

INTERPERSONAL ANALYSIS OF GRANDIOSE AND VULNERABLE NARCISSISM

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This article examines the validity of grandiose and vulnerable subtypes of narcissistic character styles through an analysis of personality disorder criteria, interpersonal problems, and adult attachment styles in a nonclinical population. The grandiose personalities in this sample were rated high in the dramatic traits associated with narcissistic, antisocial, and histrionic personality disorders based on a diagnostic interview, and they reported domineering and vindictive interpersonal problems. However, despite the observation of narcissistic personality pathology, they denied interpersonal distress related to their interpersonal problems and the majority reported adult attachment styles reflective of positive self-representations (Secure, Dismissive). Vulnerable narcissistic individuals were represented by high ratings on avoidant personality disorder based on a diagnostic interview. They reported high interpersonal distress and greater domineering, vindictive, cold, and socially avoidant interpersonal problems. The majority reported adult attachment styles reflective of negative self-representations (Fearful, Preoccupied). The validity of grandiose and vulnerable narcissism based upon the results of this study was discussed in terms of clinical theory and with reference to the implications of two subtypes of narcissism for diagnosis and treatment.

Empirical interest in narcissism was incited from the addition of a form of maladjusted narcissism to the third edition of the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-III; American Psychiatric Association, 1980) in its inclusion of Narcissistic Personality Disorder (NPD). However, both contemporary theorists of narcissism (Akhtar & Thomson, 1982; Cooper, 1981, 1998; Kohut, 1971; Wink, 1996) and clinicians who specialize in personality pathology have delineated two different types of narcissistic characters (Gabbard, 1989, 1998; Gersten, 1991; Masterson, 1993; Røvik, 2001). The first is a grandiose subtype, which is the character reflected in the representation of NPD in the DSM (American Psychiatric Association, 1994), wherein narcissistic pathology is described as grandiose, arrogant, entitled, exploitative, and envious. The second subtype is regarded as a vulnerable narcissistic personality, which is described as overtly self-inhibited

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and modest but harboring underlying grandiose expectations for oneself and others (Gabbard, 1989, 1998). The present study investigates the validity of narcissistic subtypes through an analysis of personality disorder criteria, interpersonal problems, and attachment styles.

The grandiose types have also been labeled “oblivious narcissists” (Gabbard, 1989, 1998) because of their observed lack of insight into the impact they have on others. The grandiose narcissistic individual is more likely to regulate self-esteem through overt self-enhancement, denial of weaknesses, intimidating demands of entitlement, consistent anger in unmet expectations, and devaluation of people that threaten self-esteem. They have diminished awareness of the dissonance between their expectations and reality, along with the impact this has on relationships. Grandiose fantasies are an aspect of the individual’s overt presentation. Any conflict within the environment is generally experienced as external to these individuals and not a measure of their own unrealistic expectations.

The vulnerable subtype has been garnished with a variety of labels including closet narcissist (Masterson, 1993), hypervigilant narcissist (Gabbard, 1989), hypersensitive narcissist (Hendin & Cheek, 1997), vulnerable narcissist (Gersten, 1991; Hibbard & Bunce, 1995; Wink, 1991), and covert narcissist (Akhtar & Thomson, 1982; Cooper, 1998; Wink & Donahue, 1997). It is argued that the vulnerable narcissistic personality is observed as overtly presenting with shyness, constraint, and even the appearance of empathy. Underlying this presentation, however, lies a covert core organized around grandiose expectations and entitlement. Vulnerable narcissists are less equipped to use self-enhancement strategies to modulate self-esteem, and often must rely upon external feedback from others to manage self-esteem. The vulnerable narcissistic personality is more likely to experience conflict around his or her entitled expectations. Thus, the vulnerable character attempts to disavow the underlying entitlement and continual disappointments. However, the disavowal of his or her own entitled expectations leads to brewing anger and hostile outbursts, which are followed by the experience of shame and depression. The fluctuation between shame/depression and overt anger influences the impression of a rather labile emotional presentation. Vulnerable narcissistic individuals experience much greater anxiety in developing relationships with others because of the tenuous nature of their self-esteem. In more vulnerable individuals, chronic hypersensitivity and disappointment stemming from unmet entitled expectations is intolerable enough to promote social withdrawal and avoidance in an attempt to manage self-esteem (Cooper, 1998; Gabbard, 1989, 1998; Gersten, 1991; Kraus & Reynolds, 2001; Wink, 1991).

DIAGNOSTIC DILEMMAS

There appears to be considerable confusion in the diagnosis of NPD among clinicians (Gunderson, Ronningstam, & Smith, 1991), which may be due in part to differing theories of narcissistic pathology that guide the assessment of psychopathology (Cooper, 1998). If the recognition of two types of narcissistic disorders is valid, overlooking the vulnerable type could contribute to false negative problems (i.e., narcissistic pathology not identified) and false

positive problems (i.e., narcissistic pathology misidentified as other pathology).

Vulnerable narcissism could be misdiagnosed with at least two other distinct DSM personality disorders: Avoidant Personality Disorder (AVPD) and Borderline Personality Disorder (BPD). In the diagnosis of AVPD, there are several criteria that may overlap with vulnerable narcissism. First, avoidant individuals are observed as appearing shy and being fearful of developing close relationships with others. Second, individuals with AVPD may meet criteria for experiencing fears of feeling humiliated, rejected, or embarrassed within individual relationships. Finally, Millon (1996) proposes that the use of fantasy in individuals with AVPD is a major element in the presentation and perpetuation of this disorder. This is striking in the fact that the use of fantasy has long been denoted as primary to the realm of narcissistic pathology. The vulnerable narcissist will likely exhibit significant interpersonal anxiety, avoidance of relationships, and use of fantasy, but this is guided by a core of entitled expectations. That is, vulnerable narcissists may avoid relationships in order to protect themselves from the disappointment and shame over unmet expectations of others, in contrast to fears of social rejection or making a negative social impact typical of AVPD.

Another false positive diagnosis that may occur as a result of misinterpreting vulnerable narcissism is in the diagnosis of BPD. Masterson (1993) forwarded this issue in an elaborate discussion about the potential for misdiagnosis of the closet narcissistic personality with BPD. Misdiagnosis can occur because of a clinician's attention to the overt presentation of the emotional lability in the individual to the exclusion of an understanding of the cognitive and socio-emotional experience that guides the lability. As with social avoidance, the emotional lability of the vulnerable narcissist is influenced by his or her covert entitlement and difficulties managing disappointment and self-esteem threat. In contrast, the emotional lability of the individual with BPD is a byproduct of unrealistic anaclitic needs (e.g., the need for a strong caretaker to manage his or her fears of being independent).

ASSESSMENT OF NARCISSISM

The most widely-studied measure of narcissism is the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979), which is a self-report measure of trait narcissism. The NPI has been shown to have a complex structure of four factors: Leadership/Authority (L/A), Superiority/Arrogance (S/A), Self-Absorption/Self-Admiration (S/S), and Entitlement/Exploitation (E/E) (Emmons, 1984, 1987). Research into the relationships of these factors to other measures has shown the E/E factor to be the only factor that consistently relates to measures of maladaptiveness, while the other factors have been associated with reports of adaptiveness (e.g., Emmons, 1984, 1987; Watson, Little, Sawrie, & Biderman, 1992). These results suggest that the E/E element may be the core of pathological narcissism.

A paradox in the empirical research on narcissism has been the apparent orthogonality of several measures of narcissism (Hibbard & Bunce, 1995; Wink, 1991). Wink's (1991) principal components analysis of four different measures of narcissism yielded two orthogonal dimensions. Wink inter-

puted the two principal components as grandiose and vulnerable forms of narcissism. The grandiose component was associated with exhibitionism, aggression, sociability, dominance, and self-acceptance. The vulnerable component, however, was associated with psychological distress, lowered sociability, and lowered self-acceptance. Spouses of participants rated *both* grandiose and vulnerable partners as bossy, cruel, arrogant, argumentative, and demanding. In contrast, only the vulnerable subtypes were rated by their spouses as dissatisfied, anxious, and bitter, whereas only grandiose subtypes were rated by their spouses as aggressive and exhibitionistic.

The NPI has largely been used as a dimensional measure of grandiose narcissism. However, in an unpublished study, Hibbard & Bunce (1995) suggested a procedure for locating the grandiose and vulnerable subtypes using the NPI. The authors suggested that both of the subtypes would have in common significantly high scores on the E/E factor. However, the grandiose narcissistic character would further report a high score on the scales assessing the more adjusted NPI constructs, which would be reflective of their tendency to self-enhance and deny apparent weaknesses. Hibbard and Bunce (1995) tested this hypothesis by examining change in levels of the adaptive NPI components and the E/E component as a function of total NPI score. They found that the adaptive component scores exhibited significant linear and quadratic effects across NPI total score percentile groups, whereas the E/E component only showed a linear trend. They concluded that as NPI scores increase (i.e., greater grandiose narcissism), endorsement of adaptive qualities increases quadratically due to high scorers' tendency toward self-enhancement. Compared to the grandiose narcissists, their vulnerable peers would endorse low scores in the more adaptive NPI factors due to their relative inability to utilize self-enhancement to manage their entitlement. Hibbard and Bunce (1995) found that individuals in the grandiose group were significantly higher on a measure of grandiosity than those in the vulnerable group. The vulnerable group reported the highest scores on measures of narcissistic vulnerability, dependent masochism, shame, and emotional lability.

THE PRESENT STUDY

The present study focuses upon the examination of the diagnostic validity of both subtypes of narcissistic personality styles compared to a control group that is low in narcissistic traits (i.e., entitlement, exploitation). First, the neglect of assessing vulnerable narcissism may lead to diagnostic problems in either not recognizing vulnerable narcissism when it is present or misdiagnosing vulnerable narcissism with another personality disorder diagnosis. While past studies on vulnerable narcissism have looked at important variables related to personal and social functioning (Hibbard & Bunce, 1995; Sturman, 2000; Wink, 1991; Wink & Donahue, 1997), there have been no studies to date that have examined the differential diagnosis of personality disorders in grandiose and vulnerable narcissistic types. Second, current interpersonal traits and problems have been found to be significantly influential in differentiating personality pathology (Pincus & Wiggins, 1990). This research suggests that individuals with a DSM diagno-

sis of NPD tend to report interpersonal problems of the domineering/vindictive nature, but there has been no research to date that compares grandiose and vulnerable narcissistic personalities. Finally, adult attachment style is another area that has been of great importance in understanding psychopathology, particularly personality pathology (e.g., Brennan & Shaver, 1998; West, Rose, & Sheldon-Keller, 1995).

The present study will examine these important psychosocial variables in a preliminary investigation of the validity of subtypes of narcissistic personality styles in a nonclinical population. We predict that because of the grandiose group's tendency toward self-enhancement, they will report positive views of themselves and their social functioning (e.g., higher self-esteem, secure or dismissive attachment styles reflecting positive self-representations) and less interpersonal distress than the other groups. However, they will be rated higher than the other groups in Cluster B personality disorder criteria by the interviewers. These hypotheses are suggested by clinical theory that indicates that grandiose individuals tend to behave in self-enhancing ways and have little actual insight into the way they are perceived by others (Kernberg, 1975). It is expected that the vulnerable group will report more negative self-views and greater anxiety about relationships (higher AVPD ratings, fearful or preoccupied attachment styles reflecting negative self-representations, greater interpersonal distress) when compared to the other groups.

As a preliminary study, we have used a nonclinical population but did select individuals from a large sample that reported extreme responses to the NPI. In our hope to avoid misunderstandings from the beginning of this article, we would like to assert that we are not assuming that the individuals in this study would be diagnosable with actual personality disorders. Our goal is to examine individuals with narcissistic personality styles as a preliminary investigation into the validity of narcissistic subtypes to support the goals of developing better methods of assessing narcissistic personality pathology and of stimulating further research into narcissistic subtypes within clinical populations.

METHODS AND PROCEDURES

SELECTION

The Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979) is a 40-item measure of trait narcissism that was used in this study for group selection in a large sample ($n = 2,532$) of undergraduate students at a large rural university. Reports of internal consistency have produced coefficient α s ranging from .80 to .87 (Raskin & Terry, 1988; Emmons, 1984; Auerbach, 1984). Internal consistencies for each of the NPI scales have ranged from .68 to .74 for E/E, .69 to .79 for L/A, .69 to .70 for S/A, and .69 to .81 for S/S (Emmons, 1984, 1987).

In the selection of the individuals with narcissistic personality styles, we used the method outlined by Hibbard & Bunce (1995). While unpublished, we find the method particularly compelling with regard to both the empirical

and theoretical literature on narcissism. The empirical literature has suggested that the E/E element may indeed be the core of pathological narcissism (Emmons, 1984, 1987; Watson et al., 1992), with individual differences in the more adaptive components being predictive of how the individuals regulate the disappointment in light of this entitlement. This is consistent with clinical theory that observes entitled expectations in both grandiose and vulnerable narcissists as a core element contributing to their difficulties in managing self-esteem (Akhtar & Thomson, 1982; Cooper, 1998; Masterson, 1993). The grandiose narcissist is likely to assert these entitlements, whereas the vulnerable narcissist tends to waver between shameful disavowal of entitlements and angry assertion of these expectations.

Participants' NPI responses were separated to create a maladaptive NPI component (NPI-Mal) of 11 items and an adjusted NPI component (NPI-Adj) of 29 items. The NPI-Mal consisted of the E/E items of the NPI (e.g., "I find it easy to manipulate people," "I insist upon getting the respect that is due me"), while NPI-Adj was constructed as the sum of the remaining three factors of the NPI (L/A, S/A, and S/S). Cut-off scores were computed that indicated a high, moderate, or low response for each component utilizing the 33rd and 67th percentiles for each scale (Hibbard & Bunce, 1995). Participants who scored in the high range on both NPI-Adj and NPI-Mal were designated as grandiose narcissistic personalities, while those who scored low on NPI-Adj and high on NPI-Mal were selected as vulnerable narcissistic personalities. Finally, a control group consisted of individuals moderate in NPI-Adj and low in NPI-Mal. Coefficient α s in this sample ($n = 2,532$) were .83 for NPI total score, .80 for NPI-Adj, and .59 for NPI-Mal.

Participants in the core study ($n = 90$) were selected into three groups: grandiose narcissistic personalities (13 females, 17 males), vulnerable narcissistic personalities (23 females, 7 males), and control personalities (21 females, 9 males). The mean age of participants was 18.7 (SD = 2.09) overall. We evaluated NPI-Adj and NPI-Mal scores as function of total NPI score in order to replicate Hibbard and Bunce's (1995) evaluation of their self-enhancement hypothesis and further examine the basis for selection. As expected NPI-Adj exhibited a significant linear trend [$F(1, 86) = 325.90, p < .001$] and a significant quadratic trend [$F(1, 86) = 59.18, p < .001$] across quartile groups. Also as expected, NPI-Mal exhibited a significant linear trend [$F(1, 86) = 88.77, p < .001$] but no quadratic trend [$F(1, 86) = 3.02, ns$] across quartile groups.

Prior to participating in the diagnostic interview, participants were asked for their consent to audiotape the interview so it could be checked by the primary investigator for adherence to format and for interrater reliability examination. Research assistants were provided with extensive training in the administration of a personality disorder interview and the interpersonal battery. The training of the research assistants in the administration of the Personality Disorders Interview-IV (PDI-IV; Widiger, Mangine, Corbitt, Ellis, & Thomas, 1995) was undertaken in ten weekly meetings designed to provide both an orientation to personality disorder theory/research and to establish skill in the assessment of personality disorder criteria using the PDI-IV.

MANIPULATION CHECK MEASURES

Superiority and Goal Instability Scales (SGIS; Robbins & Patton, 1985). Robbins and Patton (1985) constructed the Superiority and Goal Instability scales to represent the two poles of narcissistic development proposed by Heinz Kohut (1971, 1977). These scales were labeled the Superiority and Goals Instability scales, respectively. Each scale consists of ten items written in Likert format from (1) strongly agree to (6) strongly disagree. Coefficient α in this sample was .81 for the Superiority scale and .79 for the Goals Instability Scale.

Rosenberg Self-Esteem Inventory. (RSI; Rosenberg, 1965). The RSI is a 10-item questionnaire that is widely-used as a measure of global self-esteem (Rosenberg, 1965). Participants rate each item on a scale from 0 (Strongly Agree) to 4 (Strongly Disagree). Coefficient α for the RSE in this sample was .94.

Janis-Field Feelings of Inferiority Scale (JFS; Janis & Field, 1959). The JFS is a 23-item test of trait self-esteem (Nisbett & Gordon, 1967). Items are rated on a 5-point scale from 1 (Very Much) to 5 (Practically Never). Coefficient α for the JFS in this sample was .92.

DEPENDENT MEASURES

Personality Disorder Interview-IV (PDI-IV; Widiger et al., 1995). The Personality Disorder Interview-IV was selected as the measurement instrument for DSM-IV personality disorder dimensions. Each personality disorder criterion is rated on a 3-point scale that ranges from 0 to 2, where 0 equals "not present"; 1 equals "present according to the DSM-IV definition of the item"; and 2 equals "present to a more severe or substantial degree." Reliability and validity data have been promising for the earlier versions of this semi-structured interview (Widiger, 1985, 1987). We did not have any theoretically-based hypotheses relating vulnerable narcissism to any of the Cluster A personality disorders and we thus did not assess them in order to keep the interview as brief as possible. Thus, eight personality disorder criteria sets were assessed in alphabetical order: antisocial, avoidant, borderline, dependent, histrionic, narcissistic, obsessive-compulsive, and passive-aggressive. Interviewers were blind to the participant's group assignment. A sample of the interviews was coded for convergence in personality disorder assessment. The primary investigator coded a proportion (30%) of the research assistants' taped interviews. A psychologist with 10 years of experience in the assessment of personality pathology coded a similar proportion of the interview tapes conducted by the primary investigator.

Inventory of Interpersonal Problems-Circumplex Scales (IIP-C; Alden, Wiggins, & Pincus, 1990; Horowitz, Alden, Wiggins, & Pincus, 2000). The IIP-C is a 64-item battery created to assess different types of interpersonal problems and the level of interpersonal distress associated with the reported problems. Items are rated from (1) not at all problematic to (5) extremely problematic. The IIP-C assesses interpersonal problems across eight themes emerging around the dimensions of dominance and nurturance: Domineering, Vindictive, Cold, Socially Avoidant, Nonassertive, Exploitable, Overly-nurturant, and Intrusive. The IIP-C provides several types of analysis for understanding participants' reports of interpersonal difficulties (Gurtman

& Balakrishnan, 1998; Gurtman & Pincus, 2003). First, a group can be “located” within the circumplex space by calculating the angular displacement of the responses, which is reflective of the thematic octant (i.e., polar coordinates of the circle from 0 to 360) in which the group reports the most problems. A vector length of the angular location (i.e., profile amplitude) is calculated that indicates the degree to which the profile’s peak problem is differentiated from other problems (e.g., large amplitude indicates that the group is reporting more problems in one area versus reporting a similar amount of difficulties across several areas). Profile elevation can also be calculated, reflecting the group’s overall interpersonal distress. There has been considerable research verifying the promising utility of the IIP-C in differentiating interpersonal problems across diverse psychopathology (e.g., Alden & Phillips, 1990; Kachin, Newman, & Pincus, 2001; Kassoff & Pincus, 2002; Soldz, Budman, Demby, & Merry, 1993).

Adult Attachment Questionnaire (AAQ; Bartholomew & Horowitz, 1991). Bartholomew and Horowitz (1991) recently proposed a model of four prototypic adult attachment styles: Fearful, Preoccupied, Secure, and Dismissive. The attachment styles reflect the combination of one’s model of self and model of other, each component denoted by the individual’s primitive perception of the representation as either good or bad. Participants were presented with the descriptions of the four adult attachment styles and asked to select the style that best fit their own experience.

RESULTS

MANIPULATION CHECK: NARCISSISM AND SELF-ESTEEM MEASURES

The overall mean for the NPI total score was 18.42 (8.19), which is comparable to previous studies using the NPI (e.g., Hibbard & Bunce, 1995; Spano, 2001). The means across the groups for the NPI variables are as follows: grandiose group (NPI-total mean = 29.30; NPI-Adj mean = 21.23, NPI-mal mean = 7.73), vulnerable group (NPI-total mean = 13.20; NPI-Adj mean = 7.53, NPI-mal mean = 5.63), and the control group (NPI-total mean = 12.73; NPI-Adj mean = 11.47, NPI-mal mean = 1.27). Differences between the groups on the NPI variables confirmed the utility of the selection procedures with a main effect for group membership [$F(6, 164) = 167.20, p < .001$] and the expected significant effects in the univariate analyses [NPI-total, $F(2, 87) = 366.91, p < .001$; NPI-Adj, $F(2, 87) = 255.50, p < .001$; NPI-Mal, $F(2, 87) = 271.29, p < .001$]. These means are also comparable to those reported by Hibbard and Bunce (1995).

All manipulation checks came out as expected. Multivariate (Λ) coefficients for the SGIS [$F(4, 166) = 11.35, p < .001$] and the self-esteem inventories [$F(4, 164) = 7.08, p < .001$] indicated a main effect for group membership. Univariate analyses were conducted for these variables followed by Student-Newman-Kuhls post hoc tests. Consistent with hypotheses, mean scores in the grandiose group (31.98) were higher than the vulnerable group (20.29) and control group (26.25) on a measure of Superiority [Superiority, $F(2, 87) = 24.53, p < .001$]. The vulnerable group’s (21.63)

TABLE 1. Grandiose and Vulnerable Narcissism and Personality Disorder Criteria Met

PDI-IV	Interrater Correlations ^a	Grandiose (n = 30)	Vulnerable (n = 29)	Control (n = 29)	ANOVA Results ^b	
					F	SNK ^c
Cluster B						
Antisocial	.75***	1.56	.83	.37	3.20*	G > V, C
Borderline	.85***	1.28	2.06	.92	1.15	ns
Histrionic	.87***	2.96	.53	1.17	6.29***	G > V, C
Narcissistic	.88***	4.14	1.85	1.28	5.89***	G > V, C
Cluster C						
Avoidant	.95***	.75	4.05	1.93	4.75***	V > C, G
Dependent	.81***	.69	1.58	1.54	.89	ns
Obsessive- Compulsive	.74***	2.74	2.22	1.86	1.09	ns
Passive- Aggressive	.64***	.88	1.04	.91	.87	ns

Note. * $p < .05$; *** $p < .001$. G = Grandiose Group, V = Vulnerable Group, C = Control Group. ^aPearson Correlation Coefficients. ^bMultivariate Results, $\lambda F(18, 148) = 5.50, p < .001$; Univariate Results, all $df(2, 85)$. ^cStudent-Newman-Kuhls post-hoc test, $\alpha = .05$.

higher mean score than the grandiose (15.25) and control groups (18.48) on a measure of vulnerable narcissism (Goals Instability; $F = 2.20, p < .10$) was nearing significance. Across the two measures of global self-esteem [RSI, ($F(2, 87) = 9.87, p < .001$; JFS, $F(2, 87) = 12.73, p < .001$], the grandiose group (RSI mean = 35.28; JFS mean = 65.83) evidenced significantly higher scores than the vulnerable (RSI mean = 26.87; JFS mean = 49.73) and control group (RSI mean = 30.73; JFS mean = 56.50). Univariate differences between the vulnerable and control groups on either of the self-esteem measures were not significant.

CORE HYPOTHESES: RESULTS

PERSONALITY DISORDER CRITERIA

MANOVAs were carried out across the personality disorder scales using both group membership, sex, and their interaction as the independent variables. There was a significant multivariate effect for Group Membership, $F(18, 148) = 5.50, p < .001$. As indicated in Table 1, four of the Personality Disorders achieved significant univariate results: Antisocial Personality Disorder [$F(2, 85) = 3.20, p < .05$], Avoidant Personality Disorder [$F(2, 85) = 4.75, p < .001$], Histrionic Personality Disorder [$F(2, 85) = 6.29, p < .001$], and Narcissistic Personality Disorder [$F(2, 85) = 5.89, p < .001$]. Grandiose narcissistic personalities were evaluated by interviewers as meeting more criteria for the Antisocial, Histrionic, and Narcissistic Personality Disorders than the individuals in the other two groups. There were no significant between-group differences in Borderline Personality Disorder criteria rated by the interviewers. Finally, the vulnerable group received higher ratings for Avoidant Personality Disorder than the other groups. Table 1 also displays

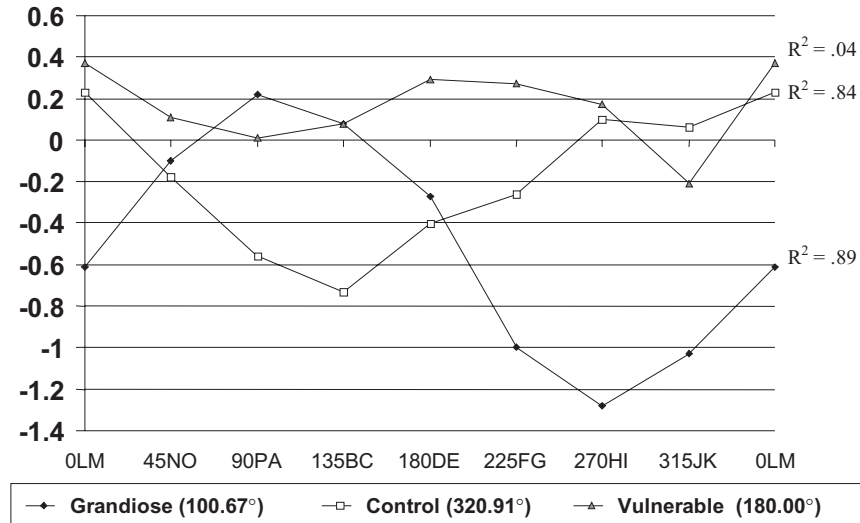


FIGURE 1. IIP-C Profiles of Narcissistic Personalities

the correlations between two raters for each of the personality disorder criteria. As can be seen, the personality disorder ratings evidenced good to excellent agreement. Finally, we note that, despite our nonclinical sample, 11 of the individuals in the vulnerable group met full DSM-IV criteria (4 and above) for AVPD and 10 individuals in the grandiose group met full DSM-IV criteria (5 and above) for NPD.

INTERPERSONAL PROBLEMS

Procedures for evaluating IIP-C data are based on circumplex logic and have been well-articulated across several sources (Alden et al., 1990; Gurtman, 1994; Gurtman & Balakrishnan, 1998; Gurtman & Pincus, 2003). A profile of standard scores on the eight IIP octants was calculated for each group's responses (Gurtman, 1994; Gurtman & Pincus, 2003), making it possible to compute the interpersonal distress (i.e., elevation), profile differentiation (i.e., amplitude), and preeminent interpersonal problem area (i.e., displacement) for each group. Finally, a "goodness-of-fit" (i.e., R^2) ratio was calculated based upon within-group variability.

Figure 1 displays the cosine curves for the grandiose, vulnerable, and control groups across the IIP octants. The grandiose group's degree of displacement was at 100.67°, indicating a peak in interpersonal problems of a vindictive nature. The goodness-of-fit measure for the grandiose group is .89, which indicates that the cosine curve for the grandiose group is a highly representative curve for the individuals within the group. The vulnerable group's degree of displacement is at 180.00°, reflecting a modal report of

cold interpersonal problems. The goodness-of-fit statistic for the vulnerable group was .04, which indicates that the overall cosine curve for the group would poorly represent the curves for each of the individuals within the group. Finally, the control group's displacement was at 320.91° , which is representative of interpersonal difficulties within the exploitable octant. The goodness-fit-statistic was .84 for the cosine curve of the control group, which indicates that like the grandiose group the curve for the control group would be a good estimate of the individual profiles within this group.

MANOVA statistics were conducted with Group Membership, Sex, and Group Membership by Sex as the independent variables. The dependent variables for these procedures were the eight octant scores, the dimensions of Dominance and Nurturance, and the IIP parameters of amplitude and elevation, respectively. Significant multivariate main effects emerged for the independent variable of Group Membership for the eight octants [$F = 5.96$ (16, 134), $p < .001$], the Dominance and Nurturance dimensions [$F = 13.66$ (4, 152), $p < .001$], and for the Amplitude and Elevation parameters [$F = 8.78$ (4, 146), $p < .001$]. Univariate analyses were then computed for Group Membership with each of the dependent variables, and significant univariate results were followed with Student-Newman-Kuhls post-hoc tests. Table 2 displays the results of the univariate tests. No significant multivariate effects were found for Sex or Sex By Group.

Individuals in all of the groups reported interpersonal problems that "peaked" in at least one area. The grandiose group peaked in the range of Vindictive interpersonal problems and the control group peaked in the range of Exploitable interpersonal problems. Individual profiles within the vulnerable group were significantly elevated and peaked in one octant area. However, there was significant within-group variability across a continuous arc from Domineering counterclockwise to Socially Avoidant as to which interpersonal problems were most distressing.

ADULT ATTACHMENT

Chi-square statistics were computed for the participants' best-fitting Attachment Style by Group Membership. A significant chi-square result was found, $\chi^2(6) = 13.36$, $p < .05$. As predicted, a majority of the grandiose group selected Secure (60%) or Dismissive (16%) attachment styles rather than Fearful (13%) or Preoccupied (10%) attachment styles. Also as predicted, a majority of the vulnerable group selected Fearful (50%) or Preoccupied (13%) attachment styles rather than Secure (27%) or Dismissive (10%) attachment styles. Percentages for attachment styles in the control group were: Secure (53%), Fearful (23%), Preoccupied (17%), and Dismissive (7%).

DISCUSSION

Before proceeding to a discussion of the results, it is important to highlight that our selection procedures were aimed at identifying individuals with narcissistic character styles, in contrast to personality disorders. The groups were selected from a nonclinical young adult population and not se-

TABLE 2. Grandiose and Vulnerable Narcissism and Interpersonal Problems

IIP-C	Grandiose (n = 26)	Vulnerable (n = 26)	Control (n = 28)	λ^a	ANOVA Results ^b	
				F	F	SNK ^c
IIP-C Octants				5.96***		
Domineering	.22	.01	-.56		8.27***	G, V > C
Vindictive	.08	.08	-.73		14.10***	G, V > C
Cold	-.27	.29	-.40		9.89***	V > G, C
Avoidant	-.99	.27	-.28		20.26***	V > C > G
Nonassertive	-1.28	.17	.10		21.33***	V, C > G
Exploitable	-1.03	-.21	.06		9.57***	V, C > G
Overly Nurturant	-.61	.37	.23		6.58**	V, C > G
Intrusive	-.10	.11	-.18		1.17	ns
IIP-C Axes				13.66***		
Dominance	.69	.00	-.26		28.51***	G > V > C
Nurturance	-.13	-.05	.32		3.42*	C > G
Curve Parameters				8.78***		
Amplitude	.92	.88	.74		1.09	ns
Elevation	-.56	.34	-.28		15.29***	V > C > G

Note. * $p < .05$; ** $p < .01$; *** $p < .005$. G = Grandiose Group, V = Vulnerable Group, C = Control Group.
^aMultivariate *df*: Octants, (16, 134), Axes, (4, 152); Curve Parameters, (4, 146). ^bUnivariate, All *df*(2, 74).
^cStudent-Newman-Kuhls post-hoc test, alpha = .05.

lected based upon personality disorder criteria. Only a subset of the participants met the DSM diagnostic threshold for personality disorder. Thus, results are best assumed to describe grandiose and vulnerable narcissistic personality styles.

The present results are consistent with Kohut's (1971) early conceptualization of grandiose and vulnerable narcissistic characters, indicated by a horizontal versus vertical split, respectively. According to Kohut, the horizontal split reflects the grandiose character in the overt display of infantile grandiosity which evolves from archaic, unfulfilled narcissistic needs that are split off (e.g., repressed) early in childhood. The vulnerable character, on the other hand, generally presents with overt low self-esteem and shame, which is a reaction formation to the underlying narcissistic needs. In essence, the vulnerable individual shifts from entitled narcissistic demands to a complete disavowal of these needs, experiencing shame and a sense of fragility.

THE GRANDIOSE NARCISSIST

The current findings concerning the overt social presentation of the grandiose narcissistic subtype are consistent with both theory (Kernberg, 1975; Kohut, 1971, 1977) and research (Hibbard & Bunce, 1995; Pincus & Wiggins, 1990; Wink, 1991) on this character style. Grandiose participants were rated as higher in personality disorder criteria for NPD, Antisocial Personality Disorder, and Histrionic Personality Disorder. With regard to NPD criteria, this finding is consonant with the background of the development

of this DSM category, which was based mostly on the work of Kernberg (1975) who conceived grandiosity as the primary overt characteristic in narcissistic pathology. The higher ratings on the criteria for Antisocial Personality Disorder and Histrionic Personality Disorder were also in line with past research that indicated considerable comorbidity of these Cluster B personality disorders with NPD (e.g., Morey, 1988). The antisocial, narcissistic, and histrionic personality disorders have criteria that belie a dramatic interpersonal presentation, with a tendency toward exhibitionism, attention-seeking, and difficulties empathizing with others. Thus, the self-enhancing grandiose characters in our study were overtly perceived as just that: grandiose, arrogant, and exhibitionistic.

Predictions for the measures of current interpersonal functioning were also confirmed, wherein the grandiose narcissists reported interpersonal difficulties of a domineering/vindictive nature, low interpersonal distress, and the majority selected attachment styles associated with positive self-representation (Secure, Dismissive). Grandiose individuals reported interpersonal problems that peaked in the hostile-dominant quadrant of the IIP-C. Past research has indicated that individuals with grandiose narcissistic styles report problems with dominance and vindictiveness in their relationships (Pincus & Wiggins, 1990). However, grandiose individuals reported significantly less distress related to their vindictive interpersonal styles than both the vulnerable group and control group. Theories of grandiose narcissism suggest that endorsement of secure and dismissive attachment styles and denial of interpersonal distress in the present study makes sense given their tendency to dismiss personal and interpersonal difficulties (Kernberg, 1975; Kohut, 1971). In other words, when provided with the opportunity, these individuals will say positive things about themselves and dismiss any potential weaknesses (see, e.g., Pincus & Gurtman, in press).

In summary, the current findings for the grandiose characters in our sample are consistent with recent research (Hibbard & Bunce, 1995; Pincus & Wiggins, 1990; Wink, 1991) that suggests that these individuals are actively self-enhancing, vindictive, aggressive, exhibitionistic, and exploitative, while denying significant emotional or interpersonal stress. Thus, while they perceive themselves positively with regard to their experience in relationships and are likely to be dominant and assertive, others would likely describe their impact upon others more negatively than they themselves would perceive. This overall finding confirms past theory and research that suggests that these individuals lack knowledge of the impact they have upon others, and thus, have an unrealistic view of themselves in relation to others (Gabbard, 1989, 1998; Kernberg, 1975; Kohut, 1971, 1977). Indeed, this very lack of insight into their impact upon others is what incited Gabbard (1989) to enlist the label "oblivious narcissists" to describe their social presentation and distinguish them from their vulnerable counterparts. Grandiose narcissistic individuals expect another's immediate and undivided attention, and are oblivious to the effect their direct demands of entitlement have on others. And, by virtue of their ability to maintain the grandiose self through self-enhancement, grandiose narcissistic individuals are less susceptible than their vulnerable peers to the chronic emotional

consequences of threats to entitled expectations (e.g., distress, lowered self-esteem, interpersonal fearfulness).

THE VULNERABLE NARCISSIST

The results of the present study also provided further confirmation for the validity of the vulnerable narcissistic subtype with convergence to both theory (Kohut, 1971, 1977) and current research (Hendin & Cheek, 1997; Hubbard & Bunce, 1995; Pincus & Wiggins, 1990; Sturman, 2000; Wink, 1991; Wink & Donahue, 1997). As predicted on the basis of the clinical descriptions of the vulnerable narcissistic subtype (Cooper, 1981, 1998; Gabbard, 1989, 1998; Røvik, 2001), the vulnerable narcissists in this sample were rated significantly higher than both groups on AVPD criteria. This suggests that while these individuals report high entitlement and exploitation on the NPI, they present overtly with considerable fears of relating to others, lack of confidence in their ability to initiate and maintain social relationships, and fears of being disappointed or ashamed of their needs within relationships. This finding provides evidence that confirms the clinical observations of individuals who present as shy and anxious, but who harbor feelings of entitlement and engage in interpersonal exploitation over time within relationships (Cooper, 1981, 1998; Gabbard, 1998), and has significant diagnostic and therapeutic implications in highlighting the potential of false positive diagnosis of avoidant personality styles for individuals who actually have narcissistic pathology of the vulnerable type.

With regard to vulnerable narcissism, further confirmation of the impact of entitlement and the difficulties in dealing with self-esteem threat are found in the results for the measures of current interpersonal functioning. Vulnerable narcissistic individuals, like their grandiose peers, reported more problems with vindictive and domineering interpersonal behaviors than the control group. This may be linked to the similarity of the vulnerable and grandiose groups in their high endorsement of entitlement and exploitation, which is the important link between the two subtypes that defines narcissistic personality. However, in contrast to their grandiose counterparts, vulnerable narcissistic individuals also reported greater difficulties in interpersonal coldness and social avoidance than the other groups. Interpersonal coldness and social avoidance, again, may be related to the difficulties these individuals have managing their vulnerability within relationships causing them to withdraw socially either in an avoidant or a cold, distanced presentation (Cooper, 1981, 1998). Vulnerably narcissistic individuals reported greater interpersonal distress, which can be interpreted to represent their agonizing awareness of their vulnerability within relationships.

Social avoidance was expected to be the primary interpersonal problem that vulnerable narcissistic individuals would report and which would be consistent with their being rated higher in avoidant personality disorder criteria (Cooper, 1981, 1998). However, results indicate a broader range of interpersonal difficulties that are related to vulnerable narcissism. While social avoidance may be a primary method that these individuals use to protect their self-esteem, vulnerable individuals report a broad range of inter-

personal problems that center most generally within the dominant, vindictive, cold, and avoidant areas of social functioning. This may accurately display their vulnerability within relationships, wherein they report a range of difficulties as they attempt to both meet their needs within relationships and protect their fragile experience of self-esteem. Theoretically (Kohut, 1977), the vulnerable narcissist is observed as fluctuating from a state of demanding entitlement and narcissistic rage (IIP-C *Hostile Dominance* [e.g., Dominance, Vindictiveness]) to a state of disavowal of their entitled expectations (IIP-C *Hostile Submission* [e.g., Social Avoidance]). While they also experience interpersonal distress (e.g., IIP-C *Elevation*) in relation to these problems, vulnerable characters appear to vary in terms of the specific interpersonal problems they experience as most distressing.

Finally, the results for adult attachment styles supported the hypothesis that the majority of vulnerable narcissistic individuals would select adult attachment styles associated with negative self-representations (Fearful, Preoccupied). Vulnerable narcissistic personalities are aware of their hypersensitivity within relationships, expecting others to meet their needs and fearing others will fail to respond to them. When the latter occurs, these characters often become ashamed for needing anything from others in the first place. For individuals, relationships would be experienced with fear to the degree that they highlight the individual's vulnerability and sense of inadequacy vis-à-vis his or her entitled expectations. Whereas grandiose types may be able to modulate their vulnerability by promoting themselves (e.g., reporting positive things about themselves), vulnerable types are not able to self-enhance, experience interpersonal distress, and are thus more prone to avoid relationships.

Both narcissistic subtypes were expected to be rated higher than the control group on Borderline Personality Disorder, particularly the vulnerable subtype due to their greater experiences of emotional vulnerability. This hypothesis was not verified in this sample, although the means were in the direction of predictions. Borderline pathology has been denoted as a severe form of character pathology by many theorists (Kernberg, 1975; Millon, 1996), and it would be expected that differences would be borne out in the direction of the predictions of this study if a clinical population of individuals with personality pathology had been utilized. While not predicted, the lack of statistical convergence of our vulnerable characters with borderline personality disorder is actually meaningful to our assertion that significant differences exist between the two distinct personality styles. Despite the overt emotional lability of both borderline and vulnerably narcissistic individuals, there are meaningful differences in the types of problems these individuals would be expected to experience based upon their intrapsychic framework (Kernberg, 1975; Masterson, 1993).

ASSESSMENT IMPLICATIONS

This study provides support for the theoretical contention that narcissistic pathology is not necessarily grounded in perceptible grandiosity as suggested by the DSM and many popular measures of narcissism (American Psychiatric Association, 1994; Wink, 1991). Rather than overt grandiosity,

narcissistic pathology may be more readily grounded in a cognitive core that is unrealistically entitled with exploitative motivations guiding behaviors. This type of orientation would lead to chronic disappointment in expectations. However, the methods of dealing with the emotional consequences of chronic disappointment and self-esteem threat differ between the two subtypes. One likely reason for the grounding of pathological narcissism in the grandiose narcissistic character is that overt grandiosity is often quite remarkable in its presentation. When grandiosity presents overtly, as with the grandiose narcissistic subtype, the assessment of narcissism is less of a challenge. Even with the striking perceptibility of grandiosity, the validity of NPD in self-report and interview forms is still questionable (for a review, see Hilsenroth, Handler, & Blais, 1996).

In contrast, the assessment of vulnerable narcissism would be notably more tricky. The entitlement of these individuals is often disavowed and covert, while the overt presentation is fearful, cautious, and easily threatened. Kohut's (1977) portrayal of a more vulnerable narcissist seemed to underlie his own belief that narcissistic disturbances are often difficult to assess readily and are best diagnosed within the context of a long-standing relationship with a therapist. Furthermore, there are many other personality styles in which an individual presents as overtly and chronically vulnerable. Therefore, the challenge for the diagnosis of this subtype involves identification of the important diagnostic or descriptive criteria that will discriminate the vulnerability of the vulnerable narcissistic personality from other notably vulnerable personality disorders.

For example, individuals with vulnerable narcissism in the present study were rated highly on AVPD criteria. Although this study did not utilize a clinical population, the results suggest that there could potentially be a subset of individuals receiving the diagnosis of AVPD who actually have high scores on pathological narcissism, or entitlement. We are not suggesting a narcissistic subtype of AVPD, as there is no theoretical basis for this. Rather, we are proposing the validity of a narcissistic subtype who is vulnerable and avoidant, thereby having the likelihood of being misdiagnosed with AVPD. Criteria for the vulnerable subtype of NPD that would distinguish it from AVPD and other emotionally vulnerable personality disorders requires identifying which needs and fears underlie the avoidance.

Both the AVPD and the vulnerable narcissistic character will likely report difficulties with feeling self-conscious in interpersonal situations, along with the tendency to avoid situations in which they expect to be ridiculed. The difference between AVPD and vulnerable narcissistic characters lies in their expectations for themselves and others. Individuals with AVPD have needs to be liked and accepted by others, but fear they will fail to be acceptable to others. In contrast, vulnerable narcissistic characters need others to respond favorably to them and to admire them regardless of their behaviors, beliefs, skills, or social status, but fear that others will fail to provide them with narcissistic supplies. For vulnerable narcissistic characters, it is not mere concern about being liked or not. Rather, the vulnerable narcissist's fear is that he or she will not be admired. Furthermore, vulnerable narcissistic individuals experience significant injury and anger in response to perceived slights. Their avoidance of relationships is based upon their fear of

not being able to tolerate the disappointment of their unrealistic expectations.

The assessment of entitled expectations and exploitative motivations are important variables that would guide how an individual approaches and experiences relationships, including a therapeutic relationship. Not acknowledging narcissistic entitlement when it is present could lead to important misinterpretations of clients' experiences that either reinforce their sense of entitlement or lead to unrecognized self-esteem threat in the therapeutic relationship (Gabbard, 1998). The DSM-IV conceptualization of NPD has one criteria to denote entitlement and one to denote exploitative behaviors. Entitlement is defined by the DSM-IV as "unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations." The exploitative construct is defined by the DSM-IV as involving one taking "advantage of others to achieve his or her own ends." Therefore, DSM-IV entitlement refers to a cognitive orientation that is unrealistic, while DSM-IV exploitation refers to a motivational orientation that is self-focused. We believe that the assessment of both grandiose and vulnerable narcissism would require these established criteria, while new criteria are needed to detect the vulnerable subtype. We propose that criteria for the vulnerable narcissistic subtype (compared to AVPD) would involve the assessment of four main domains: entitlement and exploitation (similar to that of the grandiose subtype), fluctuating self-esteem, "narcissistic social avoidance" as discussed above, and shameful disavowal of interpersonal needs in response to disappointments.

LIMITATIONS AND CONCLUSIONS

Grandiose and vulnerable narcissism were conceptualized in this study using a method (Hibbard & Bunce, 1995) that we found theoretically and empirically compelling, in that it regarded the core element of pathological narcissism to be a tendency toward entitled expectations and exploitative motives. A caveat in the current study is that the method of selecting our narcissistic subtypes was based on unpublished work and utilized a measure that, while widely utilized and well-validated, was developed for use with a nonclinical population. Additionally, the α coefficients for the NPI-Mal scale was .59 in a sample of 2,532 participants. This α level is lower than optimal, but we believe the results remain theoretically coherent. We acknowledge, however, that this selection method is obviously not ideal. We offer this study as a preliminary investigation into the assessment of subtypes of pathological narcissism and feel that this method of assessment was useful for this purpose. Importantly, this investigation indicated that we need to develop a more reliable method for assessing the construct of vulnerable narcissism. Another limiting factor in the present study is the use of a nonclinical population. We chose to use a nonclinical sample as this was a preliminary study that we hoped would provide further evidence to support future research on the validity of grandiose and vulnerable subtypes with a clinical population. While nonclinical, the core sample was drawn from a large sample using extreme responses to dimensional data as

criteria. Thus, it is likely that this sample approximated the two pathological subtypes with respect to personality traits, but the individuals were likely to be less severely pathological, in general. A final limitation of this study is its primary use of self-report methods of assessment. While the results of interview converged with self-report, interviewers made their ratings based upon a relatively brief interaction with the individual. Future work should include ratings of participants by individuals who have interacted with them over time (Wink, 1991). This is particularly important in the study of narcissism, as theorists have suggested that because of their tendencies toward entitlement, they may have difficulties effectively evaluating themselves (Kernberg, 1975).

While recognizing the limitations of the current study, we believe the results clearly provide evidence supporting the validity of grandiose and vulnerable subtypes of narcissism. Both groups share a cognitive orientation of pathological entitlement, but appear to differ in the manner by which they attempt to regulate self-esteem. Grandiose narcissistic subtypes are unrealistically self-enhancing, wherein they were rated with significant personality pathology, but appeared to dismiss personal or interpersonal difficulties across the other measures. In contrast, vulnerable narcissistic individuals report high entitlement like their grandiose peers, but further reported high scores on measures of personal and interpersonal vulnerability. Based on the evidence for a broader range of narcissistic pathology found in this study and related research, the assessment of narcissism exclusively in overt grandiosity is significantly limiting to gaining a thorough understanding of pathological narcissism. Thus, future research should focus on further articulation of the core features of narcissistic personality as well as characteristics that distinguish grandiose and vulnerable narcissistic orientations.

REFERENCES

- Akhtar, S., & Thomson, J. A. (1982). Overview: Narcissistic personality disorder. *American Journal of Psychiatry*, *139*, 12-20.
- Alden, L.E., & Phillips, N. (1990). An interpersonal analysis of social anxiety and depression. *Cognitive Therapy and Research*, *14*, 499-513.
- Alden, L. E., Wiggins, J. S., & Pincus, A. L. (1990). Construction of circumplex scales for the Inventory of Interpersonal Problems. *Journal of Personality Assessment*, *55*, 521-536.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Auerbach, J. S. (1984). Validation of two scales for narcissistic personality disorder. *Journal of Personality Assessment*, *48*, 649-653.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, *61*, 226-244.
- Brennan, K. A., & Shaver, P. R. (1998). Attachment styles and personality disorders: Their connections to each other and to parental divorce, parental death, and perceptions of parental caregiving. *Journal of Personality*, *66*(5), 835-878.

- Cooper, A. (1981). Narcissism. In S. Arieti, H. Keith, & H. Brodie (Eds.), *American Handbook of Psychiatry* (Vol. 4, pp. 297-316). New York: Basic Books.
- Cooper, A. (1998). Further developments in the clinical diagnosis of narcissistic personality disorder. In E. Ronningstam (Ed.), *Disorders of narcissism: Diagnostic, clinical, and empirical implications* (pp. 53-74), Washington, DC: American Psychiatric Press, Inc.
- Emmons, R. A. (1984). Factor analysis and construct validity of the narcissistic personality inventory. *Journal of Personality Assessment*, 48, 291-299.
- Emmons, R. A. (1987). Narcissism: Theory and Measurement. *Journal of Personality and Social Psychology*, 52, 11-17.
- Gabbard, G. O. (1989). Two subtypes of narcissistic personality disorder. *Bulletin of the Menninger Clinic*, 53, 527-532.
- Gabbard, G. O. (1998). Transference and countertransference in the treatment of narcissistic patients. In E. Ronningstam (Ed.), *Disorders of narcissism: Diagnostic, clinical, and empirical implications*. Washington, DC: American Psychiatric Press, Inc.
- Gersten, S. P. (1991). Narcissistic personality disorder consists of two distinct subtypes. *Psychiatric Times*, 8, 25-26.
- Gunderson, J., Ronningstam, E., & Smith, L. (1991). Narcissistic personality disorder: A review of the data on DSM-III-R descriptions. *Journal of Personality Disorders*, 5, 167-177.
- Gurtman, M. B. (1994). The circumplex as a tool for studying normal and abnormal personality: A methodological primer. In S. Strack & M. Lorr (Eds.), *Differentiating normal and abnormal personality*. New York: Springer.
- Gurtman, M. B., & Balakrishnan, J. D. (1998). Circular measurement redux: the analysis and interpretation of interpersonal circle profiles. *Clinical Psychology: Science and Practice*, 5, 344-360.
- Gurtman, M. B., & Pincus, A. L. (2003). The circumplex model: Methods and research applications. In J. Shinka & W. F. Velicer (Eds.), *Handbook of psychology: Vol. 2: Research methods* (pp. 407-428). New York: Wiley.
- Hendin, H.M., & Cheek, J.M. (1997). Assessing hypersensitive narcissism: A reexamination of Murray's narcissism scale. *Journal of Research in Personality*, 31, 588-599.
- Hibbard, S., & Bunce, S. C. (1995, August). *Two paradoxes of narcissism*. Paper presented at the American Psychological Association annual meeting, New York, NY.
- Hilsenroth, M. J., Handler, L., & Blais, M. A. (1996). Assessment of narcissistic personality disorder: A multi-method review. *Clinical Psychology Review*, 16, 655-683.
- Horowitz, L. M., Alden, L. E., Wiggins, J. S., & Pincus, A. L. (2000). *Inventory for Interpersonal Problems (IIP)*. San Antonio, TX: The Psychological Corporation.
- Janis, I. L., & Field, P. B. (1959). Sex differences and factors related to persuasibility. In C. I. Hovland & I. L. Janis (Eds.), *Personality and persuasibility* (pp. 55-68). New Haven, CT: Yale University Press.
- Kachin, K., Newman, M.G., & Pincus, A.L. (2001). An interpersonal problem approach to the division of social phobia subtypes. *Behavior Therapy*, 32, 479-501.
- Kasoff, M.B., & Pincus, A.L. (2002, August). Interpersonal pathoplasticity in generalized anxiety disorder. Paper presented at the symposium on *Interpersonal functioning in anxiety disorders*. American Psychological Association annual meeting, Chicago, IL.
- Kernberg, O. F. (1975). *Borderline conditions and pathological narcissism*. New York: Jason Aronson.
- 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.
- Kraus, G., & Reynolds, D.J. (2001). The "A-B-C's" of the cluster B's: Identifying, understanding, and treating Cluster B personality disorders. *Clinical Psychology Review*, 21, 345-373.
- Masterson, J. F. (1993). *The emerging self: A developmental, self, and object relations approach to the treatment of the closet narcissistic disorder of the self*. New York: Brunner/Mazel.
- Millon, T. (1996). *Disorders of personality: DSM-IV and beyond*. New York: Wiley.
- Morey, L. C. (1988). Personality disorders in DSM-III and DSM-III-R: Convergence, coverage, and internal consistency.

- American Journal of Psychiatry*, 145, 573-577.
- Nisbett, R., & Gordon, A. (1967). Self-esteem and susceptibility to social influence. *Journal of Personality and Social Psychology*, 5, 268-276.
- Pincus, A. L., & Gurtman, M. B. (in press). Interpersonal assessment of Madeline G. In J.S. Wiggins (Ed.), *Paradigms of personality assessment*. New York: Guilford.
- Pincus, A. L., & Wiggins, J. S. (1990). Interpersonal problems and conceptions of personality disorders. *Journal of Personality Disorders*, 4, 342-352.
- Raskin, R. N., & Hall, C. S. (1979). A narcissistic personality inventory. *Psychological Reports*, 45, 590.
- Raskin, R. N., & Terry, H. (1988). A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology*, 54, 890-902.
- Robbins, S. M., & Patton, M. J. (1985). Self-psychology and career development: Construction of the superiority and goals instability scales. *Journal of Counseling Psychology*, 32, 221-231.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Røvik, J.O. (2001). Overt and covert narcissism: Turning points and mutative elements in two psychotherapies. *British Journal of Psychotherapy*, 17, 435-447.
- Soldz, S., Budman, S., Demby, A., & Merry, J. (1993). Representation of personality disorders in circumplex and five-factor space: Explorations with a clinical sample. *Psychological Assessment*, 5, 41-52.
- Spano, L. (2001). The relationship between exercise and anxiety, obsessive-compulsiveness, and narcissism. *Personality and Individual Differences*, 30, 87-93.
- Sturman, T.S. (2000). The motivational foundations and behavioral expressions of three narcissistic styles. *Social Behavior and Personality*, 28, 393-408.
- Watson, P.J., Little, T., Sawrie, S.M., & Biderman, M.D. (1992). Measures of narcissistic personality. *Journal of Personality Disorders*, 6, 434-449.
- West, M., Rose, S., & Sheldon-Keller, A. (1995). Interpersonal disorder in schizoid and avoidant personality disorders: An attachment perspective. *Canadian Journal of Psychiatry*, 40(7), 411-414.
- Widiger, T. A. (1985). *Personality interview questions*. Unpublished Manuscript, University of Kentucky, Lexington, KY.
- Widiger, T. A. (1987). *Personality interview questions-II*. Unpublished Manuscript, University of Kentucky, Lexington, KY.
- Widiger, T. A., Mangine, S., Corbitt, E. M., Ellis, C. G., & Thomas, G. V. (1995). *Personality Disorder Interview-IV: A semi-structured interview for the assessment of personality disorders*. Odessa, FL: Psychological Assessment Resources, Inc.
- Wink, P. (1991). Two faces of narcissism. *Journal of Personality and Social Psychology*, 61, 590-597.
- Wink, P. (1996). Narcissism. In C.G. Costello (Ed.), *Personality characteristics of the personality disordered* (pp. 146-172). New York: Wiley.
- Wink, P., & Donahue, K. (1997). The relation between two types of narcissism and boredom. *Journal of Research in Personality*, 31, 136-140.