

Comparing Clinical and Social-Personality Conceptualizations of Narcissism

Joshua D. Miller and W. Keith Campbell

University of Georgia

ABSTRACT There is a lack of consensus surrounding the conceptualization of narcissism. The present study compared two measures of narcissism—one used in clinical settings (Personality Diagnostic Questionnaire, PDQ-4+; Hyler, 1994) and one used in social-personality research (Narcissistic Personality Inventory, NPI; Raskin & Terry, 1988)—across two samples. Sample 1 ($N = 271$) was composed of undergraduates, whereas Sample 2 ($N = 211$) was composed of parents of the Sample 1 participants. The scales were significantly interrelated but manifested divergent relations with general personality traits, personality disorders (including expert prototypal ratings of narcissism), recollections of parenting received, and psychological distress and self-esteem. PDQ-4 narcissism captured an emotionally unstable, negative-affect-laden, and introverted variant of narcissism; NPI narcissism captured an emotionally resilient, extraverted form. The clinical and social-personality conceptualizations of narcissism primarily share a tendency to use an antagonistic interpersonal style. Implications for the *DSM-V* are discussed.

The study of narcissism has a long and storied tradition tracing back to the late 1800s and it has garnered the attention of preminent personality and psychopathology theorists including Freud (e.g., 1931) and more modern colleagues (Kernberg, 1975; Kohut, 1977; Millon, 1981). Despite this long history, narcissism did not emerge officially as a mental disorder until the publication of the *DSM-III* (American Psychiatric Association, 1980). Narcissistic personality

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Correspondence concerning this article should be addressed to Joshua D. Miller, Department of Psychology, University of Georgia, Athens, GA 30602-3013. E-mail: jdmiller@uga.edu.

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disorder (NPD) is currently characterized by a “pervasive pattern of grandiosity, need for admiration, and lack of empathy” (American Psychiatric Association, 1994, p. 714) and is placed in Cluster B of the personality disorders (PDs).

Despite this history, there is a great deal of confusion surrounding the clinical and social-personality conceptualizations of narcissism. Indeed, according to the social-personality literature, narcissism may be adaptive in some ways (e.g., Sedikides, Rudich, Gregg, Kumashiro, & Rusbult, 2004) or at least a trade-off of positive and negative consequences for the self (Campbell, Bush, Brunell, & Shelton, 2005; Morf & Rhodewalt, 2001). The goal of the present research is to clarify these conceptualizations of narcissism. To this end, we assess narcissism in two nonclinical samples with measures that reflect either the clinical or the social-personality conceptualization of narcissism. We then compare these assessments to each other and to a spectrum of criterion variables, including general personality traits, personality disorders, putative etiological factors (e.g., parenting), psychological distress, and self-esteem.

Why the Confusion Surrounding Narcissism?

Much of the confusion can arguably be traced back to its roots in psychodynamic theory. In general, psychodynamic theory can be confusing due to the difficulty of operationalizing key constructs (e.g., libidinal cathexis), as well as the use of models that describe opposing unconscious and conscious states. In the case of narcissism, there is another source of confusion: no single clearly agreed upon conceptualization of narcissism exists in the psychodynamic literature. At least two conceptualizations have emerged: one that reflects an individual who is dominant and is relatively high-functioning and another that reflects what is essentially a borderline personality configuration. Consistent with the first, Freud (1931) described the narcissistic type as a relatively well-adjusted, dominant individual:

People of this type impress others as being ‘personalities’; it is on them that their fellow-men are specially likely to lean; they readily assume the role of leader, give a fresh stimulus to cultural development or breakdown existing conditions. (p. 215)

Consistent with the second, Kernberg's conceptualization of narcissism is explicitly connected with a broader borderline personality organization:

The defensive organization of these patients is quite similar to that of the borderline personality organization in general. They present a predominance of primitive defensive mechanisms such as splitting, denial, projective identification, omnipotence, and primitive idealization. They also show the intense, primitive quality of oral-aggressive conflicts characteristic of borderline patients. What distinguishes them from the usual borderline patient is their relatively good social functioning, their better impulse control. (pp. 229–230)

This divergence in conceptualizations has resulted in a clinical construct that acknowledges both perspectives but—at least in the diagnostic and associated features (as opposed to the diagnostic criteria)—appears to favor Kernberg's. For example, the *DSM-IV* notes that narcissists are “very sensitive to injury” and have self-esteem that “is almost invariably very fragile” (pp. 714–715). This fragility, however, does not appear explicitly in the diagnostic criteria with the exception of two criteria framed in terms of need and preoccupation. For example, narcissists are “*preoccupied* with fantasies of unlimited success” and “*require* excessive admiration” (*DSM-IV*, 1994, p. 717). The wording appears to increase the role of negative affectivity in this construct.

The well-validated construct of narcissism in the social-personality literature, assessed primarily with the Narcissistic Personality Inventory (NPI), suggests a different picture (for reviews, see Emmons, 1987; Morf & Rhodewalt, 2001). The social-personality perspective conceptualizes narcissism as a dimensional personality trait that is not necessarily pathological. Notably, social-personality narcissism is associated with positive psychological well-being and high self-esteem (Sedikides et al., 2004); likewise, there is little evidence for the “brittleness” found in the clinical description, although there is evidence of externalizing, aggressive responding to certain provocations (e.g., Bushman & Baumeister, 1998). Nevertheless, the social-personality construct of narcissism does predict many of the behaviors noted in the clinical description (e.g., entitlement, fantasies of success, a desire for admiration).

Resolving the Confusion

In the present research, we use an empirical approach to clarify the clinical and social-personality constructs of narcissism. Specifically, we decompose these constructs by examining their relations to general personality traits and the larger nomological network surrounding the two (e.g., PD constructs, retrospective reports of parenting, psychological distress, and self-esteem). We detail each of these below.

Criterion 1: Decomposing Narcissism via General Personality Traits

We will begin by comparing the profiles generated by the two narcissism scores on a measure of the Five-Factor Model (FFM), the Revised NEO Personality Inventory (NEO PI-R; Costa & McCrae, 1992). This includes examining (a) the general NEO PI-R personality profiles as well as (b) the relations between the narcissism scores and two expert-generated FFM ratings of the prototypical narcissist.

It has long been noted that certain measures of narcissism (i.e., NPI) and NPD manifest different relations with general personality traits. Trull and McCrae (2002) noted that NPI narcissism is negatively related to Neuroticism (N) and Agreeableness (A) and positively related to Extraversion (E) from the FFM, which does not “square well with *DSM-III-R* criteria for NAR” (p. 53) because “nothing in the *DSM-III-R* definition suggests high E” and “worse yet, *DSM-III-R* suggests that individuals with NAR should score high, not low, on N” (p. 53). A meta-analysis (Saulsman & Page, 2004) of the relations between PDs and the FFM highlights this confusion. Saulsman and Page found an effect size (i.e., r) of only .03 between NPD and N. However, this finding masks serious heterogeneity (e.g., direction of the relation between NPD and N: 28% significantly negative; 39% significantly positive; 33% nonsignificant). Heterogeneity predominates the findings for E as well (mean $r = .24$); 39% of the findings were significantly positive, whereas 61% were nonsignificant.

Another method for understanding narcissism is to examine how experts conceptualize NPD using general personality traits. Lynam and Widiger (2001) identified “experts” (individuals who had published at least one article on the PD they were asked to rate) and asked them to rate the *prototypical* individual with a specific PD

(e.g., NPD) on the 30 facets of the NEO PI-R. The goal of this was to see if the *DSM-IV* PDs could be captured by general personality traits in a reliable and valid manner. Miller, Reynolds, and Pilkonis (2004) demonstrated that these FFM PD prototypes (i.e., the aggregated expert ratings across the 30 facets) could be used to assess the *DSM-IV* PDs; the FFM PD profile similarity scores (i.e., correlations between individuals' scores on the 30 NEO PI-R facets and the aggregated expert FFM profiles) were significantly correlated with interview ratings of the *DSM-IV* PDs (*mdn* $r = .50$). Samuel and Widiger (2004) used the same methodology with practicing clinicians; the two sets of expert ratings of NPD were very similar. In general, the FFM NPD prototypes reflect very low scores on all facets of Agreeableness and high scores on several Extraversion facets (e.g., activity, assertiveness, and excitement seeking). These data, when compared with the DSM description (e.g., suggesting a prominent role of high Neuroticism and little to no role of Extraversion), suggest that a disconnect exists between the expert conceptualizations of NPD generated using the FFM and the *DSM-IV* construct.

Criterion 2: Narcissism and Other Problematic Personality Styles

The relations between the two conceptualizations of narcissism and other personality disorders are unclear because the NPI has received little attention in relation to the DSM PDs. Prifitera and Ryan (1984) found that NPI scores were negatively correlated with avoidant and dependent PDs and positively correlated with histrionic, narcissistic, and antisocial PDs. Not surprisingly, DSM NPD is most strongly correlated with other Cluster B PDs (e.g., Stuart et al., 1998). However, studies have also shown significant positive associations between NPD and the other non-Cluster B PDs as well.

Criterion 3: Narcissism and Parenting

Like most personality disorders, the origins of narcissism are unclear. However, the preeminent theorists all ascribe an important causal role to parents. For example, Millon, Grossman, Millon, Meagher, and Ramnath (2004) argued that narcissism develops as a result of parents who overvalue their child's accomplishments and give reinforcement that is not contingent upon actual behavior. Kohut (1977) suggested that narcissism develops as a result of

parental failures to mirror the child's "appropriate" grandiosity or overprotectiveness that results in a lack of opportunities to experience some degree of failure, frustration, or disappointment. Finally, Kernberg (1975) argued that pathological narcissism was related to having "chronically cold parental figures with covert but intense aggression" (p. 234). However, he believed that narcissistic individuals often had "some inherent quality . . . or some special talent" which becomes "a refuge against the basic feelings of being unloved" (p. 235).

Relatively little work has been done on the relations between parenting and narcissism. Recently, Horton, Bleau, and Drwecki (2006) examined relations between the NPI and measures of perceived parenting. These authors found positive relations between parental warmth and both normal narcissism and "unhealthy narcissism" (NPI scores with self-esteem partialled out). Similarly, monitoring was negatively related to both narcissism scores. Only unhealthy narcissism was also predicted by psychological control. Conversely, Otway and Vignoles (2006) found (mostly) significant relations, when considered simultaneously, between parental coldness and overvaluation and narcissism. Data on NPD come primarily from the Children in the Community study, which examines the prospective relations between parenting and the development of PDs. Studies from this sample have found associations between NPD and childhood abuse (Johnson, Cohen, Brown, Smailes, & Bernstein, 1999) and neglect (Johnson, Smailes, Cohen, Brown, & Bernstein, 2000).

Criterion 4: Narcissism, Distress, and Psychopathology

The question of whether or not narcissists "feel bad" is a common one (Sedikides et al., 2004). NPI narcissism is positively related to self-esteem (e.g., Campbell, Rudich, & Sedikides, 2002) and negatively related to ratings of sadness and depression (Sedikides et al., 2004) and neuroticism (e.g., Ruiz, Smith, & Rhodewalt, 2001). The relation between DSM NPD and psychological symptoms and distress is less clear. As noted earlier, the *DSM-IV* description suggests a construct laden with negative affectivity; however, empirical data are sparse. Miller et al. (2007) found that NPD symptoms were significantly predictive of anxiety and depression in two clinical samples, albeit to a small degree. However, NPD is not typically

comorbid with depression or anxiety-related disorders (e.g., Corruble, Ginestet, & Guelfi, 1996).

The Present Study

The goal of the present research is to clarify the relations between clinical and social-personality measures of narcissism. Our approach is based on placing each construct into a broader nomological network. First, we examine the interrelations between common measures of narcissism from a clinically (i.e., *DSM-IV*) focused perspective, the Personality Diagnostic Questionnaire-4 (PDQ-4; Hyler, 1994), and a social-personality perspective, the NPI. Second, we conduct a broad construct-validation study of both measures by comparing their relations with (a) measures of FFM personality traits (using self and informant reports), (b) PDs, (c) etiology (i.e., retrospective reports of parenting styles), and (d) psychological distress and self-esteem.

For both the FFM and *DSM-IV* PD results, we will examine whether the two narcissism scores generate a similar profile with regard to these external constructs. These questions are addressed in two samples; Sample 1 ($N = 271$) is composed of undergraduates, whereas Sample 2 ($N = 211$) is composed of parents of the individuals from Sample 1. The use of two samples allows us to examine the consistency of the current findings and test whether they generalize across two divergent samples with regard to age and education.

As noted earlier, we use two popular personality measures to assess the constructs of interest—the PDQ-4 and the NPI. While both were designed with the *DSM* NPD construct in mind, the PDQ-4 measures narcissism in a manner more consistent with the current *DSM-IV* methodology. In the PDQ-4, each of the nine questions on the NPD scale assesses one of the nine specific *DSM-IV* NPD criteria. For example, for the *DSM-IV* criterion “is interpersonally exploitative” the PDQ-4 uses the following true/false question: “Some people think that I take advantage of others” (Hyler, 1994). For the *DSM-IV* criterion “has a grandiose sense of self-importance” the PDQ-4 uses: “I have accomplished far more than others give me credit for.” In contrast, the NPI does not specifically assess the *DSM* criteria but instead uses the *DSM-III* criteria as a “conceptual template” (Raskin & Terry, 1988, p. 892). The NPI uses 40 dichotomous items in which a respondent chooses which of two

sentences provides the best description of them. Sample items include (a) "I will be a success" or (b) "I am not too concerned about success," as well as (a) "When people compliment me I get embarrassed" or (b) "I know that I am a good person because everybody keeps telling me so." We used the total NPI score as this is consistent with its most common usage and because there is no clearly agreed upon factor structure for the NPI (e.g., seven factors: Raskin & Terry, 1988; four factors: Emmons, 1984; three or two factors: Kubarych, Deary, & Austin, 2004).

Although not the focus of the present study, it is important that we note the association with these two measures and the putative distinction between overt and covert narcissism (also known as grandiose vs. vulnerable; see Wink, 1991). Overt or grandiose narcissism, which is believed to be "reflected in the presentation of the NPD in the DSM" (Dickinson & Pincus, 2003, p. 188), is related to "self-assuredness, aggressiveness, exhibitionism, self-indulgence, and disrespect for the needs for others" (Wink, 1991). Alternatively, covert or vulnerable narcissists are "described as overtly self-inhibited and modest but harbor underlying grandiose expectations for oneself and others (Gabbard, 1989, 1998)" (Dickinson & Pincus, 2003, p. 189). Several studies have noted that the NPI appears to be a measure of overt/grandiose narcissism (e.g., Rathvon & Holmstrom, 1996; Rose, 2002), whereas the nature of the *DSM-IV* NPD construct is less clear. As noted, Dickinson and Pincus (2003) argue that the *DSM-IV* construct is related to overt narcissism. Fossati et al. (2005), on the basis of confirmatory and exploratory factor analyses, suggest that the *DSM-IV* NPD symptoms split into two correlated factors that they labeled overt (i.e., six of nine symptoms) and covert (i.e., three of nine symptoms) narcissism. It appears that the *DSM-IV* construct is thought to be either entirely or primarily a measure of overt narcissism, with, potentially, a covert component.

Hypotheses

In general, we predict that narcissism as measured by the PDQ-4 will look more like narcissism described by Kernberg (1975) and others. That is, we predict that the PDQ-4 NPD scores will be consistently related to a broader dimension of negative affectivity and psychopathology given the "fragile," "vulnerable" quality described in the *DSM-IV*. Our specific predictions are as follows. *Criterion 1*, general

personality: We expect positive relations between the PDQ-4 and Neuroticism and negative relations with Agreeableness. *Criterion 2*, other PDs: We expect PDQ-4 narcissism to correlate with the majority of other PDs. *Criterion 3*, parenting: We expect that PDQ-4 narcissism will be related more strongly to negative recollections of parenting (e.g., parental coldness). *Criterion 4*, psychological distress and self-esteem: We expect that PDQ-4 narcissism will be associated with greater distress and lower self-esteem.

In contrast, we predict that social-personality narcissism, as measured by the NPI, will look much more like the narcissism described in Freud's (1931) essay. Our specific predictions are as follows. *Criterion 1*, general personality: We expect positive relations between NPI scores and Extraversion, and negative correlations with Agreeableness and Neuroticism. *Criterion 2*, other PDs: We expect NPI narcissism to correlate primarily with other Cluster B PDs (e.g., antisocial). *Criterion 3*, parenting: We expect NPI narcissism to be positively linked to warmth and negatively related to monitoring (Horton et al., 2006). *Criterion 4*, psychological distress: We expect NPI scores to be negatively associated with distress and positively related to self-esteem.

SAMPLE 1

Method

Participants

Participants were 271 undergraduates self-selected from a larger research pool. Fifty-six percent of the participants were women, 86% were Caucasian, and the mean age was 19.3 years ($SD = 1.26$).

Measures

PDQ-4+. The PDQ-4+ (Hyler, 1994) is 99-item self-report measure of *DSM-IV* PDs on which items are answered using a Yes/No response format. PD symptom counts are computed by summing the items endorsed for each PD. Widiger and Coker (2001) suggest that the PDQ-4+ is one of the most commonly used self-report measures of PD symptoms. Of these self-report measures, the PDQ-4+ is the measure that is most "directly coordinated with the *DSM-IV* personality disorder diagnostic criteria" (Widiger & Coker, 2001, p. 412). As such, nine items are

used to create the NPD symptom count ($M = 2.59$; $SD = 1.81$; $\alpha = .56$). See Table 3 for the other PDs assessed by the PDQ-4+.

Narcissistic Personality Inventory (NPI). The NPI (Raskin & Terry, 1988) is a 40-item self-report assessment that measures trait narcissism. The NPI is the most widely used measure of narcissism in the field of social personality and has been validated extensively with criteria ranging from behavioral outcomes, self-reports, and other reports (for reviews, see Emmons, 1987; Morf & Rhodewalt, 2001). The mean NPI score in the current sample was 16.4 ($SD = 7.71$; $\alpha = .88$).

NEO PI-R. The NEO PI-R (Costa & McCrae, 1992) is a 240-item self-report measure of the Five-Factor Model of personality, which includes five broad domains of Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness. Each of these five domains is underlaid by six more specific facets. In the current sample, alphas for the domains ranged from .88 to .92, while the facets ranged from .56 to .85, with a median of .77. This is congruent with alphas reported in the NEO PI-R manual.

Five-Factor Model Narcissistic PD similarity scores. A similarity score is essentially an intraclass correlation (ICC) between an individual's scores on the 30 facets of the NEO PI-R and expert prototypal ratings of a specific PD on these same 30 facets (see Miller et al., 2004 for details). Here, we calculated similarity scores for Narcissistic PD by using (a) the expert-generated facet profile for the Narcissistic PD prototype as described in Lynam and Widiger (2001) and (b) the clinician-generated facet profile for the Narcissistic PD prototype as described by Samuel and Widiger (2004). An ICC is used because it considers both the shape and elevation of individual scores (rather than focusing on shape alone like a Pearson r). The resultant ICC, which describes the degree to which an individual's NEO PI-R profile matches the expert-generated Narcissism prototypes, is used as their "score" on the FFM NPD academician and clinician indices.

Rosenberg Self-Esteem Scale (RSES). The RSES (Rosenberg, 1965) is a 10-item global measure of self-esteem in which the items are scored on a 1 (*Disagree strongly*) to 4 (*Agree strongly*). The mean for the RSES was 32.40 ($SD = 4.72$; $\alpha = .87$).

Psychological Control Scale (PCS). The PCS items (Barber, 1996) are scored on a 1 (*Not like her/him*) to 3 (*A lot like her/him*) scale. In the

current study, participants were asked about their parents' behavior towards them between the ages of 11 and 17. The mean of the ratings for the mother and father was used if ratings for both parents were provided (98%); otherwise just the single parent rating was used (e.g., mother only). The mean PCS score was 11.06 ($SD = 2.46$; $\alpha = .81$ for combined scale). A sample item includes "My mother/father was always trying to change how I felt or thought about things." Higher scores indicate greater control.

Parenting Warmth and Monitoring Scale. This scale (Lamborn, Mounts, Steinberg, & Dornbusch, 1991) measures the degree of warmth and parental supervision given to children. In the current study, questions pertaining to parental monitoring (15 items) were asked for the time frame of 12th grade. This specific time frame was used to ensure that participants were using the same reference point when recalling their parents' behavior. A sample item from the "warmth" scale includes "I could count on him/her to help me out, if I had some kind of problem." A sample item from the "monitoring" scale includes "My parents knew exactly where I was most afternoons after school." Because the metric for these items varied within the scales (e.g., 2-, 3-, 4-, 7- and 9-point items), items were standardized before being summed. Alphas for parental warmth and monitoring were .72 and .76, respectively. Higher scores equal higher levels of warmth and monitoring.

Brief Symptom Inventory (BSI). The BSI (Derogatis & Melisaratos, 1983) is a commonly used, 53-item measure of psychopathology that includes both specific symptom scales and a global severity index (GSI, which is the average score of the 53 total items). Here we report only on the GSI as studies have suggested that the specific scales have limited discriminant validity. The BSI questions pertain specifically to the last week. A sample question includes: "In the last week, how much were you distressed by: feeling lonely?" The mean for the GSI was .63 ($SD = .56$; $\alpha = .96$).

SAMPLE 2

Method

Participants

Participants were 211 parents of the undergraduates included in Sample 1. Questionnaire packets were mailed to the addresses of all parents of

individuals in Study 1. Participants were paid \$15 upon receipt of the completed questionnaires. Fifty-eight percent were women, 92% were Caucasian, and the mean age was 49.8 years ($SD = 5.03$).

Measures

NEO PI-R-Short Form. An abbreviated version of the NEO PI-R (Costa & McCrae, 1992) was used to assess the five major domains and 30 specific facets. This version is composed of 120 self-report items. In the current sample, alphas for the domain ranged from .77 to .86, whereas the facets ranged from .36 to .77 with a median of .68. One item was dropped from the Conscientiousness domain (and the facet of deliberation) because its inclusion significantly decreased the reliability of the facet and domain.

The remaining measures are identical to those used in Sample 1; as such, we provide only the relevant descriptive data for each. For the PDQ-4, the mean for the Narcissistic PD symptom count was 1.43 ($SD = 1.34$; $\alpha = .47$). For the NPI, the mean was 10.69 ($SD = 5.82$; $\alpha = .83$). For the RSES, the mean was 34.07 ($SD = 4.2$; $\alpha = .85$). For the BSI, the mean GSI score was .27 ($SD = .30$; $\alpha = .94$).

Informant reports. A smaller percentage of the parents from Sample 2 later completed informant reports on their child's general personality traits (e.g., NEO PI-R). We report on the findings from the 68 mothers (25% of Sample 1) who returned questionnaires. Not enough fathers returned questionnaires ($n = 35$) to warrant the separate examination of these reports and only eight of these paternal ratings occurred in cases in which we did not also have ratings from the mother. As such, we report on the maternal reports only. The mothers completed an informant version of the NEO PI-R (Costa & McCrae, 1992). Alphas for the informant reported NEO PI-R domains ranged from .86 to .95.

Attrition analyses were conducted between the two groups (mothers who completed informant and self-reports vs. those who only provided self-reports). The groups were compared on age, race, ethnicity, income, education, marital status, NPI and PDQ-4 narcissism, and the FFM domains. No significant differences were found. We also compared narcissism scores for the participants (Sample 1) who had mother reports versus those who did not. The groups did not differ on PDQ-4 NPD, $t(267) = .01$, *ns*. However, individuals without mother reports had higher NPI scores than those with mother reports, $t(267) = 2.10$, $p < .05$. This was a small effect ($d = .26$); yet this difference may have attenuated the strength of the relations found in the informant sample.

RESULTS

Analytic Strategy

We first examine whether there are gender differences in the mean levels of narcissism, as well as whether the relations between narcissism scores and the external criteria differ depending on gender (see Preliminary Analyses). Following this, we examine the narcissism scores with respect to each of the four criteria: general personality traits, PDs, perceptions of parenting received, and distress and self-esteem.

Because of the likelihood of Type 1 errors, we do not focus on the significance of the correlations (e.g., Neuroticism and NPI). Instead, we examine (a) whether the correlations between the two narcissism scores and the criterion variables are significantly different and (b) the similarity of the overall profiles (of correlations) to see if the two narcissism measures are creating similar *patterns of findings* with regard to personality and PD symptoms (e.g., PDQ-4 and FFM; NPI and FFM). Our examination of profile similarity used double-entry Q correlations, which measure the absolute level of agreement (i.e., taking into account shape and elevation of profiles). We examine the similarity of profiles across measures, within samples (e.g., FFM profiles of PDQ-4 NPD in Sample 1 vs. NPI in Sample 1), within measures, across samples (FFM profiles of PDQ-4 NPD in Sample 1 vs. PDQ-4 NPD in Sample 2), and across measures, across samples (e.g., FFM profiles of PDQ-4 NPD in Sample 1 vs. NPI in Sample 2). This technique minimizes the significance of each correlation; instead, each correlation functions as one of many data points feeding into the broader test of similarity.

Preliminary Analyses

Gender Differences

For PDQ-4 NPD symptoms, there was a significant gender difference in Sample 1, $t(268) = 2.94, p < .01$ and a trend for a significant difference in Sample 2, $t(206) = 1.78, p < .08$. There were significant gender differences for NPI narcissism in Sample 1, $t(268) = 3.11, p < .01$, and Sample 2, $t(209) = 3.32, p < .01$. In all cases, men had higher narcissism scores. All self-report correlations were tested separately for men and women; of all the pairs of correlations tested

(i.e., 202), only nine significant differences were found. As such, we report correlations in which men and women are combined.

Interrelations of the Two Narcissism Measures

The two narcissism measures of interest, the PDQ-4 and NPI, were significantly related in Sample 1 ($r = .43, p < .01$) and Sample 2 ($r = .20, p < .01$).

Comparing Narcissism Profiles Generated by Four Criteria

Criterion 1: General Personality Traits

FFM analysis with self-report data. Of the 70 sets of correlations reported in Table 2, 40 (57%) were significantly different ($p < .05$). That is, PDQ-4 narcissism and NPI narcissism manifested a relation with a NEO PI-R facet or domain that significantly differed in size or direction in over half the cases. Of these 40 significantly different sets of correlations, 31 (78%) differed in direction. We now turn to the pattern of relations with each of the five NEO PI-R domains and facets separately.

For *Neuroticism*, which measures an individual's emotional stability and tendency to experience negative emotions, 10 of the 14 possible sets of correlations were significantly different. Overall, the pattern for Neuroticism was that PDQ-4 narcissism was significantly positively related to Neuroticism (9 of 14), while NPI NPD was significantly negatively related (10 of 14). For *Extraversion*, which measures sociability and agency, all 14 sets of correlations were significantly different. PDQ-4 NPD was either nonsignificantly related (8 of 14) or significantly negatively (6 of 14) related to Extraversion, while NPI narcissism was typically significantly positively related (10 of 14) to Extraversion. *Openness to experience*, which measures an individual's interest in the exploration of different ideas, belief systems, activities, and emotional states, showed few differences between PDQ-4 and NPI narcissism (1 of 14 was significantly different). Neither measure of narcissism was consistently related to Openness. *Agreeableness*, which measures an individual's interpersonal strategies and tendencies to interact in an honest, empathic, and cooperative manner, evinced only five significant differences. Both PDQ-4 and NPI narcissism were significantly negatively related

to all facets of Agreeableness. Of the five significant differences, two were cases of stronger negative effects for PDQ-4 NPD, whereas three were cases of stronger negative effects for NPI. *Conscientiousness*, which measures an individual's sense of competence, persistence, and the ability to regulate impulses, demonstrated significant differences across the narcissism scores. Out of 14 possible differences, 10 were significant. PDQ-4 narcissism was typically nonsignificantly related (9 of 14) or significantly negatively related (5 of 14) to Conscientiousness, while NPI narcissism was typically either significantly positively related (8 of 14) or the correlations were nonsignificant (6 of 14).

Next, we conducted profile analyses in which we examined the similarity of the overall sets of correlations generated by the narcissism scores with regard to the NEO PI-R *facets*. These analyses ask whether the profile of the PDQ-4, as assessed with the NEO PI-R, looks like the profile of the NPI, as assessed with the NEO PI-R. The sets of correlations (i.e., PDQ-FFM; NPI-FFM) were significantly related in Sample 1, $r = .37, p < .01$, but unrelated in Sample 2, $r = -.08, ns$ (see Table 2). However, the PDQ-FFM correlations in Sample 1 were strongly related to the PDQ-FFM correlations in Sample 2, $r = .79, p < .01$. The same was true for the NPI-FFM relations; across the samples the NPI-FFM correlations were highly similar, $r = .93, p < .01$. The across instrument, across sample correlations were not significant.¹

FFM analysis using expert rating of prototypical narcissism. An important component of this research was to compare scores on the narcissism measures with ratings of prototypical narcissism on the FFM by clinical researchers (academician ratings) and practitioners (clinician ratings; see Table 1). In Sample 1, PDQ-4 narcissism was significantly correlated with two FFM narcissism scores, one gener-

1. Given the differential reliabilities of the two narcissism scales, it is possible that differences in the size of their relations with external criteria (e.g., NEO PI-R traits) might have been influenced by the ceiling imposed by their reliabilities (particularly for the PDQ-4 NPD scale). To check this, we disattenuated all correlations between the NPI, PDQ-4 NPD, and the NEO PI-R facets and reran our profile matching analyses. Analyses using the disattenuated correlations resulted in little change to the ICCs (changes in the size of the correlations ranged from $-.03$ to $.03$).

Table 1
Correlations Between Alternative Measures of Narcissism and Self-Esteem

	PDQ- NPD	NPI	FFM Narcissism Score (academician)	FFM Narcissism Score (clinician)
PDQ NPD	—	.43**	.43**	.42**
NPI	.20**	—	.72**	.70**
FFM Narcissism (academician)	.15	.64**	—	.98**
FFM Narcissism (clinician)	.17	.65**	.98**	—

Notes: Above diagonal line: Sample 1; Below diagonal line: Sample 2.

** $p < .01$.

PDQ NPD = Personality Diagnostic Questionnaire-4 Narcissistic Personality Disorder.

NPI = Narcissistic Personality Inventory.

FFM Narcissism = Narcissism prototypes developed from expert academician or clinical ratings of NPD on the Five-Factor Model.

ated as a result of academician ratings ($r = .43$, $p < .01$) and one generated by clinician ratings ($r = .42$, $p < .01$). The NPI was correlated with the two expert FFM narcissism scores at .72 (academician) and .70 (clinician), respectively ($ps > .01$). The correlations between the PDQ-4, NPI, and the two FFM expert indices were significantly different, $ts(267) > 5.90$, with the NPI more closely resembling the experts' profiles of NPD.

In Sample 2, PDQ-4 narcissism was unrelated to the expert academician and clinician FFM narcissism ratings ($rs = .15$ and $.17$, respectively), whereas NPI scores were strongly correlated with both FFM ratings ($rs = .64$ and $.65$, $ps > .01$), respectively. As with Sample 1, these two sets of correlations (e.g., PDQ-4 NPD with FFM ratings vs. NPI scores and FFM expert) were significantly different, $ts(205) > 6.90$, $p > .01$.

Mother reports of personality. The mother reports of the FFM demonstrated differential patterns of correlations with their children's reported narcissism scores for two of the domains (i.e., Neuroticism and Extraversion). In general, these correlations were largely consistent with the self-report data. PDQ-4 narcissism was

positively related ($ps > .10$) to maternal reports of Neuroticism and negatively related to reports of Extraversion, whereas the opposite was true for the NPI. Both were negatively correlated with maternal reports of Agreeableness.

Criterion 2: Personality Disorders

We examined the relations between the narcissism scores and the other nine *DSM-IV* PDs (see Table 3). Across the samples, the sets of correlations were significantly different in 15 of 18 cases. In general, PDQ-4 narcissism was significantly positively related to all of the other PDs, whereas NPI narcissism was consistently positively related to Antisocial and Histrionic PDs and negatively related to Avoidant PD.

Again, similarity scores between the PDQ-4 and NPI profiles on the *DSM-IV* PDs were calculated. As with previous analyses, the PDQ-4 and NPI generated quite distinct PD profiles as demonstrated by a nonsignificant correlation in Sample 1, $r = -.02$, *ns*, and a strongly negative correlation in Sample 2, $r = -.55$, $p < .05$. The profiles were consistent within measure, across the samples for PDQ-4 and NPI narcissism ($r = .72$ and $.86$, $p < .01$, respectively). The across measure, across sample correlations were not significant.

Criterion 3: Parenting

We examined the relations between PDQ-4 and NPI narcissism and the perceptions of the types of parenting received (Sample 1 only). Of the three sets of correlations, two were significantly different (i.e., psychological control and warmth). PDQ-4 narcissism was significantly related to the receipt of parenting described as being psychologically controlling and intrusive ($r = .26$, $p < .01$), lacking in warmth ($r = -.19$, $p < .01$), and parental supervision ($r = -.19$, $p < .01$). Alternatively, NPI narcissism was unrelated to intrusive parenting ($r = .07$), warmth ($r = .00$), and monitoring ($r = -.14$).

We also conducted two simultaneous regression analyses in which each narcissism score was regressed on the parenting variables. For PDQ-4 narcissism, only psychological control was a significant unique predictor, $\beta = .22$, $p < .01$. Overall, the parenting variables accounted for 9% of the total variance in PDQ-4 narcissism. For the NPI, only monitoring was a significant unique predictor, $\beta = -.19$, $p < .01$; the parenting variables accounted for 3% of the variance in NPI scores.

Table 2
Correlations Between Narcissism and the Five-Factor Model of Personality

	PDQ		PDQ		PDQ	
	NPD 1	NPI 1	NPD 2	NPI 2	NPD	NPI
	Sample 1		Sample 2		Mother Reports	
<i>Neuroticism</i>	.21 ^a	-.24	.35 ^a	-.19	.21 ^a	-.12
Anxiety	.05 ^a	-.23	.13 ^a	-.25		
Angry Hostility	.27	.16	.30	.15		
Depression	.20 ^a	-.29	.31 ^a	-.19		
Self-consciousness	.09 ^a	-.44	.28 ^a	-.33		
Impulsiveness	.22	.08	.21	.12		
Vulnerability	.08 ^a	-.31	.14 ^a	-.29		
<i>Extraversion</i>	-.13 ^a	.39	-.19 ^a	.39	-.23 ^a	.23
Warmth	-.31 ^a	.03	-.27 ^a	.02		
Gregariousness	-.13 ^a	.28	-.15 ^a	.29		
Assertiveness	.03 ^a	.61	-.03 ^a	.55		
Activity	-.04 ^a	.43	-.18 ^a	.32		
Excitement Seeking	.09 ^a	.28	.02 ^a	.28		
Positive Emotions	-.22 ^a	.06	-.19 ^a	.12		
<i>Openness</i>	.00	.07	.04	.21	.07	.03
Fantasy	.06	.01	.11	.15		
Aesthetics	-.02	-.02	.04	.08		
Feelings	-.05	.03	.06	.12		
Actions	-.08 ^a	.10	-.03	.11		
Ideas	.05	.17	.00	.21		
Values	-.01	-.02	-.03	.06		
<i>Agreeableness</i>	-.55	-.53	-.35	-.42	-.23	-.23
Trust	-.44 ^a	-.20	-.21	-.03		
Straightforwardness	-.45	-.39	-.23	-.38		
Altruism	-.45 ^a	-.26	-.15	.06		
Compliance	-.34 ^a	-.49	-.23	-.24		
Modesty	-.42 ^a	-.61	-.28 ^a	-.54		
Tendermindedness	-.23	-.29	-.11	-.26		
<i>Conscientiousness</i>	-.08 ^a	.18	-.22 ^a	.22	-.19	-.05
Competence	.03 ^a	.27	-.19 ^a	.26		
Order	.01	.06	-.04	.09		
Dutifulness	-.13 ^a	.08	-.16 ^a	.08		

(continued)

Table 2. (Contd.)

	PDQ		PDQ		PDQ	
	NPD 1	NPI 1	NPD 2	NPI 2	NPD	NPI
	Sample 1		Sample 2		Mother Reports	
Achievement Striving	-.03 ^a	.32	-.18 ^a	.29		
Self-discipline	-.11 ^a	.24	-.20 ^a	.21		
Deliberation	-.14	-.13	-.21	-.03		
<i>Similarity Indices (ICC)</i>						
PDQ NPD 1		.37**	.79**	.26		
NPI 1			-.04	.93**		
PDQ NPD 2				-.08		

Notes:

^a = PDQ and NPI correlations significantly different ($p < .05$). Sample 1 = correlations $> .16$, $p < .01$; Sample 2 = correlations $> .18$, $p < .01$; Sample 3 = correlations $> .21$ approach significance ($p < .10$). PDQ NPD = Personality Diagnostic Questionnaire-4 Narcissistic Personality Disorder; NPI = Narcissistic Personality Inventory. *Similarity Indices* = These are double-entry Q-correlations, which assess absolute agreement in terms of shape and elevation, in which each column of correlations (e.g., NPI and 30 FFM facets) is correlated with the other columns (only the facets are used to avoid the redundancy that would occur if the domains were included). These analyses allow for a comparison of the pattern of correlations generated by the narcissism scores across instruments and samples.

* $p \leq .05$. ** $p \leq .01$.

Criterion 4: Psychological Distress and Self-Esteem

Finally, we examined the relations between PDQ-4 and NPI narcissism and global measures of psychopathology (i.e., GSI) and self-esteem. In Samples 1 and 2, PDQ-4 narcissism was significantly correlated with the GSI, $r_s = .25$ and $.26$ ($ps < .01$), respectively. Alternatively, NPI narcissism was unrelated to the GSI score in Sample 1 ($r = -.03$) and Sample 2 ($r = .10$). These sets of correlations were either significantly different (Sample 1; $t(266) = 3.92$, $p < .01$) or nearly significant (Sample 2; $t(203) = 1.86$, $p < .07$). We also examined the relations between both narcissism variables and self-esteem. PDQ-4 narcissism was either uncorrelated or negatively correlated with self-esteem scores in both samples, $r_s = -.06$, *ns* and $-.28$, $p < .01$, whereas NPI narcissism was positively correlated with self-esteem scores in both Sample 1, $r = .43$,

Table 3
Correlations Between Narcissism and Personality Disorders

Personality Disorders	PDQ NPD 1	NPI 1	PDQ NPD 2	NPI 2
<i>DSM-IV PDs</i>	Sample 1		Sample 2	
Paranoid	.48 ^a	.17	.42 ^a	.07
Schizoid	.25 ^a	.01	.29 ^a	-.08
Schizotypal	.39 ^a	.13	.47 ^a	.09
Antisocial	.33	.35	.33	.21
Borderline	.36 ^a	.15	.42 ^a	.01
Histrionic	.42	.35	.40 ^a	.21
Avoidant	.22 ^a	-.31	.33 ^a	-.28
Dependent	.26 ^a	-.18	.24 ^a	-.13
OC	.15 ^a	-.06	.26 ^a	.02
<i>Similarity indices</i>				
PDQ NPD 1		-.02	.72**	-.37
NPI 1			-.25	.86**
PDQ NPD 2				-.55*

Notes:

^a = PDQ and NPI correlations significantly different ($p < .05$). Sample 1 = correlations $> .17$ significant ($p < .01$); Sample 2 = correlations $> .21$ significant ($p < .01$); PDQ NPD = Personality Diagnostic Questionnaire-4 Narcissistic Personality Disorder. NPI = Narcissistic Personality Inventory. *Similarity Indices*; These are double-entry Q-correlations, which assess absolute agreement in terms of shape and elevation, in which each column of correlations (e.g., NPI and 9 *DSM-IV* PDs) is correlated with the other columns. These analyses allow for a comparison of the pattern of correlations generated by the narcissism scores across instruments and samples.

* $p \leq .05$. ** $p \leq .01$.

$p < .01$, and Sample 2, $r = .23$, $p < .01$. The correlations between PDQ-4 and NPI narcissism and self-esteem were significantly different in Sample 1, $t(266) = 8.67$, $p < .01$, and Sample 2, $t(202) = 6.27$, $p < .01$.²

2. Two subscales of the NPI—entitlement and exploitativeness (E/E)—might assess the more maladaptive aspects of narcissism and thus might have more similarity with the PDQ-4 results. In the current samples, a NPI E/E scale correlated with external criteria (e.g., NEO PI-R) in a manner that “fell between” the PDQ-4 and NPI scores. That is, in both samples, NPI E/E was only significantly correlated, at the domain level, with Agreeableness ($r_s = -.61$ and $-.44$, respectively). Unlike the PDQ-4, NPI E/E was not significantly negatively related to Neuroticism ($r_s = -.02$ and $-.01$ respectively); unlike the NPI, NPI E/E was not significantly positively related to Extraversion ($r_s = .10$ and $.11$, respectively).

DISCUSSION

The goal of the current study was to contrast clinical and social-personality measures of narcissism in hopes of resolving some of the confusion surrounding the construct(s). Several important findings emerged from this research. First, using the current assessment protocols, PDQ-4 and NPI narcissism scores are, at best, moderately correlated. Second, PDQ-4 and NPI narcissism generated substantially divergent relations with general personality traits. Although both appear to be multidimensional in that they are related to multiple FFM domains, they demonstrate different patterns of relations. Notably, PDQ-4 narcissism is comprised of a configuration of high Neuroticism and Antagonism and low Extraversion (primarily, low interpersonal warmth and positive affectivity). Conversely, NPI narcissism is comprised of a configuration of low Neuroticism, high Extraversion (particularly agentic aspects), and Antagonism. Self-reports of NPI were also positively related to Conscientiousness (e.g., ratings of competence, achievement striving, and self-discipline), but this was not replicated in the informant reports (which may indicate that NPI narcissism is associated with greater self-enhancement regarding conscientiousness-related traits like competence). Thus, at a trait level, the narcissism constructs share primarily a strong relation with Antagonism. Third, PDQ-4 and NPI narcissism differ significantly in relation to other *DSM-IV* PD constructs. PDQ-4 narcissism was positively related to all of the PDs, which may be due to the shared roles of Neuroticism and Antagonism, which are common to most PDs (see Saulsman & Page, 2004). Conversely, NPI narcissism showed a more focused, specific pattern of relations with the Cluster B PDs. This is most likely due to the shared roles of Antagonism and/or Extraversion in these PDs. Fourth, PDQ-4 and NPI narcissism were related to different recollections of received parenting, such that PDQ NPD was related to recollections of problematic parenting styles (e.g., psychologically controlling, low monitoring and warmth; uniquely related to psychologically controlling parenting), whereas NPI narcissism was unrelated to parenting at the bivariate level and showed a small unique negative relation with monitoring. This suggests the possibility that these two personality configurations have different etiologies with regard to the influence of parenting. Fifth, and finally, PDQ-4 and NPI narcissism were differentially linked to self-esteem

and psychological distress with a significant positive relation for NPI and self-esteem and significant negative or nonsignificant relation for PDQ-4 narcissism. Only PDQ-4 NPD was significantly positively correlated with psychological distress, and this relation closely mirrored the effect sizes found between consensus ratings of DSM NPD and anxiety and depression in two clinical samples (Miller et al., 2007).

It is clear from these results that PDQ-4 and NPI narcissism have substantially different nomological networks. Indeed, across both FFM and PD constructs, 66 of the 104 (63%) sets of correlations tested were significantly different. The divergence of these two narcissism constructs was further demonstrated using the profile analyses of the correlations generated by the two narcissism scores and the NEO PI-R facets and *DSM-IV* PDs. In almost every case, the correlation profiles generated by the PDQ-4 and NPI narcissism scores were unrelated both within the same sample and across samples (although the specific narcissism profiles were highly reliable within measures, across both samples). When the narcissism measures were related, the overlap seemed to be due almost entirely to the shared role of Antagonism.

Implications

PDQ-4 and NPI narcissism appear to map onto two of the views of narcissism that have existed in psychology and psychiatry, with PDQ-4 narcissism looking more like a borderline configuration with high levels of intrapersonal distress reminiscent of Kernberg's writings, and NPI narcissism looking more like a highly extraverted and disagreeable (although not distressed) variant described by Freud. Given that individuals scoring "high" on either measure are considered "narcissistic," it is important that we note that the basic traits underlying each construct appear to be rather divergent. This divergence is important because it suggests that the large extant body of empirical work on the NPI may not generalize to the construct that is measured by the PDQ-4 except in those domains that involve Antagonism.

Interestingly, our results suggest that the NPI better captures the mental "prototype" of NPD held by expert researchers and clinicians. That is, both academicians and clinicians think of the prototypical narcissist as being highly dominant, agentic, and

antagonistic (i.e., immodest, nonempathic, noncompliant, manipulative) and, with the exception of anger, do not see them as experiencing much negative affectivity. However, an explicit measure of DSM NPD appears to pull for more negative affectivity and less dominance than one might expect (see Trull & McCrae, 2002). We believe that it is important that this disconnect be reconciled such that the DSM NPD construct is either consistent with the schema used by individuals who research or treat individuals with this disorder or is assessed using a system that is flexible enough to cover different variants of narcissism without using the same diagnostic label.

How could such a reconciliation be accomplished? Ultimately, we believe that the current results are quite consistent with calls for the use of dimensional traits models to understand PDs in general, and narcissism more specifically. A number of prominent PD theorists (e.g., Widiger & Trull, 2007) have proposed replacing the current diagnostic model for PDs with a dimensional model of general or maladaptive personality or a model incorporating both. We would argue that these dimensional trait models could capture the two narcissism constructs described here, as well as any other related variants that might be described. It has been argued that these types of models address many of the problems associated with the current DSM conceptualization of PDs (e.g., comorbidity, limited coverage, and the use of a categorical distinction; see Livesley, 2001). A dimensional approach would also ensure that different patterns of traits can be used to discuss variants of personality pathology without having to use single diagnostic labels for multidimensional configurations. A diagnostic system like this would have tremendous flexibility in that it would provide better coverage of personality pathology (see Verheul & Widiger, 2004) and diminish the push to fit different types of personality pathology (i.e., square pegs) into a limited number of diagnostic categories (i.e., round holes). In addition, using a dimensional approach to understanding PDs such as narcissism would allow for a finer parsing of how these constructs lead to impairment. For instance, describing narcissism using separable traits (e.g., Antagonism, Neuroticism, Extraversion) would allow for an examination of the specific role of these traits in causing impairment (e.g., is narcissism related to game playing in romantic relationships because of the role of Antagonism, Extraversion or both—and is the effect additive or interactive?).

Limitations

In our assessments of both the clinical and social-personality construct of narcissism we rely primarily on self-report data. While this has the benefit of giving us an “apples-to-apples” comparison of the two constructs, there are downsides to their use. Individuals with personality pathology are often thought to have limited insight into the nature of their own personality and the resultant impairment. This concern is mitigated, to some degree, in the current study via the inclusion of informant reports, which corroborated the self-report findings with regard to Neuroticism and Extraversion. However, only a minority of our participants in Sample 1 had informant ratings, which may decrease the generalizability of these findings.

Second, self-report measures of PDs typically result in high levels of false positives and are not ideal for making actual diagnoses. Because of this, we want to be clear that we are studying the clinical conceptualization of narcissism but not clinically diagnosed NPD. Furthermore, given that clinicians and researchers tend to view NPD in a manner more similar to the NPI, it is possible that clinically diagnosed narcissism (via an interview) might have produced external correlations that looked more like the NPI. In effect, interviews allow raters to be the “gate keepers” of diagnoses—something that does not happen when one uses self-report questionnaires. Interviewers may not always “allow” a neurotic, introverted, inefficacious individual to receive high ratings on NPD because it is inconsistent with the prototype most hold for this PD. Because of this, our self-report findings might overestimate the differences between clinical and social-personality conceptualizations of narcissism.

Third, neither sample was composed of patients, so levels of narcissism were likely lower than one would find in a clinical sample, which prohibits an examination of NPD from a categorical perspective (cf. Livesley, 2001). Finally, correlations between PDQ-4 narcissism and the remaining PDs may have been inflated (and thus are higher than those for the NPI) due to shared method variance.

Conclusion

The goal of these studies was to clarify the social-personality and clinical conceptualizations of narcissism as assessed by frequently used narcissism measures. It appears that measures of each conceptualization are related to an antagonistic, grandiose interpersonal

style. However, the measures differ quite substantially with regard to their relations with other basic traits such as positive and negative emotionality, agency, psychological distress and self-esteem, and putative etiological factors. Overall, it appears that the NPI results in a personality profile that is much closer to the prototype of NPD held by experts than is the more explicitly derived NPD measure, the PDQ-4 NPD scale. Future research would be well served by (a) testing these findings using semistructured interviews of NPD and a comparable interview (which would have to be developed) of the social-personality construct, (b) examining the relations between these constructs in clinical samples, and (c) testing whether each form of “narcissism” is associated with different patterns of behavior in experimental laboratory settings. More research is also needed on the underlying structure of narcissism and NPD with regard to unidimensionality versus multidimensionality (see Fossati et al., 2005). The current results suggest that both measures of narcissism used here are multidimensional with regard to the underlying personality traits involved in each measure. Ultimately, research of this kind will go far to enhance our understanding of the validity and utility of the distinction made here between two related but separable personality configurations. Ideally, this and related research programs will allow us to better integrate our conceptualization of basic personality processes and disordered personality styles.

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