

Initial Construction and Validation of the Pathological Narcissism Inventory

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The construct of narcissism is inconsistently defined across clinical theory, social-personality psychology, and psychiatric diagnosis. Two problems were identified that impede integration of research and clinical findings regarding narcissistic personality pathology: (a) ambiguity regarding the assessment of pathological narcissism vs. normal narcissism and (b) insufficient scope of existing narcissism measures. Four studies are presented documenting the initial derivation and validation of the Pathological Narcissism Inventory (PNI). The PNI is a 52-item self-report measure assessing 7 dimensions of pathological narcissism spanning problems with narcissistic grandiosity (Entitlement Rage, Exploitativeness, Grandiose Fantasy, Self-sacrificing Self-enhancement) and narcissistic vulnerability (Contingent Self-esteem, Hiding the Self, Devaluing). The PNI structure was validated via confirmatory factor analysis. The PNI correlated negatively with self-esteem and empathy, and positively with shame, interpersonal distress, aggression, and borderline personality organization. Grandiose PNI scales were associated with vindictive, domineering, intrusive, and overly-nurturant interpersonal problems, and vulnerable PNI scales were associated with cold, socially avoidant, and exploitable interpersonal problems. In a small clinical sample, PNI scales exhibited significant associations with parasuicidal behavior, suicide attempts, homicidal ideation, and several aspects of psychotherapy utilization.

Keywords: Pathological Narcissism Inventory, narcissistic grandiosity, narcissistic vulnerability, scale construction

Efforts to assess narcissistic personality characteristics and behaviors span clinical psychology, social-personality psychology, and psychiatry. These applied and research literatures include significant evidence that narcissism is associated with several related areas of psychopathology and dysfunction, including the *Diagnostic and Statistical Manual*, 4th edition, text revision (*DSM-IV-TR*; American Psychiatric Association, 2000) Axis I disorders, psychopathy, interpersonal problems and relational dysfunction, substance use and abuse, aggression and sexual aggression, impulsivity, and suicidal behavior (Miller, Campbell, & Pilkonis, 2007; Ronningstam, 2005a,

2005b). However, synthesis of these findings is hindered by the growing recognition that the construct of narcissism is inconsistently defined and measured across disciplines (Cain, Pincus, & Ansell, 2008; Miller & Campbell, 2008). Two issues in construct definition underlying the assessment of narcissism may limit efforts to integrate research and clinical findings and leave a more sophisticated understanding of narcissism perplexingly out of reach (e.g., Blais, 2005; Michels, 2005; Morey, 2005; Watson, 2005). The first issue involves ambiguity regarding the assessment of pathological narcissism versus adaptive/normal narcissism, and the second issue involves the limited scope of pathological narcissistic characteristics assessed in most widely used instruments. In light of the increasing interest in dimensional models and measures of psychopathology (e.g., Krueger & Markon, 2006; Widiger & Trull, 2007), the goal of the present research was to develop a multidimensional self-report measure of *pathological* narcissism that assessed the construct's full range of clinical characteristics.

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Normal Versus Pathological Narcissism

Narcissism can be conceptualized as one's capacity to maintain a relatively positive self-image through a variety of self-, affect-, and field-regulatory processes. It underlies individuals' needs for validation and affirmation as well as the motivation to overtly and covertly seek out self-enhancement experiences from the social environment. Most theorists suggest that narcissism has both normal and pathological expressions reflecting adaptive and maladaptive personality or-

