	2.44
Negative Events	2	2.46	1.15	5.94**

** indicates $p < .01$

Table 14

Retrospective CDS-II Subscale Means (SD) by Covert Narcissism Group

	CDS-II Subscale Means (SD)		
Narcissism Group	Internal	Stable	Control
	Positive Events		
Low Covert	6.1 (1.5)	5.7 (1.6)	6.3 (1.9)*
Moderate Covert	6.3 (1.5)	5.2 (1.6)	6.6 (1.6)
High Covert	6.5 (1.3)	5.3 (1.5)	7.1 (1.6)**
	Negative Events		
Low Covert	4.4 (1.4)	4.6 (1.3)	4.9 (1.8)*
Moderate Covert	4.8 (1.4)	4.5 (1.3)	5.4 (1.5)**
High Covert	5.0 (1.5)	4.8 (1.3)	4.7 (1.4)

** indicates significantly higher subscale scores than *;
Tukey post hoc comparisons, $p < .05$, one-tailed

Subsequent univariate analyses indicated that significant effects were found for level of Covert Narcissism on the internal, $F(2,93) = 5.11$, $p<.01$; stable, $F(2,93)=3.89$, $p < .05$; and personal control $F(2,93)= 6.38$, $p< .01$ subscale of the CDS-II for positive prospective events (see Table 15). Tukey post hoc comparisons showed that high Covert Narcissism individuals made less internal and personal control attributions for positive prospective events than low and moderate Covert Narcissism individuals. The Tukey post hoc comparison for the stability subscale did not indicate a statistically significant difference among the groups, however, the direction of the differences was the same as with the other positive event subscales. No significant differences were found for the negative prospective events. Table 16 presents the means and standard deviations of the CDS-II prospective event subscales by level of Covert Narcissism.

Overt/Covert Narcissism Groups

Table 2 presents the experimental design, cell sizes, and group inclusion criteria for the Low Narcissism (low Overt/low Covert), Hypersensitive/Vulnerable (low Overt/high Covert), Grandiose/Exhibitionistic (high Overt/low Covert), and High Narcissism (high Overt/high Covert) groups.

Attributional Style Questionaire A 4 x 2 between subjects Multivariate Analysis of Variance was computed for the eight hypothetical event ASQ subscales means (internal, stable, global, and composite for both positive and negative events). Independent variables were narcissism group (the Low Narcissism, Hypersensitive/ Vulnerable, Grandiose/Exhibitionistic, and High Narcissism) and gender (male and

Table 15

Univariate: F Ratios for Prospective CDS-II Subscales for Covert Narcissism Groups

		F		
Sources	df	Internal	Stable	Control
Positive Events	2	5 .11**	3.89*	6.38**
Negative Events	2	.67	.47	.18

* indicates $p < .05$; ** indicates $p < .01$

Table 16

Prospective CDS-II Subscale Means (SD) by Covert Narcissism Group

	CDS-II Subscale Means (SD)		
Narcissism Group	Internal	Stable	Control
	Positive Events		
Low Covert	5.6 (1.1)**	4.7 (1.2)	6.2 (1.1)**
Moderate Covert	5.8 (1.0)**	4.0 (1.4)	6.0 (.9)**
High Covert	4.9 (.8)*	4.1 (1.3)	5.2 (9)*
	Negative Events		
Low Covert	4.5 (1.4)	3.9 (1.1)	4.6 (1.5)
Moderate Covert	4.9 (1.1)	3.5 (1.0)	5.2 (1.1)
High Covert	4.9 (1.3)	3.8 (1.4)	4.7 (1.3)

** indicates significantly higher subscale scores than *;
Tukey post hoc comparisons, $p < .05$, one-tailed

female). A significant main effect for narcissism group was found, $F(18,435) = 2.54$, $p<.01$. Neither gender, nor the narcissism group by gender interaction, were significant,

Subsequent univariate analyses indicated that significant effects for narcissism group were found for all but one of the eight ASQ subscales (see Table 17). There were significant differences among the narcissism groups for the internal, $F(3,153) = 4.72$, $p<.01$; stable, $F(3,153) = 2.75$, $p<.05$; and positive event composite, $F(3,153) = 4.23$, $p<.01$, subscales. Significant differences among narcissism groups for the negative event subscales were also found on the internal, $F(3,153) = 4.54$, $p<.01$; stable, $F(3,153) = 3.27$, $p<.05$; global, $F(3,153) = 3.85$, $p<.05$; and negative event composite, $F(3,153) = 5.24$, $p<.01$, subscales. Significant differences were not found on the global subscale for positive events.

Tukey post-hoc comparisons were then conducted comparing means among the narcissism groups on the seven subscales which exhibited significant differences (see Table 18). These comparisons indicated that Grandiose/Exhibitionistic participants made more self-aggrandizing attributions for hypothetical positive events than the Low Narcissism and Hypersensitive/Vulnerable participants as evidenced by higher positive event composite scores (sum of internal, stable and global). On the individual subscale that make up the positive event composite, the Grandiose/Exhibitionistic made: (a) more internal attributions than the Low and Hypersensitive/Vulnerable Narcissism groups; (b) more stable attributions than the Hypersensitive/Vulnerable Narcissism group.

Conversely, Hypersensitive/Vulnerable participants made more negativistic attributions for the hypothetical negative events than the Grandiose/Exhibitionistic

Table 17

Univariate: F Ratios for ASQ Subscales for Overt/Covert Narcissism Groups

		F			
Sources	df	Internal	Stable	Global	Composite
Positive Events	3	4.22**	2.75*	2.50	4.23**
Negative Events	3	4.54**	3.27*	3.85**	5.24**

* indicates $p < .05$; ** indicates $p < .01$

Table 18

ASQ Subscale Means (SD) by Overt/Covert Narcissism Group

	ASQ Subscale Means (SD)			
Narcissism Group	Internal	Stable	Global	Composite
		Positive Event Subscales		
Low Narcissism	5.0 (.8)*	5.4 (.7)	4.7 (1.1)	5.0 (.7)*
Hypersensitive/Vulnerable	5.0 (.9)*	5.2 (.8)*	5.1 (.8)	5.1 (.7)*
Grandiose/Exhibitionistic	5.6 (.9)**	5.6 (.7)**	5.3 (1.0)	5.5 (.7)**
High Narcissism	5.3 (.8)	5.5 (.7)	5.2 (1.0)	5.3 (.6)
		Negative Event Subscales		
Low Narcissism	4.8 (1.2)**	4.1 (.8)	3.8 (1.1)*	4.2 (.7)
Hypersensitive/Vulnerable	4.8 (.9)**	4.5 (.8)**	4.4 (1.0)**	4.6 (.7)**
Grandiose/Exhibitionistic	4.1 (.9)*	3.9 (.7)*	3.7 (1.1)*	3.9 (.6)*
High Narcissism	4.3 (1.0)	4.3 (.8)	4.1 (1.2)*	4.3 (.8)

** indicates significantly higher subscale scores than *;
Tukey post hoc comparisons, $p < .05$, one-tailed

participants as evidenced by higher negative event composite scores. On the individual negative event subscales, Hypersensitive/Vulnerable individuals made: (a) more stable attributions than the Grandiose/Exhibitionistic individuals; and (b) more global attributions that the Grandiose/Exhibitionistic and Low Narcissism individuals. Also for negative events, the Grandiose/Exhibitionistic individuals made more external attributions than both Low and Hypersensitive/Vulnerable Narcissism participants. The means and standard deviations for the ASQ subscales for the Overt/Covert Narcissism Groups are provided in Table 18.

Retrospective Events A 4 x 2 between subjects Multivariate Analysis of Variance was computed for six retrospective CDS-II subscale means (internal, stable, and personal control for both positive and negative events). Independent variables were Overt/Covert Narcissism group and gender. A significant main effect fro narcissism group was found, $F(18,420) = 2.15$, $p<.01$. Gender and the narcissism group by gender interaction were not significant.

Subsequent univariate analyses evidenced significant effects of narcissism group for internal, $F(3,148) = 2.62$, $p<.05$, and personal control $F(3,148) = 3.15$, $p<.05$, CDS-II subscales for retrospective positive events (see Table 19). No significant differences were found among the groups for retrospective negative events subscales or the stability subscale for positive events. Tukey post-hoc comparisons for the internal and personal control CDS-II subscales indicated that Grandiose/Exhibitionistic participants made more personal control attributions than the Hypersensitive/Vulnerable for the positive events they recounted. The post-hoc analysis for the internal attribution differences was not

Table 19

Univariate: F Ratios for Retrospective CDS-II Subscales for Overt/Covert Narcissism Groups

		F		
Sources	df	Internal	Stable	Control
Positive Events	3	2.62*	1.01	3.16*
Negative Events	3	1.03	1.28	1.39

* indicates $p < .05$

statistically significant. The CDS-II means and standard deviations for retrospective are provided in Table 20.

Prospective Events A 4 x 2 between subjects Multivariate Analysis of Variance was computed for six prospective CDS-II subscale means (internal, stable, and personal control for both positive and negative events). Independent variables were Overt/Covert Narcissism group and gender. No significant main effects or interactions were found.

A priori comparisons based on this study's hypotheses were computed. Separate univariate analyses indicated significant effects for Overt/Covert Narcissism group on the stable, $F(3,98) = 3.0$, $p<.05$ and personal control, $F(3,98) = 4.51$, $p<.01$ subscales for positive prospective events (see Table 21). No significant differences were found for internal subscale for positive prospective events or any of the negative prospective event subscales.

Tukey post-hoc comparisons were then conducted for both stability and personal control subscales. These comparisons of the means indicated that the Grandiose/Exhibitionistic participants made more stable attributions than the Hypersensitive/Vulnerable participants, and more personal control attributions than Hypersensitive/Vulnerable and High Narcissism participants for the positive events they encountered as they went through their week. The CDS-II means and standard deviations for prospective events are provided in Table 22.

Table 20

Retrospective CDS-II Subscale Means (SD) by Overt/Covert Narcissism Group

	CDS-II Subscale Means (SD)		
Narcissism Group	Internal	Stable	Control
	Positive Events		
Low Narcissism	5.9 (1.6)	5.6 (1.5)	6.2 (1.7)*
Hypersensitive/Vulnerable	6.2 (1.2)	5.4 (1.1)	6.8 (1.4)
Grandiose/Exhibitionistic	6.7 (1.2)	6.0 (1.7)	7.1 (1.6)**
High Narcissism	6.5 (1.5)	5.4 (1.5)	7.0 (1.5)
	Negative Events		
Low Narcissism	4.9 (1.4)	4.2 (1.1)	4.9 (1.8)
Hypersensitive/Vulnerable	5.3 (1.7)	4.8 (1.4)	4.5 (1.5)
Grandiose/Exhibitionistic	4.7 (1.3)	4.6 (1.3)	4.8 (1.7)
High Narcissism	4.9 (1.4)	4.5 (1.3)	5.1 (1.3)

** indicates significantly higher subscale scores than *; $p < .05$, one-tailed

Table 21

Univariate: F Ratios for Prospective CDS-II Subscales for Overt/Covert Narcissism Groups

		F		
Sources	df	Internal	Stable	Control
Positive Events	3	1.77	3.00*	4.51* *
Negative Events	3	1.27	.28	1.35

* indicates $p < .05$; ** indicates $p < .01$

Table 22

Prospective CDS-II Subscale Means (SD) by Overt/Covert Narcissism Group

	CDS-II Subscale Means (SD)		
Narcissism Group	Internal	Stable	Control
	Positive Events		
Low Narcissism	5.1 (1.0)	4.2 (1.0)	5.6 (1.1)
Hypersensitive/Vulnerable	5.1 (1.1)	4.1 (1.2)*	5.4 (1.2)*
Grandiose/Exhibitionistic	5.7 (1.1)	5.0 (1.4)**	6.4 (1.6)**
High Narcissism	4.9 (1.1)	4.2 (1.1)	5.4 (1.5)*
	Negative Events		
Low Narcissism	4.9 (1.0)	3.9 (.9)	5.0 (1.2)
Hypersensitive/Vulnerable	4.9 (1.2)	3.8 (1.3)	4.4 (1.3)
Grandiose/Exhibitionistic	4.3 (1.5)	4.0 (1.2)	4.5 (1.5)
High Narcissism	5.0 (1.5)	4.0 (1.2)	4.9 (1.3)

** indicates significantly higher subscale scores than *;
Tukey post hoc comparisons, $p < .05$, one-tailed

Table 22

Prospective CDS-II Subscale Means (SD) by Overt/Covert Narcissism Group

	CDS-II Subscale Means (SD)		
Narcissism Group	Internal	Stable	Control
	Positive Events		
Low Narcissism	5.1 (1.0)	4.2 (1.0)	5.6 (1.1)
Hypersensitive/Vulnerable	5.1 (1.1)	4.1 (1.2)*	5.4 (1.2)*
Grandiose/Exhibitionistic	5.7 (1.1)	5.0 (1.4)**	6.4 (1.6)**
High Narcissism	4.9 (1.1)	4.2 (1.1)	5.4 (1.5)*
	Negative Events		
Low Narcissism	4.9 (1.0)	3.9 (.9)	5.0 (1.2)
Hypersensitive/Vulnerable	4.9 (1.2)	3.8 (1.3)	4.4 (1.3)
Grandiose/Exhibitionistic	4.3 (1.5)	4.0 (1.2)	4.5 (1.5)
High Narcissism	5.0 (1.5)	4.0 (1.2)	4.9 (1.3)

** indicates significantly higher subscale scores than *;
Tukey post hoc comparisons, $p < .05$, one-tailed

Discussion

The primary aim of this study was to investigate how recent developments in narcissism theory and research, as they relate to overt and covert narcissism subtypes, would inform the discussion of narcissism attribution styles. The results of this study provide further construct validity for the differentiation between the overt, grandiose and exhibitionistic subtype described in the DSM and the covert, hypersensitive and vulnerable subtypes depicted psychoanalytic theory and clinical descriptions. As hypothesized, levels of both overt and covert narcissism affect the kinds of attribution individuals make for positive and negative events. When considered together, the characterological aspects of overt and covert provide a more comprehensive picture of how narcissism impacts the way that individuals perceive, process, and interpret, positive and negative events. This discussion will consider the hypotheses, results, and limitations of this study within the context of the narcissism literature, and make recommendations for future research.

Overt Narcissism

Previous research has shown that overt narcissism involves self-enhancement, with varying degree of prevalence, insofar as it is related to the tendency to attribute positive events to internal, stable, and global causes. As discussed earlier, Ladd, et al. (1997) found that NPI scores were significantly correlated with internal attributions for positive events on the ASQ, in a non-clinical college sample. Hartouni (1992) found significant associations between NPI scores and internal and stable attributions for positive outcomes in a clinical sample. Rhodewalt and Morf (1995) demonstrated that

high NPI scores were associated with self-aggrandizing attribution styles as measured by an adapted form of the ASQ positive composite scale (internal, stable, and global combined). Holdren (2000) found that overt narcissism was significantly correlated with scores on all four positive event ASQ subscales (internal, stable, global, and composite). The first set of hypotheses for this study anticipated that high NPI-defined overt narcissism participants would make more self-enhancing attributions than moderate and low overt narcissism participants. The results indicated that both high and moderate overt narcissism individuals had higher internal, global, and positive event composite scores than the low overt narcissism subjects.

Next, and contrary to previous studies, there were significant differences among overt narcissism groups on the ASQ negative event subscales. Both moderate and high overt narcissism groups made more external attributions for negative events than the low overt narcissism group. Moderate overt narcissism participants also made more stable attributions than those in the low narcissism group. These results, which haven't been demonstrated previously, may be a function of the sample used for this study as the high and low overt narcissism participants in this study had more extreme NPI scores than the samples used in the previous studies. For example, Rhodewalt and Morf (1995) used a median split to determine high and low narcissism participants (specific means were not published). Ladd, et al. (1997) used scores one standard deviation above and below the mean for group inclusion, but they didn't give specific means either. Holdren (2000) also used score one standard deviation above and below the sample mean for group inclusion. Those groups had the following means: low NPI = 8.4 (SD = 2.1), moderate NPI = 16.5

(SD = 1.1), and high NPI = 26.7 (SD 4.2). By comparison, the means of the groups participating in this study were: low NPI = 5.6 (SD = 2.1), moderate NPI = 16.0 (SD = 1.1), and high NPI = 29.8 (SD 4.2). Taken together, the NPI-defined overt narcissism results indicate that both moderate and high overt narcissism individuals make more self-enhancing attributions for positive hypothetical events, like those presented on the ASQ, and more defensive attributions for negative events than the low overt narcissism individuals.

Next, some studies have attempted to investigate narcissistic attributions for actual events eschewing hypothetical imaginings for real-world attributions. However, these forays have not found any association between NPI-defined overt narcissism and attribution for actual events (Holdren, 2000; Rizzo, 1994). Instead, these studies, which used experimentally controlled positive and negative feedback, have demonstrated a main effect for feedback and a general self-serving bias whereby subjects in the success conditions have expressed more internal, stable, and personally controllable attributions than subjects in the failure condition. No attribution differences were exhibited between high and low narcissism groups, nor were there any significant narcissism by feedback condition interactions. One possible reason for this null finding is that the feedback manipulations may have overwhelmed any potential narcissism level effects. To avoid this possible confound, the next portion of this study looked at attribution differences for real-world positive and negative events, both retrospectively and prospectively.

For retrospective events, high NPI-defined overt narcissism individuals made more internal and personal control attributions for the positive events they recalled from

their own lives than low NPI-defined narcissism participants. This mirrors the results for hypothetical positive events. Also reminiscent of previous investigations into narcissistic attribution styles, there were no differences among the overt narcissism groups for the retrospective negative events that were recalled. A similar pattern emerged for the prospective events studied as high overt narcissism individuals made more personal control attributions for positive day-to-day events than low overt narcissism individuals. And once again, there were no differences among the overt narcissism groups for negative events.

To sum up the overt narcissism results, a significant correlation exists between level of overt narcissism and attribution styles. Both moderate and high overt narcissism individuals had more self-enhancing attribution styles for positive hypothetical events than low overt narcissism groups. Furthermore high overt narcissism participants made more personally controllable attributions for both recalled, and daily-rated, positive events, and more internal attributions for their recalled positive events. Meanwhile, low overt narcissism individuals had more pessimistic attribution styles for hypothetical negative events. That is, they made more internal attributions than moderate and high narcissism individuals, and more stable attributions than moderate narcissism individuals.

Covert Narcissism

As discussed earlier, the relationship between HSNS-defined covert narcissism and causal attribution styles has not been addressed previously. As a result, the hypotheses for this portion of the study were generated based on the hypersensitive and vulnerable aspects of covert narcissism. Thus it was anticipated that high covert

narcissism would make more negativistic (internal, stable and global) attributions for negative events and self-deprecating (external, unstable, and specific) attributions for positive events. The results supported these hypotheses as high covert narcissism individuals had higher stable, global, and negative event composites ASQ subscale scores than moderate and low covert narcissism individuals. High covert narcissism participants also made more global attributions for positive events. Thus, the attribution style of individuals who are high in covert narcissism is more negativistic in regard to negative events and more global for both positive and negative events.

For retrospective negative events, the results indicated that moderate covert narcissism participants made more personal control attributions for negative events than low covert narcissism individuals. For retrospective positive events, high covert narcissism participants made more personal control attributions than low covert narcissism individuals. Thus, low covert narcissism individuals recalled experiencing less of a sense of control for both negative and positive events. This provides some construct validity for the HSNS in that low scorers who are less hypersensitive and feel less vulnerable are okay with remembering circumstances as being out of their control.

For prospective events, no significant differences emerged for negative events however there were several significant differences among the covert narcissism groups for positive events. High HSNS-defined covert narcissism individuals made more pessimistic, external and personally uncontrollable, attributions for the positive events they experienced daily than the moderate and low covert narcissism participants. This attribution of having less personal control for daily positive events is the reverse of the

more personal control attributions they made while recalling past positive events! The incongruence between recalled and day-to-day events is intriguing. Perhaps, on the one hand, the hypersensitive and vulnerable nature of those who are high in covert narcissism is assuaged by recalling positive events as having been in control. On the other hand, when asked to report their daily lives, positive experiences get attributed to causes which are not in their control. These effects of these attributions can be seen in research that links high levels of covert narcissism with self-reported anxiety and depression. For example, Holdren (2003) demonstrated that individuals who exhibited high levels of HSNS-defined covert narcissism endorsed more items overall, and reported significantly higher levels of anxiety, depression, and interpersonal sensitivity on the Symptom Checklist 90-Revised (Derogatis, 1994). This helps to provide further construct validity for the hypersensitive and vulnerable aspects of narcissism captured by the HSNS

Overt/Covert Narcissism

So, if levels of overt and covert narcissism impact attribution styles separately, what happens when the occur at the same time. This next section is devoted to considering how both overt and covert narcissism effect attribution styles when they exist simultaneously. It was anticipated that combined effects of overt and covert narcissism, would result in more self-aggrandizing attributions for positive events and more defensive attributions for negative events. This hypothesis was not supported. Instead differences in attribution styles emerged when comparing the Grandiose/Exhibitionistic (high Overt/low Covert) and Hypersensitive/Vulnerable (low Overt/high Covert) groups.

These results indicated that Grandiose/Exhibitionistic individuals made more self-aggrandizing attributions (higher internal and positive event composite subscale scores) for hypothetical ASQ positive events composite scores than the Hypersensitive/ Vulnerable and Low Narcissism participants. The Grandiose/Exhibitionistic individuals also made more stable attribution for positive events than those in the Low Narcissism group. The fact that the High Narcissism group was not significantly different on any of the positive event ASQ subscales is probably indicative of the ameliorating effect that covert narcissism has on overt narcissism in those who possess both traits.

For hypothetical negative events, the Hypersensitive/Vulnerable individuals had higher ASQ negative event composite subscale scores than the Grandiose/Exhibitionistic participants indicating a more pessimistic and self-defeating overall attribution style. Meanwhile, both Hypersensitive/Vulnerable and Low Narcissistic individuals made more internal attributions than Grandiose/Exhibitionistic individuals, and Hypersensitive/ Vulnerable participants made more stable attributions than Grandiose/Exhibitionistic individuals, and more global than both Grandiose/Exhibitionistic and Low Narcissism participants. These results demonstrate both the pessimistic nature of Hypersensitive/ Vulnerable narcissism individuals and the self-protective nature of Grandiose/ Exhibitionistic narcissism participants.

Turning again from the hypothetical scenarios of the ASQ to the retrospective actual events, the hypothesized differences between the High Narcissism and Low Narcissism groups for positive and negative retrospective events did not materialize. Similarly, the expected differences between the Grandiose/Exhibitionistic and

Hypersensitive/Vulnerable groups were not evidenced. The only comparison among the overt/covert narcissism groups that was significant was that the Grandiose/Exhibitionistic participants made more personally controllable attributions for positive events than those in the Low Narcissism group. Recall that when analyzed separately high overt and high covert narcissism were both associated with making more personal control attributions for retrospective events. So, if both high overt, and high covert, narcissism individuals are motivated to remember positive events has having been under their control, the only group difference is likely comes from the Low Narcissism individuals as they make less personal control attributions for the positive events they recalled. This is what the results showed as the High Narcissism and Hypersensitive/Vulnerable means were very close to the Grandiose/Exhibitionistic mean which was significantly different than the Low Narcissism mean. Another trend emerged which also warrants consideration. The univariate analysis for the internal subscale of the CDS-II indicated differences among the overt/covert narcissism groups for retrospective positive events. The group differences were not statistically significant using the conservative Tukey post-hoc analysis, however the trend was for the Grandiose/Exhibitionistic individuals to make more internal attributions than the Low Narcissism individuals. When combined with the ASQ positive event results indicating a self-aggrandizing attribution style, this trend provides some additional evidence for the self-enhancing style of the Grandiose/ Exhibitionistic narcissism individuals.

For prospective events, it was once again hypothesized that High Narcissism participants would make more self-enhancing attributions, for positive events, and

defensive attributions, for negative events, than the Low Narcissism participants. Mirroring the hypothetical and retrospective events results, these hypotheses were supported. Taken together, the lack of significant differences between the High Narcissism and Low Narcissism groups suggests that the characterological aspects of overt and covert narcissism tend to counteract and mollify each other with respect to attribution styles. This highlights the importance of considering both narcissism subtypes and may be precisely why the research done to date has been so inconsistent.

As expected the Grandiose/Exhibitionistic participants did make more stable and personally controlled attributions for day-to-day positive events than the Hypersensitive/ Vulnerable participants. Interestingly, the Grandiose/ Exhibitionistic participants also made more personally controlled attributions than the High Narcissism individuals. Recall that when considered separately, high levels of both overt and covert narcissism was associated with making personal control attributions for positive events. However, the Grandiose/Exhibitionistic participants made more personal control than the High Narcissism individuals. This indicates that the hypersensitive tendency of covert narcissism offsets the self-enhancing tendency of overt narcissism resultant in perception that positive day-to-day events are outside of their personal control.

Conclusions

When considered together, these results substantiate the potentially complex interplay between overt and covert narcissism. A number of conclusions regarding attribution styles among these groups can be drawn. First, it seems clear that only addressing NPI-defined overt narcissism, as has been done previously, is overly

simplistic. The results of this study demonstrate that both overt and covert narcissism levels are important to address when considering attribution styles for positive and negative events. Furthermore, the results herein clearly suggest that levels of overt narcissism will be manifested differently depending upon the concomitant level of covert narcissism.

It is also noteworthy how well the high overt/low covert narcissism individuals, referred to by Wink, and herein, as Grandiose/Exhibitionistic types, fit within the DSM conceptualization of narcissism. These individuals clearly displayed self-enhancing attribution styles for positive events, as evidenced by their attributions for hypothetical, recalled, and day-to-day positive events. This manifestation of overt and covert narcissism traits also closely resembles Kernberg's (1975) description of narcissists as being grandiose, self-centered, lacking in empathy, and emotionally shallow. Other theoretical and clinical descriptions that resemble the Grandiose/Exhibitionistic subtype include: Gabbard's (1989) "oblivious "narcissist, Broucek's (1982) egotistical type, and Masterson's (1993) exhibitionist narcissist. Equally intriguing are the low overt/high covert narcissism individuals, referred to by Wink, and herein, as Hypersensitive/ Vulnerable types. These individuals clearly displayed negativistic and self-deprecating attributions for negative events. This manifestation of overt and covert narcissism traits closely resemble Kohut's (1977) description of narcissists as diffusely vulnerable, vaguely depressed and empty, and lacking in empathy and resilience. Other theoretical and clinical descriptions that resemble this Hypersensitive/Vulnerable type include:

Gabbard's (1989) hypervigilant narcissist, Broucek's (1982) dissociatve type, and Masterson' closet narcissist (1993).

Thus, it appears that combinations of low and high overt and covert narcissism might help us to account for many of the complex, seemingly paradoxical aspects of narcissism which have befuddled clinicians and theorist over the past few decades. This point is particularly appropriate when considering the intrapsychic and behavioral functioning of the high overt/high covert narcissism individuals, referred to herein as High Narcissism types. They individuals are perhaps the epitome of the paradoxical nature of narcissism as they manifest both overt and covert narcissism traits. Interestingly, this manifestation of overt and covert narcissism traits was conspicuous in its absence when considering narcissistic attribution styles potentially due to counteracting self-enhancing and negativistic tendencies. Also, the counteracting aspects of overt and covert characteristics likely make these individuals the least predictable, the most susceptible to situational variables, and the most difficult to diagnose. At the opposite end of the spectrum are those in the low, or what might be called, no narcissism group. As might be expected, these individuals tended to be neither particularly self-enhancing nor self-protective. These individual are likely to have their own peculiar constellation of characteristics which could include confidence, assertiveness, and self-esteem issues.

In conclusion, the results of this study provide further construct validity for differentiating between overt and covert narcissism. When considered separately, the overt type, which typifies the DSM criteria, was associated with more characteristically

self-enhancing (personal, permanent, and pervasive) attribution styles for hypothetical positive events, and more self-protective (non-personal, temporary, and non-pervasive) attribution styles for negative events. Conversely, the covert subtype was associated with more characteristically negativistic and self-deprecating (personal, permanent, and pervasive) attributions for negative events. Previous research into the effects of narcissism on attribution styles has been hindered by an over-reliance on the DSM-based NPI thereby not accounting for the potentially ameliorating effects of the individuals' level of covert narcissism. When both overt and cover subtypes are considered a much clearer and theoretically consistent understanding of the paradoxical nature of narcissism emerges. When considered together, the interplay between these disparate subtypes provides a more complete and complex representation of the perceptual-cognitive processes associated with narcissism. As might be expected, the Grandiose/ Exhibitionistic individuals made the most self-aggrandizing attributions for positive events, and the most self-protective regarding negative events. Meanwhile, the Hypersensitive/Vulnerable individuals made the most pessimistic and self-defeating attributions for negative events. These groups of mixed high and low, overt and covert narcissism demonstrated the most consistent differences in attribution styles. Also of note was the lack of differences in any of the comparisons involving the High Narcissism group. It appears that the overt and covert characteristics interact such that the hypersensitive and vulnerable features of covert narcissism temper the self-aggrandizing aspects of overt narcissism for positive events, while the grandiose and exhibitionistic features of overt narcissism temper the negative aspects for negativistic aspects of covert

narcissism for negative events. These findings underscore the usefulness of considering both overt and covert narcissism levels simultaneously.

Limitations

There are several limitations that should be considered when interpreting the results of this study. For example, the use of a relatively homogenous and high-functioning sample of primarily Caucasian college student limits the generalizability of these findings. A further limitation is the reliance on self-report measure for measuring narcissism and attributions. The use of self-report measures and questionnaire reflects the subjects' experiences and descriptions of themselves and is therefore subject to distortion and defensiveness. Another major limitation is the use of a non-clinical sample which may limit generalizability to clinical situations.

Suggestions for Future Research

Further investigation into the construct of overt and covert narcissism is clearly warranted. Given the sound theoretical foundation and burgeoning empirical evidence for overt and covert subtypes, future research should be directed toward greater precision in defining, measuring, and diagnosing. Furthermore, a significant proportion of the current body of literature about narcissism has relied on the NPI, for many of these studies differentiating between overt and covert narcissism may be conceptually relevant and informative. Further reliability and validity studies of the HSNS are needed. Also, particularly promising research avenue might be to add covert traits to existing narcissism measures to see is if additional factors emerge. Subsequent considerations might also benefit from using projective tests, interviews, observational methods. Furthermore,

covert traits could be incorporated into semi-structured interviews and observer-ratings like overt narcissism have.

Beyond the psychometrics issues, it is important to consider the clinical ramifications of overt and covert narcissism subtypes. Clinical comparisons with closely related diagnostic groups would help divergent validity and comorbidity issues. Disorders like dysthymia, social phobia, and avoidant and schizoid personality disorders come to mind in relation to covert narcissism, and borderline personality constructs come to mind for individuals high in both overt and covert narcissism.

References

Abramson, L., Seligman, M., & Teasdale, J. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 8,* 49-74.

Adler, l Psychology, 8, 49-74.

Adler, narcissistic personality disorder patient: Two contrasting approaches. *American Journal of Psychiatry, 143,* 430-436.

Akhtar, S., & Thompson, J. A. (1982). Overview: Narcissistic personality disorder. *American Journal of Psychiatry, 139* (1), 12-20.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders.* (3rd ed.) Washington, DC: Author.

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders.* (3rd ed., rev.) Washington, DC: Author.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders.* (4th ed.) Washington, DC: Author.

Anderson, C., Jennings, D., & Arnoult, L. (1988). Validity and utility of the attributional style construct at a moderate level of specificity. *Journal of Personality and Social Psychology, 6,* 979-990.

Ashby, H. U., Lee, R. R., & Duke, E. H. (1979). *A narcissistic personality disorder MMPI scale.* Paper presented at the 87th annual meeting of the American Psychological Association, New York, NY.

Balestri, M. (2000). Overt and covert narcissism and their relationship to object relations, depression, Machiavellianism, and the five factor model of personality. Unpublished doctoral dissertation, Boston University.

Betancourt, H. (1990). An attribution approach to intergroup and international conflict. In S. Graham & V. S. Folkes (Eds.), *Attributional theory: Application to achievement, mental health, and interpersonal conflict* (pp. 205-220). Hillsdale, NJ: Lawrence Erlbaum.

Biscardi, D., & Schill, T. (1985). Correlations of narcissistic traits with defensive style, Machiavellianism, and empathy. *Psychological Reports, 57,* 354.

Broucek, F. J. (1991). Shame and the self. New York: Guilford Press.

Bunce, S. C. (1993). The contribution of narcissistic defenses to gender differences in depression. Unpublished doctoral dissertation, University of Michigan.

Bursten, B. (1973). Some narcissistic personality types. *International Journal of Psychoanalysis, 54,* 287-300.

Burstein, A. G., & Bertenthal, M. (1986). A note on everyday psychopathology and narcissism. *Psychoanalytic Psychology, 3* (3), 269-276.

Chatham, P. M., Tibbals, C. J., & Harrington, M. E. (1993). The MMPI and the MCMI in the evaluation of narcissism in a clinical sample. *Journal of Personality Assessment, 60* (2), 239-251.

Cooper, A. M., & Michels, R. (1988). Review of Diagnostic and statistical manual of mental disorders (3rd ed., rev.). *American Journal of Psychiatry, 145,* 1300-1301.

Curtis, M. J., & Susman, V. M. (1994). Considerations in misdiagnoses of narcissistic personality disorder. *Psychological Reports, 74,* 408-410.

Cutrona, C., Russell, D., & Jones, R. (1985). Cross-sectional consistency in causal attributions: Does attributional style exist? *Journal of Personality and Social Psychology, 5,* 1043-1058.

DeLongis, A., Folkman, S., & Lazarus, R. S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. *Journal of Personality and Social Psychology, 54,* 486-495.

Derogatis, L. R. (1994). *Symptom Checklist-90-R: administration, scring, and procedure manual*. National Computer System, Minneapolis.

Emmons, R. A. (1984). Factor analysis and construct validity of the narcissistic personality inventory. *Journal of Personality and Social Psychology, 48,* 291-300.

Emmons, R. A. (1987). Narcissism: Theory and measurement. *Journal of Personality and Social Psychology, 52,* 11-17.

Exner, J. E. (1973). The Self-Focus Sentence Completion: A study of egocentricity. *Journal of Personality Assessment, 37,* 437-455.

Exner, J. E. (1986). *The Rorschach: A comprehensive system Vol. 1: Basic foundations* (2nd ed.). New York: John Wiley & Sons.

Fincham, F. D., Bradbury, T. N., & Grych, J. H (1990). Conflict in close relationships: The role of interpersonal phenomena. In S. Graham & V. S. Folkes (Eds.), *Attribution theory: Applications to achievement, mental health, and interpersonal conflict* (pp. 161-184). Hillsdale, NJ: Lawrence Erlbaum.

Fiske, S. T., & Taylor, S. E. (1984). *Social cognition.* New York: Random House.

Forsterling, F. (1986). Attributional conceptions in clinical psychology. *American Psychologist, 41* (3), 273-285.

Gabbard, G. (1989). Two subtypes of narcissistic personality disorder. *Bulletin of the Menninger Clinic, 53,* 527-532.

Gabbard, G. (1990). The narcissistic patient. In *Psychoanalytic Psychiatry,* (pp. 369-395). American Psychiatry Press.

Gabbard, G. (1994). Cluster B disorders: Narcissistic. *Psychodynamic Psychiatry in Clinical Practice,* 497-526. Washington, DC: The American Psychiatric Press.

Glassman, M. B. (1988). Intrapsychic conflict versus developmental deficit: A causal modeling approach to examining psychoanalytic theories of narcissism. *Psychoanalytic Psychology, 5* (1), 23-46.

Goldstein, W. N. (1985). DSM III and the narcissistic personality. American *Journal of Psychotherapy, 39,* 5-15.

Grabon, M. B. (1998). Self-deception related to the MMPI-2 narcissism and adjustment. Unpublished doctoral dissertation, Pacific Graduate School of Psychology.

Graham, J. R. (1987). *The MMPI: A practical guide* (2nd Ed.) New York: Oxford University Press.

Graham, J. R., Schroeder, H. E., & Lilly, R. S. (1971). Factor analysis of items of the Social Introversion and Masculinity-Femininity scales of the MMPI. *Journal of Clinical Psychology, 27,* 367-370.

Greenwald, L. A. (1980). The totalitarian ego: Fabrication and revision of personal history. *American Psychologist, 35,* 603-618.

Greenwald, L. A., & Pratkanis, A. R. (1984). The self. In R. S. Wyler (Ed.), *Handbook of social cognition* (Vol. 3, pp.. 129-178). Hillsdale, NJ: Erlbaum.

Gunderson, J. G., Ronningstam, E., & Bodkin, A. (1990). The diagnostic interview for narcissistic patients. *Archives of General Psychiatry, 47,* 676-680.

Gunderson, J. G., Ronningstam, E., & Smith, . (1991). Narcissistic personality disorder: A review of data on DSM-III descriptions. *Journal of Personality Disorders, 5,* 167-177.

Hartouni, Z. S. (1992). Effects of narcissistic personality disorder organization on causal attributions. *Psychological Reports, 71,* 1339-1346.

Harvey, J. H., & Weary, G. (1984). Current issues in attribution theory and research. *Annual Review of Psychology, 35,* 427-459.

Heider, F. (1958). *The psychology of interpersonal relations.* New York: Wiley.

Hendin, H. M., & Cheek, J. M. (1997). Assessing hypersensitive narcissism: A reexamination of Murray's Narcism Scale. *Journal of Research in Personality, 31,* 588-599.

Henry, J., & Campbell, C. (1995). A comparison of the validity, predictiveness, and consistency of a trait versus situational measure of attributions. In M. Martinko (Ed.), *Attribution theory: An organizational perspective* (pp. 35-51). Del Ray Beach, FL: St. Lucie Press.

Hibbard, S. (1992). Narcissism, shame, masochism, and object relations: An exploratory correlational study. *Psychoanalytic Psychology, 9,* 489-508.

Holdren, M. E. (2003, August). *Symptom presentation among overt and covert narcissism subtypes*. Poster session presented at 111th Annual American Psychological Association, Toronto, Ontario, Canada.

Holdren, M. E. (2000). *Effects of narcissism and feedback on cognitive attributions*. Unpublished masters thesis, Ohio University, Athens.

Horowitz, M. J. (1989). Clinical phenomenology of narcissistic pathology. *Psychiatric Clinics of North America, 12,* 531-539.

Ickes, W. (1988). Attributional styles and the self-concept. In L. Y. Abramson (Ed.), *Social cognition and clinical psychology: A synthesis.* New York: Guilford.

John, O. P., Donahue, E. M., & Kentle, R. L. (1991*). The Big Five Inventory: Version 4a and 54.* Technical Report, Institute of Personality and Social Research. University of California. Berkeley, CA.

John, O. P., & Robins, R. W. (1994). Accuracy and bias in self-perception: Individual differences in self-enhancement and the role of narcissism. *Journal of Personality and Social Psychology, 66,* 206-219.

Joubert, C. E. (1986). Social interest, loneliness, and narcissism. *Psychological Reports, 58,* 870.

Keith, C. L., Dickson, K. A., Pincus, A. L. (2000, August). *Differentiating grandiose and vulnerable narcissism using the five-factor model.* Poster presented at American Psychological Association Convention, Washington, DC.

Kelley, H. H. (1967). Attributional theory in social psychology. In D. Levine (Eds.), *Nebraska symposium on motivation* (pp. 192-238). Lincoln: University of Nebraska Press.

Kelley, H. H. (1973). The processes of causal attribution. *American Psychologist, 28*, 107-128.

Kernberg, O. F. (1974). Further contributions to the treatment of narcissistic personalities. *International Journal of Psychoanalysis, 55,* 215-240.

Kernberg, O. F. (1974). Contrasting viewpoints regarding the nature of psychoanalytic treatment of narcissistic personalities: A preliminary communication. *Journal of the American Psychoanalytic Association, 22,* 255-267.

Kernberg, O. F. (1974). Factors in the psychoanalytic treatment of narcissistic personalities: A preliminary communication. *Journal of the American Psychoanalytic Association, 22* (2), 255-267.

Kernberg, O. F. (1975). *Borderline conditions and pathological narcissism*. New York: Jason Aronson.

Kernberg, O. F. (1976). *Object relations theory and clinical psychoanalysis*. New York: Jason Aronson.

Kernberg, O. F. (1980). *Internal world and external reality*. New York: Jason Aronson.

Kernberg, O. F. (1982). Narcissism. In S. L. Gilman (Ed.), *Introducing psychoanalytic theory*. New York: Brunner/Mazel Publishers.

Kernberg, O. F. (1986). Narcissistic personality disorder. In A. A. Cooper, A. J. Frances, & M. H. Sachs (Eds.*), The personality disorders and neuroses* (Vol. 1, pp. 219-231). New York: Basic Books.

Kernis, M. H., & Sun, C. (1994). Narcissism and reactions to interpersonal feedback. *Journal of Research in Personality, 28,* 4013.

Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

Kohut, H. (1984). *How does analysis cure?* Chicago: University of Chicago Press.

Kohut, H., & Wolf, E. (1979). The disorders of self and their treatment: An outline. *International Journal of Psychoanalysis, 59,* 413-425.

Ladd, E. R., Welsh, M. C., Vitulli, W. F., Labbe, E. E., & Law, J. G. (1997). Narcissism and causal attribution. *Psychological Reports, 80,* 171-178.

Lasch, C. L. (1979). *The culture of narcissism*. New York: Norton.

Levine, M. I. (1999). *Self-handicapping, other-mitigation, and the narcissistic personality*. Unpublished doctoral dissertation, Long Island University, The Brooklyn Center.

Lewis, F. M., & Daltroy, L. H. (1990). How causal explanations influence health behavior: Attributional theory. In K. Glanz, F. M. Lewis, & B. K. Rimer (Eds.), *Health*

behavior and health education: Theory, research and practice. San Francisco: Jossey-Bass.

Markus, H., & Wurf, E. (1987). The dynamic self-concept: A social psychological perspective. *Annual Review of Psychology, 38*, 299-337.

Masterson, J. F. (1981). *The narcissistic and borderline disorder*. New York: Bruner/Mazel.

Masterson, J. F. (1990). *The search for the real self*. New York: Free Press.

Masterson, J. F. (1993). *The emerging self: A developmental, self, and object relations approach to the treatment of the closet narcissistic disorders of the self*. New York: Bruner/Mazel.

McAuley, E., & Duncan, T. E. (1990). The causal attributional process in sport and physical activity. In S. Graham & V. S. Folkes (Eds.), *Attributional theory: Applications to achievement, mental health, and interpersonal conflict* (pp. 37-52). Hillsdale, NJ: Lawrence Erlbaum.

McAuley, E., Duncan, T. E., & Russell, D. W. (1992). Measuring causal attributions: The Revised Causal Dimensions Scale (CDS-II). *Personality and Social Psychology Bulletin, 18,* 566-573.

Michela, J L., & Wood, J. V. (1986). Causal attribution in health and illness. In P.C. Kendall (Ed.), *Advances in cognitive behavioral research and therapy* (Vol. 5, pp. 179-235). Orlando, FL: Academic Press.

Miller, A. (1985). *For your own good*. New York: Farrar, Straus, & Giroux.

Miller, D. T., and Ross, M. (1975). Self-serving biases in the attribution of causality: Fact or fiction? *Psychological Bulletin, 82,* 213-225.

Millon, T. (1981). *Disorders of personality*. New York: Wiley.

Millon, T., & Klerman, G. L. (1986). *Contemporary directions in psychopathology*. New York: Guilford.

Mitchell, J. V. (1989). Personality correlates of attributional style. *Journal Psychology, 123,* 447-463.

Morey, L. C., Waugh, M. H., & Blashfield, R. K. (1985). MMPI scales for DSM-III personality disorders: Their derivation and correlates. *Journal of Personality Assessment, 49,* 245-251.

Mullins, L. S., & Kopelman, R. E. (1988). Toward and assessment of the construct validity of four measures of narcissism. *Journal of Assessment, 52* (4), 610-625.

Murray, H. A. (1938). Explorations in personality. New York: Oxford University Press.

Nunnally, J. C. (1978). Psychometric theory (2nd ed.). New York: McGraw-Hill.

O'Brien, M. L. (1987). Examining the dimensionality of pathological narcissism: Factor analysis and construct validity of the O'Brien Multiphasic Narcissism Inventory. *Psychological Reports, 61,* 499-510.

Pepper, L. J., & Strong, P. N. (1958). *Judgmental subscales for the Mf scale of the MMPI*. Unpublished manuscript.

Peterson, C., & Seligman, M. E. P. (1984). Causal explanations as a risk factor for depression: Theory and evidence. *Psychological Review, 91,* 347-374.

Peterson, C., & Villanova, P. (1988). An expanded attributional style questionnaire. *Journal of Abnormal Psychology, 97*, 87-89.

Philipson, I. (1985). Gender and narcissism. *Psychology of Women Quarterly, 9*, 213-228.

Raskin, R. (1980). Narcissism and creativity: Are they related? *Psychological Reports, 46*, 55-60.

Raskin, R., & Hall, C. S. (1979). A narcissistic personality inventory. *Psychological Reports, 45*, 590.

Raskin, R., & Novacek, J. (1989). An MMPI description of the narcissistic personality. *Journal of Personality Assessment, 53*, 66-90.

Raskin, R., Novacek, J., & Hogan, R. (1991). Narcissism, self-esteem, and defensive self-enhancement. *Journal of Personality, 59*, 20-38.

Raskin, R., & Shaw, R. (1988). Narcissism and the use of personal pronouns. *Journal of Personality, 56*, 393-404.

Raskin, R., & Terry, H. (1988). A principle-components analysis of the narcissistic personality inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology, 54*, 890-902.

Rathvon, N., & Holmstrom, W. R. (1996). An MMPI-2 portrait of narcissism. *Journal of Personality Assessment, 66*, 1-19.

Reich, W. (1949). *Character analysis.* (3rd Ed.; P Wolfe, Trans.) New York: Orgone Institute Press. (Original work published 1933).

Rhodewalt, F., & Morf, C. C. (1995). Self and interpersonal correlates of the Narcissistic Personality Inventory: A review and new findings. *Journal of Research in Personality, 29*, 1-23.

Rhodewalt, F., & Morf, C. C. (1998). On self-aggrandizement and anger: A temporal analysis of narcissism and affective reactions to success and failure. *Journal of Personality and Social Psychology, 74*, 672-685.

Richman, J., & Flaherty, J. (1988). "Tragic man" and "tragic woman": Gender differences in narcissistic styles. *Psychiatry, 51*, 368-377.

Rinsely, D. B. (1985). Notes on the pathogenesis and nosology of borderline and narcissistic disorders. *Journal of the American Academy of Psychoanalysis, 13* (3), 37-328.

Rinsely, D. B. (1989). Notes on the developmental pathogenesis of narcissistic personality disorder. In O. Kernberg (Ed.), *Narcissistic personality disorder, Psychiatric Clinics of North America, 12* (3). Philadelphia: Harcourt Brace Jovanovich, Inc., pp. 695-707.

Rizzo, T. (1994). *The effect of ego threat on causal attributions for success and feedback individuals with high versus low trait narcissism*. Unpublished doctoral dissertation, The California School of Professional Psychology, San Diego.

Ronningstam, E., & Gunderson, J. (1989). Descriptive studies on narcissistic personality disorder. In O. Kernberg (Ed.), *Narcissistic personality disorder, Psychiatric Clinics of North America, 12* (3). Philadelphia: Harcourt Brace Jovanovich, Inc., pp. 585-602.

Ronningstam, E., & Gunderson, J. (1990). Identifying narcissistic personality disorder. *American Journal of Psychiatry, 147,* 918-922.

Rosenfeld, H. (1989). Self-esteem and impression management explanations for self-serving biases. *The Journal of Social Psychology, 130*, 495-500.

Ross, L. (1977). The intuitive psychologist and his shortcomings: Distortions in the attribution process. Advances *in Experimental Social Psychology*, *10,* 173-220.

Russell, D. (1982). The Causal Dimension Scale: A measure of how individuals perceive causes. *Journal of Personality and Social Psychology*, 42, 1127-1135.

Russell, D. (1991). The measurement of attributional process: Trait and situational approaches. In S. Zelen (Ed.), *New models, new extensions of attribution theory* (pp. 55-83). New York: Springer-Verlag.

Russo, A. M. (1987). *A construct validation study of the Narcissistic Personality Inventory. Unpublished doctoral dissertation*, Ohio University, Athens.

Sawrie, S. M., Watson, P. J., Sherbank, J. F., Greene, R. L., & Arredondo, R. (1997). Alcoholism and Narcissism: Assessing a presumed relationship with the MMPI-2. *Alcoholism Treatment Quarterly, 15*, 1-14.

Schulman, D. G. (1986). *Narcissism in two forms: Implications for the practicing psychoanalyst. Psychoanalytic Psychology, 3*(2), 133-147.

Schulman, D. G., & Ferguson, G. R. (1988a). Two methods of assessing narcissism: Comparison of the Narcissism Projective (N-P) and the Narcissistic Personality Inventory (NPI). *Journal of Clinical Psychology, 44* (6), 857-866.

Schulman, D. G., & Ferguson, G. R. (1988b). An experimental investigation of Kernberg's and Kohut's theories of narcissism. *Journal of Clinical Psychology, 44* (3), 445-451.

Schulman, D. G., McCarthy, E. C., & Ferguson, G. R. (1988). The projective assessment of narcissism: Development, reliability, and validity of the N-P. *Psychoanalytic Psychology, 5*(3), 285-297.

Schurman, C. L. (2000). *Social phobia, shame, and hypersensitive narcissism*. Unpublished doctoral dissertation, Wright Institute.

Serkownek, K. (1975). *Subscales for the scales 5 and 0 of the MMPI.* Unpublished manuscript.

Smalley, R. L., & Stake, J. E. (1996). Evaluating sources of ego-threatening feedback: Self-esteem and narcissism effects. *Journal of Research in Personality, 30,* 483-495.

Snyder, C. R., & Higgins, R. L. (1988). Excuses: Their effective role in the negotiation of reality. *Psychological Bulletin, 104*, 23-35.

Snyder, C. R., Stephan, W. G., & Rosenfeld, D. (1978). Attributional Egotism. In J. H. Harvey, W. J. Ickes, & R. F. Kidd (Eds.), *New directions in attribution research* (Vol. 2, pp. 91-117).

Stolorow, R. D., & Lachman, F. M. (1980). *Psychoanalysis of developmental arrests: Theory and treatment*. New York: International Universities Press.

Sturman, T. S. (2000). The motivational foundations and behavioral expressions of three narcissistic styles. *Social Behavior & Personality, 28*, 393-408.

Svrakic, D. M. (1985). Emotional features of narcissistic personality disorder. American Journal of Psychiatry, 142 (6), 720-724.

Taylor, S. E., & Brown, J. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin, 103,* 193-210.

Taylor, S. E., Collins, R. L., Skokan, L. A., & Aspinwall, L. A. (1989). Maintaining positive illusions in the face of negative information: getting the facts without letting them get you. *Journal of Social and Cognitive Psychology, 8,* 114-129.

Tennen, H., & Herzberger, S. (1985). Attributional style questionnaire. In D. Keyser & R. Sweetland (Eds.), Test Critiques. Vol. 4 Kansas City, KS: Test Corporation of America.

Vitek, J. A. (2000). *Aggression and differentiation of self in narcissistic subtypes*. Unpublished doctoral dissertation, Wright Institute.

Watson, P. J., Grisham, S. O., Trotter, M. V., & Biderman, M. D. (1984). Narcissism and empathy: Validity evidence for the Narcissistic Personality Inventory. *Journal of Personality Assessment, 48,* 301-305.

Watson, p. J., Morris, R. J., & Miller. L. (1998). Narcissism and the self continuum: Correlations with assertiveness and hypercompetetiveness. *Imagination, Cognition and Personality, 17,* 249-259.

Watson, P. J., Sawrie, S. M., & Biderman, M. D. (1991). Personal control, assumptive worlds, and narcissism. *Journal of Social Behavior and Personality, 6,* 929-941.

Watson, P. J., Taylor, D., & Morris, R. J. (1987). Narcissism, sex roles, and self-functioning. *Sex Roles, 16*, 335-350.

Watson, P. J., Varnell, S. P., & Morris, R. J. (1999). Self-reported narcissism: An ego-psychological perspective and the continuum hypothesis. Imagination, *Cognition and Personality, 19*, 59-69.

Weiner, B. (1979). A theory of motivation for some classroom experiences. *Journal of Educational Psychology, 71*, 3-25.

Weiner, B. (1985). An attribution theory of achievement motivation and emotion. *Psychological Review, 92*, 548-573.

Weiner, B., Frieze, I., Kukla, A., Reed, L., Rest, S., & Rosenbaum, R. M. (1971). *Perceiving the causes for success and failure*. New York: General Learning Press.

Westen, D. (1990). The relations among narcissism, egocentrism, self-concept, and self-esteem: Experimental, clinical, and theoretical considerations. *Psychoanalysis and Contemporary Thought, 13*, 182-239.

Westen, D. (1990a). Psychoanalytic approaches to personality. In L. Pervin (Ed.), *Handbook of personality: Theory and research* (pp. 21-65). New York: Guilford Press.

Westen, D. (1990b). The relations among narcissism, egocentrism, self-concept, and self-esteem. *Psychoanalysis and Contemporary Thought, 13*, 185-241.

Westen, D. (1991). Social cognition and object relations. Psychological Bulletin, 109, 429-455.

Wilson, A. (1986). Levels of adaptation and narcissistic psychopathology. *Psychiatry, 52* (2), 218-236.

Wink, P. (1991a). Two faces of narcissism. *Journal of Personality and Social Psychology, 61,* 590-597.

Wink, P. (1991b). Self and object-directedness in adult women. *Journal of Personality*, 59, 769-791.

Wink, P. (1996). Narcissism. In C. G. Costello (Ed.), *Personality characteristics in the personality disordered* (pp. 14-172).New York: Wiley.

Wink, P., and Donahue, K. (1997). The relation between two types of narcissism and boredom. *Journal of Research in Personality, 31*, 136-140.

Wink, P., & Gough, H. G. (1990). New Narcissism scales for the California Personality Inventory and MMPI. *Journal of Personality Assessment, 54*, 446-462.

Appendix A

Human Subjects Informed Consent Form

Title of Research: Screening of Undergraduate Psychology Research Participants

Principal Investigator: Christopher France, Ph.D.
Department of Psychology
Ohio university

I. Federal and University regulations require us to obtain signed consent for participation in research involving human subjects. After reading the statement in section II, please indicate your consent by signing this form.

II. The following questionnaires are used a screening instruments for several studies currently being conducted in the department of psychology. Based on your responses to these questionnaires, you may be invited to participate in further research. However, completion of these questionnaires DOES NOT obligate you to participate in further studies.

You will receive one research participation credit for completing and returning this packet of questionnaires.

If you have any questions, do not hesitate to ask the experimenters who are distributing and collecting this screening packet.

You may also contact the director of this study, Christopher France, Ph.D., if you have any questions either before or after participating in this study (593-1079).

I certify that I have read and fully understand the statement of procedure and agree to participate as a subject in the research described therein. I understand that I any discontinue participation at any time without penalty or loss of any benefit to which I might otherwise be entitled. I certify that I am at least eighteen years of age.

Print Your Name Here _____ Sign Here _____ Date

Appendix B

Ohio University
Human Subject Consent Form

Title of Research: Personality Variables and Attributions for Daily Uplifts and Hassles
Principal Investigators: Michael Holdren, and John Garske, Ph.D., Department of Psychology, Ohio University

I. Federal and University regulations require us to obtain signed consent for participation in research involving human subjects. After reading the statement in section II, please indicate your consent by signing this form.

II. Statement of Procedure:

The following investigation is a study of life experiences and psychological attributes. This experiment will include several parts. First, you will be asked to respond to a series of paper and pencil items about your thoughts feelings and characteristics. For the second part of this experiment you will be asked to maintain a daily event diary for seven consecutive days. As part of this log you will be asked about your thoughts and feelings as you experience daily ups and downs.

There are no known risks associated with this type of investigation. Your responses to this study's questionnaires are confidential. The information obtained will be examined in group format and your name will never be attached to the information you provide.

Regarding benefits of participating in this study, participants will receive first-hand experience of what psychology research is like. As subjects will be undergraduate psychology students, this experience will help to enhance you understanding of experimental procedures and methodology. Additionally research has shown that processing positive and negative events can have positive effects of psychological and immune functioning. Societal benefits include the potential for greater awareness of the breadth and effects of personality variables.

Experimental credits will be based on how much of the study you would like to participate in. You will receive one experimental credit for you participation in the first session which is expected to last approximately 50 minutes. You have the right to withdraw from this experiment at any time without penalty or loss of the experimental points. You will receive an additional two experiment pints if you complete and return the seven daily vent logs. Only those who complete all of the daily logs will receive the two additional points.

If you have any questions regarding the experiment please address them to the individuals running the session, or call Michael Holdren at 593-1061.

If you have any question regarding your rights as a research participant please contact Jo Ellen Sherow, Director of Research Compliance, Ohio University, (740) 593-0664.

I certify that I have read and fully understand the statement of procedure and agree to participate as a subject in the research described therein. I agree that all known risks to me have been explained to my satisfaction and I understand that no compensation is available from Ohio University and its employees for any injury resulting from my participation in this research. My participation in this research is given voluntarily and without coercion or undue influence. I understand that I any discontinue participation at any time without penalty or loss of any benefit to which I might otherwise be entitled. I certify that I am at least eighteen years of age.

_____

Print Your Name Here

_____ _____

Sign Here Date

Appendix C

Narcissistic Personality Inventory (NPI)

Instructions: In each of the following pairs of attitudes, choose the one that you MOST AGREE with. Only mark One ANSWER for each attitude pair and please Do NOT SKIP any items,

1. _____ A. I have a natural talent for influencing people.
   B. I am not good at influencing people.

2. _____ A Modesty does not become me.
   B. I am essentially a modest person

3. _____ A. I would do almost anything on a dare
   B. I tend to be a mostly cautious person

.

4. _____ A. When people compliment me, I sometimes get embarrassed.
   B. I know that I am good because everyone keeps telling me so.

5. _____ A. The thought of ruling the world frightens me
   B. If I ruled the world it would be a better place

6. _____ A. I can usually talk my way out of anything
   B. I try to accept the consequences of my behavior

7. _____ A. I prefer to blend into the crowd
   B. I like to be the center of attention

8. _____ A. I will be a success
   B. I am not concerned about success

9. _____ A. I am not better or worse than most people.
   B. I think I am a special person.

10. ____ A. I am not sure if I would make a good leader
    B. I see myself as a good leader

11. ____ A. I am assertive.
    B. I wish I were more assertive

12. ____ A. I like having authority over other people.
    B. I don't mind following orders.

13. ____ A. I find it easy to manipulate people.
    B. I don't like it when I find myself manipulating people

14. ____ A. I insist upon getting the respect that is due me.
    B. I usually get the respect I deserve

15. ____ A. I don't particularly like to show off my body.
B. I like to show off my body

16. ____ A. I can read people like a book.
B. People are sometimes hard to understand

17. ____ A. If I feel competent I am willing to take responsibility for making decisions.
B. I like to take responsibility for my decisions.

18. ____ A. I just want to be reasonably happy.
B. I want to amount to something in the eyes of the world

19. ____ A. My body is nothing special.
B. I like to look at my body

20. ____ A. I try not to show off.
B. I will usually show off if I get the chance

21. ____ A. I always know what I am doing.
B. Sometimes I'm not sure what I'm doing

22. ____ A. I sometimes depend on people to get things done.
B. I rarely depend on anyone else to get things done

23. ____ A. Sometimes I tell good stories.
B. Everybody likes to hear my stories.

24. ____ A. I expect a great deal from other people.
B. I like to do things for other people

25. ____ A. I will never be satisfied until I get what I deserve.
B. I take my satisfactions as they come.

26. ____ A. Compliments embarrass me.
B. I like to be complimented.

27. ____ A. I have a strong will to power.
B. Power for it's own sake doesn't interest me

28. ____ A. I don't care about new fads and fashions.
B. I like to start new fads and fashions.

29. ____ A. I like to look at myself in the mirror.
B. I am not particularly interested in looking in the mirror.

30. ____ A. I really like to be the center of attention.
B. It makes me uncomfortable to be the center of attention.

31. ____ A. I can live my life any way I want to.
B. People can't always live their lives in terms of what they want.

32. ____ A. Being an authority doesn't mean that much to me.
B. People always seem to recognize my authority.

33. ____ A. I would prefer to be a leader.
B. It makes little difference to me if I am the leader or not.

34. ____ A. I am going to be a great person.
B. I hope I'm going to be successful.

35. ____ A. People sometimes believe what I tell them.
B. I can make anyone believe anything I want to.

36. ____ A. I am a born leader.
B. Leadership is a quality that takes a long time to develop.

37. ____ A. I wish someone would someday write my autobiography.
B. I don't like people to pry into my life.

38. ____ A. I get upset when people don't notice how I look when I go out in public..
B. I don't mind blending into the crowd.

39. ____ A. I am more capable than other people.
B. There is a lot I can learn from other people

40. ____ A. I am much like everyone else.
B. I am an extraordinary person.

Appendix D

Hypersensitive Narcissism Scale

Instructions: These are questions concerning your thoughts and feelings about yourself and tour relationships with others. Please read each statement carefully and decide how much the statement is generally true of you on a scale from 1 (not at all true) to 5 (very true). Be sure to answer every item and try to be as honest and accurate as possible in your responses.

	Not true of me				Very true of me
1. I can become entirely absorbed in thinking about my personal affairs, my health, may cares, or my relations with others	1	2	3	4	5
2. My feelings are easily hurt by ridicule or by the slighting remarks of others.	1	2	3	4	5
3. When I enter the room I often become self-conscious and feel that the eyes of others are upon me.	1	2	3	4	5
4. I dislike sharing the credit of an achievement with others.	1	2	3	4	5
5. I dislike being with a group unless I know that I am appreciated by at least one of those present.	1	2	3	4	5
6. I feel that I am temperamentally different from most people.	1	2	3	4	5
7. I often interpret the remarks of others in a personal way.	1	2	3	4	5
8. I easily become wrapped up in my own interest and forget the existence of others.	1	2	3	4	5
9. I feel that I have enough on my hands without worrying about other people's troubles.	1	2	3	4	5
10. I am secretly "put out" when other people come to me with their problems, asking me for my time and sympathy.	1	2	3	4	5

Appendix E

Attributional Style Questionnaire (ASQ)

Instructions: Please try to vividly imagine yourself in the situations that follow. If such a situation happened to you, what would you feel would have caused it? While events may have many causes, we want you to pick only one – the *major* cause of if this event happened to you. Please write this cause in the blank provided after each event. Next, we want you to answer some questions about the cause and a final question about the situation. To summarize we want you to:

1. Read each situation and vividly imagine it happening to you.
2. Decide what you feel would be the major cause of the situation if it happened to you.
3. Write one cause in the blank provided.
4. Answer three questions about the cause.
5. Go on to the next question.

Situation #1: You meet a friend who compliments you on your appearance.
1. Write down the major cause _____.

2. Is the cause of you receiving a compliment due to something about you or something about other people or circumstances? (circle the number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when you receive compliments will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences receiving compliments on your appearance, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #2: You have been looking for a job unsuccessfully for some time.
1. Write down the major cause _____.

2. Is the cause of your unsuccessful job search due to something about you or something about other people or circumstances? (circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when looking for a job, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences looking for a job, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #3: You become very rich.
1. Write down the major cause _____.

2. Is the cause of your becoming rich due to something about you or something about other people or circumstances? (circle the number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future if you become even richer, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences getting rich, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #4: A friend comes to you with a problem and you don't try to help.
1. Write down the major cause _____.

2. Is the cause of your not helping due to something about you or something about other people or circumstances? (circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when you're asked for help, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences helping friends, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #5: You give an important talk in front of a group and the audience reacts negatively.
1. Write down the major cause _____.

2. Is the cause of the audience reacting negatively due to something about you or something about other people or circumstances? (circle the number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when you speak in front of groups, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences how audiences react to you, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #6: You do a project that is highly praised.
1. Write down the major cause _____.

2. Is the cause of your receiving praise due to something about you or something about other people or circumstances? (circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when you receive praise, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences receiving praise for projects, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #7: You meet a friend who acts hostilely toward you.
1. Write down the major cause _____.

2. Is the cause of your friend acting hostilely due to something about you or something about other people or circumstances? (circle the number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when dealing with friends, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences how friend act toward you, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #8: You can't get all the work done that is expected of you.
1. Write down the major cause _____.

2. Is the cause of your inability to get your work done due to something about you or something about other people or circumstances? (circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when you are trying to complete all of your work, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences getting your work done, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #9: Your spouse (boyfriend/girlfriend) has been treating you more lovingly.
1. Write down the major cause _____.
2. Is the cause of your spouse (boyfriend/girlfriend) treating you more lovingly due to something about you or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future if your spouse (boyfriend/girlfriend) treats you more lovingly, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences how your spouse (boyfriend/girlfriend) treats you, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #10: You apply for a position you want badly (job, graduate school) and you get it.

1. Write down the major cause _____.

2. Is the cause of your getting the position due to something about you or something about other people or circumstances? (circle one number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when applying for positions, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences getting position or admission, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #11:You go on a date and it goes badly..

1. Write down the major cause _____.

2. Is the cause of your date going badly due to something about you or something about other people or circumstances? (circle the number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when going on dates, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences dating, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Situation #12: You get a raise..
1. Write down the major cause _____.

2. Is the cause of your receiving a raise due to something about you or something about other people or circumstances? (circle the number)

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me

3. In the future when get a raise, will this cause be present again?

Will never again be present	1	2	3	4	5	6	7	Will always be present

4. Is the cause something that just influences getting raises, or does it influence other areas of you life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life

Appendix F

Revised Causal Dimension Scale (CDS-II)

Instructions: Your task is to identify the most positive thing that has happened in your life in the past week. Please write down what you consider to be the most positive thing that has happened to you this past week.

Next: People attribute the positive and negative events in their lives to any number of causes. Please describe the primary cause(s) or reason(s) for the positive evnt that you listed above.

Instruction: Think about the reason(s) you have written on the previous page. The items below concern your impressions, or opinions, about the cause(s) for the positive event that in you life that occurred this past week, Read each statement and then circle the number indicating which of the statements you agree with according to the following scale.

(9 = strongly agree with left statement -------> 1 = strongly agree with right statement)

Is the cause(s) of the positive event something:

1. Reflects an aspect of yourself	9 8 7 6 5 4 3 2 1	Reflects an aspect of the situation
2. Manageable by you	9 8 7 6 5 4 3 2 1	Not manageable by you
3. Which is permanent	9 8 7 6 5 4 3 2 1	Which is temporary
4. You can regulate	9 8 7 6 5 4 3 2 1	You cannot regulate
5. Inside of you	9 8 7 6 5 4 3 2 1	Outside of you
6. Stable over time	9 8 7 6 5 4 3 2 1	Variable over time
7. Something about you	9 8 7 6 5 4 3 2 1	Something about others
8. Over which you have control	9 8 7 6 5 4 3 2 1	Over which you have no power
9. Unchangeable	9 8 7 6 5 4 3 2 1	Changeable

Appendix G

The Hassles and Uplifts Scale

HASSLES are irritants – things that annoy or bother you; they can make you upset or angry. UPLIFTS are events that make you feel good; they can make you joyful, glad, or satisfied. Some hassles and uplifts occur on a fairly regular basis and other are relatively rare. Some have only a slight effect on you, others can have a strong effect.

This questionnaire lists things that can be hassles and uplifts in day-to-day life. You will find that during the course of the day some of these things will be seen only as hassles or uplifts and others will have been both a hassle and uplift.

Instructions: Circle one number on the left side (hassles) and one on the right side (uplifts) of the paper for each item. Please fill out this questionnaire just before you go to bed each night.

How much of a hassle was this item today

0 = none or not applicable
1 = somewhat
2 = quite a bit
3 = a great deal

How much of an uplift was this item today

0 = none or not applicable
1 = somewhat
2 = quite a bit
3 = a great deal

Please circle one number on the left-hand side and one number on the right-hand side for each item.

HASSLES		UPLIFTS
0 1 2 3	1. your parents	0 1 2 3
0 1 2 3	2. other relatives	0 1 2 3
0 1 2 3	3. your significant other / spouse	0 1 2 3
0 1 2 3	4. time spent with family	0 1 2 3
0 1 2 3	5. health or well-being of family member	0 1 2 3
0 1 2 3	6. sex	0 1 2 3
0 1 2 3	7. intimacy	0 1 2 3
0 1 2 3	8. family-related obligation	0 1 2 3
0 1 2 3	9. your friend(s)	0 1 2 3
0 1 2 3	10. fellow students / workers	0 1 2 3
0 1 2 3	11. your professor or supervisor	0 1 2 3
0 1 2 3	12. your work / study load	0 1 2 3
0 1 2 3	13. meeting deadlines or goals	0 1 2 3

0 1 2 3	14. enough money for necessities	0 1 2 3
0 1 2 3	15. enough money for education	0 1 2 3
0 1 2 3	16. enough money for emergencies	0 1 2 3
0 1 2 3	17. enough money for extra	0 1 2 3
0 1 2 3	18. your smoking	0 1 2 3
0 1 2 3	19. your drinking	0 1 2 3
0 1 2 3	20. mood-altering drugs	0 1 2 3
0 1 2 3	21. your physical appearance	0 1 2 3
0 1 2 3	22. contraception	0 1 2 3
0 1 2 3	23. exercise	0 1 2 3
0 1 2 3	24. your medical care	0 1 2 3
0 1 2 3	25. your health	0 1 2 3
0 1 2 3	26. your physical abilities	0 1 2 3
0 1 2 3	27. the weather	0 1 2 3
0 1 2 3	28. news events	0 1 2 3
0 1 2 3	29. your environment (quality of air. noise level, greenery)	0 1 2 3
0 1 2 3	30. politics and social issues	0 1 2 3
0 1 2 3	31. pets	0 1 2 3
0 1 2 3	32. cooking	0 1 2 3
0 1 2 3	33. housework	0 1 2 3
0 1 2 3	34. paperwork (paying bills, applications and form)	0 1 2 3
0 1 2 3	35. home entertainment	0 1 2 3
0 1 2 3	36. amount of free time	0 1 2 3
0 1 2 3	37. recreation and outside entertainment (movies, sports)	0 1 2 3
0 1 2 3	38. church or community organizations	0 1 2 3