

2008

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EVALUATING THE PSYCHOMETRIC PROPERTIES OF THE HYPERSENSITIVE
NARCISSISM SCALE: IMPLICATIONS FOR THE DISTINCTION OF COVERT
AND OVERT NARCISSISM

by

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Thesis

Submitted to the Department of Psychology

Eastern Michigan University

in partial fulfillment of the requirements

for the degree of

MASTER OF SCIENCE

in

Psychology with a concentration in General Clinical

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October 3, 2008

Ypsilanti, Michigan

Abstract

Recent research has suggested that the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR; American Psychiatric Association, 2000) may have mistakenly focused on the overt qualities of the narcissistic personality disorder (e.g. demand for admiration) while neglecting the disorder's more covert features (Russ, Shedler, Bradley, & Westen, 2008). An investigation into the psychometric properties of a measure of this more covert form of narcissism, Hendin and Cheek's (1997) Hypersensitive Narcissism Scale (HSNS), represents the focus of the present study. A total of 298 participants completed the measure, as well as measures assessing related constructs. The HSNS achieved high levels of reliability and demonstrated notable discriminant validity, producing a pattern of correlations highly congruent with theorized relationships. However, factor analyses revealed that the measure may not be assessing a unitary construct, and its relationship to the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979), a measure of overt narcissism, was somewhat unclear. It is concluded that the HSNS appears to assess covert narcissism, though its noted shortcomings suggests that a revision of the HSNS may be in order to improve its psychometric properties and clinical utility.

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Introduction

In *Metamorphoses*, Ovid tells the story of a Nymph named Echo who could only speak by repeating the phrases uttered by others. This curse was bestowed upon her by the goddess Hera as a punishment for distracting her and allowing Zeus to successfully hide his infidelities. Echo one day fell in love with Narcissus, an arrogant young man whose beauty was said to rival that of Apollo. When Narcissus entered into her woods she followed him, eager to cry out, but unable to do so. Eventually, upon realizing that he had become separated from his companions, Narcissus cried out, "Is anyone here?" Echo joyfully replied "Here," and rushed to embrace him. Scornfully, Narcissus rejected her, just as he had done with countless other potential lovers. Echo became so overcome with grief that she faded away until nothing but her voice remained. The goddess Nemesis, angered by Narcissus' shallow and uncaring nature, doomed him to fall in love with his own reflection. As foretold, Narcissus would one day peer into Echo's pond, see his reflection, and fall madly in love with himself. He would retain that loving gaze upon his own image until he died.

The concept of the narcissistic individual has remained fascinating since ancient times. Yet contemporary psychology seeks to look behind the apparent veil of arrogance and self-love to develop a more thorough and accurate understanding of the narcissistic individual. However, these investigations have yielded great controversy and little clarity (Gunderson, 1991). Though the disorder seems to present as mere vanity, there is a fascinating complexity contained within it. Indeed, some have suggested that the current surge of interest in the disorder is a result of its baffling nature (e.g., Mischel, 2001).

The current interest in pathological narcissism also seems to parallel the

perception (fair or not) that American culture itself has become progressively narcissistic. In his 1979 book *The Culture of Narcissism*, Christopher Lasch argues that the narcissistic personality has become predominant in the current culture. “The culture of competitive individualism, which in its decadence has carried the logic of individualism to the extreme of a war of all against all, is the pursuit of happiness to the dead end of a narcissistic preoccupation with the self” (Lasch, 1979, p. xv).

Lasch (1979) further argues that advertising produces a profound negative effect. “It manufactures the perpetually unsatisfied, restless, anxious, and bored consumer and institutionalizes envy. Truth becomes irrelevant as long as things sound true” (Lasch, 1979, p. 21).

This view of the narcissistic culture is found in the works of Heinz Kohut (1977) as well. Kohut notes that previous generations were more frequently raised in extended families, where the child was under the supervision of a number of relatives. This upbringing provided the child with a kind of environmental overstimulation, and the resulting adult was confronted with unresolved Oedipal desires among extended family members and intrapsychic conflicts (i.e. between the id, ego, and superego). Conversely, the modern child is typically raised in the nuclear family and is more likely to experience understimulation. This leads to an adult who faces the prevalent danger of self-fragmentation. Whereas previous generations struggled with issues of neurotic guilt, contemporary individuals are confronted with the feelings of a meaningless existence and an inauthentic sense of self. Further critique of the narcissistic culture abounds (Masterson, 1990; Goldberg, 1983). Williamson’s (1984) study of the “poetry of narcissism” ultimately concludes that an entire generation of contemporary poets express

a deep interest in their own subjective experiences of an unfulfilled self.

This wealth of interest and cultural criticism has produced great advances in the study of the Narcissistic Personality Disorder (NPD). Indeed, the original inclusion of the Narcissistic Personality into the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed; DSM; American Psychiatric Association [APA], 1980) was largely due to its enthusiastic study, both clinically and theoretically, by psychotherapists (Hilsenroth, 1996). The inclusion of NPD in the DSM allowed for an increase in theoretical investigations. The DSM-III criteria were used to create objective empirical methods of measurement, most notably the self-report, Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979). Armed with the NPI, a number of researchers began investigations into the narcissistic disorder (e.g., Raskin & Terry, 1988; Wink & Gough, 1990). The underlying belief was that narcissism existed on a continuum from a relatively harmless character trait to pathological self-absorption found in the personality disorder. The latter was expected to reveal itself through its more severe presentation.

Though the DSM conceptualization and the development of the NPI were celebrated as critical advances in the understanding of narcissism, a number of theorists contended that the understanding it advanced was too narrow to capture the full scope of narcissistic personalities (Balestri, 2000). Many argued that the DSM had mistakenly focused on overt qualities of narcissism (e.g. exploitive tendencies, arrogance, inflated sense of importance, and demand for admiration) while neglecting the disorder's more covert features (e.g. vulnerability, feelings of shame, and desire for approval). Essentially, it was argued that the haughty and overbearing description of the narcissist was incomplete. While such a description was indeed fitting for certain patients,

considerable clinical observation suggested that many narcissistic patients evidenced a self-effacing and insecure demeanor.

The recent creation of a scale designed to assess the covert aspects of narcissism, Hendin and Cheek's (1997) Hypersensitive Narcissism Scale (HSNS), represents the focus of the current study. Before such a measure can hope to offer an insight into the validity of a theoretical construct, its psychometric properties must first be considered. By examining the validity of this measure, important implications can be drawn as to the existence of the construct it is intended to detect – namely, the covert form of narcissism. Thus, the current study sought to produce empirical support for the validity of the HSNS and ultimately offer a justification for further consideration of the construct of covert narcissism. Additionally, a consideration of the relationship between the HSNS and the NPI was offered, thereby highlighting the proposed differences between their respective constructs, while also examining the degree of overlap between them.

The study investigated the relationship between potential narcissistic subtypes and a number of related constructs. Among these are object relations, shame, and masochism. Such an investigation represents an effort to assess the magnitude of the relationships between these constructs, while also more accurately defining the apposition between the suggested forms of the NPD.

Classic Psychoanalytic Views of Narcissism

The origin of these contrasting descriptions of NPD is to be found within the work of the preeminent theorists: Otto Kernberg (1970, 1974a, 1974b, 1998) and Heinz Kohut (1971, 1977, 1984). The work of these two researchers has dominated the field of narcissistic research for several decades and remains crucial in contemporary discussions.

Kohut and Kernberg offer significantly different discussions of the narcissistic personality in terms of psychoanalytic understanding, treatment approaches, and its development across the lifespan.

Kohut's self psychology (1971, 1977, 1984) is often described as a reflection of his work with the outpatient populations he was treating (Gabbard, 1989). Although Kohut did not deny the existence of the narcissistic individual as it is currently understood, a number of his clients did not seem to fit within the typical theoretical framework of the time. He noted that these clients tended to complain of a nondescript malaise in their lives, and a sense of dissatisfaction with themselves and their relationships. These individuals were plagued by a highly fragile self-esteem that would experience great injury if they sensed a hint of derision from those around them. The current state of ego psychology did not seem capable of describing the inner workings of these particular patients. Thus, Kohut sought to develop a new understanding.

Kohut argued that these patients exhibited two kinds of transference while in session: the mirroring transference and the idealizing transference. In the former, the patient looks to the therapist for validation and approval. Kohut believed that this was an attempt to capture a missing element from childhood, namely, "the gleam in the mother's eye." Kohut noted that the need for mirroring arose from the child's "grandiose self." The grandiose self reflects the normal growth of the child's desire for power and admiration. At this stage, the child is marveling in its own potential as a wonderful being and looks to have that sentiment echoed by the parent. Thus, the child sees himself/herself as "marvelous" and wants to have the parent admire him/her accordingly. When this need for mirroring is not met (i.e., the parent does not provide the necessary

admiration), the child's sense of being whole is weakened. The child's self-regard is diminished, and s/he seeks to compensate for this lack of empathy by trying to "earn" the parent's admiration. The child attempts to gain perfection and begins showing off, eager to prove that s/he is worthy of the parent's love. This same pattern of seeking approval of the parent is sometimes revealed in the therapeutic relationship, as the patient tries to "earn" the therapist's admiration.

During the idealizing transference, the therapist is perceived as an omnipotent parental figure with the power to cure all of the patient's ailments. The therapist is believed to provide a model for how to behave and what to value; indeed, the therapist is seen as an example of how to be. This relates to a second aspect of the self, the idealized parental image. Just as the child requires of the admiration of the parent, he or she also seeks to return that admiration by idealizing the parent. Here, the child seeks to identify with an agent more capable than himself/herself. Although the child needs to have his/her own sense of power, s/he also looks to the parents as beings of enormous strength, a kind of idealized role model. The child begins to view the parent as an invincible figure, and this will ultimately enhance the child's sense of self. In this manner, the child identifies an idealized parental figure and becomes attached with that idealized image through the admiration of the parent. Thus, the child derives an enhanced sense of worth through his/her connection with his/her extraordinary parent. "You are a powerful being, I am part of you, and therefore I am powerful too." Just as the failure of the parents to provide appropriate mirroring for the child can be traumatic, so, too, can a failure to provide the child with a model worthy of idealization.

In the process of normal development, the child is mirrored and is able to idealize

its parent. However, because even the most empathic parents are unable to fully meet the child's needs for mirroring and idealization, the child is forced to establish a progressively more mature differentiation of self and object images. As the child ages, s/he realizes that the idealized parent (typically the mother) is unable to provide the perfect happiness that s/he desires (e.g. the mother might be unable to comfort the crying the child because she is occupied). Thus, the soothing function that the mother serves must be internalized in a process referred to as transmuting internalization. Essentially, the child is presented with two choices when dealing with these imperfect relationships. S/he can either internalize the missing sense of perfection within his/her own grandiose self, or s/he can develop the idealized "parent imago" where perfection is assigned to the parent. These processes allow the child to develop a cohesive sense of self through a merger of the grandiose self and the idealized parental image. In this manner, an ego structure is formed (Fenichel, 1983). The grandiose sense of self is transformed into healthy ambitions, while the idealized parent imago becomes the child's internal values and ideals. Interestingly, according to Kohut's formulation, narcissism is actually a normal developmental process. Healthy self-esteem and pathological grandiosity exist on the same continuum. The presence or absence of grandiosity is not what identifies one as narcissistic, but rather, its internalization is what separates the healthy individual from the narcissistic counterpart.

Although Kohut's notion of self-psychology represented a significant development in the field of psychoanalysis, his emphasis on the child's sense of omnipotence and the creation of a cohesive self-structure was not entirely unique. Several decades prior to Kohut, Edmund Bergler (1949) offered a description of the

etiology of the so-called “masochistic character.” In a fashion similar to Kohut, Bergler maintained that through naturally occurring frustrations, the child must learn to internalize its grandiosity in an adaptive fashion. However, if a child is confronted with a severe parental presence, there is a clear threat to the child’s sense of omnipotence. Indeed, the child, unable to defend itself from the cruelty of the parents, may be forced into a position of helplessness (Mahler, 1975). To avoid this damage to its fledging sense of self, the child creates a masochistic fantasy of omnipotence. “He reasserts some sense of control by making his suffering ego-syntonic” (Cooper, 1989, p. 549). Thus, rather than being the powerless victim of the parents, the child conceives of the notion that s/he is responsible for the parent’s behavior. In this manner, enduring the torments of another more powerful individual (i.e. the parent) becomes the preferred method of narcissistic assertion. Essentially, the narcissistic impulses take on a masochistic function.

Bergler’s analysis represents a clear blending of masochistic and narcissistic elements. In a similar fashion to Kohut, feelings of frustration are described as threats to the child’s sense of omnipotence. Ultimately, the sense of grandiosity is preserved, but its expression takes on a character far removed from that of NPD. Thus, Kohut’s description of the more subtle presentations of narcissism did not operate without historical precedent (Glickauf-Hughes, 1991). Although Kohut did not contend that individuals suffering from the form of narcissism he described were necessarily masochistic, the etiology and behavioral expression he described were markedly similar to Bergler’s. Though these two character types represent distinct constructs they are clearly related, but the precise nature of their relationship remains uncertain. Indeed, Cooper (1989) has gone so far as to suggest that disentangling the two will represent an

imposing challenge for future researchers: “Developmentally and clinically, narcissistic and masochistic pathology are so intertwined that their theoretic and clinical unraveling requires specific attention to their linkage and the predictable forms of response to interpretation” (p. 551).

Kernberg (1970, 1974a, b, 1998) presents a markedly different description. In general terms, Kernberg describes a more arrogant, aggressive, and overtly grandiose individual. This more severe description results from Kernberg’s belief that the narcissistic individual’s defensive organization is highly similar to that of the borderline personality disorder. Indeed, it was Kernberg’s contention that the narcissistic individual operates at a borderline level of character organization. What distinguished the narcissistic individual was his grandiose, but nonetheless integrated, self. For the narcissistic individual, the ideal self, the ideal object, and the real self have been joined into one entity. The result of such a union is a notable devaluation of object images (i.e. other people). Although narcissistic individuals repeatedly employ primitive defenses (e.g. splitting, omnipotence), they tend to have a consistent and relatively functional self-structure. The narcissistic individual identifies himself with his idealized self-image in the hope of severing his dependency on other people (external objects) as well as the inner images of those objects (Gabbard, 1983). Furthermore, narcissistic individuals deny the existence of personality traits that would conflict with their idealized self-image by projecting them onto others. Consequently, such individuals would be described as exploitive and self-absorbed.

Unlike Kohut, Kernberg argues that narcissistic grandiosity is a pathological process in development. Its origin is found within the narcissistic patient’s difficult

childhood. It is asserted that the child is confronted with cold and antagonistic parents. Their behavior toward the child alternates between a frigid indifference and an undercurrent of aggression and resentment. Nonetheless, the child is typically assigned a special role within the family dynamic. The child attempts to use this special position as a way to protect itself against the parents' negativity, yet such a tactic is ultimately pathological. After repeatedly enduring the onslaught of the parents, the child is left with nothing but its "special position" to return to. To escape the reality of the rejecting parents, the child learns to regard its "special position" as a way to split itself from reality (i.e. the uncaring parents). Rather than integrating positive and negative representations of the self, the child only internalizes the positive and idealized facets of itself and of the external objects it confronts. The child simultaneously "splits" itself (dissociates) from the negative characteristics of the self and projects them onto others.

While the two theorists clearly differed in their theoretical formulations, both derived their understanding from their clinical exposure to the disorder. An interesting theory suggests that it is the differing populations the two studied that is ultimately responsible for their divergent formulations (Broucek, 1982; Gabbard, 1983). Kohut's clinical exposure was that of outpatient professional individuals, all of whom could afford psychoanalytic treatment. These individuals could largely be defined as relatively high functioning and capable. Kernberg, however, was more active in hospital settings. His formulation came about after interacting with both inpatient and outpatient populations, most of whom were functioning at a lower level than the patients Kohut was treating. This historical observation seems to hint at the possibility that, although the two researchers did not conceive of their discussions as addressing subtypes of narcissism,

they were merely being exposed to alternate presentations of the same disorder. Thus, the two perspectives, often portrayed as competing (or perhaps contrary to one another), may both enjoy a measure of truth.

Kernberg and Kohut's ideas about narcissism may also be compared via their understanding of object relatedness (or object relations) with their patients. Object-relations refer to the self-structure internalized in early childhood, which guides the formation and continuance of future relationships. More broadly defined, object-relations are the "mental representations one has of oneself and others, which appear to originate early in development, and play a substantial role in how one thinks, feels, and acts toward self and others" (Huprich & Greenberg, 2003, p. 666). These early-formed representations have a powerful effect on an individual's interpersonal relationships. Historically speaking, narcissistic pathology was described as a form of maladaptive object relations (Freud, 1914). Freud (1914) suggested that narcissism resulted from the transfer of the libido from the object to the ego. In the correct developmental process, one would pass through a stage of narcissism and progress to object love. Thus, narcissism was something to be outgrown, though everyone was believed to have at least some element of narcissism within them. In order for object love to grow, narcissism had to be pushed aside. In other words, as one's narcissism diminished, their capacity for object love increased. Like Freud, Kernberg (1970, 1974a, b, 1988) believed that narcissistic patients needed to overcome their excessive self-love in order to develop their capacity for object love.

Kohut's position was significantly different (1971). He argued that narcissism is a different form of object-relations, not merely an extreme selfishness. The weight of

Kohut's argument lies on his distinction between object-love and object relations (Son, 2006). He refers to the concept of a selfobject. A selfobject is another person (an object) who is perceived as part of the self, much as the child will initially view the mother as a part of himself/herself. In Kohut's understanding, before a sense of self can be developed, interactions with others must take place. Indeed, the character of these interactions will be immensely important. Positive interactions with selfobjects will lead to a more mature form of narcissism and the development of the self. This is referred to as the process of transmuting internalization. According to Kohut, individuals always require the validation of selfobjects. However, the failure to navigate this developmental process will lead the individual continually to view objects as part of the self in an immature and inappropriate fashion. Thus, although all individuals occasionally view others as selfobjects, narcissistic individuals are not engaging in mutually loving relationships because their excessive perception of others as selfobjects prevents them from fully appreciating the distinct and separate existence that these objects enjoy. Object love requires the kind of "separation of self and object" that the narcissistic individual has not developed. Kohut concludes that narcissism is not a lack of object-relations but merely a form of object relations where the objects are pathologically seen as part of the self.

Contemporary Views of the Narcissistic Personality Disorder

The heirs to this conceptualization of NPD have argued for a wide range of narcissistic presentations (Gabbard, 1989; Hibbard, 1992; Shulman, 1986; Wink, 1991). Indeed, a number of subcategories of narcissism have been proposed. One of the earliest presentations was offered by Bursten (1973), who delineated four narcissistic personality

types: the craving, the paranoid, the manipulative, and the phallic-narcissistic. While such suggestions provide fodder for discussion, they have failed to achieve widespread acceptance as genuine categories. However, the current literature has demonstrated an increased interest in two proposed subtypes of narcissism: the overt narcissist and the covert (hypersensitive) narcissist (Wink, 1991). These descriptive terms reference the individual's general tendencies when interacting with others, both in a therapeutic and social setting. This distinction has been addressed by a number of researchers, although the adopted terminology often differs (Broucek, 1982; Gabbard, 1989; Hibbard, 1992; Rosenfeld, 1987; Wink, 1991, See Table 1).

Gabbard (1983) offers a particularly thorough description of the two types, describing the overt narcissist as oblivious, while noting that the covert narcissist is best described as being hypersensitive. Overt narcissists act with no apparent awareness of how their actions are affecting those around them. Rather than engaging others in conversation, they tend to speak as though they were addressing a crowd (e.g. rarely make eye contact). Their dialogues tend to be thoroughly self-promoting, as they happily list their various accomplishments and attributes. Indeed, they express little interest in conversations that are not focused on their own concerns. This need to be the center of attention, and the dismissal of the desires of others, often alienates those around them. Clearly, the overt narcissist represents the kind of flagrant arrogance identified by the DSM.

The covert narcissist, conversely, presents in a very different fashion. These individuals are highly sensitive and continuously monitoring the sentiments of others. In contrast to the self-absorption of the overt narcissist, covert narcissists carefully direct

their attention outward, forever concerned with the approval of those around them. This kind of narcissist is typically quite shy and may often be highly self-critical. S/he expresses great fear over being the center of attention, worrying that such scrutiny will be met with humiliation and rejection. Though they have the same dreams of grandiosity that the overt narcissist expresses, the covert narcissists experience a sense of shame related to these fantasies.

Gabbard argues that this sense of shame is crucial to understanding the psychology of the covert narcissist. Shame is best described as a feeling that one has an inherent flaw (Cooper, 1998). Specifically, one develops a sense of shame when his/her self-assessment leads to the conclusion that he/she has failed to reach a specified goal or aim. Whereas an individual who experiences guilt also may fail to meet a certain self-imposed standard, the guilty individual does not identify an inherent element of his/her character that will forever prevent him/her from meeting that goal. The covert narcissist's fears of being exposed and humiliated arise from this sense of shame; they operate with a fundamental shame regarding their suppressed wish to reveal their grandiose nature. "They projectively attribute their own disapproval of their grandiose fantasies onto others" (Gabbard, 1983, p. 468), and thus carefully avoid having their shameful secret revealed.

Though both forms of narcissism struggle with the maintenance of their self-esteem, the methods they adopt are notably different. Overt narcissists freely express their grandiosity in an attempt to impress those around them. That their audience may not be interested in their boasting is irrelevant; the overt narcissist successfully ignores the critique that others would offer. The covert narcissist, however, maintains his or her

self-esteem by avoiding situations in which s/he would be under the scrutiny of others. Furthermore, when in the presence of others, the covert narcissist carefully considers how s/he should behave in order to avoid being embarrassed.

The contrast between the two types of narcissism in this regard merits attention. Both types wish to see themselves as individuals worthy of admiration, possessing a worth beyond that of a normal person. Yet, while overt narcissists freely express their arrogance, the covert narcissist worries that others will react negatively if they embrace their immodesty. They believe that their shameful appraisal of their fantasies is shared by others and thus act to hide them under a veil of insecurity. As Gabbard notes, this distinction is highly similar to Rosenfeld's (1987) separation between the "thick-skinned" and "thin-skinned" narcissist.

Masterson (1993) similarly proposed a distinction between the closet narcissist (the covert narcissist) and the exhibitionist narcissist (the overt narcissist). The exhibitionist narcissist resembles the portrayal offered in the DSM. As described by Kernberg (1970, 1974a, b, 1988), the ideal self, the ideal object, and the real self have been joined into one entity. This merger produces the requisite kind of arrogance and selfishness. The closet narcissist appears somewhat different. Although the intrapsychic structure is similar to that of its more obvious cousin, the closet narcissist seeks to bask in the glory of an idealized object. The exhibitionist narcissist's unwavering belief in the idealized self grants him a kind of confidence, which is often reinforced through the admiration of those around him. Because of the closet narcissist's investment in the idealized object (others), his grandiosity is dependent upon outside approval and is therefore more vulnerable. This is manifested as a shy and cautious individual.

Though the narcissistic personality disorder (NPD) is firmly entrenched in the DSM-IV-TR (APA, 2000), controversy about the disorder's true nature remains (Balestri, 2000). The contemporary understanding on the disorder still relies heavily upon the explanation offered by Kernberg (1970). Indeed, the influence of this early analyst is clearly seen in the current DSM criteria. Goldstein (1985) goes so far as to contend that the current DSM criteria represent a summary of Kernberg's ideas, an opinion seconded by various other researchers (e.g. Millon, 1981). Despite the apparent plausibility of such claims, the atheoretical stance of the DSM prevents it from crediting the works of this early psychoanalyst. Instead, the DSM offers a concise and relatively straightforward analysis of the disorder. Though it lacks elaboration and offers no real explanation of the disorder's etiology, the DSM definition provides the kind of clarity that is highly beneficial when conducting research.

The revised 4th edition of the *Diagnostic & Statistical Manual* (DSM-IV-TR, American Psychiatry Association, 2000, p. 714-717) offers the following definition of the narcissistic personality disorder:

“A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- (1) Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievement).
- (2) Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
- (3) Believes that he or she is “special” and unique and can only be understood by,

or should associate with, other special or high-status people (or institutions).

(4) Requires excessive admiration.

(5) Has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations.

(6) Is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends.

(7) Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.

(8) Is often envious of others or believes that others are envious of him or her.

(9) Shows arrogant, haughty behaviors or attitudes.

The emphasis on the arrogant and grandiose expression of the overt narcissist is clear. Gabbard (1983) and others (e.g. Cooper, 1988; Philipson, 1985) have offered criticisms of the DSM and its narrow depiction of the disorder. While the criteria are adequate for diagnosing the more obvious symptoms of the overt narcissist, the symptoms of the shy and inhibited narcissist are not readily encapsulated by the current criteria. The fantasies of grandiosity displayed by the latter are carefully concealed to avoid embarrassment and may not be presented until several therapy sessions have expired. It is argued that reliance upon the DSM criteria will unfortunately lead to the misdiagnosis of a number of patients who should be described as suffering from the NPD.

Empirical Research

Although the DSM-IV-TR (APA, 2000) criteria do not reflect the covert variant of the narcissistic personality disorder, modest empirical evidence has been offered to

support its inclusion. Ronningstam (1990) identified some of the apparent weaknesses of the DSM classification and the essential elements needed for the diagnosis of NPD through the use of a semi-structured interview. Recurring patterns of traits were examined across an inpatient sample identified as narcissistic using the DSM-III-R (APA, 1987) criteria. As expected, qualities such as arrogance, inflated sense of importance, exploitive tendencies, and demand for admiration were all identified as crucial aspects of the disorder's pathology. However, the researchers noted other traits suggested by Kohut (1971) had begun to emerge in the other personality disorder control groups. Among these were vulnerability, feelings of shame, and desire for approval. Ronningstam and Gunderson (1990) argued that the DSM criteria have failed to capture the disorder in its totality and that an over-reliance on the DSM has caused some patients with narcissistic conditions to become misdiagnosed. Therefore, a call for a broader description of the NPD was made.

Perhaps the most energetic researcher on the subject has been Wink (1991). He performed a principal component analysis of the following six MMPI narcissism scales: Raskin and Novacek Narcissism Scale (Raskin & Novacek, 1989), Morey, Waugh, and Blashfield Narcissism Scale (Morey, Waugh, & Blashfield, 1985), Wink and Gough Narcissism Scale (1990), the Narcissistic Personality Disorder Scale (NPDS; Ashby, 1979), the Ego Sensitivity Scale (ESS; Pepper, 1985), and the Narcissism-Hypersensitivity Scale (Serkownek, 1975). The investigation identified two factors labeled Vulnerability/Sensitivity and Grandiosity/Exhibitionistic. He referred to them as covert and overt, respectively. The two subtypes shared the qualities of self-indulgence and a tendency towards envy. However, they differed substantially. The covert factor

was found to be positively correlated with traits of introversion, anxiety, and defensiveness. Meanwhile, the overt factor was positively correlated with the traits of extraversion, self-assuredness, and aggressiveness.

In a subsequent literature review, Wink (1996) found further evidence to support his overt/covert distinction. Examining the results of several studies, Wink (1996) examined the correlations between various personality traits and scales developed from the DSM-III narcissism criteria (i.e., the NPI, [Raskin & Hall, 1979] and two MMPI scales [Raskin, 1987; Wink & Gough, 1990]). Scores on these measures were found to positively correlate with traits such as ego-expansiveness, self-centeredness, assertiveness, and impulsivity (Raskin & Novacek, 1989; Wink & Gough, 1991; Raskin & Terry, 1988). In the same review, Wink (1996) identified those personality traits most strongly correlated with three measures of covert narcissism -- the Narcissistic Personality Disorder Scale (Ashby, 1979), the Narcissistic-Hypersensitivity Scale (Serkownek, 1975), and the Ego-Sensitivity Scale (ESS; Pepper, 1985). These measures had strong positive correlations with traits such as sensitivity, depression, feelings of worry, and social inadequacy (Graham, Schroeder, & Lilly 1971; Wink, 1991). Wink (1996) contended that these elements comprise the covert form the narcissism.

Wink and Donohue (1997) examined the overt/covert distinction and its relation to boredom through a comparison of the scores on the MMPI-W&G (Wink & Gough, 1990; a measure of overt narcissism) and the NPDS (Ashby, 1979; a measure of covert narcissism). Although the sample was entirely female, the same covert and overt distinctions arose. Those identified as overt expressed feelings of restlessness and annoyance when confronted with constraints on their behavior. The covert group was

found to have feelings of depression and a sense of meaninglessness.

Hibbard (1992) found evidence for the two NPD subtypes in a study of 701 college students. All participants completed eight scales measuring narcissism, object relations, masochism, and shame. A factor analysis identified two factors consistent with the overt/covert distinction: a narcissistically vulnerable style and a “phallic” grandiose style. The two groups were critically separated by their experience of shame. Those in the grandiose style were found to express little such sentiments, while the experience of shame demonstrated a strong positive correlation with the vulnerable subgroup.

Rathvon and Holmstrom (1996) conducted a principal components analysis of five MMPI-2 narcissistic scales and the NPI. The five scales included were as follows: NPDS (Ashby, 1979), ESS (Pepper, 1985), MMPI-W&G (Wink & Gough, 1990), MMPI-Morey (Morey, 1985), and Narcissism-Hypersensitivity Scale (Serkownek, 1975). Two orthogonal factors emerged: Narcissistic Grandiosity (overt) and Narcissistic Depletion (covert). The NPI, MMPI-W&G, and the MMPI-Morey scales loaded .83, .78, and .86 on the Grandiosity factor, while the ESS, Narcissism-Hypersensitivity Scale, and NPDS scales loaded .89, .93, and .84, respectively, on the Depletion factor. The Narcissistic Grandiosity factor was found to positively correlate with the MMPI-2 Mania (Ma) scale, while the Depletion factor was found to positively correlate with the MMPI-2 Depression (D), Psychasthenia (Pt), and Social Introversion (Si) scales. Rathvon and Homlstrom (1996) assert that their findings support the covert-overt distinction proposed by Wink (1991). Similar results were found in an MMPI-2 analysis conducted by Sawries (1997). The overt measures of narcissism (MMPI-Morey & MMPI-Raskin) were found to correlate with mania and ego-inflation, while the covert measure was

found to correlate with depression and anxiety. Taken together, these factor analyses offer support for the proposed covert/overt distinction (Holdren, 2004).

The development of the Hypersensitive Narcissism Scale (HSNS; Hendin & Cheek, 1997) represents a significant advance in the assessment of covert narcissism. The HSNS is a 10-item self-report measure derived from Murray's (1938) Narcissism Scale. Murray's original scale was a 20-item self-report measure that reflected Murray's belief in the dual nature of narcissism; it contained items to assess its overt features (e.g., self-aggrandizement) and its covert features (e.g., anxiety). In the development of their scale, Hendin and Cheek (1997) sought to develop an alternative to the MMPI-based assessments of the covert pathology. Thus, they retained items from Murray's Narcissism Scale that demonstrated significant positive correlation with two MMPI-based measures of covert narcissism, the NPDS (Ashby, Lee, & Duke, 1979) and the Narcissism-Hypersensitivity Scale (Serkowenек, 1975). A total of 10 items were retained and used to form the HSNS.

The HSNS has strong face validity, as the items clearly address themes of hypersensitivity and vulnerability. It avoids the more indirect language used in certain MMPI items, while also being free of antiquated terminology or references to sexual activity. The HSNS requires participants to rate each item on a 5-point Likert type scale (1 = "*Not at all true of me*" to 5 = "*Very true of me*"). A final score is gained by summing the individual responses. Scores can range from 0 to 50, with higher scores indicating greater degrees of the measured construct. Three samples of college students (sample 1, $N=109$ females; sample 2, $N=151$ females; sample 3, $N=143$ males) were used in the initial validation of the measure. The reported reliability of the HSNS was

good, with alpha coefficients ranging from .72 to .76. Furthermore, the HSNS, the Narcissism-Hypersensitivity Scale, and the NPDS demonstrated significant positive correlations with each other ($r = .50$) and negative correlations ($r = -.18$) with the NPI (Raskin & Hall, 1979).

Hendin and Cheek (1997) assessed the validity of the measure by comparing the correlations that both the NPI (Raskin & Hall, 1979) and the HSNS (Hendin & Cheek, 1997) produced with the Big Five Inventory (John, Donahue, and Kentle, 1991). They found the HSNS to be positively correlated with Neuroticism and negatively correlated with Openness and Extroversion. Conversely, the NPI was positively correlated with Extraversion and Openness, while being negatively correlated with Agreeableness. Hendin & Cheek (1997) concluded that the contrasting presentation of the two types of narcissism was supported.

Consideration of the empirical evidence strongly suggests that the covert and overt forms of narcissism represent distinct constructs. The two are distinguished by differing constellations of traits and dynamics, as well as the sense of self that characterizes each subtype. Based upon the merits of these distinct constructs, ongoing empirical investigations into the distinctiveness of the subtypes appear justified, with particular attention devoted to the lesser-known, covert subtype. To facilitate such an understanding, the present study is designed to evaluate the psychometric properties of the Hypersensitive Narcissism Scale (HSNS). By evaluating this measure's properties, with particular attention devoted to discriminant validity data that compare the HSNS with a measure of overt narcissism, one can further determine the empirical support for such a construct and its measurement.

Hypotheses and Data Analysis

1. The reliability of the HSNS (Hendin & Cheek, 1997) will be considered in three ways. First, Cronbach's alpha will be computed across three different groups: men, women, and the entire sample. This analysis offers an index of internal consistency reliability and investigates the existence of possible gender differences in the manifestation of narcissism, as has been found in one prior study (e.g. Wright, O'Leary, & Balkin, 1989). It is hypothesized that excellent internal consistency will be demonstrated with the HSNS (Cronbach's alpha > .90). No a priori predictions are made about gender differences on the HSNS.¹

Second, item-total correlations also will be computed for the HSNS, as will an evaluation of Cronbach's alpha for the measure if each item is removed. It is predicted all items will have comparable item-total correlations, such that no item will need to be removed in order to improve the measure's overall reliability as assessed by Cronbach's alpha.

Finally, the underlying factor structure of the HSNS will be examined with an exploratory, maximum likelihood factor analysis in order to determine if the underlying construct is unitary or is composed of multiple factors. It is hypothesized that the HSNS will have a unitary factor structure.

2. The discriminant validity of the HSNS (Hendin & Cheek, 1997) will be assessed in two ways. First, it is hypothesized that the HSNS will be nonsignificantly or negatively correlated with a measure of overt narcissism, the NPI (Raskin & Hall, 1979).

Second, a confirmatory factor analysis of the item from the NPI and HSNS will be

¹ The effects of other demographic variables and criterion variables will also be considered, though it is hypothesized that no significant differences will be found. T-tests and chi square statistics for these variables will be performed on each of the measures used.

computed. It is predicted that a two-factor model solution will provide adequate fit statistics.

3. The construct validity of the HSNS will be evaluated by examining its correlations with measures of related constructs. Specifically, the following predictions are made:

- a) The HSNS will be negatively correlated with self-esteem and social inhibition.
- b) The HSNS will be positively correlated with a measure of shame.
- c) The HSNS will be positively correlated with a measure of masochism.
- d) The HSNS will be positively correlated with a measure of insecure attachment and social incompetence. The HSNS will also be negatively correlated with a measure of egocentricity and alienation.

4. The discriminant and construct validity of the HSNS will also be evaluated by comparing the pattern of aforementioned correlations with the NPI. Specifically, it is predicted that:

- a) The NPI will be positively correlated with a measure of self-esteem and negatively correlated with a measure of social inhibition.
- b) The NPI will be negatively correlated with a measure of shame.
- c) The NPI will be negatively correlated with a measure of masochism.
- d) The NPI will be positively correlated with a measure of egocentricity and alienation. The NPI will also be negatively correlated with a measure of insecure attachment and social incompetence.

Method

Procedures

Undergraduate students enrolled in introductory psychology courses at Eastern Michigan University were recruited to participate. Participants were offered extra credit in return for their participation. They were asked to meet in a Psychology Department research lab or classroom on a specified time and day for approximately 90 minutes. During these specified times, groups of participants (ranging in size between 5-20 individuals) were asked to complete the questionnaires. They were informed that the study involved the measurement of personality categories and were provided with an informed consent document. After having their questions answered and signing the document, participants completed the packet of measures. They were supervised by an undergraduate research assistant who collected the completed measures.

Measures

Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965). The RSES is a 10-item, standardized self-report measure of self-esteem and is scored on a four-point Likert Scale, with answers ranging from 1 = *strongly agree* to 4 = *strongly disagree*. The total scores range from 10-40, with higher scores indicating lower levels of self-esteem. The scale was originally developed on a sample of 5, 000 high school students in the New York area (Rosenberg, 1965). It has arisen to become the most commonly used measure of self-esteem (Blascovich & Tomaka, 1991).

Two-week test-retest correlations range from .82 to .88 (Rosenberg, 1986; Blascovich & Tomaka, 1991). Though the scale was originally conceptualized as a unidimensional measure, some studies suggest that the scale may be better explained using a two-factor model (Tomas & Oliver, 1999). Kaplan and Pokorny (1969) labeled these factors as self-derogation and self-enhancement. Studies conducted by Openshaw,

Thomas, and Rollins (1981), as well as Whiteside, Mansell, and Corwyn (2003), have added further support to the two-factor structure. However, it appears that this is an artifact of the way in which some of the questions are phrased. Positively worded phrases load on one factor, while negatively worded phrases load on a separate but highly correlated factor (Zimprich, Perren, & Hornung, 2005).

Bell Object Relations and Reality Testing Inventory Form O (BORRTI; Bell, 1995). The BORRTI is a 45-item, self-report measure that assesses four dimensions of object relations – Alienation, Insecure Attachment, Egocentricity, and Social Incompetence. Respondents are asked to answer a series of statements by selecting either “true” or false.” Scores on each of the subscales range from 30 to 80, with higher scores indicating greater degrees of the measured construct.

The instrument was normed on 934 subjects drawn from a non-clinical sample of students and civic workers. The internal-consistency reliability of the subscales (Cronbach’s alpha coefficient) ranges from .78 to .90. Twenty-six-week test-retest reliabilities across the scales were similarly acceptable, ranging between .58 and .85.

Elevations on the Alienation subscale indicate a basic lack of trust in relationships, suspiciousness, hostility, and isolation. Elevations on the Insecure Attachment subscale suggest fear of rejection, as well as guilt, jealousy, and anxiety in relationships. Elevations on the Egocentricity subscale denote mistrust and a tendency toward selfish behavior in relationships, while elevations on the Social Incompetence subscale measure the degree of shyness and uncertainty associated with relationships. Bell (1995) asserts that high BORRTI scores are associated with psychopathology, maladaptive personality development, and various health risks. Evidence for the

BORRTI's convergent and discriminant validity has been reported in several studies (e.g. Bell & Zito, 2005; Morrell, Mendel, & Fischer, 2001; Huprich & Greenberg, 2003).

Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979). The NPI is the most thoroughly researched measure of overt narcissism (Chatham, Tibbals, & Harrington, 1993). It was derived from the DSM-III (APA, 1980) criteria for Narcissistic Personality Disorder and has undergone several revisions since that time. It consists of 40 items, presented as forced-choice dilemmas – one statement reflects narcissistic tendencies while the other does not. The final score consists of the number of narcissistic selections endorsed. Scores can range from 0 to 40, with higher scores indicating greater degrees of narcissism.

The measure was normed on 1,018 college undergraduates (Raskin & Hall, 1979). The internal consistency as measured by Guttman's lambda-3 was .83 (Raskin & Terry, 1988), with a split half reliability of .80. The NPI also has demonstrated strong convergent validity (Emmons, 1984) and positively correlates with trained mental health staff ratings of narcissism (Raskin & Terry, 1988), as well as with measures of sensation seeking and outward aggressiveness (Biscardi & Schill, 1985). Furthermore, it is found to negatively correlate with constructs such as empathy (Biscardi & Schill, 1985).

Hypersensitive Narcissism Scale (HSNS; Hendin & Cheek, 1997). The hypersensitive narcissism scale is a measure of covert narcissism. It was adapted from Murray's (1938) 20-item Narcissism Scale. The scale was developed by identifying items from the original scale that were found to correlate with an MMPI-based composite measure of covert narcissism. Internal consistency reliability estimates, based on alpha coefficients, range from .72 to .75 in samples of 109 and 151, respectively. It has

demonstrated strong convergent and divergent validity; it has been found to have a negative correlation with the NPI and significant positive correlations with other measures of covert narcissism (e.g. Serkownek's (1975) Narcissism-Hypersensitivity Scale).

Self-Defeating Personality Scale (SDPS; Schill, 1990). The SDPS is a measure of masochistic personality. It is a 48-item measure derived from the DSM-III (APA, 1980) criteria for self-defeating personality disorder. Each item is keyed as either *true* or *false*, with the keyed direction suggesting masochistic tendencies. A subject receives a score of 1 point for each item that matches the key and 0 points for items that do not match the key. The final score represents a sum of the total scores (ranging from 0-48). Higher scores reflect greater masochistic tendencies.

The initial examination of the measure's psychometric properties yielded good results, with Cronbach's alpha reported at .68, and the three-week test-retest reliability at .71 (for men) and .75 (for women). Convergent validity was also demonstrated; those with high scores on the measure were more likely to report ambivalent and avoidant attachment styles with their mothers than were those with low scores (Williams & Schill, 1993). Furthermore, elevated score on the SDPS have been found to correlate with perceptions of less supportive family environments (Schill et. al., 1991) and difficulty in romantic relationships (Williams & Schill, 1994).

However, discriminant validity for the measure has not been well demonstrated, as significant correlations between the SPDS and six other personality disorder scales have been noted (Schill & Sparenberg, 1997). The authors contend that these relationships may reflect the overlap contained within the personality disorders

themselves (Schill & Sparenberg, 1997). The authors concluded that, beyond assessing the features of the self-defeating personality disorder, the SPDS also measures anxiety regarding interpersonal relationships. Because this anxiety is relevant to the clinical understanding of the masochistic personality, the overlap is not believed to handicap the measure's effectiveness.

Fear of Negative Evaluation (FNE; Watson & Friend, 1969). The FNE is a 30-item instrument, broadly concerned with a fear of receiving negative evaluations from others. More specifically, it is thought to reflect a fear of the loss of social approval. The FNE was developed from a sample of 202 college students. Each item is keyed as either *true* or *false*, with the keyed direction suggesting social inhibition. A subject receives a score of 1 point for each item that matches the key and 0 points for items that do not match the key. The final score represents a sum of the total scores (ranging from 0-30), with higher scores indicating greater social inhibition.

The FNE has demonstrated adequate empirical validity (Musa, 2004). Those scoring high on the FNE are found to avoid social disapproval and have an increased level of uneasiness in social settings. It is also found to be correlated with other measures of social anxiety. The one-month test-retest correlation was .78, and internal consistency reliability (using the Kuder-Richardson formula 20) was measured at .94 in a sample of 205 college students (Friend & Gilbert, 1973).

Harder Personal Feelings Questionnaire (PFQ2; Harder & Zalma, 1990). The PFQ2 is a 22-item instrument measuring the constructs of shame and guilt. It employs a 5-point Likert-type scales, with answers ranging from 0 = *Never* to 5 = *Continuously or almost continuously*. The PFQ2 is noted as one of the few instruments capable of

assessing these related, yet distinct, constructs. Scores on the shame subscale range from 0 to 40, while scores on the guilt subscale range from 0 to 24. Higher scores indicate a greater level of proneness. Analyses of the PFQ2 have provided evidence of construct validity (Harder, Rockart, & Cutler, 1993). Positive correlations between the PFQ2 and measures self-derogation, instability of self-concept, shyness, social anxiety, public self-consciousness, and private self-consciousness have been found. Further correlations between well known measures such as the Beck Depression Inventory (Beck et al., 1961) were also noted. Cronbach's alpha values were reported as .72 for guilt and .78 for shame (Corcoran & Fischer, 2000). Test-retest reliabilities over a two-week period were .85 for guilt and .91 for shame.

Results

Participants

A total of 298 participants completed the questionnaires. Among these, 190 were female (108 male), 190 were Caucasian (69 African American), 255 were single (16 married), and 141 were first-year students. For a more detailed presentation of the participant demographics, see Table 2.

To examine the possible effect of participant sex on scale scores, men and women were compared on each scale. Significant, two-tailed differences were largely nonexistent, though differences on the SPDS $t(296) = 2.28, p < .05$ were observed, with men scoring higher than women. However, the magnitude of this differences was found to be small ($d = .27$). Similarly, independent samples t -tests were conducted for ethnicity, age, and year in school, none of which produced significant results.

Reliability

Cronbach's alpha for the HSNS was .78. Item-total correlations are reported in Table 3. The removal of individual items did not improve internal consistency, with one exception. When removing item 6, Cronbach's alpha coefficient rose to .82. Consistent with the above, item 6 had the lowest item-total correlation ($r = .02$), further indicating that it is not a particularly reliable item. Based on this finding, a revised version of the HSNS was derived, omitting item 6, and was used in the remaining analyses.

The remaining nine items of the HSNS were subjected to an exploratory, maximum likelihood factor analysis. In the resulting factor analysis, all of the items, with the exception of item 1, loaded on the first unrotated factor with item loadings ranging between .45 and .84 (item 1 produced a value of .24). This factor accounted for 42.7% of the variance and had an eigenvalue of 3.83, over twice as large as the second largest factor. However, the analysis also revealed the existence of two additional factors with eigenvalues exceeding 1 (1.60 and 1.36). These factors explained 17.5% and 14.8% of the variance, respectively.

To allow for a more accurately interpretable structure, the components were subjected to an exploratory, oblique rotation, retaining items with factor loading values of .40 or greater. The rotated solution (Table 4) presented a similar, 3-factor model, though it offered a more complex view of the factor structure. Two items (#3 and #8) were found to load significantly on more than one factor, while several items had multiple items loadings approaching .40. This 3-factor solution accounted for 75% of the variance, with component 1 contributing 42.5% (with an eigenvalue of 3.83), component 2 contributing 17.5% (with an eigenvalue of 1.58), and component 3 contributing 14.9% (eigenvalue of 1.34).

A variety of techniques have been used to identify the optimal number of factors to retain in an exploratory factor analysis. The most common strategy is to retain factors with eigenvalues greater than 1.0. However, this strategy frequently results in over retention of factors (Costello & Osborne, 2005). An alternative strategy is conduct parallel analysis (Hayton et. al., 2004). In the present study, this strategy was used to determine if the three-factor solution exceeded the factor solution that would be obtained by chance in a matrix of similar parameters. Each factor was found to account for a significant amount of variance above and beyond chance.

To avoid the occasional tendency of parallel analysis to underestimate the number of factors (Ford, MacCallum, & Tait, 1986), additional analyses were considered. A further inspection of the accompanying scree plot revealed a break after the third component. Applying Catell's (1966) scree test, these three factors were retained for greater analysis.

The resulting factors were examined for similarity in content and were offered descriptors believed to reflect their overall theme. Factor 1 was labeled "Aggressive Distancing" and contained the following items: "I dislike sharing the credit of an achievement with others" (item 4); "I feel I have enough on my hands without worrying about other people's troubles" (item 9); and "I am secretly 'put out' when other people come to me with their problems, asking me for my time and sympathy" (item 10). Factor 2 was labeled "Sensitivity" and contained the following items: "My feelings are easily hurt by ridicule or by the slighting remarks of others" (item 2); "When I enter the room I often become self-conscious and feel that the eyes of others are upon me" (item 3); and "I often interpret the remarks of others in a personal way" (item 7). Finally, factor 3 was

labeled “Self-Absorption” and contained the following items: “I can become entirely absorbed in thinking about my personal affairs, my health, my cares, or my relations with others” (item 1); “I dislike being with a group unless I know that I am appreciated by at least one of those present” (item 5); and “I easily become wrapped up in my own interests and forget the existence of others” (item 8).

Discriminant Validity

To investigate this relationship, a first-order, two-factor model was tested with confirmatory factor analysis in which items from the HSNS were specified to load on a single factor labeled covert narcissism, and items from the NPI were specified to load on a single factor labeled overt narcissism. These results are presented in Table 5. Given the current recommendations regarding model fit (Hu & Bentler, 1999), the present results do not provide a clear resolution as to the precise relationship between the two measures.

Construct Validity

Results are presented in Table 6. The HSNS was found to have a strong negative correlation with the RSES, a measure of self-esteem. Conversely, the HSNS was found to have a strong positive correlation with the measure of social inhibition FNE, a measure of shame (PFQ2), and a measure of masochism (SDPS).

The correlations between the HSNS and the subscales of the BORRTI were also examined. The HSNS produced a strong positive correlation with the Alienation scale as well as the Insecure Attachment scale. The HSNS also produced a moderate positive correlation with the Social Incompetence scale and a slight positive correlation with the Egocentricity scale. Thus, elevations on HSNS seemed indicative of a wide range of

object related disturbances.

The relationship between the NPI and measures of self-esteem, social inhibition, shame, masochism, and the subscales of the BORRTI were similarly examined. The NPI's relationship with self-esteem was of particular interest, as previous literature has suggested that the narcissistic defenses are often successful at promoting a greater sense of self-esteem and happiness (Balestri, 2000). This assertion was supported by the present results, as the NPI was found to have a moderate positive correlation with the RSES. The NPI was found to negatively correlate with the FNE, as well as the PFQ2 measure of shame. A moderate negative correlation between the NPI and the SDPS was also observed.

Amongst the BORRTI subscales, the NPI produced negative correlations with the Alienation, Insecure Attachment, and Social Incompetence scales. A slight positive correlation with the Egocentricity scale was also noted. Thus, elevated scores on the NPI did not appear to be particularly indicative of high scores on the BORRTI subscales.

These differing correlations produced by the HSNS and the NPI were examined for significant differences through the use of a Fisher z-test, and all were found to be significant ($p < .05$), with the exception of the difference between correlations with the EGC scale.

Discussion

Reliability and Structure of the HSNS

The obtained values for Cronbach's alpha, as well as the high item-total correlations, offer a general endorsement of the measure's reliability and are consistent with previous research (Otway & Vignoles, 2006). However, the low item-total

correlation of item 6 (“I feel that I am temperamentally different from most people”), while not entirely damaging to the overall measure, does suggest that there is room for improvement. Nonetheless, the HSNS emerges from the investigation with apparently sufficient levels of reliability.

Despite these findings, such optimism is dampened when the factor analyses are considered. The emergence of a 3-factor structure, as well as the cross-loadings of two items, reveals that the HSNS may require a more sophisticated interpretation. As suggested by the aforementioned factor analysis, the items of the HSNS appear to present three distinct themes. Factors 1 and 3 appear to reflect an inability to establish meaningful relationships. However, items in the Aggressive Distancing factor (e.g., “I dislike sharing the credit of an achievement with others”) seem to represent a sense of interpersonal annoyance, wherein people are viewed as unwanted intruders whose concerns and interests are viewed as burdensome. Conversely, items in the Self-Absorption factor (e.g., “I easily become wrapped up in my own interests and forget the existence of others”) seem to reflect a failure to consider the concerns of others, rather than an expressed desire to establish emotional distance. Nonetheless, both may be described under the broader category of lacking empathy. The items comprising the Sensitivity factor (e.g., “My feelings are easily hurt by the ridicule or the slighting remarks of others”) appear to capture a more avoidant quality, noting feelings of insecurity and vulnerability.

Regardless of one’s interpretation of these factors, the failure of the measure to produce a unitary construct or a series of clearly demarcated factors is difficult to interpret. It remains uncertain as to whether this reflects a deficiency within the measure

or a necessary consequence of the construct's complex nature. The pathology of covert narcissism that has been discussed represents a markedly intricate personality structure. Beyond the outward appearance of avoidant or depressive tendencies, there is believed to be a hidden sense of preoccupation with grandiosity. Furthermore, the narcissistic characteristics of selfishness and a general lack of empathy are believed to coexist with potentially masochistic and shame-inclined dispositions, as well as theorized disturbances in object relations. One might therefore concede that to expect a 10-item measure to produce a comprehensive and unitary reflection of the overall construct may prove unreasonable.

Yet this does not address the concern that the measure may simply be tapping a separate, though related, set of highly related constructs. Nonetheless, given the measure's levels of internal consistency reliability, as well as its face validity and patterns of correlations with similar constructs, it seems that the most parsimonious assertion is that the HSNS may be indicative of a clinical disturbance suggestive of the covert form of narcissism.

Relationship between the HSNS and NPI

The precise relationship between these measures remains somewhat uncertain. Stated simply, the two measures are uncorrelated, yet their pattern of intercorrelations is highly meaningful in that it supports the discriminant and construct validity of the HSNS and a two-type conceptualization of narcissism. This is a finding noted in previous research, as measures of covert narcissism tend to be uncorrelated with the composite score of the NPI yet produce modest positive correlations with its exploitative/entitlement factor (Watson et al., 1984). Indeed, one might contend that the failure of the two

measures to load onto separate factors in the present study results from the presence of certain elements uniting them in a shared narcissistic pathology.

However, it needs to be remembered that the covert and overt forms of narcissism have been theorized to present in radically different fashions, though both are united in a lack of empathy, core feelings of insecurity, and a form of grandiosity. Indeed, both constructs may be characterized by a fundamental sense of self-deficit, which is a general inability to reconcile the discrepancy between one's internal sense of worth and the regard that one receives from the outside world. Yet even such similarities are quite divergent. While the overt narcissist may avoid external threats to self-esteem by expressing a hostile unwillingness to consider the views of others, the covert narcissist may demonstrate a hidden fear of encountering negative evaluations. Similarly, the grandiosity of the overt narcissist is frequently transformed into a vehicle of self-declared greatness, while in the covert form of narcissism, this grandiosity is indirectly expressed through the noted masochistic fantasies. In future research, the tension between the similar central elements shared by the constructs and their powerfully divergent expressions will offer a challenge to those seeking to characterize the extent to which they are to be considered alternate expressions of a shared pathology or as different disorders arising from a similar etiology.

Correlational Patterns

The presentation of the covert narcissist among the correlation matrix is quite clear. The significant negative correlation with self-esteem (RSES), combined with the positive correlations of the HSNS with measures of social anxiety (FNE) and shame (PFQ2), are a confirmation of the hypothesis that an anxious, unhappy, and shame-prone

form of narcissism exists. Conversely, an opposite pattern of correlations with the NPI were observed. Those scoring high on the measure of overt narcissism were found to have high levels of self-esteem and little sense of shame or social anxiety.

Evidence within the literature supports these findings, as recent research suggests that overt narcissism is generally associated with increased levels of self-esteem (Watson et al., 1992), decreased levels of depression (Rathvon & Holmstrom, 1996), and minimal shame (Hibbard, 1992). Perhaps surprisingly, the present data lend support to the notion that there are certain adaptive elements to be found within the overt form of narcissism. Yet this is not to suggest that overt narcissism represents a generally adaptive disposition -- quite the contrary. In Kernberg's (1975) assessment, the narcissistic individual arises from a merger of the ideal self, the ideal object, and the real self. The inability to accept negative evaluations leads to the devaluation of others, generally displayed as the narcissist's self-absorbed and manipulative nature. This defensive strategy of the narcissist may also be described as self-enhancing, a fact noted in the literature (Emmons, 1987). Despite the dubious nature of their perpetual self-enhancements, the overt narcissist is generally capable of producing a sense of well-being and happiness (Taylor & Brown, 1988). Nonetheless, low scores on measures of implicit self-esteem suggest that the overt narcissist is burdened by conflicting conscious and unconscious self-views (Rose, 2002). It seems that the overt narcissist is in some sense aware of his/her fragile sense of self-esteem and works aggressively to defend it (Raskin, Novacek, & Hogan, 1991).

In contrast, the fundamental sense of shame described by Gabbard (2000) may exert a profound influence on the regulation of self-esteem conducted by the covert

narcissist. The positive correlation between the HSNS and PFQ2 measure of shame hints at the sense of fragility described by Kohut (1971). Because covert narcissists carry such fundamental misgivings about their nature, they are unable to engage in the form of self-enhancement embraced by the overt narcissist. A strategy of militantly promoting one's own self-worth is simply incongruent with conscious feelings of insecurity (Ashby, Lee, & Duke, 1979) and depression (Rathvon & Holmstrom, 1996). It appears that these depressive and insecure tendencies, combined with the covert narcissist's social inhibitions, render them unwilling or unable to engage in immodest enhancements of their self-esteem.

Masochism and Object Relations

The significant correlation of the HSNS with the Self-Defeating Personality Scale offers evidence for a convergence of narcissistic and masochistic factors within the covert pathology. The significant positive correlations among both measures of narcissism and the object relations scales of the BORRTI further suggest a common tendency for disturbances in object relations. Berliner (1947), an early theorist on the concept of masochism, described the masochistic pathology as arising from antagonistic parents. The child, in a bid to earn the parents' love, begins to view suffering as a necessary element of affection (described earlier as an ego-syntonic transformation). Berliner describes a narcissistic retreat in which the child asserts its value based upon its ability to endure punishment.²

Berliner's (1947) connection of masochistic strivings to a desire to be loved or, in parlance more similar to Kohut (1971, 1977, 1984), a desire to earn the parent's

² The similarity with Bergler's (1949) description of the masochistic individual as one who seeks to be "defeated" by a more powerful opponent and bemoan the severity of the suffering endured in the subsequent "subjugation" is highly relevant here.

admiration and acceptance, suggests that such individuals should demonstrate a strong sense of insecure attachment. And indeed, the strong positive correlation between the HSNS, SDPS, and insecure attachment scale of the BORRTI offer an empirical demonstration of this. It should be remembered that elevated scores on the insecure attachment scale denote a fear of rejection and an extreme anxiety in relationships. The covert narcissist's desire for the approval of others (arising from a desire to connect with the parents) is countered by a fear regarding his/her own imperfections (i.e. the sense of shame), thereby resulting in an insecure attachment style (Dickinson & Pincus, 2003). It seems that a masochistic expression of grandiosity may offer the covert narcissist an alternative to the self-enhancement of the overt narcissist.

Yet an aggressive component of the masochistic and narcissistic character is equally relevant. In the former, the denouncement of a superior opponent is particularly noteworthy. As described by Fenchel (1983), "One is further struck by the discharge of aggression in conjunction with exhibitionistic gratification that is permitted by defeat" (p. 66). In the case of the covert narcissist, the aggressive-distancing factor of the HSNS offers a characterization of underlying resentment and annoyance towards others. In both pathologies, there seems to be a desire to express a narcissistic urge, but there is also a sense in which the dependence upon the approval of others is resented. Accordingly, both the HSNS and SDPS' highest correlations among the BORRTI scales were found in the insecure attachment and alienation (the scale measuring hostility and a lack of trust) scales.

Limitations and Directions for Future Research

Despite the present study's relatively small sample size and dependence upon an

undergraduate population, it nonetheless offers a number of interesting points of consideration, though its assertions appear somewhat tenuous. Based upon the correlational data, the psychoanalytic assertion of an insecure, self-effacing, and timid form of narcissism appears largely supported. However, the noted deficiencies of the HSNS dampen the enthusiasm for its use. Given the intricacy of the construct defined as covert narcissism, the HSNS's complex psychometric properties seem understandable, but such a concession must also allow that there may exist several symptoms theoretically linked to the construct. Indeed, if the aforementioned complexity of the disorder is to be accepted, several criticisms regarding the content validity of the HSNS may be offered. The pathology's masochistic leanings, hidden grandiosity, and potentially depressive symptoms appear unaddressed.

Recent reviews of the literature have indicated that there is notable dearth of research on the narcissistic personality disorder (Blashfield & Intoccia, 2000), making it one of the most infrequently studied personality disorders (Russ et al., 2008). Though contemporary research on the proposed distinction continues (e.g., Dickinson & Pincus, 2003), more focused empirical investigations are merited. The construction of a more coherent measure of the disorder will facilitate increasingly powerful factor analytic investigations into the shared components of the overt and cover presentations and will ultimately enable investigations utilizing clinical populations. The creation of a new measure, or perhaps an enhancement of existing measures, such as the HSNS, seems to be necessitated by the current research findings.

The face validity of the HSNS, and its nearly perfect matching of predicted correlations, hint that the possibility of producing a coherent measure of the disorder is

within reach. However, the HSNS as it currently exists does not appear capable of fulfilling this role. Future research must therefore work diligently to erect a more consociate assessment device. Only when a more efficacious model of assessment is achieved can a more powerful empirical exploration of the covert/overt distinction be achieved.

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Appendix

Items on the Hypersensitive Narcissism Scale

1. I can become entirely absorbed in thinking about my personal affairs, my health, my cares, or my relations with others.
2. My feelings are easily hurt by ridicule or by the slighting remarks of others.
3. When I enter the room I often become self-conscious and feel that the eyes of others are upon me.
4. I dislike sharing the credit of an achievement with others.
5. I dislike being with a group unless I know that I am appreciated by at least one of those present.
6. I feel that I am temperamentally different from most people.
7. I often interpret the remarks of others in a personal way.
8. I easily become wrapped up in my own interests and forget the existence of others.
9. I feel that I have enough on my hands without worrying about other people's troubles.
10. I am secretly "put out" when other people come to me with their problems, asking me for my time and sympathy.

Table 1

Various Labels for the Overt / Covert Distinction among Narcissistic Individuals

	Overt	Covert
Broucek (1991)	Egotistical	Dissociative
Gabbard (1989)	Oblivious	Hypersensitive
Hibbard (1992)	Phallic/Grandiose	Vulnerable
Rosenfield (1987)	Thick-Skinned	Thin-skinned
Wink (1991)	Overt	Covert

Table 2

*Demographic variables for study participants**A. Participants Divided by Gender and Year in School*

	Year in School					Total
	1	2	3	4	5	
Male	56	19	10	12	11	108
Female	85	20	42	27	16	190
Total	141	39	52	39	27	298

B. Participants Divided by Gender and Marital Status

	Marital Status				Total
	Single	Cohabiting	Married	Divorced/Separated	
Male	92	5	6	5	108
Female	163	11	10	6	190
Total	255	16	16	11	298

C. Participants Divided by Gender and Ethnicity

	Ethnicity						Total
	Caucasian	African American	Asian	Hispanic	Middle Eastern	Other	
Male	66	22	7	6	3	4	108
Female	124	47	5	5	3	6	190
Total	190	69	12	11	6	10	298

Table 3

Item-Total Correlations for Items on the HSNS

	Mean (SD)	Skew	Item-Total Correlation	Cronbach's Alpha if Item were Deleted
1. I can become entirely absorbed in thinking about my personal affairs, my health, my cares, or my relations with others	3.40 (1.20)	-.40	.32	.78
2. My feelings are easily hurt by ridicule or by the slighting remarks of others	2.94 (1.22)	-.02	.39	.77
3. When I enter the room I often become self-conscious and feel that the eyes of others are upon me	2.92 (1.25)	.11	.58	.75
4. I dislike sharing the credit of an achievement with others	2.60 (1.19)	.14	.57	.75
5. I dislike being with a group unless I know that I am appreciated by at least one of those present	3.10 (1.27)	-.18	.47	.77
6. I feel that I am temperamentally different from most people	3.01 (1.39)	.39	.02	.82
7. I often interpret the remarks of others in a personal way	2.97 (1.18)	.04	.54	.76
8. I easily become wrapped up in my own interests and forget the existence of others	2.46 (1.22)	.53	.60	.75
9. I feel that I have enough on my hands without worrying about other people's troubles	2.73 (1.29)	.13	.60	.75
10. I am secretly "put out" when other people come to me with their problems, asking me for my time and sympathy	2.57 (1.30)	.27	.66	.74

Table 4

The Rotated Factor Solution of the HSNS

	Factor		
	1	2	3
1. I can become entirely absorbed in thinking about my personal affairs, my health, my cares, or my relations with others	.09	.12	.63
2. My feelings are easily hurt by ridicule or by the slighting remarks of others	.27	.78	.19
3. When I enter the room I often become self-conscious and feel that the eyes of others are upon me	.45	.77	.29
4. I dislike sharing the credit of an achievement with others	.78	.30	.33
5. I dislike being with a group unless I know that I am appreciated by at least one of those present	.38	.30	.63
7. I often interpret the remarks of others in a personal way	.35	.82	.30
8. I often interpret the remarks of others in a personal way	.66	.24	.77
9. I easily become wrapped up in my own interests and forget the existence of others	.83	.31	.34
10. I feel that I have enough on my hands without worrying about other people's troubles	.88	.39	.34

Table 5

Fit Statistics for the HSNS / NPI 2-Factor Model

Model	χ^2	df	RMSEA	CFI	WRMR
HSNS/NPI	619.99*	53	0.19	0.48	3.02

Note. χ^2 = model chi-square; RMSEA = root mean square error of approximation; CFI = comparative fit index; WRMR = weighted root mean square residual.

*p < .001

Table 6

Intercorrelations of all Scales and Subscales

	1	2	3	4	5	6	7	8	9	10	11
1. HSNS	1										
2. NPI	-.04	1									
3. BORRTI ALN	.61*	-.30*	1								
4. BORRTI IA	.60*	-.31*	.43*	1							
5. BORRTI EGC	.19*	.08	.59*	.65*	1						
6. BORRTI SI	.49*	-.24*	.65*	.61*	.41*	1					
7. FNE	.66*	-.29*	.45*	.52*	.31*	.43*	1				
8. PFQ2 Shame	.72*	-.15*	.41*	.46*	.35*	.37*	.62*	1			
9. PFQ2 Guilt	.17*	-.27*	.40*	.39*	.32*	.32*	.20*	.60*	1		
10. SDPS	.45*	-.36*	.75*	.66*	.57*	.57*	.67*	.44*	.48*	1	
11. RSES	-.57*	.49*	-.65*	-.63*	-.55*	-.54*	-.62	-.61	-.33	-.76	1

Note. HSNS = Hypersensitive Narcissism Scale; NPI = Narcissistic Personality Inventory; BORRTI ALN, IA, EGC, and SI = Bell Alienation, Insecure Attachment, Egocentricity, and Social Isolation subscales; FNE = Fear of Negative Evaluation; PFQ2 Shame and Guilt = Harder Personal Feelings Questionnaire Shame and Guilt subscales; SDPS = Self-Defeating Personality Scale; and RSES = Rosenberg Self-Esteem Scale.

* $p < .05$