

# PERSONALITY CHARACTERISTICS OF THE PERSONALITY DISORDERED

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Charles G. Costello



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## CHAPTER 6

*Narcissism*

PAUL WINK

The second half of this century has witnessed an unprecedented interest in narcissism. From its obscure origins, the legend of Narcissus has become the myth for our times. Although the reasons for the recent rise in popularity of narcissism are complex and overdetermined, two developments are noteworthy. From the 1960s onward, the construct of narcissism has played a vital role in metapsychological debates within the psychoanalytic community. At stake was the primacy of the self or the whole person over the tripartite structure comprising the id, ego, and superego (Stolorow, 1975). The debate was simultaneously fueled by the development of new therapeutic techniques that made it possible to treat, hitherto deemed untreatable, patients with narcissistic personality disorders (Adler, 1986).

Although the psychoanalysts may have provided the necessary tools for the understanding of narcissism, its popularity within the mainstream culture was aided by a growing perception after World War II that, for better or worse, Americans were becoming more and more self-oriented. According to Kohut (1977), the beginning of this century was marked by the centrality of the "Guilty Individual," a person who was typically brought up in an extended family system and who, because of overstimulation in childhood, had to struggle as an adult with unresolved oedipal feelings and conflicts between the id, ego, and the superego. In contrast, the contemporary "Tragic Individual"—a product of the nuclear family—is more susceptible to understimulation as a child and consequently in adulthood faces the ever-present danger of fragmentation of the self.

In analogous terms, Masterson (1990) depicts a historical shift in psychopathology from preoccupation with guilt and neuroses to a new concern with boredom, meaninglessness, and the search for a real or authentic sense of the self. Kohut's and Masterson's depiction of a person grappling with issues of fragmentation, authenticity, and meaning reflects well the plight of the postmodern individual. It challenges us with a vision of life in times when old truths are being decentered and where new meanings have to be actively constructed rather than accepted as a legacy of past generations.

In distinction to Kohut (1977), Lasch (1979) perceives the societal turn toward narcissism as a sad reflection on American culture in the age of diminished expectations. For Lasch, the contemporary emphasis on the self is a defense against the threat posed by a dying culture, which has become devoid of old meanings and depleted by the abandonment of communal values.

Irrespective of our ultimate explanation for the increase in preoccupation with the self, the rapid growth of interest in narcissism has resulted in a wealth of publications and review articles on the subject matter. Comprehensive reviews of psychoanalytic and psychiatric research on narcissism are provided by Akhtar (1989) and Volkan (1982). Ornstein (1978) and Baker and Baker (1987) offer excellent introductions to the, at times, daunting writings of Kohut, and Gunderson, Ronningstam, and Smith (1991) report on the recent psychiatric research on symptoms that differentiate narcissism from other personality disorders.

In distinction to past reviews, the focus of this chapter is on quantitative research into narcissism construed as a continuous dimension and a source of individual variation. Following a brief exposition of the commonly accepted, psychoanalytically based theory of narcissism and its development (the Received View), I will discuss issues of assessment and symptomatology and then survey the implications of narcissism for self-esteem, affect, real-life outcomes, childhood and adult development, and gender. Most of the work reviewed in this chapter comes from the field of psychology and relies on self-report narcissism scales to study group and individual differences primarily in college populations. Just as Freud assumed that the study of abnormal psychic processes would shed light on healthy functioning, so, conversely, the present review is based on the assumption that research on narcissism in the nonpsychiatric population will shed light on psychopathology. This chapter asks these questions: How much empirical support does mainstream academic psychology provide for the Received View? and, To what extent do quantitative studies of group and individual differences contribute to the broadening of our clinically based understanding of the narcissistic personality?

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## NARCISSISM: THE RECEIVED VIEW

Broadly defined, narcissism means a concentration of psychological interest on the self (Bursten, 1982). Construed in this way, narcissism is devoid of pathological significance and is an essential ingredient of healthy functioning. Self-oriented mental activity is necessary for robust self-esteem, personal cohesiveness, and stability (Stolorow, 1975). It is also a precursor to creativity, wisdom, and empathy (Kohut, 1966). The important question then is not who possesses narcissistic characteristics, because we all do, but rather when, and why does the process of self-investment go astray? Despite a history of heated theoretical debates, there appears to have emerged a relatively consensual psychoanalytic formulation of the origins and phenomenology of narcissistic pathology. I call this consensual characterization the *Received View*.

Pathological narcissism is the product of unempathic parenting (Kernberg, 1975; Kohut, 1971, 1977; Miller, 1981). In the case of narcissism, unlike the case of borderline personalities, the lack of attunement is not catastrophic enough to prevent the development of a basic sense of self or identity. Nevertheless, it is serious enough to result in the child's, and subsequently the adult's, use of splitting (Kernberg, 1975). In other words, there is a lack of proper integration of positive and negative affect and a tendency toward self-fragmentation. Typically, the narcissistic individual has a history of being taken care of by a cold and vulnerable parent who uses the child to regulate his or her own fragile psychical functioning (Kohut, 1971). Alternatively, the child might identify strongly with a parent who is quite narcissistic in order to escape from the other parent who is even more psychologically disturbed (Masterson, 1990). In this instance, once again, the child has to renounce his or her own "true" self and succumb to being used by the other. Narcissistic individuals are frequently treated as "special" by their parents because of their being firstborn, having exceptional beauty or talent (Kernberg, 1975), or empathizing with parental overt wishes and unconscious desires (Miller, 1981). The outcome of a prolonged (unmitigated by external sources such as grandparents or school teachers) history of lack of attunement to one's childhood needs, is the simultaneous development of a grandiose sense of the self and feelings of vulnerability and inferiority (Kohut, 1977).

Although a broad consensus exists regarding the central place of grandiosity in narcissistic pathology, there is disagreement concerning its origins. For Kohut (1977, 1984), it is a product of a developmental arrest and reflects an only partially transformed grandiosity of the young child. According to Kernberg (1975), however, the narcissistic grandiose self is a pathological amalgam of psychic representations of the real self, the ideal self, and the ideal object (other), which serves the defensive

function of keeping at bay feelings of aggression and envy. Whichever way the grandiose self is construed, it is accompanied by split-off, or unintegrated, feelings of inferiority and vulnerability that correspond to the narcissist's awareness of a past history of misuse by the parent(s) (Kohut, 1971). Behind the grandiose facade, there is a deeply ingrained concern by the narcissistic individual of being ultimately responsible for his or her true self not being accepted and celebrated by the parents.

In adulthood, narcissistic grandiosity is typically accompanied by impaired empathy, exhibitionism, a sense of entitlement, and exploitativeness of others (Kernberg, 1975, 1986). In interpersonal relations, narcissism leads to the use of others to fulfill one's own psychological needs and maintain stability of the self. At times, others are used to affirm or mirror the actions of the narcissistic individual. On other occasions, narcissistic needs may be met through a merger with an "all powerful" idealized individual. In both instances, the other is related to as a self-object whose value is defined in terms of how well that person functions as a provider of comfort and emotional stability (Kohut, 1984). In addition, interactions with people may be detrimentally affected by projected feelings of envy and aggression that prevent the narcissistic individual from forming deep and close attachments, and may lead him or her to withdraw into "splendid isolation" (Kernberg, 1975).

In the area of work, the predominant feelings are boredom, dissatisfaction, and lack of fulfillment and meaning. This attitude may reflect a basic misalignment between what inspires true enthusiasm and the goals or ideals that are being actually pursued (Kohut, 1977). Alternatively, it may reflect the presence of a false self (Masterson, 1990; Winnicott, 1960/1965), or even a defensive need to devalue one's own achievement and those of others to avoid overwhelming feelings of envy (Kernberg, 1975).

A final central feature of narcissistic pathology is the tendency to oscillate between feelings of grandiosity and those of inferiority, depression, and depletion. Usually, the latter surface only as a result of failure or slight. When they do emerge, the feelings of inferiority remain quite separate from the feelings of grandeur and, hence, they cannot be integrated into a healthy and well modulated sense of self. For narcissistic individuals, healing of the split between positive and negative affect is too painful and threatening (Kernberg, 1975).

From a developmental perspective, narcissism has been associated with deterioration in midlife. The realization of mortality, physical aging, and the limits to accomplishments potentiate in narcissistic individuals feelings of envy and resentment (Kernberg, 1980), and also elicit feelings of shame and self-mortification at not having lived a life that was true to their inner hopes, wishes, and aspirations (Kohut, 1977). The resulting

defensive devaluation of self and others and a sense of depletion means that the narcissistic individual inhabits a world that is progressively more hostile, lonely, and devoid of meaning and nourishment (Kernberg, 1980).

## TYPOLOGIES

Several typologies of narcissism have been proposed in the past. Kohut and Wolf (1978), for example, distinguished between *merger-hungry* individuals, who must continually attach and define themselves through others; *contact-shunning* individuals, who avoid social contact because of a fear that their behaviors will not be admired or accepted; and *mirror-hungry* individuals, who tend to display themselves in front of others. In contrast, Bursten (1973) proposed four types of narcissistic personalities differentiated by the various strategies used in the process of self-regulation. The *craving* individuals are clinging, demanding, and needy; the *paranoid* individuals are critical and suspicious; the *manipulative* individuals derive satisfaction from conscious and deliberate deception of others; and the *phallic narcissists* are aggressive, exhibitionistic, reckless, and daring. This last group has been originally described by Wilhelm Reich (1949). Neither of the above two classifications has gained wide acceptance. Kohut's distinction is too embedded in self-psychology, and Bursten's schema seems overly inclusive of other types of pathology.

A much wider acceptance has been gained by the distinction between overt (exhibitionistic) and covert (closet) forms of narcissistic personality. This dichotomy draws on the aforementioned tendency of narcissists to hold contradictory views of the self (Akhtar & Thomson, 1982; Akhtar, 1989). The majority of narcissistic individuals "impress" others with their open display of grandiosity, exhibitionism, and entitlement. In their case, feelings of inferiority, depression, and depletion surface only infrequently. A smaller but nevertheless significant group of "closet narcissists" (Masterson, 1981) present as timid, shy, inhibited, and ineffective, only to reveal their exhibitionistic and grandiose fantasies on closer contact. Their core narcissistic pathology is hidden by a defensive posture of inhibition and passivity (Masterson, 1990). Interpersonally, such individuals may tend more toward relationships based on idealization than mirroring. Gabbard (1989) comments on the DSM-III's (American Psychiatric Association [APA], 1980) failure to include "the shy quietly grandiose narcissistic individual whose extreme sensitivity to slight leads to an assiduous avoidance of the spotlight" (p. 527). The presence of covertly narcissistic individuals has been acknowledged by both Kohut (1971) and Kernberg (1986).

A second classification of narcissism to gain wider acceptance is based on the severity of the condition. Both Kernberg (1975, 1986) and Masterson (1990) divide narcissistic individuals into high-, middle-, and low-functioning groups. High-functioning narcissists rarely seek treatment as they are well able to satisfy their needs through their professional careers and relations with others. Such individuals are frequently found in artistic and creative professions that allow them to sublimate their exhibitionism and use productively their intellectual interests and keen sense of empathy. The middle category consists of those narcissistic individuals whose grandiosity, impaired empathy, exploitativeness, hypersensitivity, and boredom lead them to serious difficulties at love and work. These individuals may benefit from psychotherapy, though their unique transferences and countertransferences need to be recognized by the therapist. At the bottom, are those narcissists whose pathology resembles that of borderline individuals.

## ASSESSMENT

The recent growth of interest in narcissism has resulted in the development of a number of self-report measures of the construct. The majority of these scales were developed combining the DSM-III (APA, 1980) criteria for the narcissistic personality disorder and the internal consistency method of test construction. The internal consistency method produces scales with items that are highly intercorrelated with each other and with the total scale. The main advantage of measures developed in this way is clarity of interpretation. Their main disadvantage is an insensitivity to the potentially multifaceted nature of a construct.

The single most widely researched narcissism scale developed using the DSM-III criteria and the internal consistency method is the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979, 1981). Other scales developed using the same methodology are the Wink and Gough (1990) California Psychological Inventory (CPI) and MMPI Narcissism scales, Raskin and Novacek's (1989) MMPI Narcissism scale, and the Morey, Waugh, and Blashfield (1985) Narcissism scale. This last scale was developed as part of a battery of measures assessing all 11 DSM-III personality disorders. All the preceding scales are highly intercorrelated, with  $r$ s ranging from .50 to about .80 and each scale correlates significantly with observer ratings of narcissism (Raskin & Novacek, 1989; Raskin & Terry, 1988; Wink, 1991a).

Although in general little attention has been paid in developing narcissism scales to issues of discriminant validity, the Morey et al. (1985)

Narcissism scale and the NPI are only moderately correlated with measures of other personality disorders. Both measures show highest positive correlation with Morey's DSM-III Hysterical Personality Disorder scale and highest negative correlation with the Avoidant Personality Disorder scale. In addition, the Morey Narcissism scale correlates positively with the Antisocial Personality Disorder scale. On the MMPI (Hathaway & McKinley, 1940), the NPI, the two Narcissism scales of Wink and Gough, and Morey's scale all correlate positively with Hypomania, a measure of ego inflation and energy, and correlate negatively with the Depression and Social Introversion scales (Morey et al., 1985; Raskin & Novacek, 1989; Wink & Gough, 1990).

A second group of narcissism scales was developed using an empirical method of scale construction. In the case of Ashby, Lee, and Duke's (1979) Narcissistic Personality Disorder scale (NPDS), the criterion group consisted of diagnosed narcissists in treatment. Both Serkownek's (1975) Narcissism-Hypersensitivity scale and Pepper and Strong's (1958) Ego-Sensitivity scale were the result of a factor analysis of the MMPI Masculinity/Femininity scale, which in its turn, was developed using a criterion group of creative, artistic, and presumably narcissistic individuals in psychotherapy with the MMPI's author, Stark Hathaway. Once again, these three scales are highly intercorrelated ( $r$ s ranging from high 40s to low 50s) and are all significantly related to observer ratings of narcissism (Wink, 1991a; Wink & Gough, 1990). Nevertheless, several studies have shown them to be uncorrelated with the NPI and other narcissism measures developed using the internal consistency method (Emmons, 1987; Mullins & Kopelman, 1988; Watson, Grisham, Trotter, & Biderman, 1984; Wink & Gough, 1990). Furthermore, the NPDS has very different personality correlates to the NPI. The nature and meaning of these differences is discussed in the next section.

Two other narcissism self-report scales were developed from a theoretical perspective other than the DSM-III. The O'Brien (1987) Multiphasic Narcissism Inventory, which is based on Alice Miller's (1981) view of narcissism, includes a Poisonous Pedagogy subscale reflecting an unconscious need to control others, and a Narcissistically Abused Personality subscale measuring the tendency to derive self-validation from the approval of others. Millon's (1982) Narcissism scale, on the other hand, reflects the author's unique brand of social learning theory. Both these measures correlate with the NPI, and the O'Brien scale is also positively correlated with the NPDS (Auerbach, 1984; Hibbard, 1992). On the MMPI, Millon's scale shows the familiar pattern of a positive correlation with Hypomania and negative correlations with the Depression and Social Introversion scales (Auerbach, 1984).

In the observer domain, Wink (1992a) developed a California *Q*-set (CAQ) (Block, 1978) Narcissism prototype that allows for the scaling and aggregation of ratings made by judges and peers. The prototype allows for the scoring of three scales. The Willfulness scale includes items indicative of undercontrol of impulses, self-indulgence, self-dramatization, and condescension. Items included in the Hypersensitivity scale suggest the presence of hostility and irritability, sensitivity to criticism and demands, and self-defensiveness. High scores on the Autonomy scale are indicative of high aspirations, independence, wide interests, unusual thought processes, and sensitivity to aesthetic experiences. All three scales correlate significantly with observer ratings of narcissism, but only Willfulness and Hypersensitivity are positively associated with ratings of pathology (Wink, 1991b). The Willfulness scale is correlated with the NPI and the Hypersensitivity scale correlates positively with the NPDS (Wink, 1991a).

Also in the observer domain, Patton, Connor, and Scott (1982) developed 10 observer rating scales to measure Kohut's formulation of narcissism or self psychology. These scales were intended to measure therapeutic outcomes, but so far they have not been widely researched.

Finally, Harder (1979) reports on the construction of projective narcissism scales for the Early Memory Test, the Thematic Apperception Test, and the Rorschach. These three measures are significantly intercorrelated with each other and show preliminary evidence of criterion-related validity, but once again have not gained widespread acceptance.

### Symptoms, Types, and Level of Pathology

As expected from scales developed using DSM-III criteria, the personality correlates of the NPI, the Wink and Gough CPI and MMPI Narcissism scales, and the MMPI Narcissism scale of Raskin and Novacek include ego expansiveness, desire for attention, and disesteem for others. Also evident are conceit, exhibitionism, self-centeredness, and impulsivity. These characteristics are present both in the self-report and observer domains (Raskin & Novacek, 1989; Raskin & Terry, 1988; Wink & Gough, 1990). In addition, the NPI is associated with daydreams and fantasies indicative of the need for power (Carroll, 1987; Raskin & Novacek, 1991). All the preceding findings support psychiatric research on the differential diagnosis of personality disorders suggesting that a grandiose sense of self-importance, fantasies of unlimited success, and need for attention and admiration are central to the construct of narcissism (Gunderson, Ronningstam, & Smith, 1991).

On the positive side, high scorers on the NPI and the two scales of Wink and Gough are characterized by assertiveness, social poise, and

assurance (Wink, 1991a). The NPI is also associated with leadership potential and achievement orientation (Emmons, 1984; Raskin & Terry, 1988). Overall, the personality correlates of these reviewed self-report narcissism scales indicate that they measure overt narcissism.

In contrast to measures of overt narcissism, the personality correlates of Ashby, Lee, and Duke's (1979) NPDS, the second most widely researched narcissism scale, and of the MMPI Narcissism-Hypersensitivity (Serkownek, 1975) and Ego-Sensitivity (Pepper & Strong, 1958) scales indicate sensitivity to slight and a lack of social presence, sociability, and dominance (Graham, 1987; Graham, Schroeder, & Lilly, 1971; Wink, 1991a). In addition, the NPDS is associated with depression (Watson, Taylor, & Morris, 1987) and inadequacy, unhappiness, and worry (Mullins & Kopelman, 1988). All these characteristics are congruent with covert narcissism. Taken on their own, however, they may also be indicative of other personality disorders such as paranoid, avoidant, and schizoid. Because the NPDS and the two other narcissism scales related to it were developed either directly or indirectly using as a criterion patients in psychotherapy, it is also possible that they measure the sensitive and vulnerable side of overt narcissism that becomes activated in response to slight or injury to the self. Factors in favor of the NPDS and the MMPI scales of Serkownek (1975) and Pepper and Strong (1958) being measures of narcissism are that, just as the NPI, they are correlated with (a) observer ratings of narcissism, (b) spouse perceptions of being bossy, intolerant, cruel, conceited, arrogant, and demanding, and (c) hostility and undercontrol of aggressive and erotic impulses (Wink, 1991a). In addition, the lack of interpersonal poise and confidence associated with the NPDS is reflected in CPI (Gough, 1987) scales that measure stable personality traits rather than states. It is unlikely, therefore, that this scale reflects a transient response to slight or injury.

In summary, empirical research using the NPI, the NPDS, and narcissism scales associated with them offers support for the psychoanalytically based distinction between overt and covert narcissism. Although these two forms of the disorder share several underlying features, they remain uncorrelated or independent of each other in self-report and observer ratings.

In terms of level of pathology, covert narcissism appears to be more dysfunctional than the overt form of the disorder. Only covert narcissism is associated with lack of well-being, competence, and personal adjustment (Wink, 1991a), depression and low self-esteem (Watson, Taylor, & Morris, 1987), disturbed object-relations and masochism (Hibbard, 1992), and deterioration in the course of adult life (Wink, 1992b, *in press*) (see section on Childhood and Adult Development). It may be that internality associated with covert narcissism is indicative of a lack of ego

strength, whereas the strong sense of agency associated with overt narcissism points to a well integrated, albeit grandiose, sense of the self.

Within the domain of overt narcissism, research on factor analytically based subscales of the NPI suggests that self-reported exploitativeness and entitlement have more pathological implications than a sense of leadership and authority, self-absorption, or vanity, and feelings of superiority. Only the Exploitativeness/Entitlement subscale of the NPI correlates with suspiciousness, anxiety, and neuroticism (Emmons, 1984), lack of empathy (Watson et al., 1984), depression, and the NPDS (Watson et al., 1987). Compared with the other factors of the NPI, it also shows a stronger relationship with presence of irrational beliefs (Watson & Morris, 1990) and cynicism (Watson, Sawrie, & Biderman, 1991).

In distinction to overt and covert narcissism, which in the observer domain are measured by the CAQ Willfulness and Hypersensitivity scales (Wink, 1992a), the CAQ Autonomy scale measures a healthy sense of self-directedness characterized by a sense of personal autonomy, high aspirations, and intellectual and aesthetic interests. As discussed in the following section, healthily self-directed individuals share with overt narcissists a sense of social poise and assurance, but in addition, their lives are characterized by success at work, creativity, and positive personal growth in adulthood (Wink, 1991b, 1992b).

### Self, Self-Esteem, and Self-Enhancement

As expected, high scorers on the NPI are characterized by self-focus (Granitzow & Tangney, 1992) or "selfism" (Emmons, 1987); they believe that their needs are best met by adopting an egocentric orientation to life. They also show a self-referential attitude as exemplified by greater frequency in the use of the pronoun "I" (Raskin & Shaw, 1988).

On the Received View, narcissistic individuals are thought to possess a defensively inflated sense of self-esteem. Narcissistic grandiosity is both a sign of ego-inflation and an attempt to deny feelings of vulnerability and self-depreciation that result from the use of the child by primary care givers. From the point of view of empirical research, the preceding claim can be broken down into two questions: Is narcissism associated with high self-esteem? and, Is this high esteem the result of pathological self-enhancement?

Numerous studies report a positive relationship between overt narcissism, as measured by the NPI, and self-esteem (e.g., Emmons, 1984; Raskin & Terry, 1988; Watson et al., 1987). Understandably, the reverse is true of covert narcissism where the external manifestations of self-depletion are accompanied by report of lowered self-esteem (Watson et al., 1987) and feelings of inadequacy (Mullins & Kopelman, 1988).

As indicated by Raskin, Novacek, and Hogan (1991a), defensive self-esteem or self-enhancement can take the form of social desirability (self-validation through the extraction of favorable evaluations and approval from others) or, alternatively, it can be linked to grandiosity (a combination of exhibitionism and the expectation of being admired by others). Both overt (Raskin et al., 1991a) and covert (Watson et al., 1984) measures of narcissism correlated negatively with social desirability, which means that pathological narcissists generally have little regard for the impression they make on others. Self-ingratiation is not a narcissistic way of regulating self-esteem. The NPI is, however, associated with grandiosity (Raskin et al., 1991a). This suggests that self-display in the hope of being admired by others is important for the self-esteem of the overt narcissist. Additional evidence for self-enhancement bias associated with overt narcissism is provided by John and Robins (1994) who found the tendency among narcissistic individuals to overestimate, compared with ratings of observers, the quality of their performance in leaderless group discussion.

Just as not all forms of self-enhancement are maladaptive, so some forms of narcissistic self-biases appear related to healthy adjustment. In particular, the NPI subscales measuring leadership, self-absorption, and vanity are all associated with an adaptive, if somewhat exaggerated, expectation of personal control over events and a sense of invulnerability (Watson et al., 1991). The preceding components of the NPI retain a positive correlation with self-esteem even after social desirability and grandiosity have been partialled out (Raskin et al., 1991a). The same is not true, however, of the more pathological Entitlement/Exploitativeness dimension, which loses its positive association with self-esteem after grandiosity is controlled for. Entitlement/Exploitativeness is also related to an unadaptive sense of cynicism and perception of being victimized (Watson et al., 1991).

## EMOTIONS AND FEELINGS

### Hostility

Both overt and covert forms of narcissism have been associated with the undercontrol of hostile and negative impulses (Wink, 1991a). The expression of hostility is likely to take on, however, different forms in the two types of narcissistic individuals. In the case of overt narcissism, it tends to be expressed directly without particular concern for the setting or target. In support of this conjecture, Wink (1992b) found that high scorers on the observer-based CAQ Willfulness scale reported conflict in their relations with friends. In the case of covert narcissism, the hostile

impulses are likely to be held back and may be more evident in marriage and family relations (see Life Implications section). Another factor that may affect the expression of hostility is gender. McCann and Biaggio (1989), for example, reported that the NPI was correlated with general, though possibly unacknowledged, feelings of anger in both men and women. In the case of men, however, the anger was expressed more in physical terms than was the case for women.

In his research on the NPI, Emmons (1987) found that whereas the overall score on the total scale correlated positively with negative affect, the more pathological Exploitativeness/Entitlement subscale correlated with both positive and negative affect and the intensity of affective experience. Emmons suggests that the extreme mood swings of overtly narcissistic individuals may be the result of their relatively simple self-representations. The tendency toward rapid oscillations in mood may also be indicative of the use of the defense mechanism of splitting, which is characteristic of narcissism.

How can overtly narcissistic individuals simultaneously report feelings of hostility and still maintain high self-esteem? According to Raskin, Novacek, and Hogan (1991b), the answer to this question once again involves a grandiose sense of self. Although hostility and self-esteem do not appear to be directly related, when grandiosity and narcissism are partialled out, their relationship becomes negative. In other words, in the absence of grandiosity and narcissism, people who express high hostility also report low self-esteem. In the presence of grandiosity as a moderator variable, the connection between hostility and self-esteem becomes positive.

### Shame and Shyness

The connection between narcissism and shame can be construed in one of two ways. According to Lewis (1971), the entire narcissistic personality structure serves as a defense against profound feelings of shame that originate in childhood. For Lewis, narcissism is a consequence of shame. It could be argued, however, that the arrow of causality points the other way and that it is narcissistic exhibitionism and the tendency to set unrealistic goals that produces shame as a response to the experience of slight, injury, and disappointment (Morrison, 1989).

Initial empirical research using the NPI revealed, contrary to expectations, a negative rather than positive correlation between narcissism and shame (Wright, O'Leary, & Balkin, 1989). Gramzow and Tangney (1992) partialled out healthy subscales of the NPI from the Exploitativeness/Entitlement subscale and found a significant, but low, correlation between pathological overt narcissism and shame. Such a connection between

Exploitativeness/Entitlement and shame was not found by Hibbard (1992) who, however, reported a strong positive association between Ashby, Lee, and Duke's (1979) NPDS and O'Brien's (1987) Multiphasic Narcissistic Inventory and two measures of shame and a measure of masochism. The propensity toward feelings of shame appears to be confined to covertly narcissistic individuals, and it tends not to be consciously experienced by overt narcissists.

Since covert narcissists experience shame, are they also prone to shyness? Cheek and Melchior (1985) found this to be the case, although the relationship between narcissism as measured by Murray's (1938) Narcissism scale, and shyness, as measured by the Cheek and Buss Shyness scale (Cheek & Melchior, 1990), was stronger for women than men. In support of Cheek and Melchior, Wink (1991a) reports a strong negative association between self-reported covert narcissism and CPI (Gough, 1987) measures of social presence, externality, and assurance. If indeed there is a relationship between narcissism and shyness, this raises the possibility of there being two distinct types of shy individuals. In particular, narcissistically based shyness seems to be more ominous and different in its origins and implications compared with the more anxiety-driven shyness characteristic of social phobias and avoidant personality disorders.

### Boredom and Sensation Seeking

Narcissistic feelings of boredom serve potentially two different functions. First, they serve as markers of a false sense of self (Svrakic, 1985). Not having been allowed as children to experience and develop their authentic sense of self (Masterson, 1990; Miller, 1981), narcissistic adults pursue life goals that feel alien and imposed, and that, therefore, lack meaning and fail to energize and vitalize. Second, boredom serves a defensive function of blocking intensive feelings of envy and aggression that threaten the narcissistic individual's equilibrium of the self (Kernberg, 1975). The reverse side of boredom is the propensity toward sensation-seeking undertaken in the hope of coming to life and revitalizing the self.

In a study using the NPI, Emmons (1981) found a relationship between narcissism and susceptibility to boredom and experience seeking, with men reporting greater feelings of boredom and women indicating a stronger sensation-seeking tendency. A risk-seeking factor was also uncovered by Wink and Gough (1990) in their principal components analysis of the CPI and MMPI Narcissism scales.

Similarly to their overt counterparts, covertly narcissistic individuals report feelings of boredom across the major adult social roles of partner, worker, parent, and friend (Wink, *in press*). These feelings of boredom do not reflect objective evidence of failure to maintain a work career or

develop long-term relationships. Rather, they indicate feelings of hostility and resentment that are turned inward and that pervade the lives of covertly narcissistic individuals.

### Empathy

Although an impaired sense of empathy is one of the symptoms of narcissism listed in the DSM-III (APA, 1980), its relationship to narcissism is far from straightforward. On the one hand, a grandiose sense of self inhibits genuine capacity for empathy and, parenthetically, elicits feelings of boredom in interactions with others. On the other hand, however, the narcissistic tendency toward merger with others and toward the regulation of self-esteem by eliciting admiration from others requires considerable empathy, even if it happens to be put to manipulative use. Further, Kohut (1966) argues that healthy empathy in adulthood has its roots in developmentally early relationships based on merger with, and idealization, of the other.

In my research on middle-aged women (Wink, 1992b), I found that across the first half of their adult life, hypersensitive or covertly narcissistic women were less empathic than other women. The autonomous or healthily narcissistic women were, however, consistently more empathic than others, and willful or overtly narcissistic women showed empathy in their late 20s. Gough and I (Wink & Gough, 1990) also found a positive correlation between overt narcissism and empathy. Watson et al. (1984), however, report the NPI to be negatively correlated with two of three empathy scales used in their study. The verdict on the relationship between overt narcissism and empathy is still open. It is likely though that overt narcissists possess the kind of empathy that allows them to manipulate and elicit admiration from others. In distinction, healthily narcissistic individuals are capable of mature empathy, which is used in the service of understanding self and others.

### LIFE IMPLICATIONS

Because most of the empirical research on narcissism is performed on college students, relatively little is known about its effect on real-life outcomes such as the quality of interpersonal relations, success at work, and personal adjustment. In this and the next section, I will rely largely on my own research to flush out some concurrent and developmental implications of narcissism in a group of close to 100 Mills College women graduates (classes of 1958 and 1960) who were initially studied as seniors in college and then followed up at the average ages of 27, 43, and 52 (Helson, 1967;



Helson & Wink, 1992). I have investigated narcissism or self-directedness in these women with the three narcissism scales discussed earlier and scored from observer CAQ-ratings of the rich, open-ended questionnaire responses provided by the participants at age 43.

Among the Mills women, those who scored high on hypersensitivity showed signs of psychological distress at midlife, and lacked enjoyment and engagement in their work careers. They also reported home conflict, a lack of family cohesion, dissatisfaction as partner and parent, and problems with children (Wink, 1991b). Marital dissatisfaction was evident in follow-ups at both age 43 and age 52 (Wink, 1992b; *in press*). Problems of covertly narcissistic individuals in maintaining satisfactory love relationships have been also reported by Solomon (1982) in a study using Ashby, Lee, and Duke's NPDS. In sum, midlife covert narcissism appears to affect detrimentally both areas of work and love and leads to poor psychological adjustment.

In contrast, willful or overtly narcissistic women at midlife were characterized by high energy level and enjoyment of work (Wink, 1991b), and perceived themselves as stimulating and creative across major social roles (Wink, *in press*). This optimistic, if not grandiose, self-perception was not matched however, by any objective signs of success or achievement in the realm of work or interpersonal relations. Although women classified as willful at midlife showed signs of investment in their mid-20s in an upwardly mobile work career, these commitments were not sustained through to the early 40s. A low but significant correlation between willfulness and drug use (Wink, 1991b) suggests that the personal adjustment of the overtly narcissistic women at midlife may be more conflicted than it would appear at first glance.

High scorers on Autonomy or healthy narcissism were not correlated with any measures of interpersonal adjustment, but were associated positively with virtually all measures of success at work. The autonomous women who embarked on an upwardly mobile career in their mid to late 20s tended to achieve high status level at work by midlife. All the psychotherapists and most of the artists in the Mills sample scored high on the CAQ Autonomy scale. This finding supports Kohut's (1966) contention that empathy and creativity are the results of a healthy transformation of childhood narcissism and are, therefore, related to the self-directed line of development.

More direct evidence of a link between narcissism and creativity in the Mills study is that the Autonomy scale correlated positively with the CPI Creative Temperament scale (Gough, 1987) and two Adjective Check List (Gough & Heilbrun, 1983) creativity scales. In addition, Raskin (1980) found a positive relationship between the NPI and the Symbolic Equivalents Test, a measure of creativity developed by Frank Barron

(1974). Solomon (1985) noted a correlation between the NPDS and a self-report creativity scale. It may be that the connection between narcissism and creativity transcends the distinctions between healthy and pathological narcissism.

## CHILDHOOD AND ADULT DEVELOPMENT

Empirical research on the origins and development of narcissism includes studies of family dynamics and early relations with parents, research on the special status of narcissistic adults as children, and inquiry into personality change in adulthood.

### Childhood Origins

There is little direct description of narcissism in children. Most psychoanalytic work on childhood origins of narcissism, including the writings of Kernberg (1975) and Kohut (1971, 1977), are based on inferences drawn from the analysis of transference and regression of adults seen in treatment.

Clinical observations of children indicate that narcissistic vulnerability is already evident in children of 3 or 4 years of age (Noshpitz, 1984). Once in school, narcissistic children develop a posture of arrogant isolation (overt narcissism) or, alternatively, appear shy and awkward, and eager to please in order to avoid shame and humiliation. These covertly narcissistic children relegate their grandiosity and entitlement to the world of fantasy (Bleiberg, 1988). Clinical studies of severely disturbed and abused young children link narcissism to an unusual sensitivity, responsiveness, and ability to anticipate the needs of others, which, however, mask a core sense of aloofness and fear of dependency (Yates, 1981). Frequently, the precocious, and defensive in nature, empathic ability is used to obtain gratification through the self-serving manipulation of the outside world, which is perceived as threatening and hostile (Tooley, 1975).

In a retrospective study of early parenting styles among college undergraduates, Watson, Little, and Biderman (1992) found NPI's Exploitativeness/Entitlement subscale to be negatively correlated with the mature authoritative parenting style and positively correlated with parental permissiveness. In the Mills Longitudinal study, Wink (1992b) found that in midlife, hypersensitive or covertly narcissistic women characterized their early relations with both their mothers and fathers as lacking in warmth and caring. The mother was also reported as inspiring distrust and lack of security. Women with high scores on willfulness or overt narcissism expressed, on the other hand, a dislike of

their mothers but indicated a liking and pride of their fathers, who themselves showed narcissistic personality traits (Wink, 1991b). Evidence of an early identification with a narcissistic father among overtly narcissistic women is also provided by Block (1971) in his analysis of data from two longitudinal studies. As argued by Masterson (1990), one route toward adult narcissism appears to involve an identification with a narcissistic parent in order to escape from the even more disturbed other parent.

In my research, I have found no relationship between Autonomy or healthy narcissism and retrospective accounts of early relations with parents. Mills women with high scores on Autonomy did, however, report being involved in artistic, creative, and agentic childhood activities (Wink, 1992b).

### Special Status

Do narcissistic adults possess special characteristics as children that predispose them to differential treatment by parents? Empirically, this question has been addressed primarily through research on the relationship between narcissism and birth order. The results are mixed. Joubert (1989) reports a positive relationship between birth order and scores on the NPI. Narayan (1990), however, failed to replicate this finding, and Watson and Biderman (1989) obtained no support for the hypothesis that being an only child relates to narcissism. It is likely that birth order on its own is not a sensitive enough criterion for the multiplicity of reasons why children may be selected as special by parents who need them to maintain their own frail psychological equilibrium.

### Adult Development

As will be recalled, the Received View assumes that narcissism leads to deterioration in midlife. The signs of aging associated with middle adulthood and the growing realization that there are limits to one's accomplishments, are supposed to potentiate narcissistic feelings of envy and resentment that, in turn, result in depression and a sense of depletion.

In the Mills Longitudinal Study, the preceding pattern of adult development was evident in personality changes associated with Hypersensitivity. In their early 40s, hypersensitive women scored lower than the rest of the Mills women on CPI measures of social poise and assurance, normative control of impulse, and achievement (Wink, 1992b). When still in college, however, the same women were virtually indistinguishable from their classmates. Evidently, hypersensitivity at midlife is the product of deterioration that starts in the mid-20s as individuals

confront the challenges of establishing a work career and maintaining long-term relationships. Although from early 40s to early 50s, the hypersensitive women gained somewhat in impulse control, they continued to be more troubled than the rest of the Mills women (Wink, in press).

A very different pattern of adult personality change was evident among the Mills women classified at midlife as willful. The willful women increased in social poise, confidence, and level of effective functioning during the first few years after graduation from college, a time of novelty and excitement associated with the formation of the first adult life-structure. In their early 40s, however, high scorers on Willfulness showed very little difference from college days. At both ages, they were more impulsive and self-indulgent than the other Mills women. The same findings continued to be true in the early 50s (Wink, 1992b, in press). The Mills findings regarding the long-term stability of personality in overtly narcissistic women agree with Block's (1971) account of personality development of the dominant narcissist.

From the early 20s to the early 50s, the autonomous or healthily narcissistic women scored higher than the rest of Mills women on CPI measures of tolerance, psychological mindedness, creativity, and intellectual achievement. Unlike high scorers on Willfulness, who were at their best in their late 20s, for the autonomous women the late 30s and early 40s were a time of growth in confidence, social poise, and understanding of self and others (Wink, 1992b). From the 40s to early 50s, autonomy was associated with increases in responsibility and the ability to maintain friction-free relationships with others that are characteristic of individuals in positions of social and personal dominance and power (Wink, in press).

The different patterns of change associated with Hypersensitivity, Willfulness, and Autonomy highlight, once again, the importance of the distinction between overt and covert and healthy and less healthy forms of narcissism.

## GENDER

The main body of psychoanalytic research on narcissism does not take into account issues of gender. Although Kohut (1977, 1984) distinguishes between two types of narcissistic relationships, those based on mirroring and exhibitionism and those involving merger with the idealized other, they are not seen as gender specific. As early as the 1950s, however, the psychoanalyst Annie Reich (1953) argued that women narcissists, in contrast to their male counterparts, were much more likely to be involved in relationships based on idealization. Such relations take on either the form

of dependent subservience to a strongly admired partner or, alternatively, involve short-lived infatuations that lead to inevitable disappointment.

More recently, Phillipson (1985) has applied Chodorow's (1978) theory of gender differences to narcissism. Because in our society women are the primary caregivers, girls tend to be brought up by a parent of the same gender, whereas boys are not. According to Phillipson, this produces very different kinds of faulty empathy in the mother-daughter and mother-son dyads. In the case of the boy, mother's lack of empathy leads to an exaggerated sense of otherness, and a need for admiration and mirroring that are characteristic of phallic narcissism. A daughter exposed to faulty maternal empathy, on the other hand, can gain self-worth through acting as an extension of her mother. In adulthood, this leads to merger relationships based on idealization that, according to Phillipson, should not be viewed as narcissistic. Similar considerations have led Haaken (1983) to postulate that early parental lack of empathy results in borderline symptomatology in women and narcissism in men.

Most researchers who have used the NPI to analyze gender differences report significantly higher mean scores for men than women (Carroll, 1987; Joubert, 1989; Watson et al., 1984; Watson et al., 1987), though there are some exceptions (Auerbach, 1984; Raskin & Hall, 1981). The presence of mean differences does not preclude, however, the possibility that high scores on measures of narcissism have similar implications for both genders. In fact, in the research on the Mills Longitudinal sample described earlier, I found that predictions drawn from a general, and gender undifferentiated theory of narcissism were applicable to women. Similarly, Wink and Gough (1990) found that although men scored significantly higher than women on both the CPI and MMPI Narcissism scales, the pattern of correlations between these two scales and other self-report personality measures were virtually identical for both genders.

Even though women and men with high scores on narcissism scales may have many characteristics in common, this does not mean that there are no important gender differences. As discussed earlier, the relationship between narcissism and shyness is stronger for women (Cheek & Melchior, 1985), and narcissistic women tend to be less prone to physical aggression than narcissistic men (McCann & Biaggio, 1989). In addition, in a study using the NPI and the Thematic Apperception Test (TAT, Murray, 1943), Carroll (1987) noted a positive correlation between overt narcissism and the need for power in men and a negative correlation between narcissism and the need for intimacy in women. Watson et al. (1987) report that femininity, as measured by the Bem (1981) Sex Role Inventory, was inversely related to exploitative narcissism.

The relationship between narcissism and gender obviously raises the issue of social and cultural influences on personality structure and

psychopathology. We have no research data on how the changing role of women in our society impacts narcissism. We may expect, however, that as women begin to occupy positions of privilege and power in the workplace and as men become more involved in the care of children, gender differences in narcissism should gradually disappear.

## IMPLICATIONS AND RECOMMENDATIONS

The quantitative research on narcissism reviewed in this chapter contributes in an important way to our understanding of the construct. It is quite evident that research on individual differences plays an important role in testing and extending theories of narcissism derived from qualitative, clinically based case studies. As has been amply documented, research using self-report scales such as the NPI and NPDS, and the three observer-based CAQ narcissism scales, confirms the psychoanalytically based hypothesis that grandiosity, egocentricity, and self-enhancement are central features of narcissistic pathology. The presence of negative affect, in particular hostility, feelings of boredom, problematic relationships with others, and a deterioration at midlife, at least in some forms of narcissism, have all been confirmed in studies of group and individual differences.

Perhaps the most salient insight into narcissism to emerge from this review pertains to the complexity and multidimensionality of the construct. An obvious manifestation of this complexity is the distinction between overt and covert narcissism. Although uncorrelated with one another, the self-report NPI and NPDS, as well as the observer-based Willfulness and Hypersensitivity scales, are all associated with external ratings of narcissism and underlying attitudes of arrogance and exploitativeness. Yet, on the surface, overtly narcissistic individuals present as domineering, assertive, and exhibitionistic, whereas covertly narcissistic persons strike us with their sense of shyness, inadequacy, and depletion. Both types of narcissism show important differences in terms of real-life outcomes and patterns of adult development.

Equally important as the distinction based on type, is the differentiation of narcissism according to level of pathology. Among the two more pathological forms of the disorder, only covert narcissism is linked to lack of empathy, poor personal adjustment in love and work, and deterioration in personality functioning at midlife. Within the domain of overt narcissism, the NPI's exploitativeness/entitlement dimension is related to cynicism, a fragile sense of self-esteem, and extremity of mood swings, whereas the self-reported sense of authority, superiority, and vanity is not. In distinction to pathological narcissism, healthy self-directedness is

associated with creativity, empathy, an upwardly mobile work career, and personality growth in adulthood.

Another manifestation of the complexity surrounding narcissism has to do with the meaning of symptoms. For example, feelings of empathy characterize both healthy and more pathological overt narcissists. Yet, although feelings of empathy associated with healthy narcissism have their roots in altruism, the empathy related to pathological narcissism serves the purpose of manipulation and exploitation. Similarly, feelings of shyness associated with covert narcissism are probably quite different from the social anxiety found among individuals with an avoidant personality disorder.

Finally, gender provides an additional source of variation affecting narcissistic symptomatology. Narcissistic women have been reported, for example, to be less physically aggressive, less power oriented, and more prone to idealization than men. Although virtually no research exists on the relationship between narcissism and ethnicity and social class, they are also likely to affect narcissistic symptomatology. Smith (1990), for example, found Caucasian women to be more narcissistic than Asian women.

A model of narcissism that takes into account type, level of pathology, gender, ethnicity, and class has important implications for both the clinician and researcher. From a clinical perspective, narcissistic fantasies of power and grandeur, for example, can equally well lurk behind a bombastic and exhibitionistic facade as one of shyness, vulnerability, and depletion. Clinicians should also keep in mind that narcissistic clients have the potential to transform or channel their self-invested energy into creativity, empathy, and wisdom. Conversely, individuals who initially impress us with their sensitivity to others, and understanding of the world may turn out ultimately to be quite egocentric and grandiose.

From a research perspective, the different patterns of adult development associated with type and level of narcissistic pathology are important to the study of aging. Equally, the relationship between overt narcissism and self-enhancement and the self-concept in general should be of interest to both personality and social psychologists. In general, psychological research into the real-life implications of narcissism supplements psychiatric research into the construct that thus far has focused primarily on symptoms and differential diagnosis, and has neglected issues of construct, concurrent, and predictive validity (Gunderson et al., 1991).

More research is obviously needed into the relationship between the various types of narcissism and their concurrent and developmental implications. Direct research on childhood antecedents of narcissism is sadly lacking. In distinction to psychiatric research, psychological studies of narcissism have neglected the issue of differential diagnosis

(discriminant validity). We need to study the relationship between measures of overt narcissism and those of histrionic and antisocial personality disorders. Research is also required on the relationship between self-reported covert narcissism and schizoid, avoidant, and passive-aggressive personality disorders. Both types of pathological narcissism need to be related to the borderline personality. Research efforts in all these areas need to be sensitive to issues of gender, ethnicity, and class, as well as to the impact of changing sociocultural contexts on the prevalence and manifestations of healthy and more pathological levels of self-investment.

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