

Narcissism and Depression: MMPI–2 Evidence for the Continuum Hypothesis in Clinical Samples

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According to one hypothesis, self-report measures of narcissism help describe a psychological continuum related to self-esteem. Most of the previous support for this idea appeared in studies of undergraduates responding to the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1981) along with other self-report instruments. In this project, results consistent with the continuum hypothesis were obtained when Minnesota Multiphasic Personality Inventory–2 (MMPI–2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) narcissism scales were correlated with depression in adults receiving treatment for alcoholism. Essentially identical outcomes emerged in a second sample of state psychiatric hospital patients. A third study upheld the hypothesis when narcissism scales were correlated with clinical assessments rather than self-reports of depression. None of these findings were easily explained in terms of alternative interpretations of self-reported narcissism, and these data demonstrate that empirical support for the continuum hypothesis was not limited to the NPI, undergraduates, or self-report measures.

Identification of the narcissistic personality disorder as a formal nosological category led researchers to create self-report assessments of the envy, arrogance, exploitativeness, sense of entitlement, and other features of the diagnosis (American Psychiatric Association, 1980). The Narcissistic Personality Inventory (NPI; Raskin & Hall, 1981) was among the completely new instruments developed for this purpose. Other scales were derived from well-established measures like the California Psychological Inventory (Gough, 1987) and the Minnesota Multiphasic Personality Inventory (MMPI; e.g., Ashby, Lee, & Duke, 1979; Morey, Waugh, & Blashfield, 1985; Raskin & Novacek, 1989; Wink & Gough, 1990). The availability of such scales made it possible to clarify narcissism in both clinical (e.g., Chatham, Tibbals, & Harrington, 1993; O'Brien, 1988; Prifitera & Ryan, 1984) and nonclinical samples (e.g., Auerbach, 1984; Jackson, Ervin, & Hodge, 1992; McCann & Biaggio, 1989) and to articulate different theoretical perspectives on self-reported narcissism.

Among these theoretical perspectives, development of the continuum hypothesis rested primarily on use of the NPI with undergraduate samples. Factor analysis revealed the NPI to be a multidimensional construct with complex mental health implications (Emmons, 1984, 1987). An Exploitativeness/Entitlement (E/E) factor displayed expected linkages with maladjustment, but Leadership/Authority (L/A), Superiority/Arrogance (S/A), and Self-absorption/Self-admiration (S/S) often predicted healthier functioning, including greater self-esteem (e.g., Emmons, 1984, 1987; Watson, Grisham, Trotter, & Biderman, 1984). The three more adaptive factors displayed even stronger ties with adjustment when partial correlations controlled for E/E, and E/E exhibited even more pathological implications once variance associated with the other three factors was removed (e.g., Watson, McKinney, Hawkins, & Morris, 1988; Watson, Taylor, & Morris, 1987). In addition, some associations of L/A, S/A, and S/S with adjustment were mediated by healthy self-esteem (e.g., Watson, Hickman, & Morris, 1996; Watson, Morris, & Miller, 1997–1998).

Based on such observations, the continuum hypothesis suggested that at least some conscious representations of the self vary along a psychological continuum related to self-esteem (e.g., Emmons, 1984, 1987; Little, Watson, Biderman, & Ozbek, 1992; Watson et al., 1997–1998). For heuristic purposes, this continuum was conceptualized as anchored by a purely maladaptive narcissism at the unhealthy pole, followed by an overlap between more maladaptive and more adaptive narcissism, then by more adaptive narcissism alone, followed by an overlap between more adaptive narcissism and healthy self-esteem, and finally by a fully healthy self-esteem (Watson, Little, Sawrie, & Biderman, 1992).

Findings for L/A, S/A, and S/S, therefore, made sense if it was assumed that these constructs defined variance ranging from the overlap between more adaptive and more maladaptive narcissism (as measured by E/E) to the overlap of healthy self-esteem with more adaptive narcissism. Hence, partialing out self-esteem produced

data for L/A, S/A, and S/S that were more indicative of maladjustment, whereas controlling for E/E had the opposite effect. Conversely, E/E seemed even more pathological after removal of its covariance with the relatively healthier L/A, S/A, and S/S factors. Among other things, this hypothesis suggested that individuals experience changes in conscious self-representations related to self-esteem (Watson, Varnell, & Morris, 1999–2000), and high NPI scores do indeed predict increased variability in self-esteem over time (Rhodewalt, Madrian, & Cheney, 1998).

ALTERNATIVE CONCEPTUALIZATIONS

The continuum hypothesis represents only one theoretical perspective on self-reported narcissism. Most prominent, perhaps, has been the discrimination between “overt” and “covert” narcissism. Wink (1991) submitted an MMPI version of the NPI (Raskin & Novacek, 1989), the MMPI Narcissistic Personality Disorder Scale (NPDS; Ashby et al., 1979) and other narcissism measures to a principal components analysis. Two factors emerged. The NPI component described an overt expression of narcissism. This Grandiosity-Exhibitionism factor predicted “a consistent behavioral pattern of self-assuredness, aggressiveness, exhibitionism, self-indulgence, and disrespect for the needs of others” (Wink, 1991, p. 596). The NPDS, instead, defined a more covert form of narcissism. This Vulnerability-Sensitivity component revealed “defensive, hypersensitive, anxious, and socially reticent individuals whose personal relations, however, were marked by self-indulgence, conceit, and arrogance, and an insistence on having their own way” (Wink, 1991, p. 596). This interpretative framework has proven to be useful in a number of empirical studies (e.g., Hendin & Cheek, 1997; Sawrie, Watson, Sherbak, Greene, & Arredondo, 1997; Wink & Donahue, 1997).

Narcissism scales also have been conceptualized in terms of defensive self-esteem (Raskin, Novacek, & Hogan, 1991a, 1991b). Associations of these measures with a domineering and hostile grandiosity suggested that “aggression, grandiosity, dominance, entitlement, and exploitativeness are among behaviors that narcissists use to protect themselves from self-doubt and depression” (Raskin et al., 1991b, p. 915). One recent study (Rathvon & Holmstrom, 1996) directly compared this defensive self-esteem model with the other two theoretical interpretations and found that all three received at least some empirical support.

PSYCHOANALYTIC THEORY AND THE CONTINUUM HYPOTHESIS

An obvious strength of the overt–covert interpretation of narcissism is its claim to find support within psychoanalytic theory (Wink, 1991), including the psychoana-

lytic psychology of the self of Kohut (1977). At a high level of abstraction, Kohut's theory does seem consistent with the idea, but the categories overt and covert narcissism do not appear explicitly in his thinking. Kohut instead conceptualized narcissism in terms of the life-long development of self-esteem along two trajectories or poles of growth. One pole involved the gradual transformation of immature grandiosity into a healthy sense of ambition. The other involved the conversion of immature idealizations into a system of ideals.

Kohut (1977) further claimed that early grandiose and idealizing potentials exist in a "nuclear self." Maturation of this nuclear self depends on the loving and empathic support of others, typically parents. Early childhood displays of grandiosity should be followed by the admiring and joyous "applause" of parents. Early needs to idealize the strengths of parents should be met by the confident and comfortable willingness of parents to be "applauded." Parents cannot meet all of their children's narcissistic demands, nor should they. Nontraumatic parental failures to respond produce an optimal frustration that motivates children to do for themselves what previously was done for them. In other words, children must learn to applaud their own grandiosities and to admire their own inner perceptions of guiding strengths. Through this internalization process, immature grandiosities dependent on the approval of others become mature ambitions. Childish idealizations of those willing to serve as objects of admiration develop into a more autonomous system of guiding ideals.

Together, these two poles operate dynamically as a self-esteem regulating system. Greater self-esteem can develop throughout life as new circumstances awaken unrealized potentials within the nuclear self. On the other hand, even mature self-esteem can be undermined. Interpersonally cold and abusive social conditions can produce regressions toward age-inappropriate dependencies with the likelihood of regression varying with the level of maturity. For those with fewer internalized resources of positive self-regard, narcissistic immaturities might appear after only minor interpersonal problems. For those with greater internalized resources, narcissistic immaturities would appear only after more severe interpersonal frustrations. In either case, ambition would regress through an overt grandiosity toward a depleted and depressed sense of self. Ideals would regress through the covert narcissism of immature idealizations toward a fragmented and anxious sense of self.

Although congruent with other speculation about narcissism (e.g., Kernberg, 1985; Rothstein, 1984), the continuum hypothesis largely rests on Kohut's (1977) psychoanalytic psychology of the self. His theory suggests that so-called overt grandiosity is as hypersensitive to the approval of others as so-called covert narcissism. Both operate as a range of self-representations that vary with the interpersonal warmth of the social environment. Regressions along both converge in a common dependency on the acceptance of others, and this possibility is perhaps supported by observations that the more maladjusted forms of so-called overt nar-

cissism correlate positively with covert narcissism and that indexes of overt narcissism load on presumed dimensions of covert narcissism and vice versa in both exploratory (Sawrie, Watson, & Biderman, 1991; Watson, Biderman, & Boyd, 1989) and confirmatory (Watson, Biderman, & Sawrie, 1994) factor analyses.

During development, narcissistic self-representations presumably fall between the maturest internalizations and the most immature regressions. Rather than a defensive self-esteem, intermediate representations theoretically reflect immature self-esteem. If the defensive self-esteem hypothesis were true, then partialing out more vulnerable forms of narcissism should help control for the defensive motivations underlying such representations and should weaken their associations with greater self-esteem. The opposite occurs, suggesting instead that these scales operationalize a more adaptive form of narcissism, which has not developed fully beyond immature dependencies (Watson et al., 1996).

Finally, Kohut (1977) emphasized that healthy development is made obvious in “a sense of the abiding sameness of the self” (p. 184). Achievement of this self-coherence, whether in life or in therapy, occurs through the Proustian task of integrating memories of the self into a coherent psychological structure. “Proust laid out artistically what the modern psychology of the self attempts to give man in scientific formulations” (p. 184). A mature self will have conscious access to memories of itself that have been integrated into a meaningful whole. In an immature self, those memories will lack a satisfying narrative coherence and, at least potentially, will reflect functioning at different levels of adjustment. The suggestion, therefore, is that at least some individuals will experience a range of self-memories that make reference to what is measured by scales along the hypothesized narcissistic continuum related to self-esteem.

THIS PROJECT

In this project, we sought to extend the continuum hypothesis by answering four basic questions. First, can a covert narcissism scale be used in combination with measures of overt narcissism to produce effects consistent with the continuum hypothesis? Again, the claim was that the two dimensions of self-esteem regulation converge in a common immaturity in which self-functioning is relatively more dependent on the acceptance of others. The NPDS is identified as an index of covert narcissism (Wink, 1991). If partialing out the NPDS caused indexes of overt narcissism to seem to be more adaptive, then so called overt and covert narcissism would not be wholly separable and thus would share noteworthy common elements.

Second, can evidence for the continuum hypothesis be obtained with research participants who are not undergraduates? Previously observed correlations of narcissism with adjustment were perhaps an artifact of examining relatively healthier college students. Kohut (1977), nevertheless, offered a general explanation of self-

esteem regulation that was not specific to any population. In this project, we examined adults sampled from clinical populations.

Third, can continuum-like effects be obtained with measures other than the NPI? Support for the hypothesis should not be limited to just one particular measure of narcissism. Previous empirical support for the continuum hypothesis relied primarily (although not exclusively) on use of the NPI (Rathvon & Holmstrom, 1996; Soyer, Rovenpor, Kopelman, Mullins, & Watson, 2001). This investigation utilized the MMPI-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) to record narcissism.

Finally, can support for the continuum hypothesis be obtained when other than self-report measures are added to the analysis? For the continuum hypothesis to be true, correlations of adaptive narcissism with adjustment should not be an artifact of relying on the perhaps biased self-reports of individuals who are relatively more narcissistic. This project included an analysis of clinical observational data.

STUDY 1

In a recent investigation, MMPI-2 versions of the Raskin and Novacek (1989), Morey et al. (1985), and Wink and Gough (1990) measures of overt narcissism (hereafter referred to as the *Raskin Scale*, *Morey Scale*, and the *Wink Scale*, respectively) were combined with the NPDS to examine self-functioning in clinical samples (Sawrie et al., 1997). Correlations among these variables essentially replicated previous patterns (Wink, 1991). The three overt narcissism scales displayed positive relations, with the Raskin and the Morey instruments correlating negatively and with the Wink Scale correlating positively with the covert narcissism of the NPDS. Most interestingly, the Wink Scale also exhibited associations with other constructs that fell between those for the Raskin and Morey Scales, on the one hand, and the NPDS, on the other. Rathvon and Holmstrom (1996) similarly placed the Wink Scale between the Morey Scale in a more adaptive and the NPDS in a more maladaptive direction. Taken together, such findings suggested that the Wink Scale might assume a more intermediate position along the hypothesized continuum. An exploration of that possibility was the principal concern of our first study.

MMPI-2 measures of narcissism and self-esteem were examined in zero-order and partial correlations with depression. A focus on depression was essential for three reasons. First, the effects of partial correlations on relations of the NPI with depression are well established. L/A, S/A, and S/S predict lower and E/E is associated with greater depression (e.g., Watson & Biderman, 1993; Watson et al., 1988). Findings for the MMPI-2, therefore, could be evaluated within the context of well-known empirical effects for the NPI.

Second, overt narcissism is sometimes interpreted as a defense against depression, whereas covert narcissism is linked with greater depression. Rathvon and

Holmstrom (1996), for example, suggested that overt narcissism reflects an “effective use of ... defensive strategies against ... depression,” whereas covert narcissism characterizes an individual who “is less successful in warding off” depressive affect (p. 15). Relations of the MMPI-2 narcissism scales with depression, therefore, were relevant to the defensive self-esteem hypothesis.

Finally, and most important, Kohut (1977) argued that regressions along the grandiose or overt pole of narcissism were accompanied by a depleted and depressed sense of self. An investigation into relations with depression, therefore, was relevant to the theoretical foundations of the continuum hypothesis.

In this first study, MMPI-2 data were obtained from adults admitted into a treatment program for alcoholism. Some theorists have viewed narcissism as a causal factor in alcoholism (e.g., Fenichel, 1945, p. 379; Kernberg, 1985, p. 222). Use of this sample, therefore, seemed especially appropriate for extending an analysis of the continuum hypothesis to other than undergraduate samples.

Method

Participants. The research participants were patients admitted into a 4 to 6 week alcoholism treatment program in a private medical/surgical hospital. These 96 female and 166 male patients were 38.7 years old on average ($SD = 14.2$). Each met the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev.; American Psychiatric Association, 1987) criteria for alcohol and drug abuse.

Measures. MMPI-2 versions of the NPDS and of the Raskin, Morey, and Wink scales have been described and used in several previous investigations (Colligan, Morey, & Offord, 1994; Rathvon & Holmstrom, 1996; Sawrie et al., 1997). The average item overlap among these instruments was 7.3%. The 13-item NPDS shared no items with the other narcissism scales. The 38-item Raskin and the 31-item Morey measures had 14 statements in common, and both included 7 items that also appeared in the 33-item Wink scale. As with the NPI of Raskin and Hall (1981), researchers have identified components within some of these instruments (e.g., Wink & Gough, 1990), but these factors have been examined only infrequently in previous research. Their interpretative implications remain unclear; therefore, in this project we focused on the full scales. With this sample, the following descriptive statistics were obtained for these scales: Raskin, $M = 18.0$, $SD = 5.1$; Morey, $M = 16.0$, $SD = 4.3$; Wink, $M = 17.1$, $SD = 4.7$; and NPDS, $M = 5.1$, $SD = 2.7$.

Self-esteem was operationalized by reverse scoring the Low Self-Esteem content scale from the MMPI-2 (Greene, 1991, p. 204). As an inverse reflection of the Low Self-Esteem scale, the High Self-Esteem scale presumably measured highly favorable opinions about the self, comfort in response to compliments, positive self-evaluations along a broad range of personal characteristics, and self-confi-

dence. This 24-item instrument shared 1, 2, 3, and 3 items with the NPDS, Raskin, Morey, and Wink scales, respectively. In this sample, the High Self-Esteem average was 16.4 ($SD = 5.6$).

Six measures of depression were examined. The 57-item Depression (D) content scale served as a broad general index of depressed mood and thinking processes (Greene, 1991, p. 203). Assessments of more discrete aspects of depression were derived from this content scale by using the Harris and Lingo (1955) subscales (Greene, 1991, p. 141). Subjective Depression (D_1 ; 32 items) reflected a lack of joy, poor self-esteem, diminished energy, and inadequate coping. Psychomotor Retardation (D_2 ; 14 items) operationalized social withdrawal and low levels of activity. Physical Malfunctioning (D_3 ; 11 items) made reference to the somatic complaints associated with depression. Mental Dullness (D_4 ; 15 items) recorded a disconnection from the vitality of one's own psychological functioning. The Brooding (D_5 ; 10 items) subscale monitored tendencies to display the irritability and excessive rumination sometimes associated with depression.

Average item overlap between these Harris and Lingo (1955) subscales was 25.8%. Greatest percentages of shared items occurred between all other subscales and D_1 : 8 of 14 items for D_2 , 3 of 11 for D_3 , 12 of 15 for D_4 , and 9 of 10 for D_5 . At the opposite extreme, D_3 had no items in common with D_2 , D_4 , or D_5 . Minimal overlap existed between the depression and narcissism measures. The average number of common items was only 0.8, with the 4 shared by the Wink and D scales being the largest. Similarly, the average overlap of depression measures with self-esteem was only 1.8 items. The highest number was 4 between High Self-Esteem and the D scale. At the opposite extreme, High Self-Esteem included no D_3 items. The following descriptive statistics were obtained for the depression variables: D, $M = 25.8$, $SD = 7.0$; D_1 , $M = 12.4$, $SD = 5.7$; D_2 , $M = 6.4$, $SD = 2.1$; D_3 , $M = 4.4$, $SD = 1.8$; D_4 , $M = 5.5$, $SD = 3.3$; D_5 , $M = 4.1$, $SD = 2.5$.

Procedure. The MMPI-2 was administered 7 to 10 days after admission to the hospital, an interval that made it possible for each patient to detoxify completely. Before inclusion in the project, all data were screened for random or inconsistent responding. The MMPI-2 Variable Response Inconsistency scale (VRIN; Butcher et al., 1989) has proven to be valid for this purpose (Berry et al., 1992; Wetter, Baer, Berry, Smith, & Larsen, 1992), and a VRIN score greater than 14 appears to be an appropriate standard for eliminating participants (Berry et al., 1991). None of these patients met that criterion.

Data analyses first involved an examination of zero-order correlations among all variables. Then a sequence of partial correlations controlled for High Self-Esteem, then for the Raskin and Morey scales (as measures of overt narcissism), then for the Wink scale (as a possible more intermediate form of overt narcissism), and finally for the NPDS (as an index of covert narcissism).

Results and Discussion

Linkages among the narcissism scales paralleled observations from previous studies (see Table 1). In addition, the Morey and Raskin scales correlated directly, the Wink Scale nonsignificantly, and the NPDS inversely with High Self-Esteem. High Self-Esteem recorded the most adjusted form of self-functioning because it was the most robust predictor of lower depression in five out of the six relations. The Morey and Raskin scales predicted lower and the NPDS predicted higher values on all measures of depression. Most important, the Wink scale described a construct with intermediate implications for depression, correlating negatively with D and D₂, positively with Brooding, and nonsignificantly with the remaining depression scales.

Partial correlations for the Wink scale are reviewed in Table 2. Controlling for High Self-Esteem strengthened the inverse linkages of this scale with D and D₂ and eliminated its significant relation with greater Brooding. In other words, the Wink scale was even less indicative of depression once its slight incompatibility with self-esteem was eliminated. More important, removal of variance associated with the overt narcissism of the Morey and Raskin scales (a) uncovered a fairly robust inverse linkage with self-esteem, (b) weakened the inverse relation with Psychomotor Retardation, and (c) produced or strengthened positive associations with all five remaining measures of depression. Partialing out the covert narcissism of the NPDS essentially yielded opposite effects. Controlling for overt narcissism, therefore, made the Wink scale seem more like a measure of covert

TABLE 1
Self-Esteem and Narcissism Intercorrelations and Relations With Depression in Alcoholism Treatment Sample

<i>MMPI-2 Scale</i>	<i>High Self-Esteem</i>	<i>Morey Scale</i>	<i>Raskin Scale</i>	<i>Wink Scale</i>	<i>NPDS</i>
Self Measures					
High Self-Esteem	—	.48***	.41***	-.12	-.65***
Morey scale		—	.82***	.45***	-.49***
Raskin scale			—	.53***	-.49***
Wink scale				—	.32***
Depression Measures					
Depression (D)	-.63***	-.50***	-.49***	-.14*	.57***
Subjective Depression (D ₁)	-.75***	-.51**	-.46***	.03	.71***
Psychomotor Retardation (D ₂)	-.20**	-.45***	-.52***	-.45***	.15*
Physical Malfunctioning (D ₃)	-.42***	-.18**	-.16*	.07	.40***
Mental Dullness (D ₄)	-.73***	-.40***	-.32***	.10	.67***
Brooding (D ₅)	-.78***	-.40***	-.32***	.14*	.70***

Note. $N = 262$. MMPI-2 = Minnesota Multiphasic Personality Inventory-2; NPDS = Narcissistic Personality Disorder Scale.

* $p < .05$. ** $p < .01$. *** $p < .001$.

TABLE 2
 Partial Correlations of Wink Narcissism Scale With MMPI-2 Measures of Self-Esteem
 and Depression in Alcoholic Treatment Sample

Variable	Zero-Order Correlation	Variables Controlled in Partial		
		High Self-Esteem	Morey/Raskin Scales	NPDS
High Self-Esteem	-.12	—	-.46***	.13*
Depression (D)	-.14*	-.28***	.17**	-.42***
Subjective Depression (D ₁)	.03	-.09	.39***	-.29***
Psychomotor Retardation (D ₂)	-.45***	-.49***	-.24***	-.54***
Physical Malfunctioning (D ₃)	.07	.02	.19**	-.07
Mental Dullness (D ₄)	.10	.02	.36***	-.16**
Brooding (D ₅)	.14*	.08	.41***	-.12

Note. $N = 262$. MMPI-2 = Minnesota Multiphasic Personality Inventory-2; NPDS = Narcissistic Personality Disorder Scale.

* $p < .05$. ** $p < .01$. *** $p < .001$.

narcissism, whereas controlling for covert narcissism made it appear to be an even stronger index of overt narcissism.

An effort to summarize the large data set of this first study was made by computing the average zero-order and partial correlations of the self-esteem and narcissism scales with the six measures of depression. These means are presented in Table 3, along with the extreme values observed for all relations. For instance, the average zero-order correlation of High Self-Esteem with depression was $-.59$, and linkages ranged from $-.78$ ($p < .001$) to $-.20$ ($p < .01$).

These data made it clear that High Self-Esteem to some important degree mediated the inverse correlations of depression with overt narcissism (as measured by the Morey and Raskin scales). Influences in the opposite direction (of overt narcissism mediating the High Self-Esteem relations) also existed but tended to be slightly smaller.

At the same time, covert narcissism correlated negatively with self-esteem, and this incompatibility with self-esteem defined at least some of the variance in the NPDS associations with depression. This fact was obvious in the reduction of NPDS relations with depression after controlling for High Self-Esteem. Partial correlations controlling for the Raskin and Morey scales demonstrated that the overt narcissism of these measures was largely irrelevant in explaining the relation of covert narcissism with depression. On the other hand, partialing out the NPDS clearly reduced the negative correlations between depression and High Self-Esteem, leaving inverse relations between depression and the Morey and Raskin scales much less affected. Such patterns suggested that self-esteem and covert narcissism fell at somewhat polarized positions along the hypothesized continuum.

TABLE 3
Average and Extreme Zero-Order and Partial Correlations of Self Scales With Six Measures of Depression in Alcoholism Treatment Sample

Self Scale	Variables Controlled in Partial Correlations														
	Zero-Order Correlation			High Self-Esteem			Morey/Raskin Scales			Wink Scale			NPDS		
	Average	Lower Extreme	Upper Extreme	Average	Lower Extreme	Upper Extreme	Average	Lower Extreme	Upper Extreme	Average	Lower Extreme	Upper Extreme	Average	Lower Extreme	Upper Extreme
High Self-Esteem	-.59	-.78***	-.20**	—	—	—	-.49	-.74***	.02	-.60	-.78***	-.29***	-.41	-.60***	-.14*
Morey scale	-.41	-.51***	-.18**	-.17	-.28***	.03	—	—	—	-.44	-.59***	-.23***	-.33	-.46***	-.07
Raskin scale	-.38	-.49***	-.18**	-.19	-.49***	.01	—	—	—	-.43	-.49***	-.23***	-.36	-.48***	-.10
Wink scale	-.04	-.45***	.14*	-.12	-.49***	.08	.21	-.24***	.41***	—	—	—	-.27	-.42***	-.07
NPDS	.53	.15*	.71***	.28	.03	.44***	.50	.06	.70***	.59	.36***	.74***	—	—	—

Note. $N = 262$. Extremes = correlations of narcissism with six depression measures in the most negative (lower extreme) and in the most positive (upper extreme) directions; NPDS = Narcissistic Personality Disorder Scale.

* $p < .05$. ** $p < .01$. *** $p < .001$.

The relative adjustment of the healthier pole was, to some important degree, defined by its position opposite the relative maladjustment of the unhealthier pole and vice versa.

Partialing out the Wink scale produced very small, although predictable effects for what was presumed to be an intermediate construct. Removal of the relatively more maladaptive Wink variance slightly strengthened the tendency of healthier self-measures to predict lower levels of depression. Conversely, removal of the relatively more adaptive Wink variance caused the more unhealthy NPDS to predict slightly greater depression.

The summary statistics in Table 3 served as an accurate reflection of virtually all zero-order and partial correlations. The only exceptions to this rule occurred with findings for Psychomotor Retardation. As noted in Table 1, the Morey, Raskin, and Wink scales exhibited stronger inverse correlations with this aspect of depression than did High Self-Esteem. Controlling for High Self Esteem, therefore, had little effect on relations of D_2 with the Morey ($-.41$), Raskin ($-.49$), and Wink ($-.49$, $ps < .001$) measures. On the other hand, partialing out overt narcissism eliminated the negative association of self-esteem with Psychomotor Retardation ($.02$, $p > .50$). Removal of the Wink scale produced no such effect ($-.29$, $p < .001$). After the NPDS was partialled out, the inverse correlation between High Self-Esteem and Psychomotor Retardation was reduced slightly to $-.14$ ($p < .05$).

Finally, partial correlations between narcissism and High Self-Esteem largely conformed with the continuum hypothesis. As noted previously (see again Table 2), the Wink scale displayed relations that were more like a measure of covert narcissism when overt narcissism was partialled out and vice versa. At the same time, partialing out Wink scores strengthened the ties of overt narcissism with higher self-esteem. For the Morey, a zero-order correlation of $.48$ became $.60$. For the Raskin, these values were $.41$ and $.56$, respectively (all $ps < .001$). Removing the NPDS produced only small changes in relations between High Self-Esteem and the Morey ($.41$, $p < .001$) and Raskin ($.39$, $p < .001$) scales. In addition, the NPDS relation with lower self-esteem ($-.65$, $p < .001$) was little affected by partial correlations controlling for overt narcissism ($-.62$, $p < .001$) and for the Wink scale ($-.65$, $p < .001$).

Taken as a whole, these results support the continuum hypothesis. Findings for the Wink scale were especially noteworthy. The Wink apparently assumed an intermediate position along the hypothesized continuum, falling between the covert narcissism of the NPDS and the other two putative measures of overt measures. As a presumed index of overt narcissism, therefore, the Wink was discriminately different from other, less ambiguous measures of overt narcissism. In general terms, the hypothesized continuum was described at the more adjusted end by High Self-Esteem, followed by the Morey and Raskin scales, then by the Wink, and finally by the NPDS at the more maladjusted end. Data for Psychomotor Retardation served as the lone exception to this conclusion. In this instance, overt narcissism

appeared relatively healthier than self-esteem. This exception, nevertheless, occurred within the context of an overwhelming majority of findings that confirmed the relative advantages of High Self-Esteem.

STUDY 2

In the first study, we demonstrated that empirical support for the continuum hypothesis could appear with measures other than the NPI and with samples other than undergraduates. In the second study, we further explored such possibilities by examining the MMPI-2 responses of state psychiatric hospital patients.

Method

Participants. As a preliminary step, MMPI-2 responses of all potential participants were screened for random or inconsistent responding. These procedures identified 57 VRIN scores in excess of 14; therefore, these individuals were dropped from the study. The remaining 243 male and 277 female patients had an average age of 35.2 years ($SD = 11.5$). All patients had been referred for psychological evaluations when diagnostic and treatment planning questions were raised. The sample was heterogeneous, but patients were predominately psychotic or had severe unspecified personality disorders.

Measures and procedure. The same MMPI-2 measures were examined. With this sample, the following descriptive statistics were obtained for self-esteem and narcissism: High Self-Esteem, $M = 13.2$, $SD = 6.0$; Raskin, $M = 16.8$, $SD = 5.6$; Morey, $M = 15.2$, $SD = 5.1$; Wink, $M = 17.4$, $SD = 5.3$; and NPDS, $M = 6.6$, $SD = 3.0$. Descriptive data also were determined for the depression scales: D, $M = 28.4$, $SD = 7.7$; D₁, $M = 15.4$, $SD = 6.6$; D₂, $M = 6.9$, $SD = 2.2$; D₃, $M = 4.9$, $SD = 2.1$; D₄, $M = 6.9$, $SD = 3.9$; D₅, $M = 5.4$, $SD = 2.8$. Data from these psychiatric hospital patients were first compared with those from the first sample. All other analyses followed the procedures utilized previously.

Results and Discussion

Compared to the first sample, the psychiatric hospital patients displayed higher scores on all six measures of depression, $t_s(780) = 3.05$, $ps < .003$. They also were lower on self-esteem and overt narcissism and higher on the NPDS, $t_s(780) = -2.181$, $ps < .03$. The two groups did not differ on the Wink scale, $t(780) = 0.78$, $p > .40$. These contrasts in depression supported the unsurprising conclusion that insti-

tutionalized patients were more disturbed in their self-functioning than those receiving a shorter term treatment for alcoholism. Other differences conformed with the continuum hypothesis. The apparently more disturbed psychiatric patients, in fact (a) were lower in self-esteem and in the presumably healthier overt forms of narcissism measured by the Morey and Raskin scales, (b) were higher in the more obvious pathology of covert narcissism as recorded by the NPDS, and (c) were indistinguishable relative to the more intermediate form of overt narcissistic functioning operationalized by the Wink Scale.

Correlations among the self-esteem and narcissism scales and the linkages of these variables with depression are presented in Table 4. Results for the psychiatric hospital patients largely mirrored those obtained with the alcoholism treatment sample, although the Morey scale this time did seem to be slightly more positive than the Raskin in its implications for adjustment. Most important, however, the Wink once again appeared to define an intermediate form of overt narcissism along the hypothesized continuum.

Table 5 reviews the partial correlations for the Wink scale. The basic patterns of the first study were replicated. The Wink scale once again displayed relations more like a measure of covert narcissism after the overt narcissism of the Morey and Raskin scales was partialled out. On the other hand, the Wink data became more like findings for the other overt narcissism constructs after the covert narcissism of the NPDS was removed.

All zero-order and partial correlations with depression were summarized as before (see Table 6). These results paralleled those of the first study. The anomalous

TABLE 4
Self-Esteem and Narcissism Intercorrelations and Relations With Depression in Psychiatric Hospital Sample

<i>MMPI-2 Scale</i>	<i>High Self-Esteem</i>	<i>Morey Scale</i>	<i>Raskin Scale</i>	<i>Wink Scale</i>	<i>NPDS</i>
Self Measures					
High Self-Esteem	—	.54***	.37***	-.17***	-.73***
Morey scale		—	.83***	.45***	-.39***
Raskin scale			—	.58***	-.22***
Wink scale				—	.33***
Depression Measures					
Depression (D)	-.62***	-.60***	-.50***	-.18***	.66***
Subjective Depression (D ₁)	-.76***	-.59***	-.45***	.03	.78***
Psychomotor Retardation (D ₂)	-.27***	-.52***	-.61***	-.46***	.23***
Physical Dullness (D ₃)	-.42***	-.29***	-.22***	-.01	.52***
Mental Dullness (D ₄)	-.74***	-.58***	-.41***	.06	.76***
Brooding (D ₅)	-.76***	-.46***	-.21***	.21***	.78***

Note. $N = 520$. MMPI-2 = Minnesota Multiphasic Personality Inventory-2; NPDS = Narcissistic Personality Disorder Scale.

*** $p < .001$.

TABLE 5
 Partial Correlations of Wink Narcissism Scale With MMPI-2 Measures of Self-Esteem
 and Depression in Psychiatric Hospital Sample

Variable	Variables Controlled in Partial			
	Zero-Order Correlation	High Self-Esteem	Morey/Raskin Scales	NPDS
High Self-Esteem	-.17***	—	-.53***	.12**
Depression (D)	-.18***	-.37***	.14**	-.56***
Subjective Depression (D ₁)	.03	-.14***	.41***	-.38***
Psychomotor Retardation (D ₂)	-.46***	-.53***	-.16***	-.58***
Physical Malfunctioning (D ₃)	-.01	-.08	.14***	-.22***
Mental Dullness (D ₄)	.06	-.10*	.42***	-.32***
Brooding (D ₅)	.21***	.12	.49***	-.09*

Note. $N = 520$. MMPI-2 = Minnesota Multiphasic Personality Inventory-2; NPDS = Narcissistic Personality Disorder Scale.

* $p < .05$. ** $p < .01$. *** $p < .001$.

findings for Psychomotor Retardation were replicated. Partialing out High Self-Esteem had little effect on D₂ relations with the Morey (-.47), Raskin (-.57), and Wink (-.53, $ps < .001$) scales. Controlling for overt narcissism removed the negative association of self-esteem with Psychomotor Retardation (-.04, $p > .35$), but removal of the Wink scale again yielded no similar outcome (-.39, $p < .001$). With elimination of the NPDS, the inverse linkage between High Self-Esteem and Psychomotor Retardation was reduced slightly (-.14, $p < .05$).

Partial correlations between narcissism and High Self-Esteem were similar, although not identical, to those of the first study. The Wink relations with self-esteem again became more like a covert narcissism result when overt narcissism was removed and vice versa (see Table 5). At the same time, eliminating the Wink strengthened the association of the Raskin scale with High Self-Esteem. A zero-order correlation coefficient of .37 was transformed into one that was .61 ($ps < .001$), revealing a strong suppression effect associated with the Wink scale. Removal of the presumably more maladaptive Wink variance, therefore, once again made the Raskin scale appear to be even more adaptive. For the Morey scale, this effect was much smaller than in the first study. A zero-order correlation of .54 increased only to .56 ($ps < .001$).

Removing the NPDS reduced the direct relation of High Self-Esteem with the Morey from .54 to .40 ($ps < .001$). However, the Raskin linkage with High Self-Esteem increased from .37 ($p < .001$) to .41 ($p < .001$). These data perhaps supplied additional evidence that the Morey was closer to High Self-Esteem in this sample than was the Raskin. On the other hand, the inverse NPDS relation with self-esteem (-.73, $p < .001$) was somewhat reduced in partial correlations that controlled

TABLE 6
Average and Extreme Zero-Order and Partial Correlations of Self Scales With Six Measures of Depression in Psychiatric Hospital Sample

Self Scale	Variables Controlled in Partial Correlations														
	Zero-Order Correlation			High Self-Esteem			Morey/Raskin Scales			Wink Scale			NPDS		
	Average	Lower Extreme	Upper Extreme	Average	Lower Extreme	Upper Extreme	Average	Lower Extreme	Upper Extreme	Average	Lower Extreme	Upper Extreme	Average	Lower Extreme	Upper Extreme
High Self-Esteem	-.60	-.76***	-.27***	—	—	—	-.46	-.67***	-.04	-.63	-.77***	-.39***	-.30	-.45***	-.07
Morey scale	-.51	-.60***	-.29***	-.28	-.47***	-.08	—	—	—	-.55	-.69***	-.32***	-.38	-.49***	-.11*
Raskin scale	-.40	-.61***	-.21***	-.25	-.57***	.01	—	—	—	-.48	-.57***	-.26***	-.37	-.59***	-.12**
Wink scale	-.06	-.46***	.21***	-.18	-.53***	.12***	.24	-.16***	.49***	—	—	—	-.36	-.58***	-.09*
NPDS	.62	.23***	.78***	.38	.06	.51***	.55	.12**	.74***	.69	.46***	.82***	—	—	—

Note. $N = 520$. Extremes = correlations of narcissism with six depression measures in the most negative (lower extreme) and in the most positive (upper extreme) directions; NPDS = Narcissistic Personality Disorder Scale.

* $p < .05$. ** $p < .01$. *** $p < .001$.

for overt narcissism ($-.62, p < .001$) and for the Wink scale ($-.65, p < .001$). These partialing effects were slightly more robust than those in the first study. In addition to the emergence of a possible difference between the Morey and Raskin scales, such contrasts presumably reflected the more disturbed self-functioning of the psychiatric hospital patients and the stronger inverse relation between their NPDS and self-esteem scores.

At a broad conceptual level, the second study supported the most important conclusions of the first. The Wink scale once again fell at an intermediate position along the hypothesized continuum. New contrasts did appear between the Morey and Raskin instruments, but the overall evidence was consistent with the existence of a continuum defined by High Self-Esteem at the more adjusted end, followed by the two measures of overt narcissism, then by the Wink scale, and finally by the NPDS.

STUDY 3

All previous support for the continuum hypothesis was obtained from studies in which questionnaire measures of narcissism were correlated with other self-report variables. Such procedures left open the possibility that these data merely reflected biased self-perceptual processes associated with narcissism. Inverse associations of overt narcissism with depression, for example, might merely have revealed the self-flattering defensiveness of the relatively more narcissistic research participants. In the third study, we explored this possibility by correlating MMPI-2 measures of narcissism with clinical assessments rather than self-reports of depression.

Method

Participants. Clinical ratings were available for a subsample of 129 psychiatric hospital patients from the second sample. These 56 men and 73 women were 35.0 years old on average ($SD = 11.8$).

Measures and procedure. Each participant was assessed with the Brief Psychiatric Rating Scale (BPRS; Overall & Gorham, 1962), a frequently employed device for evaluating symptoms of psychopathology (e.g., McAdams, Harris, Bailey, Fell, & Jeste, 1996; Silverstein, Mavrolefteros, & Close, 1997). Personnel conducting these assessments had no way of knowing that their evaluations would eventually be used in a study focusing on ratings of depression and self-reported narcissism. The average rating on the 7-point BPRS Depression subscale was 3.29 ($SD = 1.5$). Data analysis involved an examination of zero-order and partial correlations of High Self-Esteem and narcissism with these ratings.

Results and Discussion

Table 7 presents the zero-order and partial correlations of self-esteem and narcissism with the BPRS depression score. Most correlations were within the ranges discovered in the first two studies. One apparent contradiction with earlier outcomes was that High Self-Esteem did not emerge as a distinctly more robust predictor of lower depression than the Morey and Raskin scales. Most important, however, the zero-order data offered a rough replication of the hypothesized continuum. High Self-Esteem anchored the more adaptive end, whereas the NPDS defined the opposite, more maladaptive end. Once again, the Wink scale seemed to have intermediate implications for adjustment.

Most partial correlations displayed a rough correspondence with earlier findings. Especially noteworthy was the fact that controlling for the overt narcissism of the Morey and Raskin measures once again made the Wink scale appear more like a measure of covert narcissism, whereas controlling for the covert narcissism of the NPDS had the opposite effect. The one contrast with previous findings involved self-esteem and overt narcissism. This time, overt narcissism seemed as influential in explaining the High Self-Esteem relation with lower depression as did High Self-Esteem in explaining the same data for overt narcissism.

The BPRS measures more than just clinical assessments of depression, and one other set of other findings was sufficiently relevant to this project to deserve comment. In the zero-order data, the High Self-Esteem (.23, $p < .01$), Morey (.32, $p < .001$), and Raskin (.33, $p < .001$) variables predicted greater BPRS grandiosity ratings, whereas the Wink (.11, $p > .20$) and the NPDS (-.17, $p > .05$) did not. Controlling for the Morey and Raskin scales eliminated the significant self-esteem effect (.05, $p > .60$) but not vice versa. After High Self-Esteem was removed, for

TABLE 7
Zero-Order and Partial Correlations of BPRS Depression Scale With Measures
of Self-Esteem and Narcissism in Subsample of Psychiatric Hospital Patients

Scale	Zero-Order	Variables Controlled in Partial Correlations			
		High Self-Esteem	Morey/Raskin Scales	Wink Scale	NPDS
High Self-Esteem	-.40***	—	-.24**	-.42***	-.27**
Morey scale	-.39***	-.19*	—	-.38***	-.29**
Raskin scale	-.39***	-.26**	—	-.41***	-.35**
Wink scale	-.10	-.18*	.12	—	-.24**
NPDS	.32***	.05	.21*	.38***	—

Note. $N = 129$. BPRS = Brief Psychiatric Rating Scale; NPDS = Narcissistic Personality Disorder Scale.

* $p < .05$. ** $p < .01$. *** $p < .001$.

example, the significant linkage of the Morey scale with grandiosity was reduced but not eliminated (.21, $p < .05$). In addition, removal of the Wink Scale caused the NPDS to display an inverse relation with grandiosity ($-.21, p < .05$), and partialing out the NPDS eliminated the linkage of self-esteem with grandiosity (.14, $p > .10$), an outcome presumably reflecting the polarization effects observed previously.

These findings for grandiosity offered additional support for the continuum hypothesis because the Wink scale again fell at an intermediate position between so-called overt and covert narcissism. This was especially important in light of the previous claim that the Wink is like the Morey and Raskin measures in defining a Grandiosity-Exhibitionism factor (Wink, 1991). A variable supposedly indicative of Grandiosity-Exhibitionism was discriminately different from two other indexes of this factor—even with regard to the definitive trait of grandiosity.

Grandiosity data were important in another way. Zero-order and partial correlations with lower BPRS ratings of depression suggested that the Morey and Raskin scales were equivalent to High Self-Esteem in producing such an effect. The overt narcissism of these two measures, nevertheless, proved to be the more important determinant of direct linkages with grandiosity. Unlike the case with High Self-Esteem, the inverse correlation of overt narcissism with the depression ratings, therefore, seemed based more on an immature grandiosity. In short, High Self-Esteem did in fact describe the more adaptive self-functioning.

GENERAL DISCUSSION

In this project, we sought to extend the continuum hypothesis by answering four basic questions. First, can a measure of covert narcissism be used in combination with indexes of overt narcissism to produce effects consistent with the continuum hypothesis? Zero-order and partial correlations with depression supported the possibility. Partialing out covert narcissism produced Wink scale data that were more like findings for the less ambiguous Morey and Raskin measures of overt narcissism, whereas controlling for these overt narcissism scales uncovered relations for the Wink that were more like the covert narcissism of the NPDS. This pattern demonstrates that so-called overt and covert narcissism are not wholly separable and that their apparent interactions conform with the continuum hypothesis.

Second, can evidence for the continuum hypothesis be obtained with samples not made up of undergraduates? Support for the continuum hypothesis was obtained from adults admitted into a treatment program for alcoholism and from state psychiatric hospital patients. Previous empirical support for the continuum hypothesis, therefore, cannot be dismissed as an artifact of limiting the analysis to relatively healthier college students.

Third, can continuum-like effects be obtained with measures other than the NPI? MMPI-2 narcissism scales were employed in each of these three studies, and the data clearly upheld the continuum hypothesis. Rathvon and Holmstrom (1996) also observed similar outcomes with the MMPI-2. Continuum-like effects, therefore, have at least some general applicability to narcissism scales and cannot be dismissed as the by-product of some unique feature of the NPI (see also Soyer et al., 2001).

Finally, can support for the continuum hypothesis be obtained when other than self-report measures are added to the analysis? Narcissism scales did in fact correlate with clinical assessment of depression in a manner conforming with the continuum hypothesis. Linkages of more adaptive narcissism with apparent adjustment, therefore, did not rest solely on the perhaps biased self-assessments associated with narcissism. Instead, these data suggest that the Morey and Raskin scales in fact have at least some validity as indexes of a more adaptive though perhaps not fully mature form of self-esteem.

Data for the Wink scale were especially important. This measure previously was used along with the Morey and Raskin scales to define the overt narcissism of a Grandiosity-Exhibitionism factor (Wink, 1991; Rathvon & Holmstrom, 1996). In this study, zero-order and partial correlations revealed the Wink to have implications that were intermediate between those for overt and covert narcissism. This was true even with regard to unexpected findings for the BPRS assessment of grandiosity. Unlike other operationalizations of Grandiosity-Exhibitionism, the Wink failed to predict greater clinical ratings of grandiosity. The Raskin, Morey, and Wink scales, therefore, were not interchangeable operationalizations of an identical overt narcissism. The Wink seemed closer than the other two measures to the covert narcissism of the NPDS.

Two findings failed to conform easily with the continuum hypothesis. First, relations with Psychomotor Retardation (D_2) implied that overt narcissism was more adjusted than High Self-Esteem. In a previous investigation, however, overt narcissism predicted greater manic psychomotor acceleration (Sawrie et al., 1997). Manic characteristics incompatible with psychomotor retardation, therefore, may have mediated the D_2 effect. If so, then the D_2 data may have supplied additional support for the claim that so-called overt narcissism may actually reflect a more immature form of self-esteem.

Second, overt narcissism was as important as High Self-Esteem in mediating the inverse correlations of these scales with the BPRS ratings of depression. Again, however, zero-order and partial correlations with clinical ratings of grandiosity suggested that the Morey and Raskin scales in comparison to High Self-Esteem operationalized a more immature form of self-functioning. In general terms, therefore, these data support interpretations that are consistent with conclusions derived from self-reports alone.

Additional Support and Advantages

In summary, these studies pointed toward the existence of a continuum defined by High Self-Esteem at the adjusted end, followed by the more adjusted narcissism of the Morey and Raskin scales, then by the Wink measure, and finally by the maladjustment of the NPDS. Slight differences between the Morey and Raskin scales appeared in the second study, but further research is necessary before that contrast can be confirmed.

Overall, it was unclear how alternative conceptualizations of self-reported narcissism could explain these results. For example, if overt and covert narcissism were wholly separable, why did partialing out the covert narcissism of the NPDS strengthen evidence that the Wink scale was more like the other overt narcissism measures and vice versa? Also, relative to the defensive self-esteem model, why did removing the NPDS reveal positive correlations of the Wink scale with self-esteem? The defensive self-esteem model suggests that positive correlations of narcissism with self-esteem reflect a defensive reaction to narcissistic vulnerabilities. Controlling for such vulnerabilities presumably should eliminate rather than uncover such positive correlations.

Additional support for the continuum hypothesis can be found in recent investigations into the Private Self-Consciousness scale (Fenigstein, Scheier, & Buss, 1975). This scale contains two components (Mittal & Balasubramanian, 1987). An Internal State Awareness (ISA) factor largely predicts adjustment. Self-Reflectiveness (SR) more strongly predicts maladjustment (e.g., Watson, Milliron, & Morris, 1995). ISA displays even stronger ties with healthy self-functioning when SR is partialled out, and SR correlates more robustly with unhealthy self-functioning when ISA is removed (e.g., Watson, Hickman, Morris, Stutz, & Whiting, 1994). ISA also correlates positively with the more adaptive NPI factors, whereas SR instead displays a direct relation with E/E (Watson & Biderman, 1993). In other words, these data too suggest that conscious representations of the self may be organized along a psychological continuum related to narcissism.

The continuum hypothesis also helps explain potentially confusing outcomes about self-reported perfectionism. Flett, Hewitt, Blankstein, and O'Brien (1991) discovered a positive correlation between self-esteem and perfectionism, and this was an unexpected result given the presumed psychopathology of perfectionism. Earlier, however, Rothstein (1984) described narcissism as "a felt quality of perfection ... invested in a panoply of self- and/or object representations in a spectrum of integrations" (p. 4). This spectrum theoretically ranges from "psychotic to normal" (Rothstein, 1984, p. 28), with the narcissistic personality falling between the borderline personality in the more disturbed direction and normal narcissism and then healthy self-esteem in the more adaptive direction (Rothstein, 1984, pp. 49–50). A direct self-esteem relation with perfectionism, therefore, seems unsur-

prising relative to speculations about an at least partially adaptive narcissistic spectrum. Indeed, it has been demonstrated that the self-esteem relation with perfectionism is mediated by the three more adaptive NPI factors (Watson et al., 1999–2000).

Another potentially confusing result has appeared in NPI correlations with self-reported assertiveness (Watson et al., 1988, 1997–1998). Increasing assertive behavior is a common clinical objective, and relations of narcissism with assertiveness seem to support widely influential complaints that psychotherapy promotes a culture of narcissism (e.g., Cushman, 1995; Lasch, 1979; MacIntyre, 1981). However, partial correlations demonstrate that assertiveness correlates only with the more adaptive NPI factors, and this finding supports Kohut's (1977) claim that assertiveness is a key element in the development of adjusted narcissism into healthy self-esteem. The therapeutic promotion of a somewhat narcissistic assertiveness, therefore, makes sense in terms of the continuum hypothesis. Such data also demonstrate that different forms of overt narcissism may have contrasting behavioral implications, as for example in distinguishing between assertiveness and aggressiveness (Watson et al., 1997–1998).

Evidence for the continuum hypothesis, therefore (a) can be obtained with a variety of narcissism measures in a diversity of samples, (b) appears when the investigation includes more than just self-report variables, (c) finds parallels in data for other self-related constructs like Private Self-Consciousness, (d) suggests ideas about how to explain potentially confusing results dealing with perfectionism, (e) helps explain why the promotion of a somewhat narcissistic assertiveness makes clinical sense, and (f) conforms with previous psychoanalytic speculation about narcissism (Kohut, 1977; Rothstein, 1984). Further development of the defensive self-esteem and the overt–covert models of narcissism may eventually confirm their utility, and final acceptance of the continuum hypothesis clearly requires additional studies employing more extensive behavioral observations and more sophisticated statistical techniques (e.g., Bentler, 1990). Our data, nevertheless, demonstrates that the continuum hypothesis offers a plausible interpretation of self-reported narcissism and clearly deserves additional research consideration.

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