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**The relationship between the need for
admiration and perfectionism: differences
between vulnerable and grandiose narcissism**

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Premise

Over the years, several studies in clinical and social psychology have focused their attention on both trait narcissism and trait perfectionism, wondering about the possible link between these two constructs. Various theoretical models have suggested that perfectionism could represent a central feature of the narcissist's style of thinking, behaving, perceiving and relating (Beck, Freeman, & Davis, 2004; Ronningstam, 2011) and an interpersonal strategy that narcissistic individuals could use to protect and enhance their self-esteem (Morf & Rhodewalt, 2001). The grandiose self-concept of narcissists, based on a strong sense of worthlessness, pushes to show a perfect image in order to gain the admiration and respect of others and also to validate the grandiose self-image. The thought and the sense of perfection of the narcissist is "all or nothing" because they believe that if you are not perfect then you are imperfect, and if you are imperfect then you are nothing (Morf & Rhodewalt, 2001). Narcissists cannot tolerate any flaw, however small, in the perfection of the self (Ronningstam, 2010).

More recently, some authors (Hewitt, Flett, Besser, Sherry, & McGree, 2003) have extended the construct of perfectionism, introducing the concept of Perfectionist Self-Presentation (PSP), that is, the public and interpersonal aspect of this construct, characterized by three subdimensions: Perfectionistic self-promoting, Non-display of imperfection and Nondisclosure of imperfection. Although there is considerable evidence of the narcissism-perfectionism link, to date, few studies have taken into consideration and investigated the PSP dimensions and its specific correlates.

It is precisely on the basis of this copious evidence about already established close narcissism-perfectionism association and of the existing gap concerning the perfectionist self-presentation that the present work takes shape, with the aim of widening, albeit minimally, the literature about these constructs present today. In particular, the current study will examine the two recent specific

orthogonal constructs of narcissism, Grandiose and Vulnerable Narcissism, conceptualized for the first time by Wink (1991), and the Perfectionistic Self-Presentation, in particular focusing on the possible mediator role that the latter could play in predicting the onset of certain negative health outcomes.

CHAPTER 1

INTRODUCTION

1. CONSTRUCT OF NARCISSISM

The meaning of narcissism has changed over time. Today narcissism "refers to an interest in or concern with the self along a broad continuum, from healthy to pathological ... including such concepts as self-esteem, self-system, and self-representation, and true or false self"

(Ronningstam, 1998, p.53)

1.1 Narcissism: From Freud to Lowen

Narcissism is a term that has a wide range of meanings, depending on whether it is used to describe a central concept of psychoanalytic theory, a mental disorder, a social or cultural problem, or more simply a trait of personality.

The term "Narcissism" derives from the Greek myth about Narcissus, which exist in two different versions. In Ovid's classical version, the beautiful young hunter Narcissus, who rejects the love of the nymph Echo, is condemned by the gods to fall in love with his mirror image. Fully entranced by his own reflection in a pool of water, Narcissus eventually realizes that his love cannot be reciprocated, which leads him to commit suicide. In the version of Pausanias, the myth has a different ending: Narcissus is gazing at himself, when suddenly a leaf falls into the water and distorts the image. Narcissus is shocked by the ugliness of his mirror image, which ultimately leads him to death (Jauk, Weigle, Lehmann, Benedek, & Neubauer, 2017).

Following the classical account, the earliest theoreticians on narcissism, as a personality characteristic, studied it in relation to its manifestations in human sexuality, though without definitive thoughts on its normality or pathology. The British sexologist- physician Havelock Ellis, in 1898, was the first to use the Narcissus myth to refer to an autoerotic sexual condition. The tendency in these “Narcissus-like” cases was “for the sexual emotions to be absorbed, and often entirely lost, in self-admiration” (Levy, Ellison, & Reynoso, 2011).

Some years later, the psychoanalyst Isidor Sadgar elaborated the concept of narcissism distinguishing between a degree of egoism and self-love that was normal, and the more extreme and pathological forms that involved overestimation and overinvestment in one's own body. In 1911, Otto Rank wrote the first psychoanalytic paper exclusively on narcissism. In this paper narcissism was still considered primarily as the sensual love of the self, but it was connected, for the first time, with psychic phenomena which are not overtly sensual: vanity and self-admiration. Rank argued that the so-theorized construct of narcissism was also functional in defensive functions and that it was linked to two speculative experiences: narcissistic individuals tend to need others to feel connected and to bask in the glow of strong and powerful people (Levy et al., 2011; Pulver, 1970).

Narcissism became a more complex and far-reaching psychological variable with Freud. His views on narcissism varied a great deal, from a kind of sexual perversion and quality of primitive thinking to a type of object choice, a mode of object relationship, and self-esteem (Pulver, 1970). In his writings on the topic, narcissism can both be a universal stage of psycho-sexual development and a component of self-preservative instincts, as well as a marker of a pathological character. His theorizing is based on observations from psychotic patients, young children, clinical material from patients, as well as sexual love relationships. Freud first mentions narcissism in a later footnote added in 1910 to “*Three Essays on the Theory of Sexuality*” (1905), and most extensively writes on the topic in “*On Narcissism: An Introduction*” (1914/1957). The essay consists of three chapters in which the

Viennese physician presents the narcissistic stage, deriving the term from the legend of Narcissus, as an evolutionary phase of sexual libido, straddling the sadistic-anal phase and the more strictly objective phase. Although narcissism can be seen as a perversion, as in homosexuality, there is a general evolutionary egoism that is characteristic of human development. Freud, therefore, defines narcissism not as a perversion but as a character belonging to all men in a different way and never completely overcome. He conceptualized the existence of two forms of narcissism: primary narcissism and secondary narcissism. The first is described as the original libido that directs its energy into the ego, which causes the ego to fill. Primary narcissism is evident in young children, in their beliefs in grandiosity, in the magic and power of their words. When this primary libido of the ego becomes excessively stimulated, the individual perceives a tension from which he wants to free himself; the resolution consists in directing this libido outwards, on an object, which is then defined as the libido-object. Secondary narcissism is observed when the object's libido is returned inward after it has already been attached to an object and becomes introverted in the ego. The return of libido to the ego causes a break with the outside world. Secondary narcissism echoes the primary narcissism originating from the ego libido, or child narcissism (Pulver, 1970). Freud noted the dynamic characteristic in narcissism of consistently keeping out of awareness any information or feelings that would diminish one's sense of self. In all these early papers, narcissism was described as a dimensional psychological state in much the same way as contemporary trait theorists describe pathological manifestations of normal traits. Narcissism was conceptualized as a process or state rather than a personality type or disorder.

The earliest speculations on the development of pathological narcissism saw it as intimately linked with envy: in 1919, Abraham associated narcissism with envy and a contemptuous or hostile attitude towards love objects, potentially due to past care giving disappointments the individual had experienced (Levy et al., 2011). Much later, Reich (1960) suggested that narcissism is a pathological form of self-esteem regulation whereby self-inflation and aggression are used to protect one's self-concept.

The concept of a narcissistic personality or character was first articulated by Wlder (1925). He described individuals with narcissistic personality as condescending, feeling superior to others, preoccupied with themselves and with admiration, and exhibiting a marked lack of empathy, often most apparent in their sexuality, which is based on purely physical pleasure rather than combined with emotional intimacy. In 1931, Freud also described the narcissistic libidinal or character type: the narcissistic individual was someone who was primarily focused on self- preservation. These individuals were highly independent, extroverted, not easily intimidated, aggressive, but nevertheless, attracted the attention and admiration of others and often played the leadership role (Levy et al., 2011). In 1939, Karen Horney built on the idea that narcissism was a character trait by proposing divergent manifestations of narcissism, like aggressive-expansive, perfectionist, and arrogant vindictive types. She distinguished healthy self-esteem from pathological narcissism and suggested that the term narcissism be restricted to unrealistic self-inflation (when the narcissist loves, admires and evaluates himself without having the basis for doing so): narcissistic individuals were unable to love anyone, including the genuine aspects of themselves. Horney’s conception is consistent with the defensive nature of pathological grandiosity in narcissism.

Later, Winnicott (1965) too focuses on defensive notion, distinguishing between a “True Self”, also known as real self or authentic self, and a “False Self”, also known as ideal self, perfect self. He used the true self to describe a sense of self based on spontaneous authentic experience, and a feeling of being alive, of having a real self; the false self, on the contrary, represented a defensive facade - one that in extreme cases could leave its masters without spontaneity and feeling dead and empty, behind a mere appearance of being real. According to his conception, narcissistic individuals identify themselves defensively with a grandiose false self and to maintain their self-esteem, and protect their vulnerable true selves, they need to control the behaviour of others (Rappoport, 2005; Levy et al., 2011). Considering narcissism as a defence against feeling vulnerable, Annie Reich (1960) proposed that narcissistic individuals suffered from an inability to regulate their self-esteem (repetitive and violent oscillations of self-esteem) resulting from repeated early traumatic experiences.

In the last fifty years, the main controversies have centred around the models of Kohut and Kernberg, of which we must acknowledge, despite differences in thought, the merit of having exerted an enormous influence in shaping the concept of "pathological narcissism", not only among psychoanalysts, but also among contemporary theorists and researchers involved in the study of personality (South, Eaton, & Krueger, 2011). Kohut (1971), founder of the Self Psychology, was the first to formulate the notion of *narcissistic personality disorder*. He identifies the causes of narcissistic pathology arrest in the development of normal narcissism and object relations. He considers pathological narcissism as resulting from failure to idealize one's parents because of rejection or indifference, as a normal development process gone awry. In normal development, this grandiose self is necessary to build and consolidate the basic structures of an integrated and independent sense of self (Levy et al. 2011). Kohut formulated the concept of the *self-object*: someone who performs a necessary function in the development and maintenance of a coherent and healthy sense of self (Rubinstein, 2014). For infants and children, parents are the major self-object. They serve as mirrors of acceptance and confirmation of the child's early exhibitionism and wish for acknowledgment, thus shaping the development of the child's basic strivings for power and success. They are also the objects of the child's idealizing needs, thereby reinforcing their development of values and goals. He emphasizes that childhood grandiosity is normal and can be understood as a process by which the child attempts to identify with and become like his or her idealized parental figures (Idealized Parental Imago). These primitive self-objects serve to build and consolidate the basic structures of the self, its ambitions, skills, and ideals and to favour the transition from the grandiose archaic self to more mature forms of self-esteem (Rubinstein, 2014). However, if this grandiose self is not properly modulated, what follows is the failure of the grandiose self to be integrated into the person's personality as a whole. The grandiose self and Idealized Parental Imago are primitive organizations that guarantee the restructuring of the self-starting from a state of initial fragmentation. If the child has not received the empathic responses to his or her narcissistic needs, he or she will be an adult in continuous search for archaic self-objects, confirmation and admiration that

satisfy those needs and his or her self will be exposed to the risk of fragmentation in every failure encountered: a fragmented, fragile and obvious self, characterized by a low level of self-esteem and characterized by narcissistic inadequacy, will be the result (Rubinstein, 2014).

The essential role attributed to early relational dynamics is also found in Kernberg (1975), which leads to pathological narcissism deriving from the lack of care from cold and indifferent parents, who are not sensitive to the needs of their children. However, his theorization on the topic takes a different direction: unlike Kohut proposing a structural genesis of the disorder, Kernberg considers narcissistic pathology as the effect of archaic defensive processes. Research by Kernberg (1967; 1975) has emphasized that the narcissistic personality has its origins in an emotionally disabling family environment in which the parenting attitude turns to rejection and devaluation. The parent-child relational modality appears incongruent because the parent interacts with the child occasionally or only to satisfy his or her own need. The hypothesis of parental impairment suggests, therefore, that a detached and refusing parenting style leads the child to a sort of defensive withdrawal, giving form to a pathological self-representation (the disagreement between the real self and the ideal self is intolerable, as the bearer of strong oscillations of self-esteem). The latter has the function of integrating the features of the real and the imaginary child with an ideal model of loving parents as counter-responses to an incapacitating and disabling environment. Negative self-representation, however, not being adequately integrated into the grandiose representation that the child has of himself, manifests itself with feelings of emptiness, of chronic anger relative to the search for admiration and with feelings of shame (Akhtar & Thomson, 1982). According to this perspective, the narcissistic personality disorder originates in early childhood and is characterized as a necessary defence to face the intolerable reality of the interpersonal world.

Kohut and Kernberg, however, expressed a certain consensus in believing that at the base of the narcissistic disturbance there is a serious fragility in self-esteem, in face of which the individual can react in two ways: either trying to impress others (seeking admiration, reacting to the slightest sign of disapproval in order to strengthen their self-esteem through others) or trying to go unnoticed

(avoid getting exposed, carefully studying others to evaluate how to "appear") in order to escape all those circumstances that could make matters worse.

The concept of narcissism as a defence is also evident for Annie Reich (1960), who explains the need of the injured individual, in the face of precocious traumatic experiences, to withdraw into a grandiose world of self-exaltation, in which the self is no longer weak and powerless, but secure, strong and superior to others. Reich was the first to emphasize the repetitive and violent fluctuations of the typical narcissist's self-esteem, which can go from feeling perfect to feeling like a complete bogus. This lack of integration leads these individuals to move dramatically between the heights of grandeur and the depths of despair (Levy et al., 2011).

Another important contribution on the topic comes from Alexander Lowen (2004), who claims that “to my mind, what is more important is the idea that narcissism results from a *distortion* of development” (p. 12). He considered it essential to look for something the parents had done to the child rather than simply what they had failed to do and believed that children are often subjected to both kinds of trauma: parents failing to provide sufficient nurturing and support on an emotional level, but also seductively trying to model them according to their image of how they should be. The lack of nurturing and recognition aggravated the distortion, but it was the distortion that produced the narcissistic disorder (Lowen, 2004). The author did not agree with the Freudian concept of primary narcissism. Indeed, he recognized the existence of only one form of narcissism, the secondary form, determined by a difficult parent-child relationship. This view differed from that of most ego psychologists, who identified the pathological narcissism as the result of a failure to outgrow the primary narcissism state. For Lowen the narcissist identifies himself with his or her own idealized image, losing the real self-image which is unacceptable. To explain the formation of the narcissistic nucleus, Lowen talks about the experience of error: many narcissistic patients told of terrible episodes in their childhood, without feeling any emotion. He hypothesized that these early childhood experiences, first, led children to doubt their sensations, and then, in time, to doubt themselves and their feelings, to the point of denying them voluntarily. When this negation was stabilized, it became

automatic and unconscious. In the presence of a rejecting mother, the child denies his or her needs and feelings of affection, believing that he or she does not receive adequate responses. In short, Lowen, rejecting the Freudian theory of primary narcissism, interprets pathological narcissism as a failure in evolution from self-love to object love: every form of this disorder originates from a difficult relationship between parent-child (Lowen, 2004).

1.2 Different forms of Narcissism

Over the past three decades, there has been a growing interest in the study of narcissism and an increasing recognition of the existence of substantial heterogeneity within the construct. Many studies have documented the existence of two or more forms of narcissism, which are often referred to as *grandiose* and *vulnerable* narcissism (Dickinson & Pincus, 2003; Miller & Campbell, 2008; Russ, Shedler, Bradley, & Westen, 2008; Wink, 1991), whereas other researchers have further suggested that narcissistic individuals may fluctuate between a state of grandiosity versus vulnerability, as opposite ends of a narcissistic continuum (Gore & Widiger, 2016).

The existence of these two forms of narcissism was conceptualized and examined for the first time by Wink (1991), who identified two orthogonal constructs of narcissism: a “grandiosity–exhibitionism” factor and a “vulnerability–sensitivity” factor, which correspond to *overt* (grandiose) narcissism and *covert* (vulnerable) narcissism, respectively. Both the Grandiosity-Exhibitionism and Vulnerability-Sensitivity factors shared the common narcissistic characteristics of conceit, self-indulgence, and disregard for the needs of others. However, whereas Vulnerability-Sensitivity was also associated with introversion, hypersensitivity, defensiveness, anxiety, and vulnerability, Grandiosity-Exhibitionism was related to extraversion, aggressiveness, self-assuredness, and the need to be admired by others (Wink, 1991). Overt narcissism reflects traits related to grandiosity, aggression, and dominance. Overtly narcissistic individuals were characterized by a direct expression of exhibitionism, self-importance, and preoccupation with receiving attention and admiration from

others. This overt form of narcissism was already reflected in the Diagnostic and Statistical Manual of Mental Disorders -III Edition's criteria (APA, 1980), which also acknowledged the contradictory nature of narcissistic self-esteem. Covert narcissism reflected a defensive and insecure grandiosity that obscured feelings of inadequacy, incompetence, and negative affect. Individuals with traits of vulnerable narcissism have been described as inhibited, shame-ridden, and hypersensitive shy type (Miller, Hoffman, Gaughan, Gentile, Maples, & Campbell, 2011). Covertly narcissistic individuals appeared to be hypersensitive, anxious, timid, and insecure, but on close contact surprised observers with their grandiose fantasies. Both the Overt and covert narcissism shared some core narcissistic characteristics, such as a sense of entitlement, grandiose fantasies, exploitativeness and disregard for the needs of others (Wink, 1991).

In 1989, Gabbard described these two forms of narcissism with the label of *oblivious narcissism* and *hypervigilant narcissism*. Oblivious narcissists appeared to be unaware of the reactions of others and were arrogant, aggressive and self-absorbed; they were insensitive to the needs of others, even to the point that they did not allow others to contribute to the conversation. Hypervigilant narcissists, on the other hand, were highly sensitive to the reactions of others: their attention was continually directed towards others, in contrast to the self-absorption of the oblivious narcissists. Hypervigilant narcissists were shy and inhibited to the point of being self-effacing. They avoided other people because they were convinced that they would be rejected and humiliated. At the core of their inner world was a deep sense of shame related to their secret wish to exhibit themselves in a grandiose manner. Although both types of narcissists strived to maintain self-esteem, the ways to achieve this were extremely different: oblivious narcissist attempted to impress others with their accomplishment, while hypervigilant narcissist tried to avoid vulnerable situations and to study other people intensively to understand how they behaved (Gabbard, 1989).

Masterson (1993) distinguished between *inflated/exhibitionistic* narcissist and *closet* narcissist. The author claimed that both forms were based on the same psychic structure constituted by the fusion

between a grandiose representation of oneself and an omnipotent representation of the object (others). What differentiated them was the primary emotional investment, located in the representation of the self for the exhibitionist and, conversely, in the representation of others for the closet. Consequently, the exhibitionist narcissist had a grandiose representation of himself, and tended to devalue people who did not show admiration towards him. The closet narcissist, on the other hand, had an inadequate self-representation and was absorbed in chronic feelings of humiliation and rejection. According to Masterson, the only strategy that the closet narcissist had to maintain the grandiose self, consisted in obtaining reflected light by the splendour of the idealized object (others). They were dependent on others and particularly vulnerable to criticism and judgments of others (Masterson, 1993).

Millon (1996, 1998) describes five types of narcissists, including the two types of major interest for this treatment, which are the *elitist narcissist* and the *compensatory narcissist*. The first is convinced of his or her own superior and special being, even in the face of the lack of concrete results. The latter includes characteristics of the narcissistic disorder and aspects of the avoidant disorder and is aware of a deep sense of internal emptiness, which he or she seeks to compensate through an illusion of superiority; however, this construction is fragile, and as a result, is always exposed to emotions of guilt, shame and anxiety.

Ronningstam (2005) theorized three types of pathological narcissism – *arrogant*, *shy* and *psychopathic*. Arrogant narcissism closely resembled the narcissistic personality disorder: it was characterized by grandiosity, a sense of superiority and self-importance, arrogant and haughty attitude, strong reactions to criticism and defeats, impaired empathy and lack of commitment to others. The shy narcissist was characterized by shame for ambitions and grandiosity, compensatory fantasies of being special and perfect, intolerance to criticism, hypersensitivity to humiliation, self-denigration, low affectivity, strong feelings of envy, intense shame reactions and fear of failure. Shy narcissism included a sense of low self-efficacy and self-worth: excessive shame, strict conscience and harsh self-criticism inhibited and impaired executive and interpersonal functioning. Individuals who exhibited psychopathic narcissism had developed excessive and arrogant pride, so

fragile that they had to be defended at all costs, to avoid the return of childish feelings of being despised and worthless. Psychopathic narcissists were immoral and willing to be violent to protect and enhance an inflated self-image, hyperactive and willing to devote unlimited time and energy to succeed in winning over rivals, they were aggressive and vindictive, and they presented feelings of entitlement that supported interpersonal exploitation (Godkin & Allcorn, 2009). Russ and colleagues (2008) through Q-factor analysis to analyse the Shelder-Westen Assessment Procedure-II (SWAP-II) descriptions of patients meeting the diagnosis of narcissistic personality disorder, highlighted three narcissistic personality disorder subtypes: grandiose/malignant, fragile, and high-functioning/exhibitionistic. Grandiose/malignant narcissists exploited others with little regard for their welfare, and (unlike other narcissistic patients) their grandiosity appeared to be primary rather than defensive or compensatory. Fragile narcissists experienced feelings of grandiosity and inadequacy, suggesting alternating cognitive representations of self (superior versus inferior), defensive grandiosity, or a grandiosity that emerged under threat. High-functioning/exhibitionistic narcissists are grandiose, competitive, attention seeking, and sexually seductive or provocative, and also had significant psychological strength (e.g. being articulate, energetic, interpersonally comfortable, achievement oriented; Russ et al., 2008).

Instead, according to other clinical evidence, grandiose narcissism is always accompanied by vulnerable aspects (Pincus & Lukowitsky, 2010; Gore & Widiger, 2016). Specifically, clinical observations showed that patients diagnosed with Narcissistic Personality Disorder (NPD), displayed co-occurring or oscillating states of grandiosity and vulnerability (Pincus & Lukowitsky, 2010). In a recent study, Gore and Widiger (2016), supported the fluctuation hypothesis: narcissistic individuals fluctuated between grandiose and vulnerable narcissism. In fact, they have shown that individuals identified as grandiose narcissists by clinicians and clinical psychology professors (i.e., people with an inflated self-image; engaging in fantasies of unlimited power or superiority, perfection, or adulation; having a sense of entitlement; and lacking in empathy), presented for significant periods of time, traits of vulnerable narcissism (i.e. reacting with anger or shame when they felt their status

was threatened, feeling extremely upset when they felt they were treated unjustly, not responding well to criticism or rebuke, and craving admiration from others).

All these disparate characterizations of Narcissism have led, and still lead, to a substantial debate about the nature of this construct and the extent to which different conceptions coexist within the same person. However, most of the scholars devoted to the conceptualization and evaluation of the narcissism construct, over the years, have highlighted the importance and the need to distinguish the two main forms of narcissism, grandiose and vulnerable, in the treatment of this personality trait. Miller and colleagues (2011), just to name a few, through a nomological network analysis on a sample of 620 undergraduates, have found that the nomological networks of vulnerable and grandiose narcissism were unrelated. Grandiose and vulnerable narcissists manifested divergent personality profiles, interpersonal behaviors and psychopathologies, and they were viewed by others in divergent ways, even after very minimal contact.

1.2.1 Grandiose and Vulnerable Narcissism

Despite the many different forms of narcissism outlined in social and clinical psychological literature over the years, the distinction between grandiose narcissism and vulnerable narcissism appears to be the most widely accredited, studied and used in the field of psychological research, continuing to attract, as in the past, the attention of the scholars of this construct. However, research is still committed to understanding whether these two distinct subtypes of narcissism are effectively linked to different empirical profiles.

The grandiose type, also referred to as “overt” narcissism, which is the form reflected in the representation of the Narcissistic Personality Disorder in the DSM-5 (American Psychiatric Association, 2013 – see Appendix for further information), is characterized by the search for admiration, high self-esteem, direct expression of exhibitionism, arrogance and envy (Miller & Campbell, 2008; Wink, 1996). It also reflects traits related to dominance, grandiosity, and aggression.

The grandiose types have also been labelled “oblivious narcissists” (Gabbard, 1989) because of their observed lack of insight into the impact they have on others. The grandiose narcissistic individual is more likely to regulate self-esteem through overt self-enhancement, denial of weaknesses, intimidating demands of entitlement, consistent anger in unmet expectations, and devaluation of people that threaten their self-esteem. Grandiose fantasies are an aspect of the individual’s overt presentation. Any conflict within the environment is generally experienced as external to these individuals and not a measure of their own unrealistic expectations (Dickinson & Pincus, 2003). Conversely, vulnerable narcissism, or “covert” and “hypersensitive” narcissism, is characterized by a defensive and insecure sense of grandiosity that is associated with low self-esteem, shame proneness, shyness, and hypersensitivity to the evaluation of others (Pincus & Roche, 2011). Vulnerable narcissists are described as overtly self-inhibited and modest but harbouring underlying grandiose expectations for themselves and others; they are characterized by a need for other people’s recognition (e.g. validation or admiration) and a sense of self-worth that is contingent upon this recognition. Lack of recognition of others might result in social avoidance and withdrawal (Pincus, Ansell, Pimentel, Cain, Wright, & Levy, 2009; Miller et al., 2011). In fact, instead of using relationships to regulate self-esteem, vulnerable narcissists often stay away from relationships to avoid waste or criticism to their self-concept (Cain, Pincus, & Ansell, 2008). Whereas arrogance and displays of dominance are peculiar to grandiose narcissism, both the forms share some core traits such as a sense of entitlement, grandiose fantasies, and a tendency to promote an image of perfection while pursuing the admiration of others (Wallace & Baumeister, 2002; Sherry, Gralnick, Hewitt, Sherry, & Flett, 2014).

From a general trait perspective, several studies have demonstrated that grandiose narcissism is positively related to Extroversion and negatively related to Agreeableness and Neuroticism, whereas vulnerable narcissism is primarily positively linked to Neuroticism and negatively associated to Extraversion and Agreeableness (e.g., Hendin & Cheek, 1997; Miller & Campbell, 2008). Individuals high on the grandiose narcissism dimension may believe they are

entitled to special treatment because they are better than others (e.g., more attractive, more intelligent, more likeable), whereas individuals high on the vulnerable narcissism dimension may believe they deserve special consideration because of their fragility (Miller et al., 2011). Grandiose and vulnerable forms of narcissism are related differentially to a number of environmental factors thought to be important in the etiology of narcissism, such as child abuse and poor parenting practices. Many studies (e.g. Miller, Dir, Gentile, Wilson, Pryor, & Campbell, 2010) suggest that only vulnerable is significantly associated to childhood abuse and problematic parenting. Dickinson and Pincus (2003) show that vulnerable narcissists may have most likely experienced anxious and fearful attachment to their significant caregivers, whereas grandiose narcissists seem to be associated more to either a secure or dismissive attachment style. In adulthood, vulnerable narcissists will most likely present an anxious style of attachment, characterized by fear of rejection or abandonment by others, while grandiose narcissists, due to emotional detachment and devaluation of emotional bonds, will tend to avoid intimate relationships, considered threatening for the maintenance of the grandiose Self (Smolewska & Dion, 2005).

Grandiose and vulnerable narcissism also manifest different association with indices of psychopathology, such as symptoms of anxiety, depression and psychopathology distress: while grandiose narcissism is negatively related or unrelated with indices of psychological distress or negative affect, individuals high on vulnerable narcissism report a wide array of psychological problems indicative of significant distress, such as depression, anxiety, hostility, paranoia, and interpersonal sensitivity (e.g. Miller et al., 2010; Rathvon & Holmstrom, 1996). Similarly, these individuals report experiencing little positive affect and a substantial degree of negative affect; alternatively, grandiose narcissists appear largely resilient to these problems. Rose (2002) highlights that unhappiness exclusively characterizes covert narcissism because of its fluctuating and fragile self-esteem; the overt narcissist proves to be quite happy, probably because of his or her high levels of self-esteem and grandiose self-deception. Rose's results suggest that there are two faces of narcissism: one of the faces of narcissism is a happy face, and the other face is a profoundly unhappy

one. The two forms of narcissism also present divergent relations with other forms of personality psychopathology: grandiose individuals appear more strongly associated with antisocial and histrionic personality disorders (which belie a dramatic interpersonal presentation, with a tendency toward exhibitionism, attention-seeking, and difficulties in empathizing with others), whereas vulnerable narcissists appear to be related to avoidant (AVPD) and borderline personality disorders (BPD) (Dickinson & Pincus, 2003; Miller et al. 2011). In fact, individuals with AVPD have some common criteria with vulnerable narcissists: they are shy and fearful of developing close relationships with others, they are afraid of feeling rejected, humiliated or embarrassed in interpersonal relationships and, ultimately, make use of fantasies (one of the most important elements for the presentation and perpetuation of disorder). Nevertheless, vulnerable narcissists differ from individuals with AVPD because while the latter avoid social interactions for fears of social rejection or making a negative social impact, vulnerable narcissists may avoid relationships in order to protect themselves from the disappointment and shame over unmet expectations of others (Dickinson & Pincus, 2003).

Many studies have also shown an association between grandiose narcissism and aggression (Bushman, Baumeister, Thomaes, Begeer, & West, 2009; Emmons, 1984; Wink, 1991), emphasizing how grandiose narcissists are more prone to manifest overt or direct forms of aggression, such as physical aggression, verbal aggression, and anger. Individuals with higher levels of grandiose narcissism hold unrealistically high expectations of their acceptance by others and do not hesitate to act aggressively to maintain their inflated view of the self: individuals with high grandiose narcissism scores tend to be rated as aggressive, autocratic, and assertive (Wink, 1991; Bushman et al., 2009). Conversely, vulnerable narcissists express their aggressive tendencies in an indirect or covert manner: they appear strongly associated with anger and hostility, but not with physical and verbal aggression. Due to their sense of entitlement, they will experience internal anger and hostility when people do not treat them with special attention, but because of their sensitivity to the evaluation of others, they will hardly be able to express their aggressive tendencies openly (Wink, 1991; Okada, 2010).

Moreover, vulnerable (but not grandiose) narcissists are associated with angry rumination and displaced aggression in the face of provocation or social rejection (Krizan & Johar, 2015; Twenge & Campbell, 2003).

2. CONSTRUCT OF PERFECTIONISM

“One of the most important distinctions between the efforts of the true masters of their craft and those of the perfectionistic person is that the striving of the first group brings them solid satisfaction. They are happy with the results. [...] This is not true for the perfectionistic person. His striving is accompanied by the corrosive feeling that ‘I am not good enough. I must do better.’” (Missildine, 1963)

2.1 Unidimensional and multidimensional Perfectionism

Perfectionism is commonly conceived as a personality trait characterized by a person's striving for flawlessness and setting high performance standards, accompanied by critical self-evaluations and concerns regarding the evaluations of others (Flett & Hewitt, 2002; Stoeber & Childs, 2010). Perfectionists strain compulsively and unceasingly toward unobtainable goals and measure their self-worth by productivity and accomplishment (Parker & Adkins, 1995).

Hollander (1965) was among the first to define Perfectionism and he considered it as a negative personality trait, developed during childhood and characterized by the practice of demanding of oneself or others a higher quality of performance than is required by the situation. Hollander distinguished non-perfectionists, healthy individuals who take pleasure in committing themselves to reach high, but acceptable standards, from perfectionists, individuals who fail to derive satisfaction

from excessively high levels of pursuit of standards; he attributed to perfectionism an exclusively negative connotation, considering it a trait of maladaptive personality that must be tempered to prevent it favouring the development of psychopathological disorders.

Unlike Hollander, Hamachek (1978) includes adaptive behaviour in the conceptualization of perfectionism also delineating a positive and a negative form of perfectionism: normal and neurotic perfectionism. “Normal” perfectionists establish high performance standards, derive satisfaction from acting correctly and precisely and accept the possibility of error and not reaching established standards. Conversely, “neurotic” perfectionists establish extremely high and unrealistic performance standards and feel dissatisfied when they cannot reach them. They believe they are never good enough and for this reason they are not satisfied and do not enjoy their successes. Hamachek (1978) observed that people with perfectionism “stew endlessly in emotional juices of their own brewing about whether they’re doing it [the task] just right. For stewers, the tasks that they take on do not translate into just doing one’s best but, rather, doing better than has ever been done before” (p. 27). These are people “whose efforts—even their best ones—never seem quite good enough, at least in their own eyes. It always seems to these persons that they could—and should—do better...” (p. 27).

Burns (1980) argued that perfectionism is mainly characterized by the habitude of setting excessively high personal standards and attributes to that trend an exclusively maladaptive value distinguishing it from the healthy pursuit of excellence. Moreover, he hypothesized that perfectionist behaviour is the result of a particular cognitive style: he describes perfectionism as a “network of cognitions”, that include expectations, interpretations of events, and evaluations of oneself and others. As Burns (1980) noted: “They evaluate their experiences in a dichotomous manner, seeing things as either all-black or either all-white; intermediate shades of grey do not seem to exist. Dichotomous thinking causes the perfectionist to fear mistakes and to over react to them” (p. 38). Perfectionists were characterized by particular types of thought, such as the “all or nothing” type, hyper-generalization and the use of the expression “must / should”. Horney (1950) also had described perfectionism as the tyranny of the should.

According to these authors, construct of perfectionism is considered a set of self-related and unidimensional dysfunctional attitudes, beliefs, or cognitions (Burns & Beck, 1978); it is focused exclusively on self-identified and personal aspects, such as setting unrealistic standards for oneself, selective attention to failure, dichotomous thinking (Hollander, 1965; Hamacheck, 1978; Burns, 1980). The unidimensional perspective considers that the additional dimensions proposed by the multidimensional approach (described below) do not assess perfectionism per se but assess related constructs. For example, beliefs about other people's standards, and the perception that others have unrealistically high standards for the individual and that they exert pressure on them to be perfect are both constructs that may be associated with perfectionism rather than being integral elements of perfectionism (Shafran, Cooper, & Fairburn, 2002).

In the early 1990s perfectionism became viewed as a multifaceted and multilevel construct. This change in perspective was for two reasons. First, it was argued that the clinical descriptions of people with perfectionism described them as being over concerned with mistakes, doubting the quality of their work, placing considerable value on their parents' expectations, and overemphasizing orderliness (Frost, Marten, Lahart, & Rosenblate, 1990). Second, independent clinical observation led to the view that perfectionism also has its interpersonal aspects and that these are important in adjustment difficulties (Hewitt & Flett, 1991a).

The two most widely recognized and empirically supported conceptualizations of multidimensional perfectionism were independently proposed by Frost and colleagues (1990) and by Hewitt and Flett (1991b).

Frost and associates (1990) defined perfectionism as the setting of excessively high standards for performance accompanied by overly critical self-evaluation. The authors developed the Frost Multidimensional Perfectionism Scale (Frost MPS), a 35-item multidimensional self-report scale, to assess six dimensions of perfectionism: Concern over Mistakes (negative reactions to mistakes, a tendency to interpret mistakes as equivalent to failure, and to believe that one will lose the respect of others following failure), Personal Standards (the setting of very high standards and the excessive

importance placed on these high standards for self-evaluation), Doubts about Actions (doubts about the quality of one's performance) and Organization (emphasis on the importance of and preference for order and precision) represent the four personal aspects of perfectionism; High Parental Expectation and High Parental Criticism (the tendency to believe that one's parents set very high goals and are overly critical, respectively) represent the two familial aspects of the construct (Frost et al., 1990). Concern over Mistakes subscale is viewed as the major dimension in this conceptualization. Frost and colleagues (Frost et al., 1990; Frost, Heimberg, Holt, Mattia, & Neubauer, 1993) demonstrated that this subscale and doubts about action subscale are MPS dimensions linked most consistently with various forms of psychological distress. Overall, four factors (i.e., excessive concern over mistakes, doubts about actions, parental criticism, and parental expectations) have some obvious negative implications in terms of vulnerability to various forms of distress, including depression and social anxiety. It should be noted that these four Frost MPS subscales have often been combined in a composite factor typically called "maladaptive evaluative concerns" (e.g., DiBartolo et al., 2007; Kawamura, Hunt, Frost, & DiBartolo, 2001).

While Frost and his associates were constructing their measure, Hewitt and Flett (1990) also began exploring different dimensions of perfectionism; this work resulted in the development of another multidimensional perfectionism measure that we refer to as the Hewitt and Flett Multidimensional Perfectionism Scale (HF MPS; see Hewitt & Flett, 1991b, 2004). This 45-item inventory taps three trait dimensions: self-oriented, other-oriented, and socially prescribed perfectionism. While self-oriented perfectionism entails a need to be perfect and relentless striving for personal standards of perfection, other-oriented perfectionism involves a demand that other people be perfect. Socially prescribed perfectionism, the perception that others hold excessively high standards for one's self, is the most deleterious trait component in that it is the HF MPS dimension that is related most consistently to maladjustment (Hewitt & Flett, 1991b). It has been the dimension most steadily implicated with several forms of distress, like depression and anxiety, and it can involve

a sense of helplessness and hopelessness due to the sense that success will only result in higher, more extreme demands.

Recently, Hewitt, Flett, and Mikhail (2017) have added two fundamental dimensions to their conceptualization of the perfectionism construct and created a complete model of perfectionism: The Comprehensive Model of Perfectionistic Behavior (CMPB). This comprehensive model goes beyond trait perfectionism by also incorporating cognitive perfectionism (the intrapersonal or self-relational component) and perfectionistic self-presentation (the interpersonal component), which will be described in detail in the following paragraphs.

2.2 Normal and clinical perfectionism

Historically, perfectionism research has long been dominated by one-dimensional conceptions of perfectionism and by views that perfectionism was a negative characteristic closely associated with psychopathology. The dominant view of the 1980s was that perfectionism was necessarily and exclusively neurotic, dysfunctional and indicative of mental disorders (e.g., Burns, 1980; Patch, 1984). Empirical findings supported this view. Studies with clinical populations found elevated levels of perfectionism in patients diagnosed with depression, obsessive-compulsive disorder, and eating disorders (e.g., Ranieri, Steer, Lavrence, Rissmiller, Piper, & Beck, 1987; Rasmussen & Eisen, 1992), and studies with nonclinical samples found perfectionism to be related to higher levels of distress and to pathological symptoms associated with depression, anxiety, disordered eating and personality disorders (e.g., Flett, Hewitt, & Dyck, 1989; Hewitt, Mittelstaedt, & Wollert, 1989; Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991).

Hamachek (1978) was the first to suggest the existence of two distinct forms of perfectionism: a positive form labelled “normal perfectionism” (or healthy perfectionism), in which individuals enjoy pursuing their perfectionistic strivings, and a negative form labelled “neurotic perfectionism” (or unhealthy perfectionism), in which individuals suffer from their perfectionistic strivings.

Today, forty years after Hamachek published his study, a large body of evidence has accumulated confirming that two basic forms of perfectionism can be distinguished (see Rice, Ashby, & Gilman, 2011). Even though these two forms have been given different labels – namely *positive striving* and *maladaptive evaluation concerns* (Frost et al., 1993), *active* and *passive perfectionism* (Adkins & Parker, 1996), *positive* and *negative perfectionism* (Terry-Short, Owens, Slade, & Dewey, 1995), *adaptive* and *maladaptive perfectionism* (Rice, Ashby, & Slaney, 1998), *functional* and *dysfunctional perfectionism* (Rhéaume et al., 2000), *healthy* and *unhealthy perfectionism* (Stumpf & Parker, 2000), *personal standards* and *evaluative concerns perfectionism* (Blankstein & Dunkley, 2002), and *conscientious* and *self-evaluative perfectionism* (Hill, Huelsman, Furr, Kibler, Vicente, & Kennedy, 2004) – there is considerable agreement that perfectionism does not have to be negative, but can also be positive.

Nevertheless, many researchers still have strong doubts that perfectionism can be positive, healthy, functional, or adaptive (Flett & Hewitt, 2002, 2005; Greenspon, 2000). The psychological literature relating to this question appears complex and confusing for various reasons. First of all, besides using different labels, researchers have used different facets and different combinations of facets to reach their specific conceptualizations of the two forms of perfectionism. Moreover, researchers have followed two basically different approaches: a dimensional approach and a group-based approach. In the dimensional approach, the facets of perfectionism are combined to form two independent dimensions of perfectionism: *perfectionistic strivings* and *perfectionistic concerns*. Perfectionistic strivings, also called personal standards perfectionism, include forms, aspects, and subordinate dimensions of perfectionism reflecting the tendency to demand perfection of oneself and propensity to hold unrealistic high personal standards of performance (Cox, Enns, & Clara, 2002; Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000), whereas perfectionistic concerns, also called evaluative concerns perfectionism, involves traits reflecting concerns over making mistakes, the perception of others as demanding perfection, and feelings of discrepancy between one's high standards and actual performance. In the group-based approach, the facets of perfectionism are

combined to form two groups of perfectionists: *healthy perfectionists*, associated with positive characteristics, and *unhealthy perfectionists*, associated with negative aspects. Finally, not all studies have found perfectionistic strivings and healthy perfectionists to be associated only with positive characteristics: some studies found perfectionistic strivings and healthy perfectionists to be associated with both positive and negative characteristics, and a few studies with only negative aspects (Stoeber & Otto, 2006).

Shafran, Cooper, and Fairburn (2002) suggest that the psychopathology core of clinical perfectionism is the overdependence of self-evaluation on the determined pursuit and achievement of personally demanding standards, in at least one domain that is of importance to the individual. The authors suggest that people with clinical perfectionism have a scheme for evaluating themselves that is dysfunctional because their self-evaluation is extremely vulnerable and tend to enforce self-criticism and negative self-evaluation when they are unable to achieve their established standards. Shafran and colleagues (2002) highlight that pathological perfectionism is present when personally demanding standards are pursued despite significant adverse consequences. These consequences may be emotional (e.g. depression), social (e.g. social isolation), physical (e.g. insomnia), cognitive (e.g. impaired concentration) or behavioural (e.g. repeated checking of work, repeated redoing of work, excessive time taken to complete tasks; Rhéaume et al., 2000). They are tolerated because the person's self-evaluation is contingent on the pursuit and attainment of their goals, and these consequences may not be viewed by the person as aversive since they may be interpreted as evidence of true striving (Shafran et al., 2002).

Some authors have shown that perfectionism can be destructive and that it tends to keep people in turmoil (Blatt, 1995; Patch, 1984). These warnings have largely been confirmed by research that has linked perfectionism with several negative consequential outcomes and various psychopathologies. Clinical perfectionism has been linked with depression (Hewitt & Flett, 1990; Hewitt, Flett, & Ediger, 1996; Dunkley, Blankstein, Zuroff, Lecce, & Hui, 2006), low self-esteem

(Flett, Hewitt, Blankstein, & O'Brien, 1991; Rice, Ashby, & Slaney, 1998), eating disorders (Fairburn, Cooper, Doll, & Welch, 1999), anxiety disorders (Antony, Purdon, Huta, & Swinson, 1998; Flett, Hewitt, & Dyck, 1989), obsessive-compulsive disorders and many personality disorders (Shafran & Mansell, 2001), suicidality (Hewitt, Flett, & Turnbull-Donovan, 1992; Smith et al., 2018), burnout and job stress (Flett Hewitt, & Hallett, 1995; Hill & Curran, 2016), some negative self-conscious emotions, such as guilt and shame (Lutwak & Ferrari, 1996; Tangney, 2002) and procrastination (Flett, Blankstein, Hewitt, & Koledin, 1992; Flett, Hewitt, Davis, & Sherry, 2004).

2.3 Trait perfectionism and interpersonal perfectionism

Historically, perfectionism literature has focused its attention exclusively on *trait* perfectionism, which reflects the source, expectations and directions of perfectionistic expectations, and on its association with various psychological disorders and dysfunctions. However, several authors (Buss & Finn, 1987; Paulhus & Martin, 1987) have highlighted that expressive aspects of trait need to be distinguished from content aspects. Process components of the personality are as important as the dispositional variables in influencing psychological distress and the research on trait perfectionism could be missing key elements of the perfectionism construct which might be relevant for the explanation of psychopathology development (Flett, Hewitt, Nepon & Besser, 2018).

According to Hewitt and collaborators (2003) perfectionists do not differ from each other only on the basis of their levels of trait perfectionism, but also on the basis of their need to appear perfect to others and to conceal their imperfections in public. Some perfectionists focus on a form of impression management that implies attempts at self-presentation to create an image of perfection in public situations. In other words, they commit themselves to show an ideal public self that vehicles an image of perfection. This is in accord with the evidence suggesting that perfectionism and ideal self are closely associated, and that certain individuals tend to develop an ideal self with a public perspective in mind (Hewitt & Genest, 1990; Nasby, 1997). Salient differences between individuals

with similar levels of trait perfectionism can be explained by referring to the concept of Perfectionist Self-Presentation, which represents the public expression of perfectionism.

For these reasons, Hewitt and colleagues (2003) focused their attention on another fundamental dimension of perfectionism, that is the interpersonal component of perfectionism, namely *Perfectionistic Self-Presentation* (PSP), which is involved in the public interpersonal expression of perfectionism. They conceptualized this new construct and its respective measure, the Perfectionistic Self-Presentation Scale (PSPS), as three distinct, stable interpersonal dimensions: Perfectionistic self-promotion (i.e., proactively promoting a perfect image of oneself to get admiration and respect), Nondisclosure of imperfection (i.e., concern over verbal disclosures of imperfection), and Non-display of imperfection (i.e., concern over behavioural displays of imperfection). A fourth dimension – the need to seem effortlessly perfect – has recently been added (Flett, Nepon, Hewitt, Molnar, & Zhao, 2016). An excessive need to appear perfect in the eyes of others is thus central to perfectionistic self-presentation. Studies on children, adolescents, and adults has shown that perfectionistic self-presentation is associated uniquely with distress, disorder, and dysfunction in ways that are not captured by trait measures of perfectionism and other broad trait dimensions (Hewitt et al., 2003, 2011). For example, Sherry, Hewitt, Flett, Lee-Baggle, and Hall (2007) found that all three facets of PSP were associated with dysregulation and dis-sociality, while self-oriented perfectionism was associated with compulsivity, and these links went beyond the variance attributable to broad trait dimensions representing the five factor model. Research on perfectionistic self-presentation over the past 15 years has confirmed that a highly negative view of the self is underpinning this self-presentational style and issues involving self and identity likely underscore such tendencies such as the pursuit of self-image goals (Nepon, Flett, & Hewitt, 2016). People with high levels of perfectionistic self-presentation are plagued by a sense of being an imposter and deficient in self-worth (Hewitt et al., 2003, 2011). These people tend to have a high need for validation and have insecure forms of attachment style that reflects a negative model of the self in relation to others (Chen, Hewitt, & Flett, 2015; Flett, Besser, & Hewitt, 2014).

Trait perfectionism and perfectionistic self-presentation are considered to be conceptually and empirically distinct. While the former focuses on motives and dispositions related to attaining perfection, the latter focuses on the expression of one's supposed perfection of others. In other words, trait perfectionism represents what perfectionism *is* and perfectionistic self-presentation represents what perfectionism *does* (Hewitt et al., 2003; Sherry et al., 2007). In fact, the perfectionist self-presentation is associated with maladaptive outcomes that cannot be explained only by trait perfectionism levels (Hewitt et al., 2003).

3. PERFECTIONISM AND NARCISSISM

3.1 Trait Perfectionism and Narcissism

Many studies and empirical investigations in clinical psychology have focused on the association between trait perfectionism and narcissism (Flett, Sherry, Hewitt, & Nepon, 2014) and various theoretical models have suggested that perfectionism may represent a central feature of grandiose and vulnerable narcissist's style of thinking, behaving, perceiving and relating (Beck, Freeman, & Davis, 2004; Ronningstam, 2011; Rothstein, 1999). Perfectionism is considered a significant part of narcissistic personality functioning (Ronningstam, 2010) because it protects one's self-esteem and helps narcissists gain admiration. In their model on narcissistic regulatory processes, Morf and Rhodewalt (2001) claim that perfectionism is one interpersonal strategy that could protect and enhance one's self-esteem. Similarly, Millon and Davis (2000) argue that perfection is an all or nothing concept among narcissists: "if you are not perfect, you are imperfect, and if you are imperfect, you are nothing ... Narcissists cannot tolerate any flaw, however small, in the perfection of the self" (p. 284).

Recently, there has also been an increase in research on a constellation of narcissistic and perfectionist traits that has led to the delineation of the so-called narcissistic perfectionism (e.g. Flett,

Sherry, Hewitt, & Nepon, 2014; Nealis, Sherry, Sherry, Stewart and Macneil, 2015), an outwardly directed need for perfection marked by grandiosity, entitlement, and lofty expectations of others. Hewitt and Flett (1991b) examined the correlations between their Multidimensional Perfectionism Scale (MPS) and the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1981), the most widely used and studied self-report measure of the narcissism construct and established that narcissism was associated with self- and other-oriented perfectionism. Similarly, Nathanson, Paulhus, and Williams (2006) found that, in a sample of almost 200 undergraduates, only self-oriented perfectionism and other-oriented perfectionism were linked with narcissism. A more extensive investigation was conducted by Watson, Varnelli, and Morris (1999/2000), which showed that both self-oriented and other-oriented perfectionism were significantly associated with all four NPI subscales (leadership/authority, superiority/arrogance, self-absorption/self-admiration, and exploitativeness/entitlement), whereas socially prescribed perfectionism was correlated only with the exploitativeness subscale. In contrast, Stoeber (2014) highlighted that narcissism was not significantly correlated with self-oriented perfectionism but was significantly associated with socially prescribed perfectionism. Most of the research on perfectionism and narcissism has been conducted among undergraduates, but there is empirical evidence that confirms the association between narcissism and perfectionism even in clinical samples (McCown & Carlson, 2004). McCown and Carlson (2004) showed that participants with narcissistic personality disorders presented high levels of other-oriented perfectionism.

Additional insights were provided by studies that examined the relationship between perfectionism and both the grandiosity and vulnerability components of narcissism (Cain, Pincus, & Ansell, 2008; Pincus et al., 2009). Ziegler-Hill, Green, Arnau, Sisemore, and Myers (2011) found that unrelenting standards were associated with both grandiose and vulnerable narcissism. The same patterns were also observed in clinical samples (Marcinko et al., 2014). Conversely, Bresin and Gordon (2011) reported that perfectionism was not associated significantly with either narcissistic vulnerability or with narcissistic grandiosity. In 2015, Stoeber, Sherry, and Nealis examined the

unique relationships of self-oriented, other-oriented, and socially prescribed perfectionism with grandiose and vulnerable narcissism: in a sample of 375 undergraduates, they found that other-oriented perfectionism showed unique positive relationships with key facets of grandiose narcissism (exhibitionism/entitlement, leadership/authority, and exploitativeness), and that socially prescribed perfectionism showed positive relationships with all facets of vulnerable narcissism. Other-oriented perfectionism appears to represent a form of perfectionism predominantly related to narcissistic grandiosity, whereas socially prescribed perfectionism is predominantly related to narcissistic vulnerability (Stoeber, Sherry, & Nealis, 2015). A recent meta-analysis of 30 empirical studies (Smith, Sherry, Rnic, Saklofske, Enns, & Gralnick, 2016) reported that self-oriented perfectionism (i.e. demanding perfection from oneself) and other-oriented perfectionism (i.e. demanding perfection from others) are associated with grandiose narcissism, while socially-prescribed perfectionism (i.e. perceiving that others are demanding perfection from oneself) is linked to vulnerable narcissism.

3.2 Perfectionistic Self-Presentation and Narcissism

As described in the previous paragraph, numerous studies have examined and widely confirmed a significant association between trait perfectionism and narcissism (for a review, see Flett, Sherry, Hewitt, & Nepon, 2014). While the primary focus of researchers has been on trait perfectionism thus far, there is now growing evidence linking perfectionistic self-presentation (PSP) with narcissism. In 2003, Hewitt and colleagues (2003) conducted the initial study that examined the relationship between the three dimensions of PSP (perfectionistic self-promotion, non-display of imperfections and non-disclosure of imperfection) and narcissism. The authors found that, in a sample of 222 undergraduates, perfectionistic self-promotion was linked with narcissism, while the other two PSP facets were not significantly associated with Narcissism Personality Inventory scores. That is, grandiose narcissists tend to actively promote a perfect image of the self, with relative ease, without

feeling the need to hide their verbal and behavioral imperfections, since they don't consider they actually have any. Grandiose narcissists truly believe that they are perfect.

Sherry, Gralnick, Hewitt, Sherry, and Flett (2014) re-examined the association between PSP facets and narcissism in a study that represented a comprehensive analysis of narcissism and perfectionism in that it included the Multidimensional Perfectionism Scale (MPS) and the Perfectionistic Self-Presentation Scale (PSPS). In this study, narcissism was linked with other-oriented perfectionism, among both women and men. There was a small, but positive link between self-oriented perfectionism and narcissism only among women. Regarding the PSP, in keeping with the findings of Hewitt and associates (2003), only perfectionistic self-promotion was positively and significantly associated with narcissism. This is consistent with results highlighting the tendency of grandiose narcissism to brag and take credit for positive outcomes (e.g., Campbell & Sedikides, 1999). Conversely, consistent with the tendency of grandiose narcissists to be immodest and deny weakness, concern over verbal disclosure and behavioural displays of imperfection were not associated significantly with overall narcissism.

4. NARCISSISM AND PSYCHOLOGICAL HEALTH: INAUTHENTICITY, SOCIAL ANXIETY, DEPRESSIVE SYMPTOMATOLOGY AND SHAME

Since the development of the instrument for measuring the narcissistic personality in the 1970s, researchers have discovered a lot about correlates and interpersonal consequences of narcissism. For example, the multiple difficulties that narcissistic people have in maintaining healthy and strong interpersonal relationships are known (Campbell, 1999; Campbell, Bush, Brunell, & Shelton, 2005). Narcissists tend to see other people primarily as means to fulfil their own goals, rather than as important in themselves and, although, at times narcissistic people can recognize the emotions of others, in general, they have difficulty in assuming the perspectives of others and feeling empathic

concerns when others are suffering (Bushman, Bonacci, Van Dijk, & Baumeister, 2003; Konrath, Corneille, Bushman, & Luminet, 2014). Narcissists often express aggressive behaviour, especially when their ego is threatened by insults and social exclusions, because they believe they are special and unique people and that only special people like themselves and high social class can understand their true being (Baumeister, Bushman, & Campbell, 2000; Twenge & Campbell, 2003).

The delineation of two specific orthogonal constructs of narcissism, grandiose and vulnerable, led the researchers to deepen and widen the evidence and psychology literature present up to that time, investigating the psychological and social correlates that characterized these two types of narcissists (Dickinson & Pincus, 2003; Miller & Campbell, 2008; Wink, 1991). In fact, despite some core traits (need of admiration, sense of entitlement, grandiose fantasy and the tendency to exploit other individuals for their own gain), grandiose narcissists are characterized by grandiosity, aggression, dominance, while vulnerable narcissists are largely marked by hypersensitivity, shyness, defensiveness and insecurity (Dickinson & Pincus, 2003; Pincus et al., 2009; Rohmann, Neumann, Herner, & Bierhoff, 2012) and these different peculiarities produce different negative psychological and social outcomes. The grandiose narcissistic individuals are more likely to regulate their self-esteem through overt self-enhancement, denial of weaknesses, intimidating demands of entitlement, anger in unmet expectations and devaluation of the people that threaten their own self-esteem (Dickinson & Pincus, 2003). Vulnerable narcissists are less equipped to use self-enhancement strategies to modulate self-esteem, and often must rely upon external feedback from others to manage self-esteem; they, in general, also experience much greater anxiety in developing relationships with others because of the sensitive nature of their self-esteem (Cooper, 1998; Dickinson & Pincus, 2003). The vulnerability in self-esteem makes individuals with narcissistic personality disorder very sensitive to "injury" from criticism or defeat. In fact, although they may not show it outwardly, criticism may haunt these individuals and may leave them feeling humiliated, degraded, hollow, and empty: they may react with disdain, rage, or defiant counterattack, they may withdraw from social life or may present an appearance of humility that can mask and protect grandiosity. Sustained

feelings of shame or humiliation and the attendant self-criticism may be associated with social withdrawal, depressed mood, and persistent depressive disorder, while sustained periods of grandiosity may be associated with a hypomania mood (APA, 2013).

Grandiose and vulnerable narcissists manifest different association with indices of psychopathology and psychological distress: generally, narcissistic vulnerability, compared to grandiosity, has been found strongly associated with depression and major depressive disorder (Huprich, Luchner, Roberts, & Pouliot, 2012; Miller et al., 2010; Tritt, Ryder, Ring, & Pincus, 2010) and with other psychological problems, such as anxiety, hostility, paranoia and interpersonal sensitivity (Miller et al., 2010; Rathvon & Holmstrom, 1996; Miller, et al., 2017). The same results are also confirmed by studies that used clinical samples (Kealy, Tsai, & Ogrodniczuk, 2012). Many researchers found that vulnerable narcissism is characterized by great internalizing symptoms and psychological distress and that, substantially, it is negatively correlated with psychological wellbeing and psychological adjustment (Bushman & Baumeister, 1998; Vize, Lynam, Collison, & Miller, 2016, Wink, 1991). Since vulnerable narcissists are mostly covert and are characterized by a need for other people's recognition, validation or admiration, to maintain appropriate self-esteem, the lack of other people's recognition or doubtful recognition could lead them to psychological distress and social avoidance and withdrawal (Miller et al., 2011; Pincus et al., 2009). Their low levels of self-esteem, the fear of being negatively judged, of not being able to appear perfect in combination with the sense of inadequacy and shame can lead to the development of depressive and anxious symptoms (Pincus et al., 2009; Kernberg, 1975). In line with these results, Rose (2002) highlighted, through a study conducted on 262 undergraduates, that individuals with high levels of vulnerable narcissism reported low self-esteem and unhappiness (Rose, 2002). Conversely, grandiose narcissists reported to be moderately happy (Rose, 2002), probably because of their unrealistic illusion of the self. Several studies have demonstrated that grandiose narcissism is more strongly associated with externalizing behaviours rather than internalizing symptoms (Bushman & Baumeister, 1998; Vize et al., 2016) and that it is typically inversely related (e.g., Sedikides, Rudich, Gregg, Kumashiro, & Rusbult, 2004) or

uncorrelated (e.g., Corruble, Ginestet, & Guelfi, 1996) with indices of psychological distress, such as depression and anxiety and positively associated with a high level of self-esteem and optimism (Hickman, Watson, & Morris, 1996; Rathvon & Holmstrom, 1996). Their security, arrogance and superiority in combination with a sense of entitlement might help to preserve high levels of self-esteem, which allows them not to experience psychological distress (Pincus et al., 2009).

Moreover, Tracy and Robins (2004) show that the low self-esteem that characterizes vulnerable narcissists is due to discrepancies in self-image, which are revealed in the contradictory coexistence of grandiose visions of themselves and profound feelings of inadequacy. These discrepancies, in turn, lead them to experience profound feelings of shame as it involves attributing the causes of negative events to factors internal to themselves (Tracy & Robins, 2004; Freis, Brown, Carroll, & Arkin, 2015; Orth, Robins, Meier, & Conger, 2016). Kohut (1971) and Kernberg (1975) had, already, theorized a close relationship between the feeling of shame and the pathological narcissism. Kohut hypothesized that it was the repeated negative evaluations by parents during childhood that blocked the individual at the narcissistic stage, making them more susceptible to shame, while for Kernberg dysfunctional interactions with significant figures favoured the feeling of shame in pathological narcissists. Historically, the narcissistic personality trait, measured with the Narcissistic Personality Inventory (NPI), capable more of measuring narcissistic grandiosity rather than narcissistic vulnerability, has been negatively related to the feeling of shame (Lewis, 1980; Morrison, 1983; Wright, O’Leary, & Balkin, 1989; Watson, Hickman, & Morris, 1996). Harder and Lewis (1987) reported a negative correlation between grandiose narcissism and feeling of shame, and suggested that “overt” narcissism, characterized by an aggressive, grandiose, egocentric style, may not be accompanied by shame, and in fact might be characterized by the denial of shame. On the other hand, vulnerable narcissism, characterized by a hypersensitive and defensive style, was found positively and significantly associated with shame (Dickinson & Pincus, 2003; Freis et al., 2015; Gabbard, 1989; Kraus & Reynolds, 2001). In fact, many authors described vulnerable narcissists as “inhibited, shame-ridden, and hypersensitive shy type, whose low tolerance for attention from others

and hypervigilant readiness for criticism or failure makes him/her more socially passive” (Ronningstam, 2009, p. 113). Their extreme sensitivity towards the judgments of others leads them to avoid interpersonal relationships in order to protect themselves from the disappointment and shame over unmet expectations of others (Dickinson & Pincus, 2003) and over the recognition of their dependence on others (Pincus et al., 2009). Furthermore, Freis and colleagues (2015) have shown that the intention of vulnerable narcissists to regulate their emotions, especially their attempts to disqualify the importance of interpersonal feedback, has led them to a greater feeling of shame, and consequently more likely to develop various forms of psychological distress.

Moreover, as already highlighted in the previous paragraphs, both grandiose and vulnerable narcissists adopt an interpersonal style that focuses on presenting a public image of flawlessness, even though the strategies to accomplish this are often quite different (Smith et al., 2016). In fact, grandiose narcissists were found to promote themselves as perfect to others, while vulnerable narcissist also seek to avoid behavioural demonstrations and verbal disclosure of imperfections (Flett et al., 2014). Hart, Adams, Burton, and Tortoriello (2017) found that grandiose narcissism is associated with heightened use of assertive tactics (e.g. bragging about one's success) rather than defensive self-presentation tactics (e.g. making excuses for failure), more typically associated with vulnerable narcissists. In fact, the latter tend to hide their shortcomings as much as possible because they fear not looking as perfect as they would like in the eyes of others, even if these efforts promote a false sense of self which distresses them (Flett et al., 2014). Previously, Winnicott and Kohut had conceptualized that one of the key features of narcissism is a misalignment between one's inner potentialities (true self) and one's external pursuits or ambitious goals (false self; Wink & Donahue, 1997). Traditionally, authenticity has been considered as a fundamental aspect of well-being (Rogers, 1961) and, more recently, empirical research has confirmed a strong association between authenticity levels and psychological well-being (Wood, Linley, Maltby, Baliousis, & Joseph, 2008). In fact, Neff and Harter (2002) showed that people who subordinated own needs in close relationships, accepting

external influence, reported feelings of inauthenticity, in combination with low levels of self-esteem and more depressive symptoms.

4.1 Vulnerable narcissism and negative health outcomes: the possible role of Perfectionistic self-presentation?

In the wake of what is reported in the preceding paragraph, it can be presumed that only vulnerable narcissists, and not grandiose narcissists, are more at risk of developing certain forms of psychological distress and of experiencing low psychosocial well-being. In fact, as previously specified, vulnerable narcissists, compared to grandiose narcissists, by virtue of their hypersensitive and defensive style and the need for recognition of others to maintain an appropriate self-esteem, have been found associated with several indices of psychological distress and negative indicators of socio-psychological health, like depression, interpersonal sensitivity, low self-esteem, social anxiety, anger, negative emotionality, feeling of shame (Miller et al., 2010; Dickinson & Pincus, 2003; Freis et al., 2015). Conversely, grandiose narcissists, characterized by an arrogant, grandiose and egocentric style and the tendency to consider others as inferior to themselves, reported feeling moderately happy and were negatively correlated or unrelated with psychological distress indices such as depression and anxiety, and more generally, with negative socio-psychological outcomes, such as feelings of shame, negative affect and low self-esteem (Sedikides et al., 2004; Pincus et al., 2009; Harder & Lewis, 1987) and grandiose narcissists tend to report good psychological health (Miller et al., 2011).

Moreover, as already highlighted, grandiose and vulnerable narcissists adopt different interpersonal styles and self-presentation strategies: the former, by virtue of their peculiarities, tend to use self-presenting assertive tactics and promote themselves to others as perfect (perfectionistic self-promotion), without feeling the need to hide their verbal and behavioural flaws, while vulnerable narcissists make more use of self-presentation defensive tactics and strive to hide their behavioural

and verbal shortcomings to seem perfect (non-disclosure and non-display of imperfections; Hart et al., 2017; Flett et al., 2014).

Recently, Hewitt and collaborators (2003, 2011) have shown that, on the one hand, a self-presentation style aimed to actively promote one's image of perfection (perfectionistic self-promotion) was positively associated with social and general self-esteem, while, on the other hand, a perfectionistic self-presentation style implying a need to avoid behavioural and verbal demonstrations of one's imperfection (non-display and nondisclosure of imperfection, respectively), was associated with decreased self-esteem, elevated emotional distress, symptoms of anxiety and depressed mood. In other words, the constant effort to mask one's imperfections in order to appear perfect leads one to experience greater psychological distress and various psychosocial problems, which are not experienced by those who actively promote themselves as perfect and believe they are special just as they are. Moreover, according to Flett and colleagues (2014), the constant efforts to hide their imperfections promote a false sense of self with distress in narcissists

This evidence suggests that the perfectionist self-presentation strategies that imply the continuous need to hide own verbal and behavioural imperfections, can play a fundamental role in the onset of negative outcomes of psychological health, in individuals who present high levels of vulnerable narcissism.

5. GOALS OF THE CURRENT STUDY

Recapping, to date, there is abundant evidence on the association between the trait of narcissistic personality and trait perfectionism (see Sherry et al., 2016), while there is less knowledge of the link between the interpersonal and public aspect of perfectionism, that is, perfectionistic self-presentation (PSP), and the different forms of narcissism. In detail, on the one hand, all the previous studies on the strategies employed by grandiose and vulnerable narcissists to gain admiration have been focused on

the original conceptualization of Perfectionistic self-presentation, without considering the most recent development of the construct proposed by Hewitt and colleagues (2016a, 2016b), that is, *the need to seem effortlessly perfect and the self-perceived ability to seem perfect* have never been considered by previous literature. On the other hand, the possible contribution of neither the original nor the extended conceptualization of perfectionistic self-presentation in the association between narcissism and indices of psychosocial health has previously been explored. Consequently, the current study focuses its attention on the possible costs of the continuous attempts and efforts to appear perfect. In detail, previous research (Hewitt et al., 2003) has found that vulnerable narcissists tend to hide their flaws because they do not feel as perfect as they would like and these types of efforts by narcissists “promote a false sense of self with distress” (Flett et al., 2014, p. 47). The hypothesis that the tendency among vulnerable narcissists to hide the self is associated with a false sense of self has never been investigated. This hypothesis seems plausible because individuals who hide parts of themselves are not, by definition, being true to themselves in most situations. Moreover, previous evidence has shown an association between narcissistic vulnerability and low levels of psychological well-being (Rose, 2002; Pincus et al. 2009; Fries et al., 2015), as well as between perfectionist self-presentation and psycho-social distress (Flett et al., 2003; Mackinnon, Battista, Sherry, & Stewart, 2014). As a consequence, it was assumed that the constant desire to be recognized as perfect, in combination with continuous efforts to hide their imperfections, both behavioural and verbal, could induce individuals with high levels of vulnerable narcissism to experiencing greater feelings of shame, as well as social anxiety and depressed mood.

Four studies were designed. Study 2 was conducted to include the investigation of *the need to seem effortlessly perfect and the self-perceived ability to seem perfect* when studying the association between narcissism and perfectionistic self-presentation. The aims of Study 2 were: (a) re-examine the association between perfectionistic self-presentation and narcissism; (b) incorporate an extended view of perfectionistic self-presentation that includes an orientation toward effortless perfection; and (c) assess perfectionism and narcissism in terms of self-perceptions of being capable to seem perfect.

In Study 3, it was supposed that efforts to be seen as perfect might lead individuals to ignore or reject their true selves. In detail, it has been hypothesized that: (a) a systematic attempt on behalf of vulnerable narcissists to hide imperfections might be responsible for low levels of authenticity; (b) actively promoting themselves as perfect individuals, without feeling the need to hide anything, leads the grandiose narcissists to experience modest levels of authenticity; (c) the association between vulnerable narcissism and authenticity's levels will be mediated by perfectionistic self-presentation.

Study 4 focused the attention on indices of psychological health and it aimed to investigate the possible mediating role of perfectionistic self-presentation in the association between narcissism and depression, social anxiety and shame.

Specifically, it has been hypothesized that: (a) constant commitment on the part of vulnerable narcissists to seem perfect together with numerous efforts to gain admiration and the perception of not being able to transmit this image of perfection, might be responsible for high levels of shame, social anxiety and depression; (b) the perfectionist self-presentation strategies can mediate the association between vulnerable narcissism and negative outcomes of psychic health (shame, social anxiety and depression).

Before describing in detail, the studies previously introduced and their respective findings, the psychometric characteristic of the brief version of the Narcissistic Personality Inventory in the Italian context will be investigated. To date, while the Italian version of the NPI-40 has been widely examined from a psychometric point of view (Fossati, Borroni & Maffei, 2008), none of the studies examined the factorial structure of the brief version. Since the NPI-16 was used in Study 2 and in Study 3, Study 1 will present results concerning the factorial structure of the NPI-16 by using both exploratory factor analysis and confirmatory factor analysis.

CHAPTER 2

STUDY 1

Evaluation of the Psychometric Properties of the Italian version of the 16-item Narcissistic Personality Inventory (NPI-16)

2.1 Introduction

Until 1979, research on the clinically important construct of narcissism was hampered by the lack of an appropriate measurement instrument (Emmons, 1984). In 1979, Raskin and Hall developed the Narcissistic Personality Inventory (NPI), which has since become the most widely used and studied self-report measure of the narcissism construct. A study showed that there are 146 studies indexed in PsychInfo in the period 1979-2003 that use the NPI as the measurement of narcissism (Del Rosario & White, 2005), underlining its recognized effectiveness as a dimensional measurement of narcissism in the non-clinical domain.

The NPI is a self-report measure, built to evaluate narcissism from a dimensional point of view even in non-clinical populations. It is based on the definition of narcissistic personality disorder (NPD) found in the Diagnostic and Statistical Manual of Mental Disorders – third edition (DSM-III; American Psychiatric Association, 1980), but is not a diagnostic tool for NPD and measures subclinical or normal expressions of narcissism trait instead. So, even someone who gets the highest possible score on the NPI does not necessarily have NPD. This makes it a potentially interesting tool, since it uses criteria that are also applicable in the clinical field, assessed according to dimensional methods that make it potentially suitable for use in the social sphere as well as for individual differences. Moreover, it is also based on an atheoretic or trans-theoretic definition of narcissism, which represents a "common language" for both the clinic and research. This makes the NPI a

measure that can be used by researchers with different theoretical orientation, allowing the comparison of results and the exchange of scientific information (Fossati et al., 2008).

NPI was developed from an original pool of 223 items. Each item consists of a pair of antithetical statements, relating to the personal attitudes of the subject; the person receiving the test receives the indication to choose the affirmation with which he/she agrees most. Starting from the first version of 223 items, through a series of analyzes, the 40-item version of NPI was developed (Raskin & Terry, 1988). Raskin and Terry (1988) identified the 40-item NPI factorial structure in seven main components named authority, self-sufficiency, superiority, exhibitionism, exploitativeness, vanity, and entitlement and found a highly reliable total score for internal consistency (Cronbach's $\alpha = .83$).

For the sake of increased efficiency, Ames, Rose, and Anderson (2006) created a 16-item short form of the NPI-40. The NPI-16 generates a global narcissism score that has been shown to manifest a pattern of results consistent with those produced by the NPI-40 (Ames et al., 2006): it has notable face, internal, discriminant, and predictive validity. NPI-16 is a good alternative measure of narcissism in non-clinical populations when the situation does not allow the use of a longer inventory.

Fossati, Borroni and Maffei (2008) have developed the Italian version of 40-item Narcissistic Personality Inventory. Overall, the results of their study suggest that NPI is a measure with internal consistency reliability in different samples for age, sex and clinical condition.

The Cronbach α values observed in their study were found to be overlapping to the internal consistency values reported by Raskin and Terry (1988) - .83 - for the total NPI. The test-retest reliability also was adequate both in non-clinical adult subjects and in clinical adult subjects. Fossati and colleagues (2008), through their study, found that the Italian version of the NPI-40 is a one-dimensional scale that represents a reliable and valid measure of the construct of narcissism, also potentially useful in the clinical setting, and particularly indicated in non-clinical samples.

However, although the Italian version of the NPI-40 has been widely examined from a psychometric point of view (Fossati, Borroni & Maffei, 2008), to date, no studies have examined the factorial structure of the brief version in Italian context. Thus, the aims of the present study are to examine, and validate the dimensionality of the Italian version of the 16-item Narcissistic Personality Inventory while using both exploratory factor analysis and confirmatory factor analysis.

2.2 Method

2.2.1 Participants

A total of 2222 undergraduate students (53.9 % F; mean age = 25.91 ± 9.04) were recruited at various Italian Universities. Data collection consisted of written questionnaires and general information about the purposes of the study was announced to the students. The participation was voluntary and anonymous, and participants were guaranteed confidentiality. No formative credits or remunerative rewards were given. Study procedures were designed in accordance with European research ethical guidelines.

2.2.2 Measures

The participants completed the brief Italian version of the 16-item Narcissistic Personality Inventory (NPI-16), consisting of 16 pairs of items, each consisting of two conflicting proposals between which the participants must choose according to their own beliefs and feelings (e.g., “I like to be the center of the attention” vs. “I prefer to blend in with the crowd”). For the realization of this short version of the measure, the 16 items constituting the original version of the NPI-16 (Ames, Rose, & Anderson, 2006) were selected from the Italian version of the 40-item instrument by Fossati, Borroni and Maffei (2008). The Italian translation of the 40-item NPI was edited by clinical psychologists (Fossati A. and Borroni S.), who are familiar with the English language and, subsequently, in order to minimize the risk of linguistic distortions, it was iteratively controlled by a

professional English-speaking translator through the back-translation method (Fossati et al., 2008). The NPI-16 score is obtained by calculating the average of the 16 items, with the responses consistent with narcissism encoded as 1 and the inconsistent responses to narcissism encoded as 0. Higher scores on the scale indicate higher level of narcissism. This 16-item forced-choice format personality questionnaire has an $\alpha = .72$ and notable face, internal, discriminant and predictive validity (Ames et al., 2006). In this study, Cronbach's alpha was $\alpha = 0.73$.

2.2.3 Statistical Analysis

In order to explore the psychometric properties of the Italian version of the 16-item Narcissistic Personality Inventory (NPI-16), on original data set ($n = 2222$) the EFA was conducted first to identify the underlying factor structure of the NPI-16. The CFA was then performed in order to validate the results of the EFA.

The EFA was conducted using MPLUS v3 with principal axis factor analysis employed as an extraction method. The method used to estimate the model was WLSMV. The CFA was performed to test the fit of the factor structure identified through EFA. MPLUS v3 was used to conduct the CFA. The criteria for assessing overall model fit were mainly based on practical fit measures: the ratio of chi square to its degree of freedom ($S-B \chi^2/df$), the comparative fit index (CFI; Bentler, 1995), the Tucker-Lewis Index (TLI; Tucker & Lewis, 1973), and the root mean square error of approximation (RMSEA; Steiger, 1990). For the ratio of chi square to its degree of freedom ($S-B \chi^2/df$), values < 3 were considered to reflect fair fit (Kline, 2005). CFI and TLI values ≥ 0.90 were considered to reflect fair fit (Bentler, 1995). For the RMSEA, values < 0.80 were considered to reflect adequate fit (Browne & Cudeck, 1993).

2.3 Results

Bartlett's test of sphericity showed that the correlation matrix was suitable for factor analysis ($\chi^2=1140.25$, $df=78$, $p<0.001$). A one-factor solution was identified, with the extracted factors explaining 78% of the total variance. All items loaded at 0.30 with exception of item 4 and item 11.

To verify the factor structure identified through EFA, CFA was performed. Fit indices for the one-factor solution are shown in Table 2.1. The path diagram and the standardized factor loading ranged from 0.08 to 0.98. The final model explained 76% of the variance.

Table 2.1
Fit Indices of the Confirmatory Factor Analysis

<i>Model</i>	χ^2	<i>df</i>	χ^2/df	<i>RMSEA</i>	<i>SRMR</i>	<i>WRMR</i>	<i>TLI</i>	<i>CFI</i>
1-factor model	5929.94	53	111.86	0.078	0.101	3.061	0.877	0.819

2.4 Brief discussion

The Italian version of the 16-item Narcissistic Personality Inventory was found to have good psychometric properties for assessing narcissism trait. It possessed moderate internal consistency ($\alpha = .73$), in line with the values of the original version of the instrument (Ames et al., 2006). A one-factor solution for the Italian 16-item Narcissistic Personality Inventory was found explained 78% of the total variance. The confirmatory factor analysis found adequate fit indices that confirmed the validity of this measure in the Italian context. NPI-16 turns out to be a valid tool to capture narcissism construct in young people. This scale permits researchers to evaluate the overall levels of trait narcissism.

Further studies should be conducted to strengthen the validity of the scale. The present study is only partially representative of the population, as most of the sample is made up of undergraduates. Studies featuring different age samples should be conducted to support the current findings. Hence, these results must be regarded as preliminary, requiring further consolidation by the examination of larger and more heterogeneous population samples.

CHAPTER 3

STUDY 2

The interpersonal expression of perfectionism among grandiose and vulnerable narcissists: Perfectionistic self-presentation, effortless perfection, and the ability to seem perfect

3.1 Introduction

One of the most influential and widely researched models of perfectionism (Hewitt & Flett, 1991) conceptualizes the construct in terms of trait perfectionism and perfectionistic self-presentation (Hewitt et al., 2003). While trait perfectionism refers to the source and expectations of perfectionistic expectations, perfectionistic self-presentation involves the public interpersonal expression of perfectionism. Perfectionistic self-presentation (PSP) includes three distinct dimensions: Perfectionistic self-promotion (proactively promoting a perfect image), Nondisclosure of imperfection (concern over verbal disclosure of imperfection) and Non-display of imperfection (concern over behavioral displays of imperfection). Trait perfectionism and PSP are considered to be conceptually distinct and PSP facets have been associated with a wide range of psychological difficulties and deleterious outcomes, including depression (Cha, 2016), social anxiety (Jain & Sudhir, 2010), Machiavellianism (Sherry et al., 2006), social disconnection (Chen, Hewitt, & Flett, 2015), suicidal risk (Roxborough et al., 2012).

Recent studies extended the investigated association between narcissism and trait perfectionism (e.g., Bresin and Gordon, 2011; Wright et al., 2013; Stoeber, Sherry, & Nealis, 2015) by including the assessment of the tendency to present a perfect image by actively promote it and/or by hiding verbal or behavioral displays of imperfections. Within this framework, Sherry and

colleagues (2014) highlighted that perfectionistic self-promotion was positively and uniquely associated with narcissism. This is consistent with results highlighting the tendency of grandiose narcissists to brag and take credit from others (e.g., Campbell & Sedikides, 1999). Conversely, consistent with the tendency of grandiose narcissists to be immodest and deny weakness, concern over verbal disclosure and behavioral displays of imperfection were not found to be associated with narcissism score. Extending this previous result by distinguishing between grandiose and vulnerable narcissism, Flett and colleagues (2014) showed a strong link between all the three different dimensions of perfectionistic self-presentation and vulnerable narcissism. Such a result is consistent with the theoretical conceptualization of vulnerable narcissism, which is expected to be characterized by a need for other people's recognition and a sense of self-worth that is contingent upon recognition (e.g., Pincus & Roche, 2011). Consequently, vulnerable narcissists might be interested not only in promoting a perfect self-image but also in non-disclosing and non-displaying imperfection since compared to grandiose narcissists they are more dependent on external feed-back to maintain self-image. Concerns with the negative potential consequences of being imperfect might be particularly important for vulnerable narcissists since their self-esteem mainly depends upon their capability to appear perfect.

While it has been ascertained that both grandiose and vulnerable narcissists are somewhat motivated to give others an image of perfection (the former by actively promoting their presumed perfection, and the latter by also hiding mistakes), their subjective evaluation of this capability has never been tested. From a theoretical point of view, the vast majority of the interpersonal differences between grandiose and vulnerable narcissists might be the consequence of a diametrically opposed evaluation of one's own ability to display the image of perfection. The perception of a low capability to appear perfect might explain high levels of shame, the tendency to be self-critical and hypersensitive (Pincus et al., 2009), as well as the tendency to show social withdrawal and avoidance (Dickinson & Pincus, 2003) – that is, I avoid other people since I need to be considered perfect but I am unable to achieve this and I am self-critical because I should be able. On the other hand, grandiose

narcissists are expected to report a high perfectionistic self-presentation capability since their belief to be superior or special is expected to be involved in every aspect of their functioning. Their self-confidence in the ability to present a perfect image might explain their high sensitivity to critics (Atlas & Them, 2008) and their tendency to engage in more ego-protection (Horton & Sedikides, 2009) when responding to criticism by making self-serving attributions to ascribe negative feedback to external causes rather than personal flaws (Stucke, 2003) – that is, I am perfect and completely capable of letting you know how perfect I am, the problems is outside of me.

While vulnerable and grandiose narcissists might differ in their perfectionistic self-presentation capability both might share the idea that perfection should be accomplished with apparent ease. Indeed, both grandiose and vulnerable narcissists are interested in impressing others, and accomplishments appear even more impressive if they seem to require little or no effort to achieve. The ultimate ideal of seeming naturally perfect without extensive effort is consistent with narcissistic purposes, since it is implicit in the notion of effortless perfection and that the performer is flawless, has achieved a good performance without apparent effort and is a blessed “natural” talent with an unlimited capacity for greatness. Flett, Nepon, Hewitt, Molnar and Zhao (2016) have recently further extended the construct of perfectionistic self-presentation by showing that the tendency to project an image of perfection by hiding effort is associated with and accounts for unique variance in adjustment difficulties. Similarly, Travers and colleagues (2015) sought empirical support for the construct of Effortless Perfection by showing that – in relation to other perfectionism scales – it is a distinct form of perfectionism and a unique predictor of negative adjustment.

The present study aims to 1) re-examine the association between the two forms of narcissism and the perfectionist self-presentation, including 2) the perception of one’s ability to display an image of perfection and 3) the tendency to appear perfect by hiding effort. The aim is to investigate whether these two recently proposed components of the construct of perfectionistic self-presentation account

for additional variance in grandiose and vulnerable narcissisms beyond that explained by the other three facets of PSP.

3.2 Method

3.2.1 Participants

This research was conducted with a sample of 305 undergraduate students (54.2% F; mean age: 22.62 ± 3.08 years). All the participants were Italian. Data collection consisted of written questionnaires and general information about the purposes of the study was announced to the participants. Participation was anonymous, and participants were guaranteed confidentiality. No formative credits or remunerative rewards were given.

3.2.2 Measures

Grandiose narcissism was assessed through the Italian adaptation (Fossati, Borroni, & Maffei, 2008) of the Narcissistic Personality Inventory (NPI-16; Ames et al., 2006). The NPI-16 is a shorter, unidimensional measure of the NPI-40, designed to measure grandiose narcissism in non-clinical populations. It contains 16 pairs of items, each consisting of two conflicting proposals between which the participants must choose according to their own beliefs and feelings (e.g., “I like to be the centre of the attention” vs. “I prefer to blend in with the crowd”). Notable face, internal, discriminant and predictive validity were reported for the NPI-16 (Ames et al., 2006).

The Italian adaptation (Fossati et al., 2009) of the Hypersensitive Narcissism Scale (HSNS; Hendin & Cheek, 1997) was used to assess vulnerable narcissism. The HSNS is a one-dimensional measure comprised of 10 items capturing narcissistic hypersensitivity (e.g., “My feelings are easily hurt by ridicule or by the slighting remarks of others”). Participants indicated the extent to which the

items characterized their feelings and behaviour using a response scale from 1 (very uncharacteristic or untrue) to 5 (very characteristic or true). The HSNS has demonstrated reliability and validity in numerous studies (e.g., Miller et al., 2011; Pincus et al., 2009). Evidence attests to the reliability and the validity of the Italian version of the HSNS both in clinical and non-clinical participants (Fossati et al., 2009).

Perfectionistic self-presentation was assessed with the Perfectionistic Self-Presentation Scale (PSPS; Hewitt et al., 2003), a 27-item measure comprised of three subscales: Perfectionistic self-promotion, Non-display of imperfection and Nondisclosure of imperfection. Perfectionistic self-promotion was captured with a 10-item subscale (e.g., “I always try to present a picture of perfection”); higher scores on this subscale indicated higher levels of perfectionistic self-presentational style characterized by the need to brashly promote oneself as perfect to others. Non-display of imperfection was measured with a 10-item subscale (e.g., “It would be awful if I made a fool of myself in front of others”), Higher scores on this subscale indicated higher levels of perfectionistic self-presentational style characterized by the need to avoid behavioural demonstrations of one's imperfection. Nondisclosure of imperfection was assessed with a seven-item subscale (e.g., “Admitting failure to others is the worst possible thing”) and higher scores on this scale indicated higher levels of perfectionistic self-presentational style characterized by the need to avoid over verbal disclosures of one's imperfection. Participants responded to the items of the three subscales using a 7-point scale from 1 (strongly disagree) to 7 (strongly agree). Evidence supports both the reliability and the validity of the PSPS (Hewitt et al., 2003). The psychometric properties of the Italian version of the Perfectionistic Self-Presentation Scale have been recently reported (Borroni et al., 2016). The PSPS total score and PSPS scales showed adequate internal consistency reliability estimates, and both the dimensionality analyses and confirmatory factor analysis supported the original three factors structure for PSPS items.

Perfectionistic self-presentational capability was assessed with the Perfectionistic Self-Presentational Capability Scale (PSPCS; Flett, Nepon, Hewitt, & Casale, 2016a). This brief measure assesses the perception of one's ability to display an image of perfection to others and consists of four items (“I often find myself in situations where my mistakes are on display for others to see”; “My attempts to seem perfectly capable usually fall short”; “I have made too many mistakes in front of other people” and “I lack the skills needed to make myself look or seem perfect to others). Items were rated on a Likert scale ranging from 1 (completely disagree) to 7 (completely agree). Higher scores on this scale indicate lower levels of capability in seeming perfect.

Two measures were used to assess effortless perfectionism. The Effortless Perfectionism Scale (EPS; Travers et al., 2015) has 10 items that assess an intense pressure to be perfect without visible effort (e.g., “I believe that those who try harder are less intelligent than those who succeed with ease”), through a 5-point Likert scale ranging from 1 (not at all) to 5 (extremely). The EPS showed good test-retest reliability ($r = 0.75$). The Perfectionistic Self-Presentation Hiding Effort Scale (PSP-HES; Flett, et al., 2016b), a four-item measure of the ability to portray an image of perfection while making it appear effortless (e.g., “I would like to seem or appear perfect without others knowing the lengths I go to achieve it”). Items were rated on a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores on this scale indicate levels of appearing perfect while hiding effort. This brief scale has adequate construct validity (Flett, et al., 2016b).

The Italian versions of the PSPCS, EPS and PSP-HES were obtained using a back-translation method. The original and the back-translated version of the tests were then compared, and judgments were made about their equivalence.

3.2.3 Statistical Analysis

Four participants were excluded from the analysis because their NPI was incomplete (more than 10% of missing responses). Statistical analyses were conducted on a sample of 301 undergraduates. After computing descriptive statistics, two hierarchical regression analyses were conducted to determine if perfectionistic self-presentational capability (Step 3) and effortless perfectionism (Step 4) predict vulnerable and grandiose narcissism over and above perfectionistic self-promotion, non-display of imperfection and nondisclosure of imperfection (Step 2), after controlling for gender (Step 1).

2.2 Results

The mean, standard deviation and alpha coefficients for all the measures are shown in Table 1. Alphas were generally acceptable with the exception of the PSPS Nondisclosure subscale. Most notably, the new measures of effortless perfection and hiding effort had respective alphas of 0.77 and 0.78. Parenthetically, it should be noted that the two measures of effortless perfection were associated significantly with each other but not to the extent of being redundant ($r = 0.48$). Partial correlation analyses (Table 1) showed that vulnerable narcissism was no longer associated with the EPS after controlling for PSP-hiding effort, but the hiding effort subscale was still associated with narcissistic vulnerability after controlling for the EPS. However, the EPS was still associated with grandiose narcissism and the PSP-Hiding Effort subscale was still unrelated to grandiose narcissism. As is seen below in the regression results, the measures also differ in terms of their links with narcissism dimensions. The correlations between perfectionism and grandiose narcissism tended to be low in magnitude, but significant links were found between grandiose narcissism and perfectionistic self-promotion and effortless perfection. In contrast, stronger positive associations were found between vulnerable narcissism and all the perfectionism dimensions, including self-presentation capability and effortless perfection (Table 1). Gender was associated with narcissism levels with men having higher

grandiose narcissism than women (respectively $M(SD) = 4.43 (3.10)$ and $2.81 (2.64)$, $F (1, 299) = 23.92$, $p < 0.001$, $\eta^2 = 0.36$), and women having higher vulnerable narcissism than men (respectively $M(SD) = 25.92 (6.14)$ and $24.55 (5.70)$, $F (1, 299) = 3.96$, $p < 0.05$, $\eta^2 = 0.27$). After controlling for gender (Step 1) and the three perfectionistic self-presentation dimensions (Step 2), the inclusion of the perceived ability to seem perfect (Step 3) and effortless perfectionism (Step 4) accounted for an additional amount of variance of grandiose narcissism scores (respectively 2.2% and 1.4%) beyond the overall 12.9% already explained by gender and the three PSPS subscales (Table 2). At the last step of the regression analysis, grandiose narcissism was found to be associated with gender, perfectionistic self-promotion, perfectionistic self-presentational capability and effortless perfectionism as measured by the EPS. The higher the grandiose narcissism levels, the higher the tendency to proactively promote a perfect image, the perception of having the ability to appear perfect and the feeling of pressure to be perfect without visible effort. On the other hand, regression results did not indicate a relationship between effortless perfectionism and vulnerable narcissism. In fact, whereas the inclusion of the perfectionistic self-presentational capability added a significant amount of variance to the model (2.7%), a significant effect of effortless perfectionism was not found (Table 2). Gender, perfectionistic self-promotion, non-display of imperfection, and perfectionistic self-presentational capability were associated with vulnerable narcissism. The final model explained 30% of the variance. The higher the tendency to proactively promote a perfect image, the concerns over behavioural displays of imperfection and the lack of self-confidence in the ability to appear perfect the higher the vulnerable narcissism.

Table 3.1

Descriptive statistics, alpha coefficients and zero-order correlations among the study variables (partial correlations appear in parentheses below zero-order correlations)

Variables	<i>M(SD)</i>	<i>α</i>	1	2	3	4	5	6	7	8
1.NPI-16 Grandiose Narcissism	3.56(2.97)	0.75	-							
2.HSNS Vulnerable Narcissism	25.29(5.97)	0.69	-0.07	-						
PSPS										
3. Perfectionistic Self-Promotion	33.12(11.36)	0.84	0.19**	0.43***	-					
4. non-display of imperfection	35.67(10.58)	0.81	0.03	0.48***	0.67***	-				
5. non-disclosure of imperfection	20.74(6.71)	0.63	0.08	0.39***	0.57***	0.54***	-			
6. perfectionistic self-presentation capability	11.89(4.53)	0.73	-0.16**	0.28***	0.10	0.27***	0.20**	-		
7. EPS pressure to appear perfect	22.18(6.41)	0.77	0.21*** (0.19**) ^a	0.25*** (0.09) ^a	0.44***	0.39***	0.48***	0.12*	-	
8.PSPS hiding effort	11.60(5.13)	0.78	0.09 (0.01) ^b	0.35*** (0.27***) ^b	0.59***	0.50***	0.58***	0.15*	0.48***	-

Note: N=301. The abbreviations are as follows: NPI-16 = Narcissism Personality Inventory -16; HSNS = Hypersensitive Narcissism Scale; PSPS = Perfectionistic Self-Presentation Scale; EPS = Effortless Perfection Scale; PSPS-Hiding = Perfectionistic Self-Presentation Hiding Effort Scale.

^a Partial correlation controlling for PSPS-Hiding.

^b Partial correlation controlling for EPS.

* $p < 0.05$, two-tailed.

** $p < 0.01$, two-tailed.

*** $p < 0.001$, two-tailed.

Table 3.2*Hierarchical regression analysis predicting vulnerable and grandiose narcissism total scores*

Predictors	Grandiose Narcissism		Vulnerable Narcissism	
	ΔR^2	β	ΔR^2	β
Step 1	0.074***		0.013*	
Gender		0.27***		-0.11*
Step 2	0.055***		0.260***	
Gender		0.28***		-0.10*
PSPS perfectionistic self-promotion		0.32***		0.13
PSPS non-display of imperfection		-0.13		0.29***
PSPS non-disclosure of imperfection		-0.05		0.17*
Step 3	0.022**		0.027**	
Gender		0.28***		-0.10*
PSPS perfectionistic self-promotion		0.29***		0.17*
PSPS non-display of imperfection		-0.08		0.23**
PSPS non-disclosure of imperfection		-0.03		0.15*
PSP-CS perfectionistic self-presentation capability		-0.16**		0.17**
Step 4	0.014		0.001	
Gender		0.25***		-0.10*
PSPS perfectionistic self-promotion		0.27**		0.15*
PSPS non-display of imperfection		-0.09		0.23**
PSPS non-disclosure of imperfection		-0.06		0.13
PSP-CS perfectionistic self-presentation Capability		-0.16**		0.17**
EPS pressure to appear perfect		0.15*		0.00
PSPS-hiding effort		-0.04		0.04

Note: N = 301. The abbreviations are as follows: PSPS = Perfectionistic Self-Presentation Scale; PSP-CS = Perfectionistic Self-Presentation Capability Scale; EPS = Effortless Perfection Scale; PSPS-Hiding = Perfectionistic Self-Presentation Hiding Effort Scale.

* $p < 0.05$.

** $p < 0.01$.

*** $p < 0.001$.

2.3 Brief Discussion

The present research was conducted to extend the scope of inquiry on perfectionism and narcissism in three respects: (a) re-examine the association between perfectionistic self-presentation and narcissism; (b) incorporate an extended view of perfectionistic self-presentation that include an orientation toward effortless perfection; and (c) assess perfectionism and narcissism in terms of self-perceptions of being capable of seeming perfect.

The overall pattern of results highlighted the importance of distinguishing narcissistic grandiosity and narcissistic vulnerability and the usefulness of an extended conceptualization of the perfectionism construct. First, the concept of perfectionistic self-presentation seems to be much more relevant in vulnerable narcissism in relation to grandiose narcissism, though it is still relevant to some extent in grandiose narcissism (Sherry et al., 2014). This form of narcissism was associated weakly but significantly with perfectionistic self-promotion and effortless perfection as assessed by the Travers and colleagues (2015) scale. Moreover, this form of narcissism seemed to be associated with more negative appraisals of the capability to seem perfect at the correlational level, but it was associated with more positive appraisals after considering the variance attributable to other predictors in a regression analysis.

In contrast, stronger and more pervasive links between perfectionistic self-presentation and narcissism were found for vulnerable narcissism. All three PSPS facets and both measures of effortless perfection were associated positively with vulnerable narcissism. Moreover, students with high levels of vulnerable narcissism had desires to seem perfect but they had negative self-appraisals of their capability of seeming perfect. The results of our regression analysis showed that effortless perfection did not predict unique variance in narcissistic vulnerability beyond the three PSP facets; the individual differences in the capability to seem perfect was a unique predictor. Collectively, these findings suggest that vulnerable narcissists might be attuned to their public image, but this might be a defensive process that reflects a core sense of inadequacy that extends to but is not limited to a sense of inefficacy about being able to project and maintain a positive public image.

However, in light of the methodological limitations (i.e. the use non-clinical sample and the cross-sectional design), current findings should be considered with caution. Future studies could benefit from the use of clinical samples in order to observe the behavior and modalities of social interaction of perfectionists. Despite these limitations, these findings have theoretical and practical implications. At a theoretical level, the findings illustrate the need for a broader focus on self-

presentational concerns in models of narcissistic personality and to give greater consideration to the possibility that narcissists may be cognitively preoccupied about their public image. Meanwhile, at the practical level, one implication of current findings is that vulnerable young people who are both perfectionistic and narcissistic may be hiding their distress and underlying sense of inadequacy and lack of efficacy. It is important for clinicians and counsellors to address the core self and identity issues that underscore their outward narcissism.

CHAPTER 4

STUDY 3

Narcissism and authentic self: An unfeasible marriage?

4.1 Introduction

Traditionally, theoretical accounts have considered perfectionism as a significant part of narcissistic personality functioning (Ronningstam, 2010) because it protects one's self-esteem and helps narcissists gain admiration. In their model on narcissistic regulatory processes, Morf and Rhodewalt (2001) claim that perfectionism is one interpersonal strategy that could protect and enhance one's self-esteem. Similarly, Millon and Davis (2000) argue that perfection is an all or nothing concept among narcissists: "if you are not perfect, you are imperfect, and if you are imperfect, you are nothing ... Narcissists cannot tolerate any flaw, however small, in the perfection of the self" (p. 284). Empirical research has confirmed the hypothesized link between narcissism and perfectionism. A recent meta-analysis of 30 empirical studies (Smith et al., 2016) reported that self-oriented perfectionism (i.e. demanding perfection from oneself) and other-oriented perfectionism (i.e. demanding perfection from others) are associated with grandiose narcissism, while socially-prescribed perfectionism (i.e. perceiving that others are demanding perfection from oneself) is linked to vulnerable narcissism.

Flett, Sherry, Hewitt, and Nepon (2014) have also suggested that grandiose and vulnerable narcissists differ from non-narcissists not only in terms of their level of trait perfectionism, but also in terms of their need to appear perfect to other people because of a desire to gain recognition of their grandiosity. Perfectionistic self-presentation reflects the strategies that are employed to appear perfect: it is a form of impression management that involves self-presentational attempts to create an image of perfection in public situations and (Hewitt et al., 2003). Smith and colleagues (2016) have

confirmed that both grandiose and vulnerable narcissists adopt an interpersonal style that focuses on presenting a public image of flawlessness, even though the strategies to accomplish this are often quite different. In fact, in keeping also with Study 2 results, grandiose narcissists were found to promote themselves as perfect to others, while vulnerable narcissists also seek to avoid behavioural demonstrations and verbal disclosure of imperfections. Studies emphasizing the differences between perfectionistic self-presentation styles among grandiose and vulnerable narcissists reinforce theoretical accounts and empirical evidence on the strategies employed by narcissists to gain recognition of their grandiosity. It has been proposed that both grandiose and vulnerable narcissists engage in strategic self-regulatory behaviours and processes that are driven by an intense need for external validation and admiration. However, it has also been suggested that vulnerable and grandiose narcissists might employ different self-monitoring and presentation tactics. Vulnerable narcissists have a fragile self which needs constant social feedback, while grandiose narcissists are less prone to be influenced by social information (Miller et al., 2011). Empirical evidence has also confirmed this argument. For example, Hart, Adams, Burton, and Tortoriello (2017) found that grandiose narcissism is associated with the heightened use of assertive tactics (e.g. bragging about one's success) rather than defensive self-presentation tactics (e.g. making excuses for failure), which is in keeping with earlier findings (Flett et al., 2014), and also with Study 2 results, that grandiose narcissists present themselves to others as being perfect and are not concerned about behavioural displays of imperfections. This is also consistent with the weak correlations that have been reported between grandiose narcissism and social desirability (Kowalski, Rogoza, Vernon, & Schermer, 2018), thereby suggesting that grandiose narcissists are not as prone to modify their own behaviours or ways of thinking in order to gain social approval. Vulnerable narcissism, on the contrary, was found to be more strongly related to increased use of defensive tactics (e.g. excuse and justification) than to assertive tactics (Hart et al., 2017). Furthermore, this supports previous Study 2 findings and recent research into perfectionist self-presentation (Flett et al., 2014) that highlights efforts to hide behavioural and verbal disclosures of imperfections among vulnerable narcissists.

On the basis of this evidence, a question arises spontaneously: what can be the interpersonal costs of attempts to appear perfect? Previous research has found that narcissists are concerned with using conscious or unconscious behaviours to control how self-relevant images are conveyed to an audience. Vulnerable narcissists, in particular, have been shown to hide their shortcomings because they do not perceive themselves as being as perfect as they would like. According to Flett and colleagues (2014), these types of efforts by narcissists “promote a false sense of self with distress” (p. 47). However, the hypothesis that the tendency among vulnerable narcissists to hide the self is associated with a false sense of self has never been investigated. This hypothesis is plausible because individuals who hide parts of themselves are not, by definition, being true to themselves in most situations. Moreover, evidence also suggests that perfectionistic self-presentation is associated with self-silencing – the tendency to conceal one's own true feelings out of a desire to maintain relationships and obtain the approval of others (Flett, Besser, Hewitt, & Davis, 2007). By building on Flett and colleagues’ (2014) intuition, the present study hypothesizes that efforts to be seen as perfect might lead individuals to ignore or reject their true selves. That is, we hypothesize that a systematic attempt on behalf of vulnerable narcissists to hide imperfections might be responsible for low levels of authenticity. With regard to grandiose narcissists, one shouldn't necessarily assume that they experience low levels of authenticity, if only because they actively promote themselves as being perfect without feeling the need to hide anything.

Taking into consideration what has been outlined so far, the present study hypothesizes that:

- H1. Grandiose narcissism will be positively associated with perfectionistic self-promotion whereas no significant associations will be found with nondisclosure and non-display of imperfections;
- H2. Vulnerable narcissism will be positively associated with perfectionistic self-promotion, nondisclosure and non-display of imperfections;
- H3. No significant associations will be found between grandiose narcissism and authenticity levels;

H4. Negative associations will be found between vulnerable narcissism and authenticity levels;

H5. Perfectionistic self-presentation will mediate the association between vulnerable narcissism and authenticity levels.

4.2 Method

4.2.1 Participants

Three-hundred undergraduates from several different disciplines (Psychology, Economics, Law, and Architecture) at an Italian university were approached. They were then asked if they were willing to participate in a study on the association between personality traits and public image. The students were told that participation was voluntary and anonymous. No formative credits or remunerative rewards were given. Two-hundred and eighty-six students accepted. When fewer than five values were missing, the mean item was used while performing missing data imputation. After removing cases with five or more missing values ($n=12$), the final sample size was 274 (50.4% F; mean age: 22.26 ± 2.51 years; age ranged from 18 to 27 years). All participants were Caucasian and 31.39% of the undergraduates claimed to have a part-time job. Study procedures were designed in accordance with European research ethical guidelines.

4.2.2 Measures

4.2.2.1. Antecedents

Grandiose Narcissism was assessed through the Italian adaptation (Fossati, Borroni, & Maffei, 2008) of the Narcissistic Personality Inventory (NPI-16; Ames, Rose, & Anderson, 2006). The NPI-16 is a shorter, unidimensional measure of the NPI-40 that is designed to measure grandiose narcissism in the non-clinical population. It contains 16 pairs of items, each consisting of two conflicting proposals (narcissistic response versus non-narcissistic response); participants must

choose between the two, according to their own beliefs and feelings (e.g. “I like to be the centre of the attention” vs. “I prefer to blend in with the crowd”). This 16-item forced-choice format personality questionnaire has an $\alpha=0.72$ and notable face, internal, discriminant, and predictive validity (Ames et al., 2006). In the current study, the Cronbach's alpha was $\alpha = 0.75$.

In order to assess Vulnerable Narcissism, the Italian adaptation (Fossati et al., 2009) of the Hypersensitive Narcissism Scale (HSNS; Hendin & Cheek, 1997) was used. The HSNS is a one-dimensional measure of vulnerable narcissism that is comprised of 10 items capturing narcissistic hypersensitivity (e.g. “My feelings are easily hurt by ridicule or by the slighting remarks of others”). The HSNS has demonstrated reliability and validity in numerous studies (Miller et al., 2011; Pincus et al., 2009). Participants indicated to what extent the items were characteristic of their feelings and behaviour using a response scale from 1 (very uncharacteristic or untrue) to 5 (very characteristic or true). In the current study, the Cronbach's alpha was $\alpha = 0.67$.

4.2.2.2. Mediators

Perfectionistic Self-Presentation was assessed with the Italian version (Borroni et al., 2016) of the Perfectionistic Self-Presentation Scale (PSPS; Hewitt et al., 2003), a 27-item measure that is comprised of three subscales: Perfectionistic self-promotion, Non-display of imperfection, and Nondisclosure of imperfection. Perfectionistic self-promotion was captured with a 10-item subscale (e.g. “I always try to present a picture of perfection”); higher scores on this subscale indicated the presence of a perfectionistic self-presentational style that is often used to promote an image of perfection to others. The Non-display of imperfection subscale was comprised of 10 items (e.g. “It would be awful if I made a fool of myself in front of others”) that determines the presence of a perfectionistic self-presentational style involving a need to avoid behavioural demonstrations of one's imperfection. Nondisclosure of imperfection was assessed via a 7-item subscale (e.g. “Admitting failure to others is the worst possible thing”); higher scores on this subscale indicated a desire to avoid verbal disclosures of one's imperfection. Participants responded to the items in all three subscales by

using a 7-point scale from 1 (strongly disagree) to 7 (strongly agree). Our evidence supports both the reliability and validity of the PSPS (Hewitt et al., 2003). In the current study, Perfectionistic self-promotion, Non-display of imperfection, and Nondisclosure of imperfection scales attained scores of $\alpha = 0.85$, $\alpha = 0.81$, and $\alpha = 0.65$ (respectively).

Flett, Nepon, Hewitt, Molnar, and Zhao (2016) recently extended the perfectionistic self-presentation construct by including the need to seem effortlessly perfect as a factor in their research. The Italian version (Casale et al., 2016) of the 4-item Perfectionistic Self-Presentation Hiding Effort Scale (PSP-HES; Flett et al., 2016b) was used to assess one's perceived ability to project an image of effortless perfection (e.g. "I would like to seem or appear perfect without letting others know the lengths I go to to achieve it"). Items were rated on a Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree); higher scores on this scale indicate high levels of effortless perfection. In the current study, this scale showed a relatively high level of internal consistency ($\alpha = 0.83$).

4.2.2.3. Outcomes

Wood and colleagues (2008) propose a tripartite conception of authenticity that is comprised of self-alienation (i.e. the subjective experience of not knowing oneself or feeling out of touch with one's true self), authentic living (i.e. being true to oneself in most situations and living in accordance with one's values and beliefs), and accepting external influence (i.e. the tendency to accept the influence or conform to the expectations of others). The Authenticity Scale (Wood et al., 2008), a 12-item measure that is comprised of three subscales – Self-Alienation, Authentic Living, and Accepting External Influence – each of which is composed of 4 items. Higher scores on Self-Alienation scale indicated higher levels of self-alienation (a sample item is "I feel alienated from myself"). Higher scores on Authentic living scale indicated higher levels of living in accordance with one's beliefs (e.g. "I live in accordance with my values and beliefs"). Higher scores on External Influence scale indicated the tendency to accept external influence (e.g. "Other people influence me greatly"). Participants responded to the items in the three subscales using a 7-point scale from 1 (does

not describe me at all) to 7 (does describe me). Evidence supports both the reliability and the validity of the Authenticity Scale (Wood et al., 2008). The Italian version of the Authenticity Scale was obtained using the back-translation method. The original and back-translation version of the tests were then compared, and judgments were made about their equivalence. In the current study, the Cronbach's alphas ranged from $\alpha = 0.72$ to $\alpha = 0.84$.

4.2.3 Statistical Analysis

Descriptive statistics, zero-order, and partial correlations between the study variables were computed. Structural Equation Modelling (SEM) was performed to test the hypothesized effects of narcissism on authenticity through perfectionistic self-presentation. SEM was conducted using LISREL 8.8 and the Robust Maximum Likelihood (RML) estimation method (Jöreskog & Sörbom, 2006). The following profile of goodness of fit indices was considered: χ^2 (and its degrees of freedom and p-value), the Standardized Root Mean square Residual (SRMR- Jöreskog & Sörbom, 1993) “close to” 0.09 or lower, the Comparative Fit Index (CFI- Bentler, 1995) “close to” 0.95 or higher (Hu & Bentler, 1999), and the Root Mean Square Error of Approximation (RMSEA- Steiger, 1990) < 0.08 (Browne & Cudeck, 1993). Indirect effects were tested with a distribution of product coefficients (P) test that was developed by MacKinnon, Lockwood, and Hoffman (1998); MacKinnon, Lockwood, Hoffman, West, and Sheets (2002).

4.3 Results

Means, standard deviations, and zero-order correlations among the study variables are shown in Table 4.1. Grandiose narcissism was found to be correlated with self-promotion, as expected (H1). Significant associations in the expected direction were found between vulnerable narcissism, all three perfectionistic self-presentation subscales (H2), and all three authenticity indicators (H4). The correlations between grandiose narcissism and the authenticity subscales were not significant, except

for a weak correlation with the tendency to not believe that one has to conform to the expectation of others (H3). For this reason, the hypothesized mediations were tested only for vulnerable narcissism.

The assessed structural model produced good fit to the data [$\chi^2 = 755.98$, $df = 305$, $p < .001$; RMSEA = 0.07 (90% C.I.= 0.06–0.08), CFI = 0.94, SRMR = 0.07]. The variables in the model accounted for 43%, 58%, and 68% of the variance in Self-alienation, Authentic living, and Accepting external influence levels (respectively). The standardized estimates are shown in Figure 1. All coefficients estimated for the measurement model were significant ($p < .001$). Taken together, the results support the hypothesis that there is an indirect relationship between vulnerable narcissism and Self-alienation, low levels of Authentic Living, and Accepting external influence (H5). Regarding Self-alienation, the relationship with vulnerable narcissism was found to be mediated by perfectionistic self-promotion, nondisclosure of imperfection, and hiding effort. The relationship between vulnerable narcissism and Authentic living was mediated by perfectionistic self-promotion, nondisclosure of imperfection, hiding effort, and non-display of imperfection. The results also supported the indirect relationship between vulnerable narcissism and Accepting external influence, which was mediated by perfectionistic self-promotion, nondisclosure of imperfection, hiding effort, and non-display of imperfection. Direct effects of vulnerable narcissism on Self-alienation, Authentic Living, and Accepting External influence were also found (Table 4.2)

Table 4.1*Means, Standard Deviations, and Zero-order Correlations Among the Study Variables*

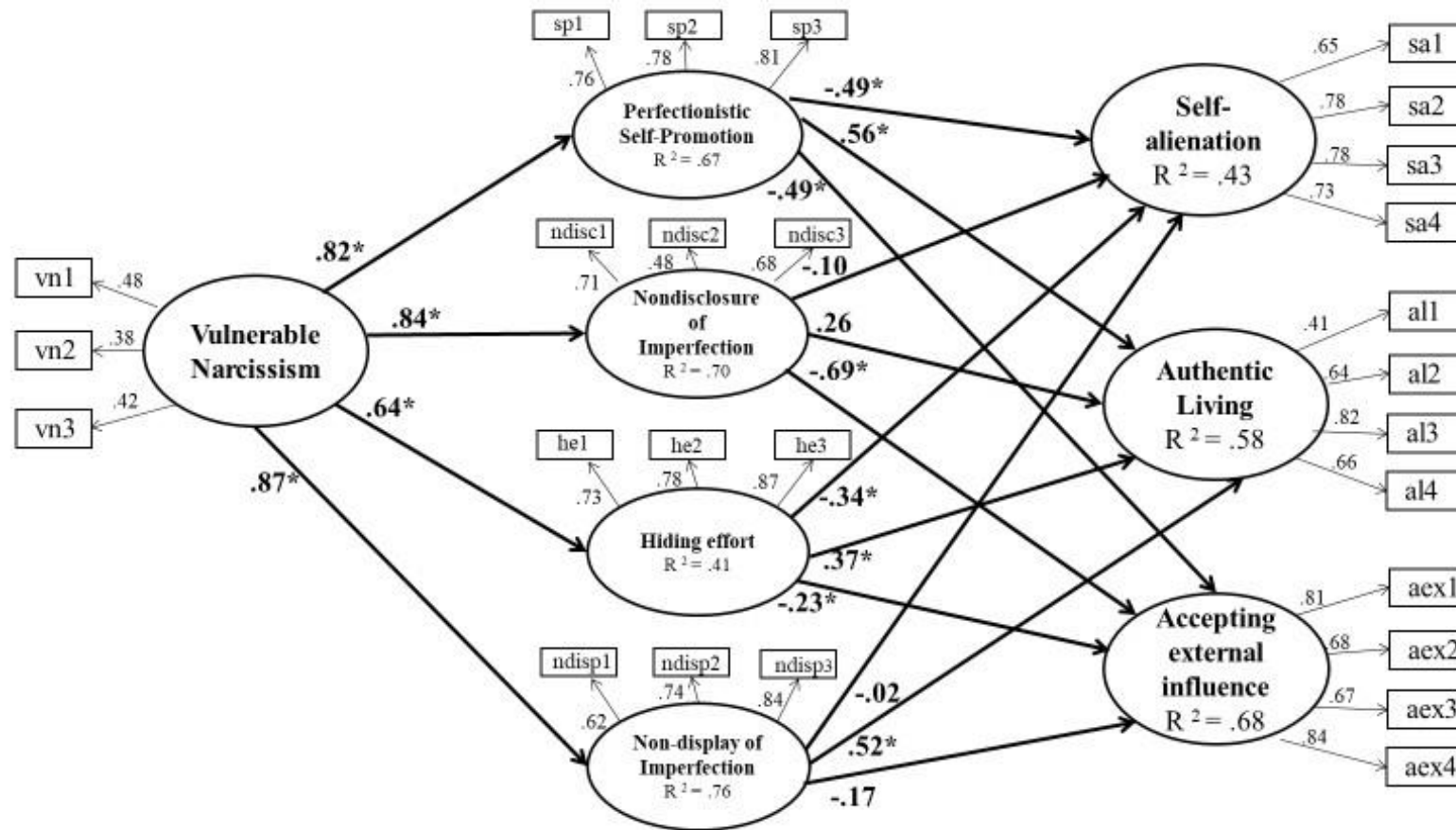
<i>Variables</i>	<i>M(SD)</i>	1	2	3	4	5	6	7	8	9
1.NPI-16 Grandiose Narcissism	3.58(2.98)	-								
2.HSNS Vulnerable Narcissism	26.87(5.62)	0.93	-							
PSPS										
3.Perfectionistic Self-Promotion	35.07(11.38)	.288**	.323**	-						
4.Non-display of Imperfection	37.51(10.70)	-.004	.465**	.623**	-					
5. Non-disclosure of Imperfection	21.11(6.45)	.162**	.443**	.472**	.462**	-				
6.Hiding Effort	12.31(5.24)	.143*	.337**	.495**	.374**	.568**	-			
AUTHENTICITY SCALE										
7.Authentic Living	22.69(4.19)	-.030	-.318**	-.275**	-.275**	-.288**	-.141*	-		
8.Accepting External Influence	11.67(5.30)	-.166**	.344**	.297**	.438**	.234**	.201**	-.489**	-	
9.Self-Alienation	13.10(6.31)	-.072	.413**	.207**	.395**	.287**	.125*	-.312**	.410**	-

Note: N = 274. The abbreviations are as follows: NPI-16 = Narcissism Personality Inventory -16; HSNS = Hypersensitive Narcissism Scale; PSPS = Perfectionistic Self-Presentation Scale.

*p < .05, two-tailed.

**p < .01, two tailed.

Figure 4.1 Effect of vulnerable narcissism on self-alienation, authentic living and accepting external influence mediated by PSP dimensions



Note. vn1, vn2, vn3 = vulnerable narcissism parcels; sp1, sp2, sp3 = perfectionistic self-promotion parcels; ndisc1, ndisc2, ndisc3 = nondisclosure of imperfection parcels; he1, he2, he3 = hiding effort items; ndisp1, ndisp2, ndisp3 = non-display of imperfection parcels; sa1, sa2, sa3, sa4 = self-alienation items; al1, al2, al3, al4 = authentic living items; aex1, aex2, aex3, aex4 = accepting external influence items. $*p < .001$.

Table 4.2

Direct (beta - β) and indirect (product coefficients – P or p) effects of vulnerable narcissism on self-alienation, authentic living and accepting external influence

Direct effects	β	p
Vulnerable narcissism→Self-alienation	0.53	< .001
Vulnerable narcissism→Authentic living	0.56	< .001
Vulnerable narcissism→Accepting external influence	0.64	< .001
Indirect effects	P	p
Vulnerable narcissism→Perfectionistic self-promotion→Self-alienation	21.65	< .05
Vulnerable narcissism→Nondisclosure of imperfection→ Self-alienation	3.83	< .001
Vulnerable narcissism→Hiding effort→ Self-alienation	21.67	< .05
Vulnerable narcissism→Perfectionistic self-promotion→Authentic living	19.73	< .05
Vulnerable narcissism→Nondisclosure of imperfection→Authentic living	7.87	< .001
Vulnerable narcissism→Hiding effort→Authentic living	19.27	< .05
Vulnerable narcissism→Non-display of imperfection→Authentic living	12.56	< .05
Vulnerable narcissism→Perfectionistic self-promotion→Accepting external influence	20.16	< .05
Vulnerable narcissism→Nondisclosure of imperfection→ Accepting external influence	18.42	< .001
Vulnerable narcissism→Hiding effort→ Accepting external influence	14.62	< .05
Vulnerable narcissism→Non-display of imperfection→ Accepting external influence	4.82	< .05

4.4 Brief Discussion

A consensus has emerged in recent years regarding the different behaviours or tactics employed by grandiose and vulnerable narcissists to gain recognition of their grandiosity (Hart et al., 2017; Kowalski et al., 2018). Our findings seem to support the notion that grandiose narcissists tend to brag about their success and actively promote themselves as being perfect (Flett et al., 2014; Hart et al., 2017). These results also address the specific lengths vulnerable narcissists go to in order to avoid behavioural and verbal demonstrations of imperfections (Smith et al., 2016). Thus, by re-examining impression management strategies in two different types of narcissists, the present study supports previous research that has addressed this topic.

The present study moved one step further by examining authenticity levels among narcissists and their association with perfectionistic self-presentation. This was done to explore the intrapersonal costs of projecting an image of perfection. Our findings show (for the first time) that the tendency among grandiose narcissists to brashly promote themselves as being perfect is not associated with the subjective perception of a false self (i.e. low levels of authenticity). One possible explanation is that grandiose narcissists who actively promote their own perfection truly believe that they are perfect. In other words, grandiose narcissists may not experience self-alienated feelings or behave in a manner that is inconsistent with their conscious awareness because they are convinced of their own perfection. This interpretation seems to be consistent with research showing that grandiose narcissism is not associated with either defensive tactics (e.g. making excuses for shortcomings) or attempts to hide behavioural and verbal imperfections (Smith et al., 2016).

Different results emerge when vulnerable narcissism is considered. Our research suggests that feeling inauthentic is a feature of this type of narcissism, and that this is due, at least in part, to an individual's attempts to appear perfect. In fact, vulnerable narcissism was found to be correlated with feelings of self-alienation, not living in accordance with one's values and beliefs (i.e. inauthentic living), and the belief that one has to conform to the expectations of others (i.e. accepting external

influence). These associations were found to be mediated by perfectionistic self-presentation strategies. All the perfectionistic self-presentation dimensions – apart from the Perfectionistic Self-Promotion subscale – involve efforts to hide certain aspects of one's self, which may lead to self-alienation and inauthenticity in the long-term. The current findings support the hypothesis that efforts to be seen as perfect could lead vulnerable narcissists to take some distance from their true selves. Basically, the search for admiration among vulnerable narcissists often involves hiding aspects of the self, which in turn might lead to self-alienation.

It should also be noted that non-mediated effects of vulnerable narcissism were found on all three authenticity dimensions. A recent study (Chong & Davis, 2017) has shown that vulnerable narcissists may use attentional processing strategies in response to stimuli that pose a threat to self-representation. Being out of touch with one's own true self might also be a consequence of a tendency to uphold and protect distorted self-representation. In other words, avoidance strategies that are often used to cope with the realization that achieving one's ideal self is impossible or that admiration is not forthcoming, might result in low levels of authenticity. To maintain their sense of grandiosity, vulnerable narcissists might suppress negative information about themselves. This may in turn lead to the perception that they are not in touch with their true selves, which often involves the acceptance of imperfections and shortcomings.

However, the present study presents some methodological limitations. One of the most important limitations is to use of cross-sectional rather than longitudinal design, as this makes it impossible to formally determine causality with current data. In other words, in the current study, it has been hypothesized that it is the perfectionist self-presentation that causes low levels of authenticity, but it could also be the other way around, that is, it is the low levels of authenticity that would push certain individuals towards a perfectionist style. Thus, only through a prolonged study over time would it be possible to formally evaluate what the variable is to cause the other. Nevertheless, the use of the SEM model allowed to overcome, in part, this problem and to consider

the possible causal inferences between the variables studied. Moreover, even the use of an opportunistic sample, composed mainly of undergraduates, represents a limit, as it prevents a complete generalization of the results obtained. For this reason, in future studies, for this reason, in future studies, it would be desirable to use clinical samples to remedy this problem.

Despite these limits, on a theoretical and practical level, these findings help to create a clearer distinction between grandiose and vulnerable narcissism, both in terms of PSP strategies employed, and in terms of levels of authenticity. The current results suggest that clinicians should focus more attention on interpersonal consequences of perfectionistic self-presentational concerns and to encourage vulnerable narcissists to develop a more realistic and coherent sense of self, threatened by the constant attempts to deny and hide parts of oneself considered inappropriate. Moreover, as already mentioned previously, also this sort of self-alienation and of inner incoherence, could push these individuals to conform to the expectations of others, to accept external influences, and to impose to themselves the highest possible standards for greater social recognition (e.g. other-oriented perfectionism).

For these reasons, future investigations on the relationship between these variables are desirable and it would seem opportune, for clinicians and counselor, to consider the implications of the trait perfectionism, as well as the concerns about the perfectionistic self-presentation, in the treatment of the inauthenticity that the narcissists vulnerable can experiment, to help these people create a stable and coherent sense of self, making them become more authentic people. This also suggests that the identification of specific empirical profiles associated with the subtypes of narcissism is necessary to provide a personalized psychological treatment.

CHAPTER 5

STUDY 4

The mediating role of Perfectionistic Self-Presentation in the relationship between vulnerable narcissism and psychological negative outcomes

5.1 Introduction

Over the years, many researchers have studied and explored the association between narcissism and trait perfectionism (Cain, Pincus, & Ansell, 2008; Smith et al., 2016). In particular, some of them have focused more on the relation between the recently outlined two forms of narcissism, grandiose narcissism and vulnerable narcissism (Wink, 1991), and the public and interpersonal dimension of perfectionism, that is, the perfectionist self-presentation, consisting of three sub-dimensions: perfectionistic self-promotion, non-display of imperfection and nondisclosure of imperfection (PSP; Flett, Sherry, Hewitt, & Nepon, 2014). Flett and colleagues (2014) suggested that grandiose and vulnerable narcissists differ from non-narcissists in terms of their need to appear perfect to other people because of a desire to gain recognition of their grandiosity. Grandiose narcissists were found to promote themselves as perfect to others, while vulnerable narcissists, largely marked by hypersensitivity towards the opinions of others, had an intense desire for approval and defensiveness, and sought to avoid behavioural demonstrations and verbal disclosure of imperfections (Smith et al., 2016). In fact, vulnerable narcissists have a fragile self which needs constant social feedback and recognition, while grandiose narcissists are less prone to be influenced by others and to modify their own behaviours or ways of thinking in order to gain social approval (Miller et al., 2011). This evidence is also in keeping with the findings of Study 2, in which grandiose narcissists are actively promoting a perfect self-image, while vulnerable narcissists are more focused on masking

the behavioural and verbal aspects that might reveal their imperfection. Moreover, while the grandiose narcissists consider themselves capable of proposing a perfect image of themselves, the vulnerable narcissists, although they strongly desire to appear perfect, believe that they are unable to project a perfect and impeccable image of themselves to others. These findings also receive support from previous studies, which suggested that grandiose and vulnerable narcissists differ in using different presentation tactics: grandiose narcissism is associated with heightened use of assertive tactics (e.g. bragging about one's success), while vulnerable narcissism was found to be more strongly related to increased use of defensive tactics (e.g. excuse and justification; Hart, Adams, Burton, & Tormala, 2017).

Various studies have suggested that perfectionistic self-presentation facets are associated with various forms of psychological distress and psychopathological disorders (Sherry et al., 2007; Hewitt, Flett, & Ediger, 1995; Hewitt et al., 2003), confirming the assumption that it is a maladaptive self-presentational style. In particular, Hewitt and colleagues (2003) found that the expression of perfection involves lower self-esteem and symptoms of anxiety and depression, but also that the different PSP faces have different peculiarities: non display and nondisclosure of imperfection, that is the desire not to show imperfections at a verbal and behavioural level, were consistently associated with low self-esteem and elevated emotional distress and predicted severe depression, while perfectionistic self-promotion, proactively promoting a perfect image of oneself, was predictive of increased general and social self-esteem, and decreased depression (Hewitt et al., 2003).

Previous research has found that grandiose and vulnerable narcissists are associated differently to several indicators of psychological distress and negative emotionality (Miller et al., 2010). Generally, grandiose narcissists have been found to be negatively related or unrelated with indices of psychological distress and negative affect, while vulnerable narcissists report a wide array of psychological problems indicative of significant distress, such as depression, anxiety, hostility, interpersonal sensitivity and shame (Pincus et al., 2009; Dickinson and Pincus, 2003; Ronningstad, 2009). Rose (2002) hypothesized the existence of a happy face and an unhappy face of narcissism:

she found that indicators of grandiose narcissism were positively related to self-esteem and happiness whereas indicators of vulnerable narcissism were negatively related to self-esteem and happiness. Moreover, Ronningstam (2009) described vulnerable narcissists as “shame-ridden” because of their extreme sensitivity to the evaluation of others and fear of negative judgment. The desire of these individuals to regulate their emotions, especially the negative emotions related to the inability to attain certain standards, leads them to experience feelings of profound shame (Freis et al., 2015). Vulnerable narcissists experience much greater social anxiety in developing relationships with others and often the intolerable disappointment resulting from unsatisfied expectations promotes retreat and social avoidance in an attempt to manage self-esteem, leading them to experience shame and depression (Wink, 1991; Dickinson & Pincus, 2003; Kraus & Reynolds, 2001). Conversely, grandiose narcissists are characterized by arrogance, superiority, and reactivity to criticism: they relish direct competition against others and often respond with self-protective behaviours, such as derogation or devaluation, when threatened by comparison with better performing individuals or by negative feedback (Morf & Rhodewalt, 2001; Morf, Weir e Davidov, 2000; Kernis & Sun, 1994).

Previous evidence seems to suggest that only vulnerable narcissists are likely to experience certain forms of psychological distress and some types of negative emotions and affective states related to social interaction, such as shame and social anxiety. For this reason, the present study will focus its attention exclusively on vulnerable narcissists and will pursue the following goals: (1) to re-examine the relationship between vulnerable narcissism (NV) and psychological distress indicators (social anxiety and depression); (2) to retest the association between NV and feeling of shame; (3) to reassess the relationship between vulnerable narcissism (NV) and the four Perfectionistic Self-Presentation facets, including the perfectionistic self-presentation capability, and (4) to investigate the mediating role of the Perfectionistic Self-Presentation dimensions, on various forms of psychological distress (social anxiety and depression) and negative emotions (shame), in the relationship between vulnerable narcissism and psychological negative outcomes (depression, social anxiety and shame).

5.2 Method

5.2.1 Participants

A convenience sample of 602 undergraduates ($F = 51.2\%$; mean age 22.21 ± 2.49) was recruited from the University of Florence (Italy). The study was announced as an investigation on the association between personality traits and distress. No formative credits or remunerative rewards were given. Study procedures were designed in accordance with the European research ethical guidelines and approved by the Director of the Department of Psychology. All the students identified themselves as Caucasian.

5.2.2 Measures

5.2.2.1 Antecedents

In order to assess Vulnerable Narcissism, the Italian adaptation (Fossati et al., 2009) of the Hypersensitive Narcissism Scale (HSNS; Hendin & Cheek, 1997) was used. The HSNS is a one-dimensional measure of vulnerable narcissism that is comprised of 10 items capturing narcissistic hypersensitivity (e.g. “My feelings are easily hurt by ridicule or by the slighting remarks of others”). The HSNS has demonstrated reliability and validity in numerous studies (Miller et al., 2011; Pincus et al., 2009). Participants indicated to what extent the items were characteristic of their feelings and behaviour using a response scale from 1 (very uncharacteristic or untrue) to 5 (very characteristic or true). In the current study, the Cronbach's alpha was $\alpha = .61$

5.2.2.2 Mediators

Perfectionistic Self-Presentation was assessed with the Italian version (Borroni et al., 2016) of the Perfectionistic Self-Presentation Scale (PSPS; Hewitt et al., 2003), a 27-item measure that is comprised of three subscales: Perfectionistic self-promotion, Non-display of imperfection, and Nondisclosure of imperfection. Perfectionistic self-promotion was captured with a 10-item subscale

(e.g. “I always try to present a picture of perfection”); higher scores on this subscale indicated the presence of a perfectionistic self-presentational style that is often used to promote an image of perfection to others. The Non-display of imperfection subscale was comprised of 10 items (e.g. “It would be awful if I made a fool of myself in front of others”) that determines the presence of a perfectionistic self-presentational style involving a need to avoid behavioural demonstrations of one's imperfection. Nondisclosure of imperfection was assessed via a 7-item subscale (e.g. “Admitting failure to others is the worst possible thing”); higher scores on this subscale indicated a desire to avoid verbal disclosures of one's imperfection. Participants responded to the items in all three subscales by using a 7-point scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Evidence supports both the reliability and validity of the PSPS (Hewitt et al., 2003). In the current study, Cronbach's alpha ranges from $\alpha = .71$ to $\alpha = .85$.

Flett, Nepon, Hewitt, and Casale (2016) recently extended the perfectionistic self-presentation construct by including the perceived ability to seem perfect: perfectionistic self-presentational capability. It was assessed with the Perfectionistic Self-Presentational Capability Scale (PSPCS). This brief measure assesses the perception of one's ability to display an image of perfection to others and consists of four items (“I often find myself in situations where my mistakes are on display for others to see”; “My attempts to seem perfectly capable usually fall short”; “I have made too many mistakes in front of other people” and “I lack the skills needed to make myself look or seem perfect to others). Items were rated on a Likert scale ranging from 1 (completely disagree) to 7 (completely agree). Higher scores on this scale indicate lower levels of capability in seeming perfect. In the current study, Cronbach's alpha was $\alpha = .73$

5.2.2.3 Outcomes

In order to assess social anxiety, the 6-item Social Interaction Anxiety Scale (SIAS-6; Peters, Sunderland, Andrews, Rapee, & Mattick, 2012) was used. The SIAS-6 measures anxiety

experienced while initiating or maintaining social interactions (e.g. “I have difficulty talking with other people”). Participants responded to the items of the scale using a 5-point Likert scale from 0 (*Not at all characteristic or true of me*) to 4 (*Extremely characteristic or true of me*). Higher scores on SIAS scale indicated higher levels of social interaction anxiety. Social Interaction Anxiety Scale showed adequate psychometric properties (Peters et al., 2012). The Italian versions of the SIAS-6 was obtained using a back-translation method in which one bilingual translator translated the test from the source language to the target language (Italian). A second translator, without having seen the original test, translated the new version of the test back to the source language. The original and the back-translated version of the tests were then compared, and judgments were made about their equivalence. In the current study, Cronbach’s alpha was $\alpha = .79$.

The Centre for Epidemiologic Studies Depression Scale (CES-D Scale; Radloff, 1977), a 20-item self-report scale, was used to measure the current level of depressive symptomatology, with emphasis on the affective component, in non-psychiatric populations (e.g. “I felt hopeful about the future”). Participants respond to the CES-D by rating each item in terms of the frequency that each mood or symptom occurred “during the past week” on a 4-point Likert scale, ranging from 0 (*none of the time*) to 3 (*most of the time*). Higher scores indicate higher levels of depressed mood. Radloff (1977) found this scale to have a Cronbach’s alpha greater than 0.84. In the present study, the CES-D showed high internal consistency ($\alpha = .90$).

Finally, the Italian adaptation (Caretti, Craparo, & Schimmenti, 2010) of the Experience of Shame Scale (ESS; Andrews, Quian, & Valentine, 2002) was used to assess the construct of shame. The ESS is a 25-item self-report designed to capture the experience of shame across three components: characterological shame (e.g. “Have you felt ashamed of any of your personal habits?”), behavioural shame (e.g. “Do you feel ashamed when you do something wrong?”), and bodily shame (e.g. “Have you felt ashamed of your body or any part of it?”). The sum of these three components provides an overall index of shame feelings. In the current study, the Cronbach’s alpha was $\alpha = .94$.

5.2.3 Statistical Analysis

Descriptive statistics, zero-order, and partial correlations between the study variables were computed. Structural Equation Modelling (SEM) was performed to test the hypothesized effects of vulnerable narcissism on distress indices (anxiety, depression and shame) through perfectionistic self-presentation facets. SEM was conducted using LISREL 8.8 and the Robust Maximum Likelihood (RML) estimation method (Jöreskog & Sörbom, 2006). The following profile of goodness of fit indices was considered: χ^2 (and its degrees of freedom and p-value), the Standardized Root Mean square Residual (SRMR- Jöreskog & Sörbom, 1993) “close to” 0.09 or lower, the Comparative Fit Index (CFI- Bentler, 1995) “close to” 0.95 or higher (Hu & Bentler, 1999), and the Root Mean Square Error of Approximation (RMSEA- Steiger, 1990) < 0.08 (Browne & Cudeck, 1993). Indirect effects were tested with a distribution of product coefficients (P) test that was developed by MacKinnon, Lockwood, and Hoffman (1998); MacKinnon, Lockwood, Hoffman, West, and Sheets (2002).

5.3 Results

Means, standard deviations, and zero-order correlations among the study variables are shown in Table 5.1. Vulnerable narcissism was found to be positively associated with all three perfectionistic self-presentation facets (perfectionistic self-promotion, non-display of imperfection, nondisclosure of imperfection) and with perfectionistic self-presentation capability. Moreover, significant associations were found between vulnerable narcissism and all study outcomes: social anxiety, depression and shame.

The assessed structural model produced good fit to the data [$\chi^2 = 835.06$, $df = 233$, $p < .01$; $RMSEA = 0.07$ (90% C.I.= 0.06–0.07), $CFI = 0.91$, $SRMR = 0.06$]. The variables in the model accounted for 56%, 53%, and 78% of the variance in social anxiety, depression, and shame levels (respectively). The standardized estimates are shown in Figure 5.1. All coefficients estimated for the

measurement model were significant ($p < .001$). Taken together, the results support the hypothesis that there is an indirect relationship between vulnerable narcissism and social anxiety, depression, and shame. Regarding social anxiety, the relationship with vulnerable narcissism was found to be mediated by perfectionistic self-promotion, non-display of imperfection, and perfectionistic self-presentation capability. The relationship between vulnerable narcissism and depression was mediated by perfectionistic self-promotion, non-display of imperfection, and perfectionistic self-presentation capability. The results also supported the indirect relationship between vulnerable narcissism and shame, which was mediated by non-disclosure of imperfection, non-display of imperfection, and perfectionistic self-presentation capability. Direct effects of vulnerable narcissism on social anxiety, depression and feeling of shame were also found (Table 5.2).

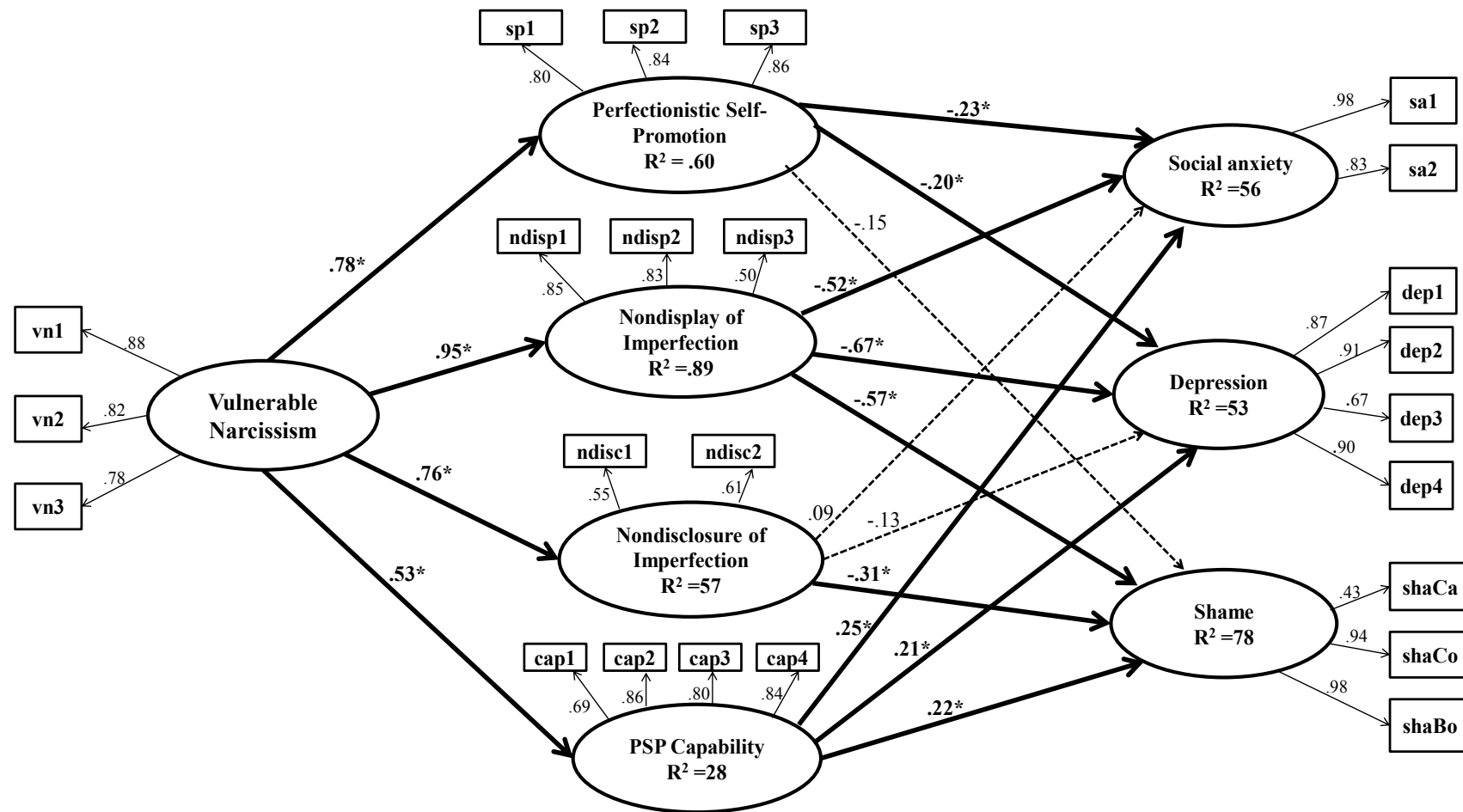
Table 5.1*Means, standard deviations, and zero-order correlations among the study variables*

<i>Variables</i>	<i>M(SD)</i>	1	2	3	4	5	6	7	8
1. HSNS Vulnerable Narcissism PSPS	27.54(5.33)	-							
2. Perfectionistic Self-Promotion	35.05(12.02)	.352**	-						
3. Non-display of Imperfection	37.54(11.95)	.468*	.666**	-					
4. Nondisclosure of Imperfection	21.82(7.38)	.351**	.501**	.516**	-				
5. perfectionistic self-presentation capability	13.01(5.01)	.382**	.183**	.402**	.221**	-			
6. SIAS-6 Social anxiety	4.58(4.34)	.488**	.334**	.461**	.379**	.406**	-		
7. CES-D Depression	19.24(11.26)	.424**	.277**	.347**	.294**	.363**	.402**	-	
8. ESS Shame	49.53(14.79)	.487**	.450**	.578**	.341**	.476**	.513**	.540**	-

Note. N =602. HSNS = Hypersensitive Narcissism Scale; PSP = perfectionistic self-presentation; SIAS-6 = Social Interaction Anxiety Scale; CES-D = Centre for Epidemiologic Studies Depression Scale; ESS = Experience of Shame Scale.

** $p < .01$, two-tailed

Figure 5.1 Effects of vulnerable narcissism on social anxiety, depression and shame mediated by perfectionistic self-presentation dimension



Note. PSP = Perfectionistic Self-Presentation; vn1, vn2, vn3 = vulnerable narcissism parcels; sp1, sp2, sp3 = perfectionistic self-promotion parcels; ndisp1, ndisp2, ndisp3 = non-display of imperfection parcels; ndisc1, ndisc2 = nondisclosure of imperfection parcels; cap1, cap2, cap3, cap4 = perfectionistic self-presentation items; sa1, sa2, sa3 = social anxiety parcels; dep1, dep2, dep3, dep4 = depression parcels; shaCa, shaCo, shaBo = shame subscales. Continuous arrows = significant associations; dotted arrows = non-significant association; $*p < .001$

Table 5.2*Direct (beta) and indirect (product coefficients) effects of vulnerable narcissism on social anxiety, depression and shame*

Direct effects	β	p
Vulnerable narcissism → social anxiety	.68	< .01
Vulnerable narcissism → depression	.57	< .01
Vulnerable narcissism → shame	.81	< .01
Indirect effects	P	p
Vulnerable narcissism → Perfectionistic self-promotion → social anxiety	28.50	< .01
Vulnerable narcissism → Perfectionistic self-promotion → depression	23.05	< .01
Vulnerable narcissism → Non-display of imperfections → social anxiety	22.51	< .01
Vulnerable narcissism → Non-display of imperfections → depression	34.49	< .01
Vulnerable narcissism → Non-display of imperfections → shame	21.62	< .01
Vulnerable narcissism → Nondisclosure of imperfections → shame	30.89	< .01
Vulnerable narcissism → Perfectionistic self-presentation capability → social anxiety	26.90	< .01
Vulnerable narcissism → Perfectionistic self-presentation capability → depression	22.61	< .01
Vulnerable narcissism → Perfectionistic self-presentation capability → shame	27.24	< .01

5.4 Brief Discussion

The present research aimed to add to previous results regarding the association between vulnerable narcissism and negative outcomes of psychological well-being in two respects: (a) re-examining the relationship between vulnerable narcissism and negative indicators of psychological health (social anxiety, depression, and shame); (b) investigating the mediating role of the Perfectionistic Self-Presentation dimensions, including the perfectionistic self-presentation capability, in the association between vulnerable narcissism and psychosocial health (social anxiety, depression, and shame).

The overall pattern of results confirms the importance of including perfectionist self-presentation in the assessment of the relationship between vulnerable narcissism and negative health outcomes. Indeed, all the dimensions of perfectionistic self-presentation seem to mediate the relationship between vulnerable narcissists and the three indices of health outcomes. In detail, vulnerable narcissism was found to be negatively correlated with social anxiety, depressive symptomatology and feeling of shame. These associations were found to be partially mediated by perfectionistic self-presentation strategies. The tendency to hide behavioural manifestations of imperfection brings vulnerable narcissists to experiencing low levels of social anxiety, depression and shame. Instead, the efforts put into effect by these individuals to mask verbal defects would seem to have a positive effect exclusively on the levels of shame experienced. Furthermore, in keeping with Hewitt and colleagues' study (2003) the active promotion of a perfect self-image in order to obtain admiration and recognition, was found to be associated with decreased indices of psychological distress. These results support the hypothesis that vulnerable narcissists could use specific defensive self-presentation tactics to maintain a good self-image and a positive public image (Hart et al., 2007). In other words, vulnerable narcissists used these perfectionist self-presentation strategies to project to others an impeccable and flawless self-image, which leads them, therefore, to experience less social anxiety, depression and shame, by virtue of the control exercised over their own imperfections. For

narcissists, both grandiose and vulnerable, it is central and fundamental to gain admiration and recognition from other people to maintain their identity and an appropriate self-esteem. As a result, though in different ways, as seen in the present work, they implement strategies to appear perfect, with this specific purpose. The implementation of these strategies seems extremely functional and effective for vulnerable narcissists, as it involves reducing levels of depression, social anxiety and shame. This suggests that these "hide" mechanisms for individuals with high levels of vulnerable narcissism are fundamental to safeguarding their socio-psychological well-being.

This evidence is also shown by the results relative to the perfectionistic self-presentation capability which show how the symptoms of psychosocial distress tend to grow when vulnerable narcissists do not consider themselves capable of giving a perfect image of themselves by hiding their imperfections. Indeed, in keeping with the Study 2 results, individuals with high levels of vulnerable narcissism had desires to seem perfect but they had negative self-appraisals of their capability of seeming perfect. Perceiving oneself incapable of projecting an image of perfection to others seems to mediate the relationship between vulnerable narcissists and negative indicators of psychological health. That is, vulnerable narcissists tend to more easily experience feelings of shame and symptoms of social anxiety and depression when they feel unable to convey to others a perfect self-image. The fear of not being able to hide their imperfections, feeling inadequate and receiving negative evaluations lead them to experience a strong social anxiety and depression, as well as deep feelings of shame, pushing them to avoid interpersonal relationships and social situations in general. These findings support previous evidence (Freis et al., 2015; Dickinson & Pincus, 2003) that highlighted how the fear of being unable to reach certain standards and disappointment with unmet expectations promotes retreat and social avoidance in the attempt to manage self-esteem.

In sum, the present study highlights the importance of considering the various perfectionist self-presentation strategies in the relationship between vulnerable narcissists and negative indicators of mental health.

CHAPTER 6

OVERALL DISCUSSION

Over the years, many studies have examined the possible association between narcissism and trait perfectionism (Hewitt & Flett, 1991; Miller, 1996; Sherry et al., 2014; Flett et al., 2014) and a considerable body of psychological literature has widely confirmed the existence of this link (i.e. Flett, Sherry, Hewitt, & Nepon, 2014). Different theoretical accounts have considered perfectionism as a significant part of narcissistic personality functioning because it protects narcissists' self-esteem and helps them to gain admiration (Ronningstam, 2010; Morf & Rhodewalt, 2001). The narcissistic person is characterized by a perfectionist cognitive style and personality, which predisposes him to have extremely high and rigid expectations of performance towards himself and others. Millon and Davis (2000) argued that perfection is an all or nothing concept among narcissists as they claim that if one is not perfect, one is imperfect, and if one is imperfect, then one is nothing. A recent meta-analysis of empirical research (Smith et al., 2016) reported that self-oriented perfectionism (i.e. demanding perfection from oneself) and other-oriented perfectionism (i.e. demanding perfection from others) are associated with grandiose narcissism, while socially prescribed perfectionism (i.e. perceiving that others are demanding perfection from oneself) is linked with vulnerable narcissism.

More recently, Flett, Sherry, Hewitt and Nepon (2014) argued that grandiose and vulnerable narcissists differ from non-narcissists not only in terms of their levels of trait perfectionism, but also in terms of their need to appear perfect to other people because of a desire to obtain admiration and recognition of their grandiosity. In fact, grandiose narcissists were found to promote themselves as perfect to others, while vulnerable narcissists also seek to avoid behavioural demonstrations and verbal disclosure of imperfection (Smith et al., 2016).

This is the only study that has empirically examined the relationship between narcissism and perfectionist self-presentation (PSP) and it is precisely for this reason that this work focuses attention on this field. In particular, the mediating role of PSP in the association between narcissism and health outcomes has never been the focus of scientific attention. After reviewing the association between the two most widely studied forms of narcissism, grandiose and vulnerable, and self-presentation strategies, the link between narcissists and negative socio-psychological health indices was investigated, taking into consideration the possible contribution made to this association from perfectionist self-presentation strategies.

First, making a consideration across the various studies presented in the current work, it is possible to affirm the importance of distinguishing grandiose and vulnerable narcissism, the usefulness of an extended conceptualization of perfectionism construct, and the necessity to consider perfectionist self-presentation strategies in the association between vulnerable narcissism and negative psychosocial health indices. In particular, it emerged that the concept of perfectionist self-presentation is much more relevant in vulnerable narcissists in relation to grandiose narcissists, even though, to a certain extent, it is also important for the latter (Sherry et al., 2014). In fact, grandiose narcissists were associated weakly but significantly with perfectionistic self-promotion, effortless perfection and perfectionistic self-presentation capability: they tend more to actively promote a perfect self-image, perceiving at the same time, their ability to appear perfect in the eyes of others and feel the extreme need to give this image of perfection without manifesting visible efforts (Study 2). In contrast stronger and more pervasive links between PSP and narcissism were found for vulnerable narcissists. Vulnerable narcissism was positively associated with all the PSP facets and negatively with perfectionistic self-presentation capability. Vulnerable narcissists proactively promote a perfect self-image and try to hide their behavioural imperfections, even if they do not actually feel able to portray this image of perfection to others. Unlike grandiose narcissists, vulnerable narcissists are not associated with effortless perfectionism, and this means that they do not feel the

necessity to look perfect without others noticing the considerable efforts they make to project this image of perfection. Thus, vulnerable narcissists would seem to be in tune with their public image, although this could be a defensive process that reflects a fundamental sense of inadequacy that extends but is not limited to the sense of ineffectiveness in being able to design and maintain a positive public image.

The Study 2 findings have clear theoretical and practical implications. At a theoretical level, the findings illustrate the need for a broader focus on self-presentational concerns in models of narcissistic personality. While researchers and theorists have focused on how explicit versus implicit self-esteem might differ among vulnerable narcissists, relatively little consideration has been given to the possibility that narcissists are cognitively preoccupied with their public image and not merely seeming good or excellent; but rather seeming perfect and avoiding displays and disclosures that suggest otherwise. Meanwhile, at the practical level, one implication of current findings is that vulnerable young people who are both perfectionistic and narcissistic may be hiding their distress and underlying sense of inadequacy and lack of efficacy. It is important for clinicians and counsellors to address the core self and identity issues that underscore their outward narcissism.

Based on these findings and on the evident importance of the various PSP strategies among narcissistic individuals, particularly the vulnerable ones, the question arose as to what could be the possible interpersonal costs related to the considerable efforts made to appear perfect. Previous research has found that narcissists tend to use conscious and unconscious behaviors to control how self-relevant images are conveyed to others, and vulnerable narcissists, in particular, have been shown to hide their shortcomings because they do not perceive themselves as being as perfect as they would like. Flett and colleagues (2014) claim that these types of efforts and a defense style on the part of narcissists promote a false sense of self with distress rather than positive well-being. In fact, many studies have highlighted that authenticity is a central indicator of psychosocial well-being (Rogers, 1961; Wood et al., 2008). Moreover, having ascertained that perfectionistic self-presentation is

associated with self-silencing, that is the tendency to conceal one's own true feelings out of a desire to maintain relationships and obtain the approval of others (Flett et al., 2007), in Study 3 the levels of authenticity among narcissists were investigated taking into consideration the perfectionist self-presentation strategies as possible mediators of this relationship. The results of Study 3 show that the grandiose narcissists would tend to boast of their success and actively promote themselves as perfect and this is in accordance with previous evidence (Flett et al., 2014; Hart et al., 2017). However, this tendency was not found to be associated with the subjective perception of a false self (low levels of authenticity). Grandiose narcissists may not experience self-alienated feelings in a way that is inconsistent with their conscious awareness because they are convinced of their perfection and of what they are worth. In fact, these individuals do not hide their own imperfections, which they do not believe they have, and do not use defense tactics (Smith et al., 2016). Conversely, it would seem that the feeling of inauthenticity is a specific feature of vulnerable narcissists, certainly, at least in part, because these individuals would try in every way to hide their imperfections. Vulnerable narcissism is associated with low levels of authenticity, and specifically, these narcissists experience feelings of self-alienation, not living in accordance with their values and beliefs (i.e. inauthentic living), and they are convinced that they must conform to the expectations of others (i.e. accepting external influences). These associations were found to be mediated by all PSP strategies, except for perfectionistic self-promotion, suggesting that the considerable efforts implemented to hide their own imperfections, in order to give a perfect image of themselves, would lead vulnerable narcissists to experience self-alienation and inauthenticity in the long run. The current findings support the hypothesis that efforts to be seen as perfect lead vulnerable narcissists to take some distance from their true and authentic self.

Study 4 has focused its attention exclusively on vulnerable narcissists, on the basis of these results as well as on previous evidence (Pincus et al., 2009; Ronningstad, 2009), of the fact that vulnerable narcissism, but not grandiose narcissism, is associated with certain psychological distress indices and negative health outcomes. First of all, the overall pattern of results highlights the importance of

including perfectionist self-presentation in the evaluation of the association between vulnerable narcissism and negative health outcomes, as all the perfectionist self-presentation dimensions mediate this relationship. In detail, at the bivariate level vulnerable narcissism was found to be positively correlated with social anxiety, depressive symptomatology and feeling of shame. The SEM results show that these associations were found to be partially mediated by perfectionistic self-presentation strategies. However, the SEM results also show that the tendency to hide behavioural manifestations of imperfection might be a useful strategy for vulnerable narcissists to reduce levels of social anxiety, depression and shame. That is, the higher the use of these strategies, the lower the levels of social anxiety, depressive symptoms and shame. The efforts put into effect by these individuals to mask verbal defects would seem to have a positive effect exclusively on the levels of shame experienced. Moreover, in keeping with Hewitt and colleagues' study (2003) the active promotion of a perfect self-image in order to obtain admiration and recognition, was found to be associated with decreased indices of psychological distress. These results support the hypothesis that vulnerable narcissists could use specific defensive self-presentation tactics to maintain a good self-image and a positive public image (Hart et al., 2007) but also to manage their distress levels. In other words, vulnerable narcissists used these PSP strategies to project to others an impeccable and flawless self-image, which would lead them, therefore, to experience less social anxiety, depression and shame, by virtue of the control exercised over their own imperfections. In fact, for both types of narcissists, it is central and fundamental to gain admiration and recognition from other people to maintain their identity and an appropriate self-esteem. As a result, even though in different ways, they implement strategies to appear perfect with this specific purpose. The implementation of these strategies seems extremely functional and effective for vulnerable narcissists, as it involves reducing levels of depression, social anxiety and shame. This suggests that these "hide" mechanisms for individuals with high levels of vulnerable narcissism are fundamental to safeguarding their socio-psychological well-being.

Similarly, this evidence is also shown by the results relative to the perfectionistic self-presentation capability which show that the symptoms of psychosocial distress tend to grow when vulnerable narcissists do not consider themselves capable of giving a perfect image of themselves. Vulnerable narcissists desire to seem perfect but negative self-appraisal of their ability to achieve this and their feeling unable to project a self-image of perfection to others, leads them to experience lower psychosocial health levels. In other words, vulnerable narcissists would tend to more easily experience feelings of shame and symptoms of social anxiety and depression when they feel unable to convey to others a perfect self-image. The fear of not being able to hide their imperfections, feeling inadequate and receiving negative evaluations would lead them to experience strong social anxiety and depression, as well as deep feelings of shame, pushing them to avoid interpersonal relationships and social situations in general. These findings support previous evidence (Freis et al., 2015; Dickinson & Pincus, 2003) that highlighted how the fear of being unable to reach certain standards and disappointment for unmet expectations promotes retreat and social avoidance in the attempt to manage self-esteem.

Obviously, the findings previously presented have practical implications. First of all, as already mentioned, these findings help create a firmer distinction between grandiose and vulnerable narcissism, be it in terms of perfectionistic self-presentational strategies or authenticity levels, as well as in terms of psychosocial health. Secondly, these results suggest that the clinicians should address the intrapersonal consequences of self-presentational concerns. In fact, encouraging vulnerable narcissists to develop a more coherent and realistic sense of self (i.e. accepting imperfections and shortcomings) could go a long way towards helping them become more authentic individuals. On the contrary, current results on grandiose narcissism show that dealing with authenticity may not be a priority. This suggests that the identification of specific empirical profiles associated with narcissism subtypes is needed to provide tailored psychological treatments. However, it should also be considered that clinical research suggests that these self-reported feelings of grandiosity might have

the function of avoiding the conscious experience of negative self-views (for a review see Zeigler-Hill & Jordan, 2011).

It also emerged that PSP strategies reduce levels of psychosocial distress among vulnerable narcissists. In particular through the "hide" mechanisms and constantly masking their verbal and behavioural imperfections, these individuals would experience less depression, social anxiety and shame. Thus, it would seem that these types of strategies can promote adequate psychosocial well-being, especially in this type of people. However, on the one hand the systematic use of this "hide mechanism" leads them to experience feelings of inauthenticity. On the other hand, vulnerable narcissists are not at all able to project a perfect and impeccable self-image, free of imperfections.

In sum, the Study 3 and 4 results show that, on the one hand, the perfectionist self-presentational strategies are functional to the reduction of symptoms of depression, social anxiety and shame, while on the other hand, they lead to low levels of authenticity among vulnerable narcissists. This "double effect" of the perfectionist self-presentation strategies implies the need to implement treatments focused on the acquisition of different strategies to protect vulnerable narcissists from developing depression, social anxiety and feelings of shame while safeguarding their levels of authenticity. These self-presentation strategies (SPS) can be real double-edged weapons and, for these reasons, clinicians should take into account the usefulness of SPS in regard to self-regulation but also shed light on the interpersonal costs that these kinds of strategies entail (e.g., low levels of authenticity and self-alienation). These new strategies should help vulnerable narcissists to not lose awareness about their true self and also help them to develop more effective interpersonal skills and strategies through which they will be able to see their narcissistic needs satisfied without incurring in serious forms of psychological distress.

6.1 Limitations and future studies

Although the results reported supported the hypothesized models, there are several methodological limitations worth noting that qualify any conclusions drawn from the study.

The present thesis work employed cross-sectional rather than longitudinal designs, making it impossible to formally determine causality with the current data. However, SEM does allow to determine whether or not data support hypothesized causal associations and in the current work the SEM results did offer substantial support to the hypothesized models, concerning the links between vulnerable narcissism, perfectionist self-presentation strategies and several negative health outcomes.

Moreover, the sampling methodology – using on opportunistic sample that was largely composed of undergraduate students – restricts the extent to which the current results can be generalized to a non-clinical population. Future studies should involve community and clinical samples.

Even using only self-report measures can be considered a limit to this research. The Italian version of NPI-16, used to assess grandiose narcissism, despite appearing to be an adequate tool, presents two items that do not have a good fit index. Furthermore, the Italian adaptation of the Authenticity Scale (Wood et al., 2008) was a preliminary version obtained through the back-translation method. For these reasons, it would be desirable, in future studies, to also use observer reports and objective instruments to overcome defensive or self-presentational biases and to evaluate and re-examine the psychometric properties of the preliminary Italian adaptations used in these researches.

Finally, future studies should try to determine whether or not the coping strategies used by vulnerable narcissists to protect their self-representation (i.e. their attentional processing strategies) mediate the association with self-reported authenticity levels and consider actual differences existing

between grandiose and vulnerable narcissists in relation to what they experience within interpersonal relationships. In other words, starting from a static conceptualization which hypothesizes that vulnerable narcissists tend to always use defensive strategies, aimed at hiding their imperfections to obtain admiration and recognition, it would be useful to observe if these individuals actually adopt these types of behaviours and what is the feedback that they generally get from others in social interactions and in public contexts.

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Appendix

Narcissistic Personality Disorder in Diagnostic and Statistical Manual of mental disorders - Fifth Edition (DSM – 5th)

The Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-5, 2013) presents two conceptions of Narcissistic Personality Disorder (NPD): one based on the categorical diagnosis of the conserved DSM-IV, which represents the current approach, and the other based on an alternative model that mixes the impairments in personality functioning with a specific trait profile designed to address the numerous shortages of the current approach to personality disorders (Wright, Pincus, Thomas, Hopwood, Markon, & Krueger, 2013). According to the current approach, the narcissistic personality disorder is included in section II of the DSM-5, within the Cluster B of Personality Disorders, which includes personality disorders characterized by amplifying, emotional or unpredictable behaviors.

In this latest version of the Manual (American Psychiatric Association, APA, 2013) the Narcissistic Personality Disorder is defined as a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in 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 achievements).
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 behaviours or attitudes.

Individuals with this disorder routinely overestimate their abilities and inflate their accomplishments, often appearing boastful and pretentious. They may blithely assume that others attribute the same value to their efforts and may be surprised when the praise they expect and feel they deserve is not forthcoming. Often implicit in the inflated judgments of their own accomplishments is an underestimation (devaluation) of the contributions of others. They may also ruminate about "long overdue" admiration and privilege and compare themselves favourably with famous or privileged people. Narcissistic individuals may feel that they can only be understood by, and should only associate with, other people who are special or of high status and may attribute "unique," "perfect," or "gifted" qualities to those with whom they associate. Individuals with this disorder believe that their needs are special and beyond the ken of ordinary people. Their own self-esteem is enhanced

(i.e., "mirrored") by the idealized value that they assign to those with whom they associate. Furthermore, individuals with this disorder generally require excessive admiration. Their self-esteem is almost invariably very fragile. This often takes the form of a need for constant attention and admiration. They may constantly fish for compliments, often with great charm. A sense of entitlement is evident in these individuals' unreasonable expectation of especially favourable treatment. They expect to be catered to and are puzzled or furious when this does not happen. This sense of entitlement, combined with a lack of sensitivity to the wants and needs of others, may result in the conscious or unwitting exploitation of others. They expect to be given whatever they want or feel they need, no matter what it might mean to others. For example, these individuals may expect great dedication from others and may overwork them without regard for the impact on their lives. They tend to form friendships or romantic relationships only if the other person seems likely to advance their purposes or otherwise enhance their self-esteem. They often usurp special privileges and extra resources that they believe they deserve because they are so special. Individuals with narcissistic personality disorder generally have a lack of empathy and have difficulty recognizing the desires, subjective experiences, and feelings of others: they may assume that others are totally concerned about their welfare, discuss their own concerns in inappropriate and lengthy detail, while failing to recognize that others also have feelings and needs and may be oblivious to the hurt their remarks may inflict. When recognized, the needs, desires, or feelings of others are likely to be viewed disparagingly as signs of weakness or vulnerability. Those who relate to individuals with narcissistic personality disorder typically find an emotional coldness and lack of reciprocal interest. These individuals, generally, find themselves envying others' successes or possessions, feeling that they better deserve those achievements, admiration, or privileges. Arrogant, haughty behaviors characterize these individuals; they often display snobbish, disdainful, or patronizing attitudes (APA, 2013). The framework of NPD is configured when the normal traits of narcissistic personality become inflexible, maladaptive, persistent and cause a significant functional impairment or subjective suffering (Pincus & Roche, 2011).

As regards associated features supporting diagnosis, the DSM 5th Edition (APA, 2013) specifies that the vulnerability in self-esteem makes individuals with narcissistic personality disorder very sensitive to "injury" from criticism or defeat. In fact, although they may not show it outwardly, criticism may haunt these individuals and may leave them feeling humiliated, degraded, hollow, and empty: they may withdraw from social life or may present an appearance of humility that can mask and protect the grandiosity. Interpersonal relations are typically impaired because of problems derived from entitlement, the need for admiration, and the relative disregard for the sensitivities of others. Sustained feelings of shame or humiliation and the attendant self-criticism may be associated with social withdrawal, depressed mood, and persistent depressive disorder. In contrast, sustained periods of grandiosity may be associated with a hypomania mood. Narcissistic personality disorder is also associated with anorexia nervosa and substance use disorders. Histrionic, borderline, antisocial, and paranoid personality disorders may be associated with narcissistic personality disorder (APA, 2013).

Regarding the development and course of NPD, narcissistic traits may be particularly common in adolescents and do not necessarily indicate that the individual will go on to have narcissistic personality disorder. Prevalence estimates for narcissistic personality disorder, based on DSM-IV definitions, range from 0% to 6.2% in community samples.