Gender Differences in the Expression of Narcissism: Diagnostic Assessment, Aetiology, and Intimate Partner Violence Perpetration

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Declaration

I declare that the following manuscript has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. The work presented herein is entirely my own, except where explicitly stated otherwise in the text.

Signed,
Ava Green

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Thesis Abstract

Despite its longevity as a personality construct, theoretical understandings of gender differences in narcissistic presentation are underdeveloped given the overemphasis of grandiose features indicative of the male gender. The existing literature is also fragmented across empirical and clinical subfields, with inconsistent conceptualisations regarding an assumed heterogeneous construct encompassing grandiose and vulnerable features. In this context, this thesis aims to enhance theoretical knowledge regarding gender differences in grandiose and vulnerable narcissism through undertaking three distinct but interrelated studies. The focus was specifically on parenting styles in the development of narcissism and variances in self-esteem regulation within Intimate Partner Violence, and the gender bias of narcissistic pathology as captured in the psychiatric nomenclature.

Results demonstrate that hypothetical patients with vulnerable narcissism symptomatology are being (mis)diagnosed as having other 'vulnerable disorders', findings which may contribute to the observed gender bias in the psychiatric nomenclature (Study 1). Converging evidence demonstrates gender differences linking females to vulnerable features of narcissism (Study 2 and Study 3). Retrospective accounts of childrearing experiences generated findings which associated different parenting styles with manifestations of narcissism and partner violence outcomes in each gender, further elucidating the underling construct of grandiose and vulnerable narcissism (Study 2). The complexity of narcissism is revealed, as gender roles were perceived to shape self-regulatory strategies in females to obtain their self-worth (Study 3).

It is concluded that gender socialisation processes play an important role in producing these gender differences, impacting on the diagnostic assessment, development, and manifestation of narcissism. It is recommended that a significant theoretical re-synthesis is required to capture gender issues in narcissism at the level of conceptualisation and clinical treatment, and integrate the disjointed subfields. Limitations of the thesis are identified and suggestions for future research made.

Preface

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Chapter 1 – Introduction

This chapter provides a contextual foundation for the current thesis through an initial outline of narcissism as it is captured in the clinical and empirical literature. It focuses on key debates and limitations in the field including: inconsistencies around conceptualisation across disparate sub-disciplines, the role of gender disparities in narcissistic presentation and Intimate Partner Violence, and the clinical implications of the assessment and treatment of narcissistic disorder across gender. This is followed by a discussion of the underlying research motivation derived from the theoretical and practical value of this thesis, which provides the rationale for the current main aims and objectives of this thesis.

1.1 Research background

> "*For today it is infinitely more difficult to commit crimes, and thus these crimes are so subtle that we can hardly perceive or comprehend them, though all around us, in our neighbours, they are committed daily. I maintain and will only attempt to produce the first evidence that still today many people do not die but are murdered.*"
>
> (Bachmann, 1978/1999)

In 1944, a psychological thriller titled *Gaslight* concerned the story of an international criminal's love for a beautiful woman. The plot features Charles Boyer, a charming man who intentionally and systematically attempts to menace, torment and manipulate his wife (Ingrid Bergman) into believing she is going insane. The frequent dimming and flickering of the gas-lit lamps in the house are, among other manipulative strategies, intended to make his wife doubt her own perceptions and memory. As she attempts to retain her sanity, her husband's charmingly denied manipulation is intended to distract her from his sinister intentions and criminal activities. Today, the term 'gaslighting', which originated from this film, indicates a type of behaviour intending to psychologically abuse and manipulate people; a behaviour typically seen in individuals with aversive personality traits such as narcissism (Filippini, 2005). Ubiquitous conceptualisation of narcissism captures an inflated sense of self, interpersonal exploitation, a lack of empathy and a demanding need for admiration from others (American Psychiatric Association, 2013).

Interpersonally, narcissists interact with those close to them in an intrusive, malevolent and antagonistic manner (Miller, Hoffman, Gaughan, Gentile, Maples & Keith, 2011). The active pursuit to protect a vulnerable and deceptive self-presentation is mirrored in the mind-controlling psychological abuse which is frequently subjected upon partners. In fact, the callous exploitation and insidious abuse which is particularly characteristic of the narcissistic personality has given rise to a variety of online resources, articles, YouTube-tutorials and self-authored books addressed to 'victims' and 'prey' of the ex-partners of narcissistic individuals (Lavner, Lamkin, Miller, Campbell & Karney, 2016). These non-scholarly sources are mainly written by lay people claiming to be 'experts of narcissistic abuse', using a language rich in psychological jargon and various labels (e.g., 'gaslighters') to describe warning signs in an attempt to raise awareness for individuals in their encounters with abusive narcissists. However, the overuse, and perhaps misuse, of vernacular language has arguably inadvertently oversimplified the role of narcissism in intimate relationships (Green & Charles, 2019).

The conceptualisation of narcissism as defined in pop-psychology and self-help books has been significantly influenced by the clinical descriptions of the construct, as codified in the diagnostic and statistical manual of mental disorders (DSM-5; American Psychiatric Association, 2013). The inclusion of narcissism as a personality disorder in the DSM-5 has generated increased interest across clinical theory, psychiatric diagnosis and social/personality psychology (Cain, Pincus & Ansell, 2008), the latter of which conceptualises narcissism as a normative personality trait (Wright, Pincus, Thomas, Hopwood, Markon & Krueger, 2013). Yet, despite many decades of theoretical contributions and empirical research, narcissism has been associated with a number of conceptual divergences and convergences, inconsistently defined and measured across disciplines (Wright, Lukowitsky, Pincus & Conroy, 2010). This is indicative of the overly narrowed descriptions of narcissism in the DSM-5, which arguably fail to capture narcissistic expression and phenomenology in its entirety (Reidy, Zeichner, Foster & Martinez, 2008).

Indeed, it has been long established that the criteria listed in the DSM-5 captures narcissism as being centred around grandiosity and lists a series of character traits relating to it, but fails to account for the veiled and vulnerable counterpart of the

grandiose display: the coy and hypersensitive narcissist (Miller et al., 2011). Consequently, the preponderance of the empirical research in the social/personality field has relied heavily upon the Narcissistic Personality Inventory (NPI), which is based on the DSM-III criteria, as the main assessment indicator of narcissism (Cain et al., 2008). This divergence is important because it suggests that the vast majority of empirical research on the NPI may not generalise to the construct, only capable of capturing a single, relatively homogenous construct (Miller & Campbell, 2008). This has led to a 'criterion problem' where there is no agreed benchmark as to the definition of the construct, further obscuring an already complex theoretical phenomenon (Wright et al., 2013).

In the domain of Intimate Partner Violence (IPV; broadly defined as the perpetration of physical, psychological and/or sexual violence towards an intimate partner, Home Office, 2014), the vast majority of research (Blinkhorn, Lyons & Almond, 2015; Fields, 2012; Gormley & Lopez, 2010; Keller, Blincoe, Gilbert, Dewall, Haak & Widiger, 2014; Ryan, Weikel & Sprechini, 2008; Southard, 2010; Talbot, Babineau & Bergheul, 2015) has relied on either the total score of the NPI, or a sub-factor of the measurement (i.e. Entitlement/Exploitativeness element) in their assessment of narcissism, further reducing the complex construct to a single trait score (Cain et al., 2008). The aforementioned studies also utilised correlational designs to explore how narcissism correlates with specific abusive behaviour (e.g. physical or psychological abuse). Doing so, however, can be argued to neglect the underlying motives and intent for abusive behaviour, thereby further narrowing the full spectrum of IPV.

The gendered nature of narcissism in IPV has also been arguably overlooked where some researchers exclude female participants entirely in their studies on the grounds that men generally exhibit higher levels of narcissism and aggression (e.g., Buck, Leenaars, Emmelkamp, & van, 2014; Krusemark, Campbell, Crowe & Miller, 2018; Meier, 2004; Rinker, 2009; Talbot et al., 2015), and other researchers (e.g., Carton & Egan, 2017; Fields, 2012; Peterson & Dehart, 2014) fail to distinguish the gender of the perpetrator versus the victim. This is arguably a serious oversight as it fails to elucidate whether this destructive personality trait manifests itself differently in women within the context of intimate violence. In light of these concerns, the gendered expressions of narcissism in intimate relationships have to date remained somewhat understudied (Blinkhorn, Lyons & Almond, 2015; Foster & Campbell,

2005; Lavner et al., 2016; Morf & Rhodewalt, 2001; Simmons, Lehmann, Cobb & Fowler, 2005; Green & Charles, 2019), despite dyadic research showing that gender is a key expression in narcissism (Ryan et al., 2008; Southard, 2010).

In the narcissism literature as a whole, there has been a longstanding overrepresentation of males, and this has led to the widely held belief that males are more narcissistic than females. Research has demonstrated marked gender differences where males consistently exhibit higher levels of narcissism than women (Grijalva et al., 2014). However, these findings are not surprising as these apparent gender disparities are based on the grandiosity element of narcissism (NPI/DSM) which closely resembles stereotypically masculine features (Barnett & Sharp, 2017). Interestingly, significant gender differences with respect to the vulnerable component of narcissism have not been found (Grijalva et al., 2014; Besser & Priel, 2009), with some researchers finding higher variance among females on vulnerable components than grandiose components (Pincus, Pimentel, Cain, Wright, Levy & Ansell, 2009; Wright et al., 2010). Since the construct of narcissism arguably emerged in a patriarchal society, researchers have argued that the variance of gender with respect to phenotypic expressions of narcissism may adhere to the gender-related norms associated with masculinity and femininity (Campbell & Miller, 2012; Onofrei, 2009).

As such, the gendered socialisation may lead men to develop symptomatically more characteristics of the narcissistic personality (grandiosity) whereas women's narcissism may tend to manifest itself in traits that resemble emotional instability, inhibition and shame (vulnerability). To date, with over 75% of the literature mainly focusing on grandiose features of narcissism (Cain et al., 2008), narcissistic traits may not have been adequately captured in females and in patients who present narcissistic vulnerability. This in turn may contribute to an under-diagnosis or misdiagnosis of vulnerable narcissists in general, and female narcissists in particular, as having other personality disorders (Dickinson & Pincus, 2003; Onofrei, 2009; Ronningstam, 2011). These findings arguably shed light on the failure of current literature and research to capture the multifaceted nature of narcissistic presentation in relation to the complexity of gender, inadvertently resulting in significant differences regarding personality pathology in males and females.

1.2 Research Motivation and Main Aims

Given its perception as an exclusively masculine trait that is highly indicative of males, narcissism has become a dominant force that is easily recognisable, for instance in the behaviours of many world leaders and political figures. The universally accepted definition commonly associated with this personality trait – overt grandiosity and an arrogant demeanour – is very different to the vulnerable counterpart which has been largely underestimated by conventional diagnostic procedures or even as conceptualised in common language. This thesis was therefore motivated by a desire to unmask the dichotomies of narcissism and investigate the extent to which these articulations have been gender informed. A particular focus is on how these manifestations present themselves within the context of Intimate Partner Violence – as narcissism constitutes a socially destructive personality construct – such a focus is arguably of significant theoretical and practical importance to both current academic knowledge and society at large. This thesis was also driven by a curiosity regarding whether the current diagnostic assessment of NPD was adequate in assessing females, or whether the relative undervalued inclusion of vulnerable narcissism has contributed to gender bias in the assessment of psychopathology. Through addressing these identified areas of gaps, it was hoped that such a foci will produce a more integrative literature that unites the disparate sub-disciplines and aid theoretical and clinical value to the conceptualisation and treatment of narcissism.

The purpose of this thesis was thus to explore narcissism beyond the overt masculine stereotype that is commonly conceptualised in theory, research and vernacular language. In particular, it aimed to investigate delineations of narcissism that span features of grandiose and vulnerable expressions with respect to gender issues. This was done through conducting three discrete but interrelated studies, each yielding a different perspective. As such, Study 1 aimed to develop a more nuanced and comprehensive understanding of the potential clinical implications which arise in gender differences in narcissistic disorder (quantitative design using clinicians); Study 2 explored the developmental factors related to gender differences in narcissism within IPV in the normal population (quantitative design using narcissistic individuals); and Study 3 investigated the perceived manifestations and self-regulatory behaviours of female narcissism in IPV in the normal population (qualitative design using past dating partners). In this way, the thesis extends existing

research into gender differences in narcissism and intends to help fill the gap between clinically and empirically derived concepts of the personality construct. Detailed research questions are addressed in Chapters 4 (Study 1), 5 (Study 2), and 6 (Study 3).

These foci have a number of broader theoretical and practical values. First, the research findings have the potential to reveal a novel understanding of the gendered manifestations and exploitative strategies that narcissists navigate within IPV, and essentially yield a gendered theorisation of narcissism that has, to date, been neglected in the existing literature and current theories of narcissism. Such a gendered focus is anticipated to be more fruitful in illuminating the aetiology and underlying construct of grandiose and vulnerable narcissism. Secondly, the research findings are argued to be important in their clinical implications for the assessment and treatment of narcissism across gender, as they may require gender-sensitive interventions that address narcissistic pathology. Thirdly, unmasking the behaviours in female narcissism in IPV can help close others to recognise early warning signs associated with narcissistic personality features. Lastly, the contemporary literature on narcissism lacks integration across sub-disciplines, a fragmentation that, as will be shown throughout the thesis, is hampering the ability to see narcissism in a multi-layered and complex way. Appreciating the multidimensionality of narcissism through these studies will arguably enhance the theoretical knowledge required for moving the field forward and encouraging a framework of narcissism that is inclusive of gender issues.

Following this introductory chapter, the remainder of this thesis is structured as follows: Chapter 2 provides a review of the four core related areas in the literature; Chapter 3 outlines an overview of the methodological design of the thesis; Chapter 4 presents the first study of the thesis which explores clinicians' judgement of vulnerable narcissism symptomology; Chapter 5 focuses on the second study of the thesis which investigates the developmental factors and gender differences in narcissism in relation to IPV; Chapter 6 turns to the third study of the thesis which examines perceptions of female narcissism and self-regulatory strategies obtained within IPV. This thesis ends with Chapter 7; a general discussion of the thesis followed by an outline of general limitations, future research suggestions, and conclusions.

Chapter 2 – Literature Review

2.1 Introduction

This chapter provides an overview of four key areas in the literature. Section 2.1.1 considers narcissism as a personality disorder, Section 2.1.2 focuses on trait narcissism and intimate relationships, Section 2.1.3 provides an overview of the role of violence in narcissism and lastly, Section 2.1.4 considers gender differences in narcissism, with a focus on IPV. The chapter ends with a summary that highlights current gaps in the literature, specifically in relation to the aims and objectives of this thesis.

2.1.1 Narcissistic Personality Disorder

> "*Narcissus could not distinguish reality from illusion, and he did not seek such a distinction. Instead he used all means available to contact, possess, and incorporate his own reflection into himself.*"
>
> (Dunbar, 1985)

The term narcissism can be traced to the ancient myth of Narcissus. In Greek mythology, Narcissus was known for his exceptional beauty and was desired by many women. One of his admirers was Echo, a cursed nymph only able to speak by repeating the words of others. When Narcissus discovered her love for him, he rejected her harshly whereupon she ran and hid in shame. When discovering his own reflection in a pond of water, Narcissus fell in love with the image of himself. Thereby enamoured with this image, he repeatedly tried to embrace his reflection, thinking it was real. Unable to leave the beauty of his reflection, Narcissus wasted away while he looked at his image through neglecting to eat or drink (Pullen & Rhodes, 2008). Such an obsession on the part of Narcissus with his own self-image led psychologists to adopt his name to describe the condition whereby individuals develop a similar unhealthy and destructive (to self or others) obsession with their own image as Narcissistic Personality Disorder.

2.1.1.1 Clinical Features of Narcissistic Personality Disorder

The extreme and unhealthy forms of narcissism depict a personality disorder, signified by excessive self-love, fantasies of grandeur and omnipotence (Ronningstam, 2005). Accordingly, the diagnostic criteria for narcissistic personality

disorder (NPD) lists nine essential features of pathological narcissism, as indicative of a grandiose sense of self-importance and entitlement: a need for adulation and expectation of special treatment without commensurate skills; an impaired ability to empathise with the needs and feelings of others; interpersonal exploitation and haughty behaviours; a preoccupation with fantasies of brilliance, success, power and dominance; and a belief that others are envious of them as they themselves are of other people. Additionally, narcissistic individuals are extremely sensitive in response to criticism, as evidenced by fluctuations of self-esteem, rage and shame (DSM-5; American Psychiatric Association, 2013). The onset of NPD is commonly attributed to abuse, trauma and early dysfunctional interactions between the child and primary caregiver (Freud, 1914/1957; Kernberg, 1975; Kohut, 1977).

For instance, Freud (1914/1957) posited that narcissism emerged through failure of empathic response from the parent (cold and distant), or conversely, through parents overly indulging the child. Subsequently, clinical theories have agreed with the importance of a lack of empathy (Kohut, 1977) and parental overvaluation (Kernberg, 1975) in the emergence of narcissism. In essence, these theories suggested that inflated and grandiose self-views in adult narcissists may serve to mask their underlying feelings of inferiority and insecurity as a result of these early childhood experiences. In psychotherapy, NPD has been associated with significant maladaptive strategies and regulatory deficits to cope with threats and disappointments towards an inflated self-image (Ronningstam, 2005). Despite being recognised as an important clinical disorder causing significant distress and pain to others (Miller, Campbell & Pilkonis, 2007), NPD has been documented as the least prevalent of personality disorders in the DSM, most likely due to the failure of capturing narcissism in its full phenomenology (Pincus & Lukowitsky, 2010).

2.1.1.2 Narcissistic Typologies and Phenotypic Descriptions

Due to its overemphasis on grandiose features, the clinical utility of the NPD diagnosis has been challenged on conceptual, clinical and empirical grounds (Cain et al., 2008; Dimaggio, 2012; Kealy & Rasmussen, 2012; Pincus & Lukowitsky, 2010; Ronningstam, 2009). The respective areas of literature consistently portray two distinct, but interrelated phenotypic expressions of narcissism: the grandiose narcissist and the vulnerable narcissist. Clinical theories and research identify these two orientations of narcissistic functioning in relation to similarities and differences

in self-esteem and affect dysregulation, and difficulties in interpersonal relationships (Cain et al., 2008; Kealy & Rasmussen, 2012; Kohut, 1977; Kernberg, 1975; Ronningstam, 2005). As described in the DSM-5, core aspects of grandiose narcissism include traits such as superiority, overt grandiosity and arrogance. While vulnerable narcissists embed similar characteristics as their grandiose counterparts, such as entitlement, interpersonal exploitation and lack of empathy, these elements are thought to be hidden beneath a display of shyness, covert grandiosity and shame (Besser, & Priel, 2010; Miller, Gentile, Wilson & Campbell, 2013; Zeigler-Hill, Clark & Pickard, 2008). This is in contrast to grandiose narcissists where these features are displayed openly.

The clinical literature has increasingly stressed that narcissistic individuals vacillate between overt and covert symptoms and expressions (Levy, 2012). In other words, the grandiose narcissist may commonly display behavioural traits reflecting overt grandiosity, entitlement and exhibitionism, yet they will experience extreme insecurity, depletion and self-loathing in the face of ego-threat or failure. Conversely, the vulnerable narcissist may present themselves as timid, shy and hypersensitive, but over time reveal exhibitionistic and grandiose fantasies (Levy, 2012; Pincus, Wright & Cain, 2014). In recognition of this, clinical researchers have concluded that narcissistic patients are best differentiated based on their relative levels of grandiosity and vulnerability, which can be expressed both overtly and covertly, rather than by categorical distinctions (see Figure 2.1; Pincus & Lukowitsky 2010).

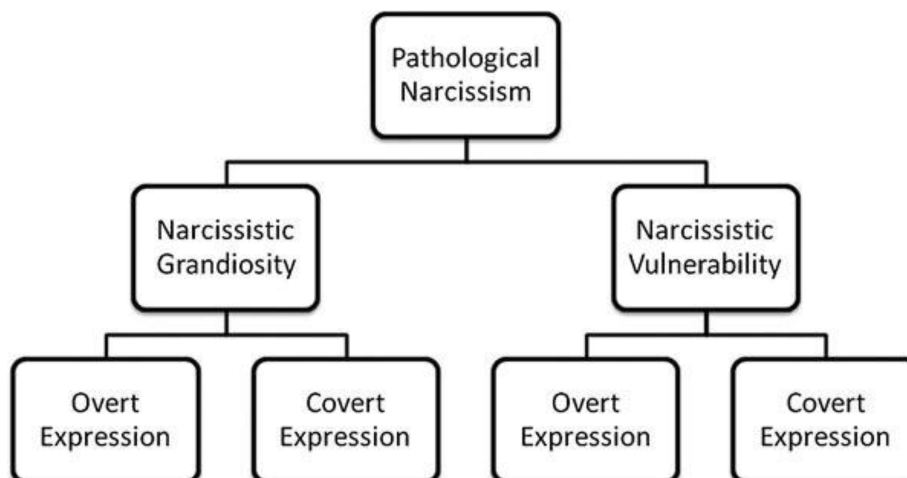

Figure 2.1 The hierarchical organisation of pathological narcissism (Pincus & Lukowitsky 2010, p. 11).

2.1.2 Narcissism and Intimate Relationships

> *"Perhaps in no other domain have narcissists received more negative attention than that of interpersonal relationships. This is, of course, understandable considering the general nature of narcissism."*
>
> (Foster & Campbell, 2005, p. 551)

A review of the symptomatology of NPD clearly suggests that individuals diagnosed with the disorder experience difficulties in the interpersonal domain (Roark, 2012). Clinical research notes that individuals with NPD have a pathological way of dealing with those close to them due to their interpersonal impairment, with attributes such as entitlement, envy, need for attention, arrogance and extreme sensitivity in response to criticisms creating discord in intimate relationships (Gunderson & Ronningstam, 2001; Miller et al., 2007). It is noteworthy that many traits descriptive of NPD diagnosis exist among the general population, where individuals exhibit narcissistic traits reflective of both adaptive and maladaptive characteristics (i.e. subclinical narcissism). However, as opposed to the clinical literature which posits that narcissistic individuals vacillate between grandiose and vulnerable dimensions, the empirical literature is supportive of a distinction between grandiose and vulnerable narcissism. Such research has consistently confirmed theoretical distinctions between the two subtypes of narcissistic presentation as evidenced by substantial differences in their nomological networks (i.e. their observable manifestations and the interrelationships amongst them), thereby further increasing recognition of the existence of heterogeneity within the personality trait beyond clinical samples (for a review, see section 2.1.2.2; Miller, Hoffman, Gaughan, Gentile, Maples & Keith, 2011; Miller, Price, Gentile, Lynam & Campbell, 2012).

Before reviewing the empirical literature on narcissistic subtypes and intimate relationships, it is important to clarify here that, while alternative models of narcissism do exist (e.g., evolutionary, psychodynamic, self-regulatory processing model; for a review, see Campbell & Miller, 2011), the bulk of research that conceptualises narcissism is based on a trait approach (Campbell & Miller, 2011). Current popular inventories of subclinical narcissism tend to emphasise either grandiose features (e.g., the NPI; Raskin & Terry, 1988, the Narcissistic Admiration and Rivalry Questionnaire; NARQ, Back, Kufner, Dufner, Gerlach, Rauthmann, & Denissen, 2013) or vulnerable features (the Hypersensitive Narcissism Scale; HSNS, Hendin & Cheek, 1997). While it is assumed that these inventories measure

narcissism along a continuum of healthy to maladaptive narcissistic traits, some research argues that these assessments only capture normal and healthy variants of narcissism (Pincus & Lukowitsky, 2010). Although such claims have been rebutted by other researchers (see Derry, Ohan, & Bayliss, 2019), these inventories are nevertheless limited in their assessment of narcissism (Cain et al., 2007). This critique also applies to the research using a Dark Triad framework (consisting of narcissism, psychopathy, and Machiavellianism), where narcissism is assessed by the NPI and thereby limited to grandiosity (Paulhus & Jones, 2014).

In response to this, the Pathological Narcissism Inventory was developed to assess multidimensional and pathological traits of narcissism (PNI; Pincus et al., 2009). The PNI has become widely used in both clinical and non-clinical samples (Edershile, Simms, & Wright, 2018), despite more recent attempts to conceptualise and assess NPD as maladaptive variants of a general Five Factor Model of personality: a model which consists of neuroticism, extraversion versus introversion, openness, agreeableness versus antagonism, and conscientiousness (FFM; Glover, Miller, Lynam, Crego & Widiger, 2012). From this, the Five-Factor Narcissism Inventory (FFNI; Miller, Gentile & Campbell, 2013) was developed to complement the PNI in assessing grandiose and vulnerable features of narcissism. Unlike the FFNI, however, the PNI is grounded in clinical theories and literature on narcissism (Pincus et al., 2009). For these reasons, this thesis and remaining chapters focuses on the trait approach in conceptualising narcissism, as well as adopting the PNI as the main assessment tool.

2.1.2.1 Research into Narcissism and Intimate Relationships

Consistent with the many clinical reports on interpersonal impairment, the empirical research on trait narcissism casts a negative light on narcissistic individuals in intimate relationships (Miller, Widiger & Campbell, 2010). In such relationships, narcissism (NPI) has been associated with conflict and hostility (Moeller, Crocker & Bushman, 2009), low commitment and infidelity (Campbell, Foster & Finkel, 2002; McNulty & Widman, 2014), vengeful-seeking behaviour (Brown, 2004), maladaptive jealousy (Chin, Atkinson, Raheb, Harris & Vernon, 2017), and a game-playing and exploitative approach to romantic relationships (Campbell et al., 2002). However, these maladaptive strategies only become interpersonally disruptive over time, as narcissistic individuals present others with a deceptive self-presentation

reflecting a charming, seductive and exciting persona during early relationship interactions (Campbell et al., 2002; Miller et al., 2010). Interpersonally, this dissociation can be indicative of narcissists' tendency to fluctuate between idealising their partners to devaluing them (Robins, Tracy & Shaver, 2001).

Several lines of research support the notion that narcissistic individuals view intimate relationships in the service of self-esteem regulation, power and control (Besser & Priel, 2009; Campbell et al., 2002). Consequently, narcissistic people view potential romantic partners as 'objects' for self-enhancement and self-aggrandisement (Rhodewalt & Eddings, 2002; Foster & Campbell, 2005). Yet, whilst narcissistic individuals are regarded favourably by their partners in any initial interactions, this likeability diminishes with time given the increased exposure to the narcissists' actual persona and the longer term conflict and hostility this persona creates in relationships (Lamkin, Campbell, vanDellen & Miller, 2015). Paradoxically, therefore, narcissists may use self-defeating interpersonal strategies where they seek intimate relationships to enhance the self by means of admiration and attention. Although they may achieve this in the short term, in the longer term they will create the exact opposite: relationship conflict, ill-will, and even feelings of contempt and repulsion (Moeller et al., 2009).

2.1.2.2 Grandiose and Vulnerable Narcissism in Intimate Relationships

Research in this area has commonly focused on how grandiose and vulnerable narcissism manifest divergent relations as they relate to self-esteem regulation (Besser & Priel, 2010; Dickinson & Pincus, 2003; Zeigler-Hill, Clark & Pickard, 2008), love and attachment styles (Besser & Priel, 2009; Miller et al., 2011; Rohmann, Neumann, Herner & Bierhoff, 2012) and emotional regulation (Wolven, 2015). Interpersonally, both grandiose and vulnerable narcissists display cold, domineering and vindictive characteristics, but the underlying motive for these interpersonal behaviours can diverge based on the predominant subtype. For instance, research has shown that grandiose narcissists have a propensity toward purposefully inducing jealousy in their partners to achieve power and control, whereas vulnerable narcissists induce jealousy as a means to acquire power and control, test and strengthen the relationship, seek security, compensate for low self-esteem and pursuits to exact revenge (Tortoriello, Hart, Richardson & Tullett, 2017). Although grandiose narcissists may be reluctant to seek revenge by means of

inducing jealousy, their motives for exerting revenge in relationships may instead manifest themselves as verbal or physical abuse (e.g. Rasmussen, 2016). Overall, these findings provide insight into the motives underpinning grandiose and vulnerable narcissists' relationship-threatening behaviour.

In a further interpersonal analysis of the two narcissistic subtypes, Dickinson and Pincus (2003) found that grandiose narcissists are associated with less interpersonal distress, higher self-esteem, and a secure/dismissive attachment style as compared to vulnerable narcissists. On the other hand, it was found that vulnerable narcissists appeared to exhibit an anxious/fearful attachment style, high interpersonal distress and low self-esteem. Similarly, other research has found that vulnerable narcissism has been associated with a possessive love style characterised by dependency and interpersonal fearfulness (Rohmann et al., 2012), while grandiose narcissism was associated with attachment avoidance and independent self-construal.

Besser and Priel (2010) compared the two subtypes in relation to emotional reactions to threatening scenarios involving achievement failure and interpersonal rejection. Whilst both forms of narcissism required external validation, vulnerable narcissists were particularly concerned with the approval of others as evidenced by heightened sensitivity towards the interpersonal rejection scenario, whereas grandiose narcissists were particularly vulnerable to threats concerning achievement and competition failure but were less concerned regarding domains requiring the approval of others. Taken together, although current findings are based on imaginary responses to threats which may not be representative of real-life experiences (i.e. Besser & Priel, 2009; 2010), this research nevertheless shows that the divergent relations between the two narcissistic orientations within self-esteem regulation are indicative of fundamental differences in the complex nature of these constructs.

The reluctance of grandiose narcissists to modulate self-esteem on domains requiring the approval of others has been supported by other research showing that grandiose narcissists may be more concerned with gaining the attention of others rather than their approval (Morf & Rhodewalt, 2001). Grandiose narcissists appear to actively engage in self-enhancing strategies, but to dismiss any personal or interpersonal vulnerability (Dickinson & Pincus, 2003). Zeigler-Hill and colleagues (Zeigler-Hill, Clark & Pickard, 2008) argued that grandiose narcissists may actually modulate their self-esteem upon the validation of others but refuse to admit this on self-report

measurements, for fear of risking the loss of their desired status reflective of autonomy and dominance through any admission of their need for approval.

In terms of vulnerable narcissists, the tendency and reliance to repeatedly seek reassurance and approval by others in maintenance of self-esteem may be indicative of conscious feelings of inferiority and inadequacy, resulting in an inability to regulate self-esteem through overt self-enhancement strategies typically preferred by grandiose narcissists (Zeigler-Hill et al., 2008). Paradoxically, vulnerable narcissists are extremely dependent on their intimate relationships, while simultaneously experiencing induced feelings of interpersonal distress and hyper-vigilance regarding cues of rejection and separation (Besser & Priel, 2009). This may inadvertently foster greater self-esteem instability as vulnerable narcissists fluctuate between attempts to both protect and enhance their fragile self-presentation within relationships, partially explaining the fragile nature that is characteristic of vulnerable narcissism (Dickinson & Pincus, 2003; Zeigler-Hill et al., 2008).

2.1.3 Narcissism and Violence

2.1.3.1 Theoretical contributions to Narcissistic Injury and Rage

Perhaps one of the more frequently studied consequential interpersonal behaviours of narcissism is the perpetration of aggression following ego-threats (Twenge & Campbell, 2003). The link between pathological narcissism and severe violence (e.g. homicide, mass murders) has been well established in real-life events (e.g. the Columbine shooters, 1999) and in forensic psychiatric settings (Lambe, Hamilton-Giachritsis, Garner & Walker, 2016; Ronningstam, 2005). Clinical theories have postulated the concept of 'narcissistic injury' in explaining how narcissistic self-preoccupation can fuel a vicious cycle of intense anger, violence and vindictiveness when self-esteem is challenged (Freud, 1914/1957; Kohut, 1972). Indeed, Logan (2009) proposed that when the potential of a threat (real or imagined) is perceived by the narcissist, intolerable emotions in the form of shame, humiliation and anger are evoked followed either instantly or later by a self-righteous defensive response intended to attack or eliminate the source of threat to restore self-esteem (see Figure 2.2).

Further, in less serious manifestations of pathological narcissism, self-righteous responses in the form of fantasy alone can recreate a sense of omnipotence and

omniscience, thus restoring the narcissistic state. However, when the pathological presentation is severe, self-righteous responses may result in “the breakdown of the ego defences that ordinarily serve to control aggression or violence” (Logan, 2009, p. 97). This in turn leads to a combination of fantasy and actual violent conduct in which harmful consequences involving domination, control, damage and even destruction are possible outcomes. Logan (2009) stressed that narcissists’ inability to regulate emotions results in a tendency to externalise blame (respond to injury with anger) rather than to respond with sadness or anxiety (internalising emotions). The perpetration of violence is a means of protecting an unjustifiable self-image against another person who is perceived, whether consciously or not, to challenge it.

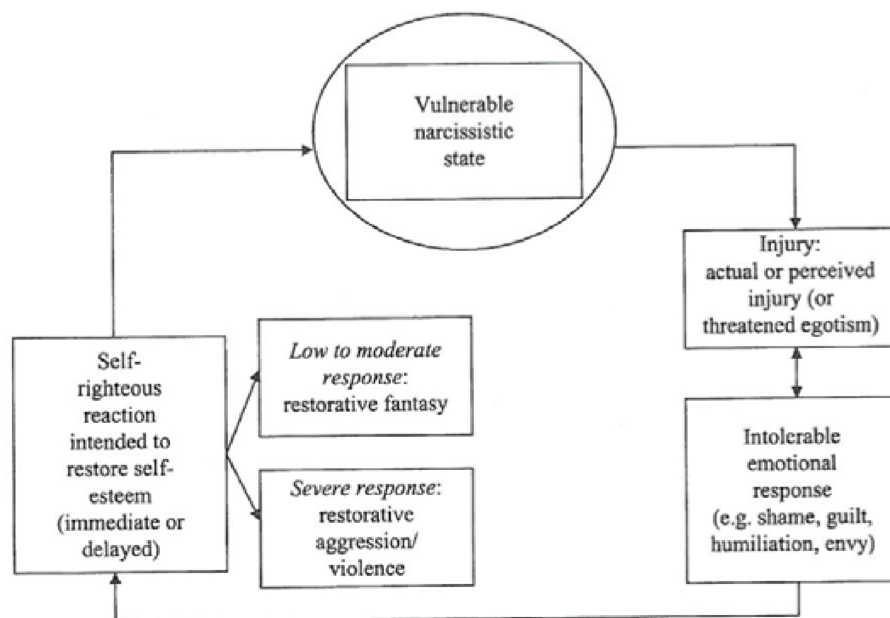

Figure 2.2 The hypothesised link between pathological narcissism and violence (Logan, 2009, p. 98).

The narcissist’s perceived superiority, entitlement and inflated sense of grandiosity results in constant efforts to protect the vulnerability that is inherent in the narcissistic state. Paradoxically, such attempts to control may in turn create the potential for more conflict than might otherwise have been the case, where aggression and hostility are used as strategies to pre-empt, discourage and minimise the risk of injury (Logan, 2009). Accordingly, the reaction and intense anger in response to perceived interpersonal slights and injury will inevitably result in a phenomenon referred to as ‘narcissistic rage’ (Kohut, 1972). As the term itself implies, narcissists exhibit

patterns of dysfunctional anger that are often defined as ill-directed, pervasive, disproportionate, uncontrolled, and at times without apparent provocation (Krizan & Johar, 2015).

Narcissistic rage is thought to be instigated by underlying feelings of shame and inferiority experienced as extremely severe, culminating in intense anger at the perceived sources of shame. These intolerable emotions, if prolonged, may result in chronic rage reactions which further aggravate existing feelings of guilt and shame, in turn fuelling anger and ultimately creating a self-perpetuating 'shame-rage spiral' (Krizan & Johar, 2015). Although such behaviour captures narcissistic rage as a state of explosive anger, narcissists may also respond to provocations and insults in a passive-aggressive manner (Miller et al., 2010; Roark, 2012). Similar to fantasy-related defenses in response to narcissistic injury (i.e. Logan, 2009), passive-aggressive behaviour may involve narcissists holding grudges against those who are perceived to have wronged them, carefully planning plots for revenge to reassert domination and control, thus repair damage done to self-esteem (Roark, 2012). In part, therefore, narcissistic rage may be expressed as a calculated and premeditated quest for revenge.

2.1.3.2 Research into Narcissism and Aggression

While clinical accounts of narcissistic rage and aggression have commonly been examined within clinical samples, other research (Hepper, Hart, Meek, Cisek & Sedikides, 2014) points to the conclusion that even if narcissistic individuals' behavioural disturbances manifest themselves in violence, this is not necessarily due to their high levels of narcissistic pathology (cf. Logan, 2009). Indeed, when comparing a group of male prison offenders to those with no record of criminal convictions, Hepper et al. (2014) found that trait narcissism (as opposed to clinical NPD symptoms) showed stronger effects in prison offenders, with entitlement and ensuing lack of empathy being the main predictors of criminal conduct. These findings demonstrate that socially maladaptive components of trait narcissism not only extend to criminal offending, but that pathological narcissism may simply reflect the extreme end of a single dimension**,** with lack of empathy and entitlement being the most maladaptive features.

Moreover, a considerable amount of meta-reviews and experimental evidence has consistently linked narcissistic traits to provoked aggression in nonclinical populations (Lambe et al., 2016; Rasmussen, 2016). Research in this area has commonly focused on grandiose narcissism and aggression within male-only samples, and has utilised well-controlled laboratory aggression paradigms by which provoked individuals are given the opportunity to retaliate aggressively (e.g. provide noise blasts, electrical shocks) towards a fictional 'other participant' (Lobbestael, Baumeister, Fiebig & Eckel, 2014; Miller et al., 2010; Reidy et al., 2008; Twenge & Campbell, 2003; Witte, Callahan & Perez-Lopez, 2016). These findings have commonly been explained by the threatened egotism hypothesis, that is, individuals with inflated and unstable self-views respond aggressively towards the source of threat when perceiving external negative feedback (Rasmussen, 2016). Another theory proposed is from an evolutionary viewpoint, suggesting that the many adaptive traits associated with narcissism (e.g., aggression, competitiveness, deceptiveness, and self-enhancement strategies) convey an evolutionary advantage for survival (Holtzman & Strube, 2012; Holtzman & Donnellan, 2015). It should be noted, however, that the above research findings do not speak to vulnerable facets of narcissism nor does it adequately address the multifaceted nature of narcissistic injury and rage (e.g., Krizan & Johar, 2015).

In examining whether narcissistic aggression is driven by rage and threatened egotism hypotheses, Hart, Adams and Tortoriello (2017) utilised vignette-based methods that ostensibly conveyed ego-threat (e.g. "a teammate for a trivia contest looks disappointed when you join the team", p. 153), and measured grandiose versus vulnerable narcissists' emotional and behavioural responses following each vignette. They argued to have found that the rage and threatened egotism accounts did not predict grandiose narcissists' reactions to ego threat as narcissists reported reduced negative emotionality and were less likely to perceive the provocation as devaluing and socially significant. In contrast, the rage account was argued to predict vulnerable narcissists' provoked aggression as they reported experiencing more self-loathing, sadness and powerlessness following provocations.

Similarly, Krizan and Johar (2015) examined the narcissistic-rage account across four studies, and found that rage-like responses were only descriptive of vulnerable (but not grandiose) narcissists' aggression. These findings were based on concurrent self-reports of aggression and anger across three studies, with the fourth study

assessing aggression within a laboratory 'food tasting' paradigm. This involved participants assigning spicy food (choosing hot over mild sauce constituted as the main measure of aggression) towards a fictitious provocateur who had earlier assigned them juice containing an unpleasant bitter substance. Taken together, it is arguably not surprising that grandiosity (NPI) did not predict intensified anger, hostile mistrust, shame and aggression given its failure to capture elements of fragility, resentfulness and shame, all of which are central features of clinical descriptions of narcissism and narcissistic rage. Critically, both studies employed provocative scenarios which arguably induced relatively common levels of anger rather than *rage-fuelled* behaviour. However, given the often brief interactions involved in laboratory-based studies, these accounts may not be able to capture and elicit uncontrolled acts of anger as successfully as naturalistic, daily life experiences would (Holtzman, Vazire & Mehl, 2010).

2.1.4 Narcissism and Intimate Partner Violence

> *"Narcissists might reappraise the internality of an event that is self-threatening by placing responsibility on someone or something else, thereby experiencing anger and hostility. Theoretically, this is the basis of narcissistic rage and the shame-rage cycle seen in their intimate relationships."*
>
> (Robins et al., 2001, p. 232)

Given the ego-threatening nature of intimate relationships, narcissists' fragmented sense of self coupled with the desperation for continuous external self-affirmation leads them to experience shame over their needs and insatiable anger towards their partners, ultimately undermining the self they are trying to build and maintain (Morf & Rhodewalt, 2001). This self-conflict, which is inherent in the narcissistic state, makes narcissistic individuals particularly prone to react with interpersonal aggression and violence in an attempt to reassert a sense of power, control and domination when their narcissistically perceived reality has been threatened (Filippini, 2005). Accordingly, exhaustive clinical research points to the conclusion that narcissism is associated with a propensity toward intimate violence (Buck et al., 2014; Craig, 2003; Meier, 2005; Rinker, 2009; Simmons et al., 2005), even in the normal population narcissism, has been associated with more accepting attitudes towards intimate violence (Blinkhorn, Lyons & Almond, 2016). Although the aforementioned research only explores the physical elements of partner violence,

other research posits that narcissism goes beyond physical violence in intimate relationships in that anger-driven behaviour and rage is also expressed through passive, indirect behaviours (Filippini, 2005). These findings underscore the vital importance of investigating narcissism within interpersonal violence and its associated impact on those close others.

2.1.4.1 Research into Narcissism and Intimate Partner Violence

In the aggression literature, narcissism has been associated with deliberate acts of aggression in the form of devious and manipulative strategies as a means to convey a sense of superiority and power (Fossati, Borroni, Eisenberg, & Maffei, 2010), and more importantly, a desire to exploit others whilst simultaneously deriving sadistic pleasure from this exertion of power (Girgis, 2006). A related line of research points to the conclusion that narcissists' relationship-threatening behaviour may reflect, in part, strategic attempts at manipulating and undermining intimate partners to re-exert and re-establish a sense of power and control (Filippini, 2005; Määttä, Uusiautti & Määttä, 2012; Tortoriello et al., 2017; Green & Charles, 2019). As previously noted, narcissistic rage can manifest itself in overt explosive rage as well as subtle, pernicious passive-aggressive rage (Filippini, 2005).

In intimate relationships, explosive rage consists of volatile outbursts of verbal and physical abuse toward partners, whereas passive-aggressive rage is exhibited when narcissists withdraw into sulky, insidious manipulation as a means to punish partners for any justified (real or imagined) wrongdoings. Further support for these behaviours can be found in research investigating the enduring impact of narcissism in abusive relationships. Such research has suggested that the abuse inflicted upon intimate partners manifests itself in scheming and subtle forms, frequently accompanied by an explosive mix of physical and verbal abuse (Määttä et al., 2012; Green & Charles, 2019). In these studies, narcissists have been described by their partners as frequently subjecting them to maltreatment, ranging from physical violence to denigrating, devaluating, ignoring (silent treatment), subordinating, exploiting, minimising and externalising blame. In addition to this, narcissists appear to project blame-shifting tendencies and diversionary tactics intended to distort partners' perceptions of the abuse ('gaslighting'), as a way to deflect responsibility and accountability for their sinister actions (Green & Charles, 2019). These harmful effects of subtle and pernicious behaviour is often recognised in legislation.

Psychological abuse has been addressed by new UK legislation as any pattern of controlling, coercive or threatening behaviour intended to punish, harm or frighten an intimate partner (Serious Crime Act, 2015), the very contemplation of such violence can have a more profound impact on a victim's psychological functioning than the actual abuse itself has (Gormley & Lopez, 2010). Despite the challenges involved in prosecuting someone given the subjective nature of the evidence, this law nevertheless criminalises behavior that, although stopping short of serious physical violence, still causes extreme psychological or emotional harm (Home Office, 2014). Yet, despite being recognised as increasingly problematic, psychological abuse has remained relatively under-studied in IPV research (Gormley & Lopez, 2010). This has led researchers to explore narcissism in relation to the full spectrum of IPV (Carton & Egan, 2017; Fields, 2012).

In their research, Carton and Egan (2017) explored the associations between the Dark Triad traits in relation to the propensity towards IPV. Participants were instructed to self-report the occurrences of IPV as either exerting these acts (classified as perpetrator) or reporting the times they had been subjected to these acts (classified as a victim). In short, it was found that individuals scoring high on all Dark Triad traits used violence significantly more frequently, consistent with previous research demonstrating that those high in narcissism are more likely to commit acts of IPV compared to those low in narcissism (Fields, 2012). Similarly, other research investigating the dynamics that occur in couples during conflicts reveal that narcissists actively derogate and verbally abuse partners as a form of self-protection against relationship-threats (Peterson & Dehart, 2014). However, not only do these studies fail to distinguish or acknowledge the gender of the perpetrator, they also fail to account for vulnerable narcissism in IPV.

2.1.4.2 Grandiose and Vulnerable Narcissism in Intimate Partner Violence

Research has stressed the necessity to differentiate between grandiose and vulnerable narcissism as the perpetration of violence, controlling behaviours and psychological abuse is mediated by these two types of narcissistic presentation (Rinker, 2009). Research to date has only reached inconclusive findings on the relationship between the subtypes of narcissism and IPV perpetration. For instance, Rinker (2009) found that, compared to vulnerable narcissists, grandiose narcissists were more likely to engage in psychological abuse and controlling behaviours. In contrast with these

findings, other research using measures of verbal and physical abuse found that vulnerable narcissism was a significant predictor of spousal violence, but failed to find similar results for grandiose narcissism (Meier, 2004; Talbot et al., 2015). On the basis of these findings, Meier (2004) suggested that future research should investigate motives and trigger mechanisms underlying reactionary responses to violent behaviour in attempts to further illuminate the two subtleties of narcissism in IPV.

In this vein, Green and Charles (2019) explored the common triggers that evoke narcissistic rage in intimate relationships, and whether responses to such injury would differ depending on the type of narcissism. It was found that both grandiose and vulnerable narcissists were likely to engage in overt and covert forms of abusive behaviour, but that the underlying motive for the abuse differed. As expected, grandiose narcissists were likely to react with violence in response to threats to their self-esteem. However, the common trigger that evoked rage in vulnerable narcissists stemmed from fears of abandonment. These findings suggest that self-esteem regulation in response to injury should differ for the two narcissistic types in IPV. Notably, however, the aforementioned studies only relate to abuse as perpetrated by male narcissists, thus they do not shed light on how female narcissism may operate in IPV perpetration.

2.1.5 Gender Disparities in Narcissism

> *"Is Echo hiding in the woods?"*
>
> (Pullen & Rhodes, 2008, p. 12)

Although extensive, the research on narcissism across clinical theory and empirical research (DSM/NPI) is characterised by a relative ignorance regarding how gender disparities manifest in narcissistic expression, behaviour and functioning (Grijalva et al., 2014). Notably, the overrepresentation of males and the concomitant underrepresentation of females in the literature is indicative of the symptomatology of the narcissistic personality (NPI/DSM), which closely resembles the masculine stereotype of males in the society, including physical expressions of aggression, an excessive need for power and an authoritarian character (Corry, Merritt, Mrug & Pamp, 2008). In fact, grandiose narcissism has been related to the stereotypical masculine expression since the very inception of the personality concept as depicted in the ancient myth of Narcissus. As such, it has been suggested that the male

character of Narcissus and the female character of Echo are imbued with distinct qualities that resemble the features of grandiose and vulnerable narcissism, respectively (Onofrei, 2009). The narcissistic personality in males appears to be more commonly associated with the traditional concepts of narcissism, expressed as grandiosity, exhibitionism, entitlement, and inflated self-esteem. Conversely, narcissism in females appears to more commonly reflect the feminine form displayed by Echo, characterised by shame, hypersensitivity and low self-esteem.

Such a gendered differentiation of masculine and feminine forms of narcissism has often been implied, yet research and theories on narcissism significantly overlook much narcissistic behaviour in women as the image of the narcissist is presented with commonly masculine norms (Pullen & Rhodes, 2008). This is further evident in meta-analytic reviews demonstrating that, compared to females, males report higher scores on the NPI and are up to 75% more likely to be diagnosed with NPD (Grijalva et al., 2014). It is noteworthy, however, that some research demonstrates a narrowing of the gender gap in narcissism (NPI) due to generational changes. For instance, a meta-analysis by Twenge, Konrath, Bushman, Foster and Campbell (2008) reviewed data on gender differences in narcissism from 1992-2006 and found that males tend to exhibit higher scores of narcissism than females, but that the mean difference decreased over time. These findings were interpreted as indicative of generational increases in agentic and assertiveness traits for which females are more likely to endorse as they gain more status.

These results are, however, inconsistent with the gender differences found in narcissism using a more inclusive and larger sample size (see Foster, Campbell, & Twenge, 2003). Similarly, a later meta-analysis by Grijalva et al. (2014) supports the contention that there is little evidence for a narrowing of the gender gap. Their findings were based on an updated database with a large sample size (470,846 participants), and on a review of the data on gender differences in narcissism spanning three decades. Such findings provide weight to the existence of gender difference and give more credence to the claim that these differences are not a measurement artifact, but rather represent genuine differences in the latent trait. Critically, this suggests that even the current and most comprehensive theories on narcissism are incomplete with respect to gender development, despite the existence of differences among male and female narcissists.

2.1.5.1 Gender disparities in self-esteem and aggression

Considerable empirical research has demonstrated gender differences in narcissism with respect to self-esteem and aggression, whereby males consistently report higher on these respective domains than women (Girgis, 2006; Sprecher, Brooks & Avogo, 2013; Velotti, Elison & Garofalo, 2014; Wallace, Barry, Zeigler-Hill & Green, 2012; Webster, 2006; Webster, Kirkpatrick, Nezlek, Smith & Paddock, 2007). For instance, a study conducted by Webster (2006) found that the effects of self-esteem, physical and verbal aggression scores were significantly stronger when controlling for gender. In all domains, the effects were significantly stronger for men than women. Webster (2006) interpreted these gender-based differences as being reflective of different types of domain-specific self-esteem, in that males may adopt a 'competitive' domain of self-esteem (superiority) whereas women's self-esteem may be based on cooperation (social inclusion), in light of the respective domains being positively and negatively associated with behavioural aggression, respectively.

Consistent with these findings, other research found that narcissistic males had higher levels of both proactive and reactive aggression as compared to females (Wallace et al., 2012). These gender disparities were interpreted as being reflective of socialised differences regarding how narcissistic females and males respond to stressful situations, with males more likely to engage with aggression and females with '*other'* coping strategies (Wallace, 2012). In a similar study, Webster et al. (2007) found that high self-esteem instability and narcissism were associated with increased levels of physical and verbal aggression in men but not among women, with no significant gender difference when measuring attitudinal aggression (i.e., anger and hostility). In light of these findings, the authors argued that such gender differences may be due to developmental factors in which boys behave in more overt aggression (physically and verbally aggressive), whereas girls may adopt more relational aggression suggestive of manipulation, vicious rumours or social exclusion of peers.

Although the above research provides some insight into how aggression, self-esteem and narcissism manifest in distinctive ways among female and males, these findings are nevertheless exclusively based on grandiose aspects of narcissism which arguably does not allow for a broad and comprehensive understanding of narcissism as it relates to gender expressions. Research conducted by Barnett and Powell (2016)

attempted to yield a more differentiated view of gender differences in narcissism as it relates to self-esteem and aggression. Two theoretical frameworks were tested to provide a clearer view between these interrelationships and gender, namely the threatened egotism and the psychodynamic mask model, that is, narcissistic individuals display a sense of grandiosity to compensate for their low-self-esteem. Narcissism was assessed by the Pathological Narcissism Inventory (PNI; Pincus et al., 2009) which captures both grandiose and vulnerable elements of narcissism. In short, it was found that amongst men, high levels of narcissism were not associated with low self-esteem that relates to high levels of physical and verbal aggression.

However, amongst women, high rates of narcissism were associated with low self-esteem, which was in turn related to high levels of physical and verbal aggression. These findings provide support for the psychodynamic mask model but only among women, as women's narcissism appeared to serve as a mask to hide their fragile self-esteem. However, although a multidimensional assessment of narcissism was included, this study conceptualised narcissism as a single dimension in that the two narcissistic subtleties and their predictive pathways in relation to aggression and self-esteem was not explored. Arguably, although not considered by Barnett and Powell (2016), these gender-based differences may also indicate the nature of narcissistic grandiosity and vulnerability. Nevertheless, examining the role of gender in narcissistic grandiosity and vulnerability as it relates to aggression may help explain gender manifestations in these important outcomes, especially as it relates to partner violence.

2.1.5.2 Gender Disparities in Intimate Partner Violence

Despite the widespread assumption that women are almost always the victims of domestic violence, statistics have revealed that one in six men are affected by domestic abuse in their lifetime (Home Office, 2019). The overrepresentation of males as offenders is also common in the literature whereby narcissism has often been associated with men's perpetration of IPV (Gormley & Lopez, 2010), despite research demonstrating that female offenders of IPV exhibit significantly higher clinically elevated narcissistic traits when compared to male offenders (Simmons et al., 2005), as well as being more likely to have committed acts of general violence, including IPV, during their lifespan than narcissistic men (Blinkhorn, Lyons & Almond, 2018). In a sample of female prison inmates, Warren et al. (2002) also found

NPD to be a predictor of current incarceration for violent crime including murder. These findings have led researchers to include both male and female participants when considering the complex nature of narcissism and IPV.

For instance, Gormley and Lopez (2010) examined the effects of gender, attachment styles, stressors and the entitlement element of grandiose narcissism toward students' propensity to engage in psychological abuse of their intimate partners. Results indicated that narcissistic entitlement implied inclinations toward devaluing partners as a means to value the self, and that these inclinations explained a substantial portion of psychological abuse, particularly among men. It was found that men who avoided intimacy, who perceived themselves as having stressful problems, or who had an elevated sense of entitlement were most likely to psychologically abuse their partners. Women, however, were in contrast not found to be psychologically abusive except when all these conditions were present. Gormley and Lopez (2010) argued that females who feel entitled to exploit others to achieve own ends, distance themselves from intimacy and do not identify themselves as having stressful problems may be at high risk of psychological abuse perpetration. However, the findings of this study need to be cautiously interpreted as it can be argued that the partial assessment of an already unidimensional aspect of narcissism is measuring entitled individuals and not necessarily narcissistic individuals. This, coupled with the sole measurement of psychological abuse does not capture gender expressions in narcissism and IPV in its full entirety.

Research utilising dyadic data analysis has provided some insight into the gendered nature of narcissism as it relates to the perpetration of verbal abuse. For instance, a recent study by Lamkin, Lavner and Shaffer (2017) explored narcissism (NPI) in relation to observed communication (e.g. anger, hostility) during a neutral discussion task. In short, results from a dyadic analysis (coded by observers) from a single lab visit revealed that women with higher levels of narcissism demonstrated significantly higher levels of hostile and angry communication patterns. These findings replicate other research indicating that women's, but not men's, narcissism significantly predicted marital trajectories over time (Lavner et al., 2016). Overall, although more research is needed in more established and longer relationship duration to identify why women's narcissism may negatively affect relationship interactions, this study

nevertheless provides insight into the observed anger and hostility during a communication task which was not particularly conflict-oriented in nature.

In addressing the often brief interactions in lab-based studies, a short-term longitudinal research by Caiozzo, Houston and Grych (2016) sought to address the complex nature of IPV by assessing narcissism, emotion regulation and attitudes towards aggression over a two month period. Results indicated that high levels of verbal aggression was perpetrated by both males and females who held beliefs that aggression was a justifiable response and who reported lower levels of emotion regulation. Greater verbal aggression was also perpetrated by females who reported higher levels of narcissism. Notably, the findings suggesting that narcissism predicted verbal aggression for females alone was interpreted by the authors as females being perhaps more likely to restore a sense of superiority by *verbally* demeaning their partners rather than *physically* abusing them. However, caution must be exercised as narcissism was measured using a shorter item of grandiose narcissism and thus fails to consider the multidimensionality of narcissism and the gendered characteristics that may give rise to IPV perpetration.

Other dyadic research has stressed that gender is a key expression in narcissism as it relates to IPV (Ryan et al., 2008). In this study, the exploitative/entitlement factor of grandiose narcissism, vulnerable narcissism, and both partners' aggression (i.e. physical and sexual aggression/coercion) was measured in 63 couples. Results indicated that, for women, only the exploitativeness/entitlement factor of narcissism significantly correlated with aggression (i.e. sexual coercion) in both partners. Ryan et al (2008) argued that exploitative and entitled women may be hypersensitive to the perceived coercive behaviours of their partners. Alternatively, they may feel entitled to exert coercion and manipulation as a means to gain control over their partners. Results also indicated that gender is a key factor in narcissism due to the discrepancies in couples' ratings of aggression, suggesting that perceptions of narcissism and aggression operated at an individual-level rather than couple-level.

Further research exploring the exploitativeness/entitlement sub-scale of narcissism in IPV has suggested that entitled and exploitative females and males may differ in their expression of aggression in intimate relationships (Southard, 2010). In this study, it was found that the exploitativeness/entitlement factor and vulnerable

narcissism was only related to women's use of specific influence tactics (i.e. bullying, supplication and disengagement), but not for men. Consistent with previous research (i.e., Ryan et al., 2008), these findings may indicate that exploitative and entitled women's aggression may be expressed in more coercive forms. Nevertheless, it can be argued that these findings only relate to the behaviours of entitled and exploitative individuals and how these manifest specifically in sexually coercive tactics, rather than the full scope of narcissism and IPV.

A similar study conducted by Blinkhorn et al (2015) explored grandiose narcissism in relation to sexually coercive behaviour in both men and females. As expected, it was found that males scored higher on the NPI and reported using more sexually coercive tactics than women did. Interestingly, these coercive tactics (i.e., emotional manipulation, sexual arousal and exploitation) were predicted by the adaptive facets of grandiose narcissism (i.e. leadership/authority and grandiose/exhibitionism). For women, the maladaptive facet of narcissism (i.e. exploitativeness/entitlement) was a stronger predictor of serious and aggressive sexual coercive behaviour than it was for males. In other words, the use of sexual coercion in females reflected the manipulative and sexually toxic aspect of narcissism, whereas male sexual coercion was associated with socially desirable components of narcissism. In congruence with previous research (Ryan et al., 2008; Southard, 2010), the gendered expressions found in this study may suggest that narcissistic behaviours are considered more socially acceptable and adaptive for males, whereas these behaviours (e.g. sexually dominant or instigating) may be conceptualised as beyond what is considered socially normative for women.

As they relate to sexually coercive tendencies, the above studies provide support for the 'narcissistic reactance theory of rape' (Baumester, Catanese, & Wallace, 2002), that is, narcissistic individuals will desire sex more when it is refused, consequently increasing the risk of sexualised aggression and rape in order to pursue sex. The above findings also support an evolutionary framework, where sexually coercive tendencies have been proposed as facilitating a reproductive advantage in narcissistic individuals (Holtzman & Strube, 2012; Holtzman & Donnellan, 2015). Nevertheless, although the current research provides some insight into gender expressions of sexually coercive tactics, the findings are nevertheless weakened by its complete reliance on the NPI as a measurement of narcissism. This was also emphasised

further by Blinkhorn et al. (2015), who stressed the need to consider a more robust and multidimensional measurement of narcissism which also addresses the vulnerable component of narcissism. The consideration of such a measurement could provide a more complete picture with respect to gender differences and the potential links associated with narcissistic grandiosity and vulnerability.

2.1.5.3 Gender Disparities and Narcissistic Typologies

The current literature on gender differences in narcissism has consistently revealed greater evidence for 'stereotypical' narcissistic behaviours amongst men than women, a finding which suggests that narcissism may describe a different phenomenon in each gender (Morf & Rhodewalt, 2001). However, with females being less likely to endorse overt narcissistic characteristics (NPI/DSM), gender differences may instead arise in the expression of narcissistic typologies and the endorsement of narcissistic items capturing the full scope of grandiosity and vulnerability. Indeed, although the existence of well-established gender differences is based on grandiose narcissism consistently occurring more prevalently in males (Blinkhorn et al., 2018; Corry et al., 2008; Foster et al., 2003; Miller & Campbell, 2008; Perry & Perry, 2004; Zeigler-Hill et al., 2008; Zerach, 2016), these apparent gender differences do not extend to the less-studied vulnerable narcissism. In fact, research has consistently found the vulnerable component of narcissism to be either gender neutral (Besser & Priel, 2009; Grijalva et al., 2014; Miller, Dir, Gentile, Wilson, Pryor & Campbell, 2010), or with a higher female preponderance (Rohmann et al., 2012; Pincus et al., 2009; Onofrei, 2009; Wolven, 2015).

Despite these observations, the overemphasis on grandiose narcissism (NPI) and the concomitant lack of gender-equivalent items in the literature continues to raise implications and impede recognition of gender development in the etiology and emergence of narcissistic personality attributes (Corry et al., 2008). This is particularly concerning given the gender differences which have been detected in multidimensional assessments of narcissism. Pincus et al. (2009) developed the PNI to assess a valid and reliable multidimensional measure of pathological narcissism encompassing phenotypic expressions of grandiosity and vulnerability. While the PNI is generally assumed to possess gender equivalence, research evaluating the gender invariance of the inventory found that a minority of items yielded gender differences in mean endorsement generally conforming to patterns of higher

endorsement of grandiose themes in men and simultaneously of vulnerable themes in women (Wright et al., 2010). The authors concluded that the observed variance of gender differences may indeed resemble deeply-rooted cultural norms of gendered socialisation.

Narcissism manifests itself differently in men and women, and these differences may adhere to gender-role expectations associated with femininity and masculinity (Corry et al., 2008; Lamkin et al., 2017; Sherry, Gralnick, Hewitt, Sherry & Flett, 2014; Webster et al., 2007). In traditional societies, biological sex differences are believed to create a division of labour through gender socialisation practices, which in turn gives rise to 'gender appropriate' social roles. Accordingly, most gender stereotypes fall into two categories reflective of agentic characteristics (defined as dominance, assertiveness, competitiveness and need for achievement) and communal characteristics (defined as tenderness, selflessness and nurturance), the former of which has been closely correlated with the narcissistic personality and the masculine stereotype whereas the latter is more likely to be characteristic of women and the feminine stereotype (Grijalva et al., 2014).

This line of reasoning resembles the observed gender differences in narcissism, in which societal pressure may result in females to suppress displays of narcissism (DSM/NPI) as these behaviours violate commonly perceived expectations of their gender-role (Morf & Rhodewalt, 2001). Gender-related norms may therefore shape different motives and self-regulatory strategies among female and male narcissists in pursuing their narcissistic goals (Campbell & Miller, 2012). As such, while stereotypical narcissistic behaviours are more socially acceptable and pragmatic for males in attaining their narcissistic needs, females are presumably forced to obtain their self-worth through more indirect, subtle and affiliative means that conform with culturally held expectations of their feminine identity (Morf & Rhodewalt, 2001). These expressions of behaviour are in congruence with previous research on narcissism and IPV, where female violence is typified by hidden, subtle and indirect qualities and male violence tend to be more overt and grandiose in nature (cf. Blinkhorn et al., 2015; Ryan et al., 2008 and Southard, 2010). Therefore, strategic attempts at self-construction may be achieved in markedly different, and gendered, ways.

In light of this, strategic efforts to build and defend an inflated self-presentation may be so distinctive that they might manifest as different clinical disorders. In conformity with gender role expectations, men are more likely to develop symptomatically more features of NPD whereas women's narcissism (which tend to resemble emotional vulnerability) may inadvertently manifest with characteristics associated with borderline conditions (Onofrei, 2009). This conclusion suggests that the distinction between grandiose and vulnerable narcissism with respect to gender may have significant treatment implications. Although there certainly exist female narcissists that fit the DSM description, the current overrepresentation of males in the diagnostic category suggests that the DSM criteria of narcissism may be assessed more accurately in men than in women (Corry et al., 2008). This may in turn impede clinical recognition of female patients who present narcissistic pathology, consequently resulting in inappropriate treatment choices (Onofrei, 2009).

Further emphasising treatment implications, a study investigating pathological narcissism and psychotherapy found that vulnerable characteristics of narcissistic patients were associated with increased treatment utilisation as compared to narcissistic patients presenting grandiose characteristics (Pincus et al., 2009). These findings indicate that diagnosticians may be more likely to treat patients who present narcissistic vulnerability. This suggests a mismatch between the presentation of grandiose narcissism (i.e. the DSM definition which tends to diagnose men; Wright et al., 2013) and vulnerable narcissism (i.e. which is currently overlooked by the DSM and tends to be more prevalent in women; Grijalva et al., 2014). Although recent developments of narcissism inventories (i.e. the PNI) are designed to capture a clinically relevant and multidimensional assessment of NPD, high scores on the PNI scale tend to positively correlate with borderline personality disorder (Pincus et al., 2009). This further emphasises the need for a more nuanced understanding of gender contributions to diagnosis of pathological narcissism and its overlap with borderline personality disorder.

2.1.6 Conclusion

A review of the existing research on narcissism reveals significant implications in theory, research and diagnosis with respect to gender contributions. Such a review suggest that narcissism in females is currently under-theorised and overlooked by dominant measurements of grandiosity. The overarching aim of the current thesis is

therefore to investigate narcissism beyond the traditional concepts (DSM/NPI) commonly associated with the personality construct indicative of the male gender. Whilst gender issues have been implicit in the articulation of grandiose and vulnerable narcissism – the remainder of the thesis endeavours to explicitly illuminate gender disparities in narcissistic orientations as they relate to developmental factors and self-esteem regulation within IPV, and within clinical diagnosis of narcissistic disorder. These neglected areas are addressed through a multi-dimensional perspective gathered from clinicians (Study 1), narcissistic individuals (Study 2), and past dating partners (Study 3).

Chapter 3 – Methodology

3.1 Introduction

The vast majority of research in the field of psychology adopt either a quantitative approach or a qualitative one. Although there are some researchers who use mixed methods (Tashakkori, Teddlie & Sines, 2012), these are few and far between. There are many reasons for this, not least the fact that the qualitative and quantitative 'camps' are highly territorial and passionately defensive of the value and 'rightness' of their own approaches (Johnson & Onwuegbuzie, 2004). This thesis adopts a pragmatic underlying philosophy that analyses and discusses data from three studies; one study is underpinned by a qualitative approach and two studies are underpinned by quantitative approaches. The following sections of this chapter focus on the rationale for implementing a mixed methodology, based on the principles of triangulation.

3.1.1 Research aims

Prior to discussing the methodologies most suitable for investigating narcissism in relation to gender, it is useful to restate the research aims for the purposes of contextualisation. Notably, much of the research reviewed in the previous chapter has accentuated significant implications in terms of theory, research and diagnosis. It is argued here that the main contributing factor for current limitations lies within the way in which narcissism has commonly been conceptualised (i.e., DSM) and broadly measured through quantitative measures (i.e., NPI). In addition, it is arguable that an over-reliance on grandiose narcissism has not only neglected key features of narcissism, namely its vulnerable counterpart, but also resulted in failure to accurately represent narcissism across gender. The overall research aim, therefore, is to develop a better understanding of narcissism as it relates to gender, and to do this through implementing multiple methods and perspectives. With this aim in mind, this thesis is particularly concerned with gender contributions in the emergence of narcissistic personality attributes spanning from grandiose to vulnerable expressions. The purpose is to develop a more nuanced and comprehensive understanding of the potential clinical implications which arise in gender differences in narcissism (quantitative design using clinicians; Study 1), the developmental factors related to

gender differences in narcissism within IPV (quantitative design using narcissistic individuals; Study 2), and the perceived manifestations and self-regulatory behaviours of female narcissism in IPV (qualitative design using past dating partners; Study 3). In order to achieve these aims, this thesis investigates narcissism beyond the traditional concepts (DSM/NPI) commonly associated with the personality construct. This implies the need to incorporate methods that are more appropriate in addressing narcissism across gender and narcissistic typologies.

The purpose of this chapter is to outline the methods most suitable in achieving the aforementioned aims. It will do so by first outlining the researcher's philosophical stance that underpins the current research designs. This will be done by discussing in greater detail the divergent paradigms intrinsic to the qualitative and quantitative positions. It then proposes the theoretical framework in the current research to resolve the issues commonly levelled at any attempt to use such disparate approaches and dichotomy of paradigms. This is followed by outlining justifications for the chosen methodological approaches and designs, as well as presenting an overview of the ethical considerations involved in this research. This chapter as a whole intends to provide a general overview of the holistic principles of the methodology adopted. In terms of more specific detail, each individual study with regard to research questions and methodological components are discussed in their respective chapters (chapter 4, 5 and 6).

3.1.2 Epistemology

Traditionally, quantitative methods have commonly been associated with the positivist scientific model of research whereas qualitative methods are rooted in the constructivist and interpretivist model of research (Doyle et al, 2009). Positivism contends that there is a single reality and that this reality is both measurable and quantifiable through empirical observations. In the positivist paradigm, interpretations are avoided as much as possible in order to yield a 'pure' objective and unbiased representation of the observed phenomenon (Wilson & MacLean, 2011). In contrast, the qualitative paradigm is different from the nomothetic assumption intrinsic to the quantitative method, as it proposes that there are multiple realities and that diverse interpretations may result in any research endeavour (Bryman, 2006). In the interpretative paradigm, knowledge is interpreted through the worldview of the researcher, therefore reality is not independent from the observer.

Overall, traditionally the worldview of the researcher is believed to be influenced by either the interpretivist (qualitative) or positivist (quantitative) tradition with which they identify. As such, ongoing debates and traditionalists posit that these two paradigms are not compatible given the impossibility of adopting multiple worldviews, the disparity of language and the inconsistency of quality standards (Tashakkori et al., 2012). However, mixed method research has emerged as the third research movement which moves beyond the two conflicting epistemologies.

3.1.2.1 Pragmatism

This thesis adopts pragmatism as the primary theoretical framework underpinning the current research design. The central premise of pragmatism is incorporating methods and approaches most appropriate in addressing the research question, rather than restricting to a paradigm or method that underlies it (Doyle et al, 2009). Within this framework, the epistemological roots of qualitative and quantitative paradigms are viewed as equally valid, and can therefore be integrated and synthesised according to the research question. A pragmatic approach is particularly suited in the current research given its flexibility to generate new knowledge as it is not dependent on a particular epistemology, but rather the choice of the research methods and their synthesis is dependent on the specific research under investigation (Franz et al., 2013). Research has argued that expecting a research project to closely fit a single paradigm oversimplifies the beliefs, and that paradigms can in fact be "crossed", if considered appropriate by the research aim (Johnson & Onwuegbuzie, 2004). Adopting a pragmatic approach to the current research makes it possible to accommodate multiple realities, combine the epistemological strengths to qualitative and quantitative research whilst simultaneously resolving the limitations inherent to each paradigm. Thus, a pragmatic approach provides a practical and flexible solution to a complex research problem.

3.1.4 Research approach

3.1.4.1 Mixed Methodology

Since current understanding of gender expressions in narcissism is under-theorised and under-researched, the intersections of narcissistic typologies and gender disparities will be examined across three separate but interrelated studies. Notably, this thesis recognises narcissism as a complex multidimensional construct which

cannot be solely explained through singular disparate methods. To overcome the risk of oversimplification and overemphasis on traditional ‘stereotypical’ narcissistic behaviours, this thesis intends to complement existing quantitative studies into narcissism and explore the phenomenon in greater depth through combining the use of quantitative and qualitative methods given their ability to provide a more integrated and comprehensive understanding of the phenomenon under investigation than either approach alone (Franz, Worrell & Vögele, 2013).

Research has identified a number of key advantages to conducting a mixed methodology over the standard singular method, namely triangulation, complementarity, development, expansion and initiation (Bryman, 2006). Triangulation seeks to converge or corroborate data from different methods, thus strengthening the validity of the results. Complementary refers to elaborating, enhancing and further clarifying the results from one method with that of another, whilst development seeks to use the results from one method to develop and inform another. Expansion refers to the practice of broadening the range, depth and breadth of the research by employing multiple methods; and finally, the purpose of initiation is to obtain divergent information, and it therefore seeks to discover contradictory findings and new perspectives that can help restate the research question of interest (Johnson & Onwuegbuzie, 2004).

The fundamental principle of mixed methods research is one where the combination of methodologies result in complementary strengths and non-overlapping weaknesses (Doyle, Brady & Byrne, 2009). In order to effectively and successfully employ a mixed methodological research, the distinctive purposes and aims associated with qualitative and quantitative approaches must be considered. For instance, key assumptions underpinning qualitative research is its ability to produce detailed, rich and contextualised data. This type of research is inductive, subjective and exploratory in nature, and seeks to explore meaning, experiences and generating novel phenomena. Unlike qualitative research, quantitative research is deductive, objective, structurally and numerically based (Bryman, 2006; Wilson & Maclean, 2011). This type of research seeks to produce data that are precise, replicable and often generalisable to the wider population. In recognising the fundamental differences between these traditional approaches, this thesis intends to utilise the benefits of a mixed methodology research through adopting complementary

strengths to the weaknesses of each approach across three individual studies. The following section outlines how these strengths were considered under the framework of triangulation.

3.1.5 Research design

3.1.5.1 Triangulation

This thesis adopts a triangulation-based research design; one which encompasses both convergent and holistic aspects of triangulation for theory development (Bazeley, 2018; see Turner, Cardinal & Burton, 2017 for a review). The objective of this design is to generate knowledge by obtaining convergence across a diverse set of methodological components, and to offer unique insights that can provide a more holistic understanding of a given theory or phenomenon (Turner et al., 2017). This is because particular approaches will view entities and realities in their own particular way, and to gather differing perspectives in this way helps build a more comprehensive picture of the phenomenon studied through a form of 'holistic triangulation' (Turner et al., 2017). Accordingly, Study 1 adopts a vignette-based quantitative design within a clinical population aimed to produce a more conclusive and complete knowledge regarding gender bias in narcissistic pathology in order to inform existing theory and clinical practice.

This is followed by Study 2, a quantitative design using questionnaires within a large sample derived from a non-clinical population, aimed to further increase generalisability, explanatory power and generate theoretical understanding in relation to the development of gender differences in narcissism within IPV. Study 3 complements these findings, adopting a qualitative in-depth interview design within the non-clinical population, with the aim to enhance theory development of female narcissism and to allow for novel and deeper dimensions to emerge with regard to 'how' and 'why' this particular phenomenon occurs within IPV. A more detailed justification regarding how these strengths were obtained and limitations of each strand were addressed in the subsequent study, see each individual research study (Chapter 4, 5 and 6).

In line with holistic triangulation, this thesis adopts a multi-perspective approach, where each study constitutes a different sample. The rationale underpinning this decision derives from the clinical literature emphasising the inclusion of multiple

perspectives given the diminished level of self-reflection attributed to individuals with NPD (Cooper, Balsis, & Oltmanns, 2012; Pincus & Lukowitsky, 2013). The empirical research complements this notion, where research studies have consistently found that narcissistic individuals distort their perceptions and reconstruct their past to maintain a positive self-image (Foster & Campbell, 2005; Holtzman et al., 2010; Morf & Rhodewalt, 2001; Rhodewalt & Eddings, 2002). Clarke, Karlov and Neale (2015) stress that research that relies solely on self-reported data from narcissistic individuals is of particular concern given that self-deception is a critical feature of narcissistic functioning. For these reasons, studies have implemented triangulation in narcissism research (NPI) where multiple perspectives and their convergences are considered in order to understand the personality construct (Carlson, Vazire & Oltmanns, 2011; Campbell et al., 2002).

Studies have found evidence for self-other discrepancies, indicating disagreement regarding how narcissistic individuals view themselves and how they are viewed by others (Cooper et al., 2012; Klonsky, Oltmanns & Turkheimer, 2002). However, some research has demonstrated that narcissistic individuals have insight into their interpersonal challenges and socially undesirable manifestations, and are aware of how they are perceived by others (Carlson, 2013; Carlson et al., 2011; Pincus & Lukowitsky, 2010; Lukowitsky & Pincus, 2013). With this in mind, this thesis adopts a holistic perspective in assessing narcissism with data gathered from clinicians (Study 1), narcissistic individuals (Study 2), and past dating partners (Study 3). Overall, the use of multiple perspectives and methods allows for a thorough and rigorous evaluation of both the inferences derived from each study and also the similarities and consistencies across these studies. Ultimately, this is intended to provide comprehensive insights and credible explanations for these inferences and their broader associated theoretical and clinical implications (see section 7.2 for a detailed discussion of how this multiplicity makes it possible to capture the complexity inherent in the narcissistic personality).

3.1.6 Ethical considerations

Although details of the specific ethical considerations for each study are contained in their respective chapters (4, 5 and 6), an overview is given here that considers key elements common to all the studies undertaken. In all studies, the University's ethics

requirements were adhered to, as were those of the British Psychological Society (BPS, 2018). Anonymity was ensured for all participants, as was informed consent. The principles for any participant to withdraw from the study during the data collection procedures and for participants to take part in the study on a purely voluntary basis were strictly adhered to. Lastly, all participants were fully debriefed at the end of the data collection stage and were directed to sources of counselling, and the details of the research team involved with the thesis, should they wish to make use of them or ask any questions. Moreover, before exploring gender differences in narcissism within IPV, it is important to first investigate whether there are potential theoretical and clinical implications in the assessment of narcissism across gender. These implications are explored in the following chapter (4; Study 1).

Chapter 4 – Clinicians' Judgement of Vulnerable Narcissism Symptomatology: Implications for Theory and Clinical Practice

4.1 Introduction

Philipson (1985) argues that clinical observations and preeminent theories of narcissism have emerged from patriarchal and phallocentric narratives that underemphasise feminine voices and overemphasise masculinity and the male syndrome. The contention that narcissism is a pathology of the self that may partly differ in males and females is further evident in the diagnostic and statistical manual of mental disorders (DSM-5). The DSM-5 reports that up to 75% of those diagnosed with Narcissistic Personality Disorder (NPD) are men (American Psychiatric Association, 2013). Such figures suggest that the representation of narcissism as codified in the DSM-5 may only be marginally applicable to females, given its prominent focus and nature on capturing grandiose themes at the expense of vulnerable variants of the disorder (Levy et al., 2011). The extent to which the construct and ensuing prevalence of this psychiatric disorder is, in fact, gender-biased has significant implications for the differential diagnosis and clinical treatment of men and women.

As they stand, the prevailing theories of narcissism do not capture either the full picture of the person behind the stereotype relating to the grandiose form, or the underlying factors that drive narcissistic pathology in females. With regard to treatment implications, research suggests that clinicians may be more likely to treat patients who present narcissistic vulnerability. This is because of the increased compliance with treatment associated with patients presenting narcissistic vulnerability as opposed to patients presenting narcissistic grandiosity (Ellison, Levy, Cain, Ansell, & Pincus, 2013; Pincus et al., 2009). These findings, however, convey a mismatch between the presentation of grandiose narcissism as captured by the DSM, which tends to be more prevalent in men, and vulnerable narcissism, which is currently barely considered by the DSM and tends to be more prevalent in women (Grijalva et al., 2014). Given the need for a more explicit parsing of the gender contributions of narcissistic pathology at the level of conceptualisation and treatment, the current study aims to investigate clinicians' judgments of diagnosis in hypothetical male and female patients who present prototypical expressions of narcissistic vulnerability. This study also aims to discern the specific approaches by

clinicians to psychological therapy in practice, and takes into account clinician gender and length of experience in practice as characteristics that may contribute to bias in the diagnosis of vulnerable narcissism symptomatology.

This chapter begins with an historical review of the concept of narcissism and its evolution, from being seen as a myth to being considered an official clinical designation in the psychiatric nomenclature. It then proceeds to review the concomitant gender issues in the theories of NPD, and the related empirical literature pertaining to gender bias in the DSM-5 and NPD. This is followed by an overview of current limitations levelled at the clinical utility of NPD and ongoing discrepancies among experts and clinicians regarding its central defining features. This literature review ends with a summary of the various therapeutic approaches for understanding and treating narcissistic pathology, before introducing the specific aims and objectives of this study.

4.1.1 Historical Review of Narcissistic Personality Disorder

The psychoanalytic literature contains a myriad of conceptual and clinical observations that portray diverse variants of the narcissistic disorder. For the purposes of this thesis, only those relevant and prominent theorists will be discussed (for a more extensive overview, see Levy, Ellison & Reynoso, 2011). As briefly outlined in chapter 2 (section 2.1.1), the term 'narcissism' originates from Ovid's tale of Narcissus and Echo. In the late nineteenth century, Harvelock Ellis (1898) invoked the myth of Narcissus and coined the term 'Narcissus-like' to illustrate an autoerotic sexual condition in males, a condition where a person sees the self as a sexual object. With further development in psychoanalytic theory, Otto Rank (1914/1971) wrote exclusively on narcissism, based on his studies of female patients. Rank (1914/1971) construed narcissism as a self-admiration and vanity that was not exclusively sexual in nature. In contrast, Freud (1914/1957) denoted narcissism as a sexual perversion, a universal stage of psycho-sexual development and a component of self-preservation, as well as an indicator of a pathological character. Freud (1914/1957) signified that these individuals were extraverted, aggressive, highly independent, and unable to love or commit in close relationships.

The psychoanalyst Reich (1933/1949) developed Freud's (1914/1957) writings in proposing the phallic-narcissistic character, describing these individuals as reacting

with cold disdain, ill humour and overt aggression towards criticism. At a deeper level, these individuals were believed to suffer from profound self-doubt regarding their masculinity. As suggested by the term, Reich's (1933/1949) view of narcissism was somewhat intertwined with ideas of masculinity, a character trait that he argued to be more observable in men given that the narcissistic individual was over-identified with the phallus. The association between narcissism and masculinity can be seen in Adler's (1910/1978) concept of 'masculine protest', a term that represented the desire to be powerful, strong and privileged, with the intention to enhance self-esteem.

The most prominent theoreticians in the conceptualisation of narcissism were Kernberg (1975) and Kohut (1977), whose divergent etiological formulations (see section 5.1.1.2, for a detailed discussion) and nosological accounts of narcissism painted vastly different clinical pictures. Kernberg's (1975) theory of narcissism generally reflects themes of grandiosity and aggression, a pathology he believed to be a subtype of a borderline personality configuration. According to Kernberg's theory, a pathological narcissistic self is developed by a combination of idealised and positive characteristics of the self and others, resulting in an unrealistic, but fragile self-image. To maintain this inflated self-esteem, the pathological narcissist will defensively and consciously avoid negative aspects of self and others, thereby presenting a grandiose self.

By comparison, Kohut's (1977) formulation of narcissistic pathology is more focused on vulnerability, shame and depression. According to Kohut's theory, the pathological narcissist develops narcissistic defences to repel feelings of inadequacy that occur when the grandiose self is not mirrored by others, or when the individual becomes consumed by their own grandiose self-expectations. These narcissistic defences involve two forms of splitting: the first form, horizontal splitting, repressively bars unacceptable self-object needs and concerns from an individual's consciousness. The individual can thus sustain overt manifestations of grandiosity while simultaneously refusing to acknowledge or show any feelings of shame or low self-esteem. The second form, vertical splitting, uses disavowal of needs and denial, allowing conscious experiences of vulnerability to oscillate with feelings of omnipotence. Individuals who use vertical splitting display narcissistic vulnerability through fragile self-esteem, emptiness, and shame. Although considerable disagreement exists regarding a univocal definition of this personality construct, with

theorists imposing their own definition, the comprehensive contributions in the works of Kernberg (1975) and Kohut (1977) meant narcissism officially emerged as a mental disorder in the publication of the DSM-III (American Psychiatric Association, 1980).

Much of the psychoanalytic literature on narcissism has derived from the well-documented myth of Narcissus, whereas the role of Echo has been marginalised. Although Narcissus and Echo are not mutually exclusive of gender, the association found between Narcissus and the male gender is explicit in the psychoanalytic literature, whereas that of Echo and the female gender is not. Despite this, Kernberg's (1975) and Kohut's (1977) theories have been treated as a pathological syndrome which embody and afflict men and women alike. This gender-neutral approach in understanding narcissism has, perhaps expectedly, been contested by other theorists (Akhar & Thomson, 1982; Philipson, 1985; Richman & Flaherty; 1990). Philipson (1985) noted that Kernberg's (1975) and Kohut's (1977) discoveries and observations were based on a total of 29 clinical case materials of patients presenting traits of NPD, but only five of these depicted women.

Men's disproportionate appearance in the case studies were in light of the fact that the psychiatric patients in the clinical population were predominantly women (Philipson, 1985), thus precluding the interpretation that the gender ratio is an artefact of sampling bias in clinical setting. Instead, what these findings arguably demonstrate is that the gender bias in the presentation of narcissistic pathology as defined by the DSM is understood primarily, if not exclusively, through the male perspective, and any associated psychosexual development (see section 4.1.1, for a reminder). The overrepresentation of males in clinical case vignettes when articulating narcissistic pathology has continued to be dominant in recent literature (Dimaggio, 2012; Filippini, 2005; Kealy & Ogrodniczuk, 2011; Kealy & Rasmussen, 2012; Pincus et al., 2014; Roberts & Huprich, 2012; Russ, Shedler, Bradley, & Westen, 2008).

4.1.2 Gender Bias in the DSM Personality Disorders

The issue of gender bias with regard to the DSM personality disorder criteria is controversial and has been widely debated. In the DSM-5, the term 'gender differences' is adopted in preference to 'sex differences' due to the fact that differences between males and females are, more commonly, a result of both

biological sex and individual self-representation (American Psychiatric Association, 2013). Although the DSM-5 makes no explicit statement regarding gender bias among the personality disorders (PDs), it does note that six PDs (narcissistic, antisocial, obsessive-compulsive, paranoid, schizotypal, schizoid) are more prevalent in men, whereas borderline, histrionic and dependent PDs are more common in women. Whilst numerous ways exist to interpret differential prevalence rates, some critics have asserted that they are an artefact of gender bias.

For example, Widiger (1998) outlined six ways in which differential prevalence rates in males and females could reflect gender bias in the diagnosis of PDs. The first refers to biased sampling, which suggests the possibility that the higher proportion of a disorder among men or women in a clinical setting may simply reflect a higher rate of men or women receiving treatment in that setting. The second refers to biased diagnostic constructs, which denotes to the stereotyping or sexist characterisations of men or women's behaviour patterns as pathological. The third, biased diagnostic criteria, pertains to the possibility of behaviour that is consistent with gender role being considered less pathological. The fourth is biased diagnostic thresholds, suggesting that diagnosis thresholds for women and men may be biased if different points exist for when they are given. This is possibly reflected in different assumptions about the degrees of impairment related to personality traits in women compared to men. The fifth refers to biased application of diagnostic criteria, and concerns the possibility of clinicians misdiagnosing certain personality disorders more often in women than in men, and vice versa. Finally, the sixth is biased instruments of assessment; the idea that an item from a self-reported inventory or semi-structured interview contains sex bias if it generally applies to, or did not reflect dysfunction, in one sex more than the other.

Although a range of explanations are given for the differential prevalence rates that have been observed in the DSM criteria of personality disorders among males and females, it is also important to acknowledge here that differences may exist because males and females are biologically different (e.g., Schulte & Habel, 2018). In 1983, Kaplan raised the issue of biased diagnostic constructs in the DSM-III psychiatric diagnoses, arguing that "our diagnostic system, like the society it serves, is male-centered" (p. 791). Kaplan (1983) further posited that the diagnostic experts who served on the DSM-III Task Force were predominantly men, and had codified certain

masculine-based assumptions in terms of behaviours that were considered healthy or 'crazy'. In other words, the PD criteria assume unfairly that females who over-conformed to certain stereotypical gender role characteristics would be labelled as pathological. Kaplan's (1983) article sparked much attention due to the fact that the potential gender-bias in the presence of diagnostic construct could undermine the scientific and clinical validity of the DSM classification of PDs. In later research, Corbitt and Widiger (1995) provided evidence for Kaplan's (1983) observations, noting that some PDs have been historically viewed as 'typically female' (histrionic, borderline, dependent) with others seen as 'typically male' (antisocial, narcissistic, schizoid).

4.1.2.1 Gender bias in Narcissistic Personality Disorder

The significant association between the NPD diagnosis and the male gender is well established in the clinical and empirical literature (Anderson et al., 2001; Fossati et al., 2005; Jane, Oltmanns & Turkheimer, 2007; Karterud, Øien & Pedersen, 2011; Perry & Perry, 2004; Richman & Flaherty,1988; Stinson et al., 2008; Samuels, Eaton, Bienvenu, Brown, Costa & Nestadt, 2002; Torgersen, Kringlen & Cramer, 2001). Such findings commonly reflect a gender bias in the criteria of NPD, in that males and females are considered on the whole to exhibit the disorder differently due to gender-related symptomatology. For instance, Pulay, Goldstein and Grant (2012) used a large, nationally representative epidemiologic survey in the general population and found the lifetime prevalence of narcissistic PD to be higher in males than in females, with an estimation that it affected 7.7% of males and 4.8% of females. Sex differences in the NPD criteria yielded significantly greater likelihood for males to endorse 'interpersonal exploitativeness' and 'lack of empathy' than women. The authors interpreted these findings as criteria which appear to be gender-role bound, and suggested that the relationship between NPD criteria and the male gender stereotype appear to be rooted in 'early life'. Here, identification as either a man or a woman may provide strong schemas which influence subsequent perceptions, decisions and behaviours in a way that mirrors particular gender roles and the sociocultural expectations that are associated with them.

Another study conducted by Lindsay, Sankis and Widiger (2000) explored the potential for gender bias in self-reported personality disorder inventories in a clinical sample. To assess bias, the following criteria were applied: an item would be

considered gender biased if it did not reflect dysfunction (i.e., high likelihood of resulting in false positives; misdiagnosis), or it applied to one sex or gender more than the other (e.g., resulting in differential sex prevalence of false positives). Findings suggested that the majority of items evidencing gender bias on the inventories derived from narcissistic scales in the direction of masculinity and adaptive attributes such as self-efficacy, confidence and self-esteem. The authors concluded that existing inventories of NPD may be biased toward interpreting adaptive masculine behaviours as being an indication of maladaptive narcissistic disorder, particularly as they relate to the gender of the patient. These findings are particularly significant if considered in the context of the fact that the most widely used PD instruments on NPD are endorsed more easily by men than women, and that certain adaptive behavioural items are characterised as pathological. What this means is that personality disorder diagnostic criteria may not have the same meaning or implications for diagnosis across narcissistic male and female patients.

Given the significance of gender roles in the expression of personality disorders, other research has explored whether college students higher in masculinity or femininity were in fact more likely to display symptoms of NPD (Klonsky, Jane, Turkheimer & Oltmanns, 2002). Both gender roles and NPD were assessed via self- and peer reports. As expected, males who behaved consistently with their gender (i.e., masculinity) exhibited more narcissistic features. Contrary to expectations, though, females who also behaved consistently with their gender (i.e., femininity) exhibited more narcissistic traits. It should be noted, however, that these preliminary findings need to be interpreted with caution due to a number of limitations. These include using a non-clinical sample (only a minority of the participants met the criteria for PD), relatively weak correlations and biased assessment instruments (based on participants' subjective understandings of masculinity and femininity). Nevertheless, despite these limitations, other research has found no gender difference in NPD expression as it relates to items of 'interpersonal exploitativeness', 'arrogance', 'being special and unique' and 'being envious' (Karterud et al., 2011).

Moreover, Hoertel et al. (2018) were interested in exploring whether sex differences in NPD symptom expression reflect true phenomenological differences between males and females, or are due to a greater overall symptom severity in one sex in particular. Their results indicated that, out of the nine NPD symptoms (see section

2.1.1.1 for a reminder), significant associations were found for two specific symptoms: 'being envious' and 'lack of empathy'. As such, at lower levels of NPD severity, males were more likely than females to report the item 'lack of empathy', and 'being envious' appeared to be a stronger indicator of NPD severity in males as compared to females. The authors interpreted these findings as substantial sex differences in NPD symptom expression, however they noted that these differences may also reflect sex-bias in diagnostic criteria rather than true group differences. In other words, differences found in symptom expression in males and females may, in actual fact, reflect bias in diagnostic criteria. Nevertheless, these results resonate with the above literature that suggests NPD may be a clinical phenomenon that operates differently in men and women.

Thus far, the literature into gender bias in NPD suggests that gender differences may arise in the expression of narcissistic pathology and the endorsement of NPD items, more generally reflecting the male gender expression than that of females and feminine qualities. These differences in prevalence can be accounted for in terms of females identifying more with 'Echo' (overt vulnerability) than with 'Narcissus' (overt grandiosity). Indeed, the tendency for females to exhibit the more subtle, internally hidden and vulnerable expressions of narcissistic pathology seem more prominent and have been observed in the psychoanalytic literature (for an overview, see Onofrei, 2009; Robinson & Graham, 2004; Ronningstam, 2006). More importantly, the failure of DSM-5 criteria to explicitly recognise any differential presentations of narcissistic grandiosity and vulnerability as guiding the assessment of psychopathology has particular implications for clinical practice in males and females. This is particularly problematic in the case of females if it is grounded in the assumption that their expression of narcissism does not fit the current DSM-5 criteria of NPD. It is important to acknowledge here that, while gender differences do not imply that a person's biologically determined sex will be predictive of their narcissistic orientation, and while there certainty exist women who fit the DSM criteria of NPD, it is evident that narcissism (DSM) more commonly refers to male pathology.

4.1.2.2 Gender bias in Clinical Judgement of Narcissistic Personality Disorder

Independent of any actual differences between males and females in classifications of PDs, misdiagnoses of PDs may partly contribute to the differential prevalence rates observed in males and females (Schulte & Habel, 2018). This has led to a specific acknowledgement in the DSM-5 manual stating that “Although these differences in prevalence probably reflect real gender differences in the presence of such patterns, clinicians must be cautious not to over diagnose or under diagnose certain personality disorders in females or in males because of social stereotypes about typical gender roles and behaviors” (American Psychiatric Association, 2013, p. 648). Euler et al. (2018) argued that males are more prone to be diagnosed with NPD as a result of their more grandiose appearance of narcissism, whereas a patients’ vulnerable narcissism may be unidentified or misdiagnosed as BPD, especially in females. This is particularly significant in light of the fact that females are more likely to seek treatment than males (Skodol & Bender, 2003), and diagnosticians are more likely to evaluate NPD patients when they are in a vulnerable state (Ellison et al., 2013). Such speculations resemble the biased higher prevalence of females with BPD in clinical settings, as the latter does not reflect the balanced gender distribution found in epidemiological cohorts (Paris, Chenard-Poirier & Biskin, 2013).

Grilo et al. (1996) confirmed these patterns in their sample, where it was found that the NPD diagnosis was assigned only to men whereas the BPD diagnosis was assigned significantly more frequently to women. However, the authors did not acknowledge the error in clinical judgment, arguing instead that the presentation of NPD and BPD disorders may reflect extreme manifestations of gender-linked values for males and females, respectively. In other words, the higher proportion of males with NPD may reflect a ‘developmental push’ toward power, independence and control, whereas the higher proportion of females with BPD perhaps shows a ‘developmental bias’ toward interpersonal closeness and affiliation. These ideas resonate with those of Haaken (1983), who argued that early disturbances in empathy by the caregiver, and gender socialisation, more likely produces borderline conditions for women and narcissistic personality disorders for men, a conclusion suggesting that gender issues lead to significant differences in personality pathology in men and women.

A later research study by Anderson, Sankis and Widiger (2001) found similar patterns in prevalence rates among males and females diagnosed with DSM PDs, providing further support for the above theorisations. In this study, clinicians applied narcissistic PD and antisocial PD more frequently in men, whereas dependent, histrionic and borderline PD were diagnosed more frequently in females. Interestingly, however, the authors noted that clinicians did not perceive the diagnostic criteria as having different implications for pathology or maladaptivity across gender. In other words, clinicians did not consider the DSM PD criteria to be more (or less) maladaptive for a man than for a woman. Although this implies that the criteria sets may have the same implications for the presence of psychopathology in males and females, the clinicians did conclude women were less likely than men to have a grandiose sense of self-importance or to be physically aggressive. On the one hand, this could be suggestive of a potential gender stereotyping, but on the other hand, a number of different data sources support the existence of biological differences between sexes from which it is concluded that females are less physically aggressive than males (e.g., Schulte & Habel, 2018; Skodol & Bender, 2003).

Interestingly, research has shown that the extent to which sex bias in diagnosis may occur is influenced by the ambiguity of the case (Braamhorst et al., 2015). In a sample of trainee clinicians, Braamhorst et al. (2015) presented participants with hypothetical case vignettes containing the following: non-ambiguous case histories with sufficient features of either BPD or NPD to meet the threshold for classification, and an ambiguous case containing subthreshold features of both NPD and BPD. The authors differentiated two underlying mechanisms for sex bias: gender stereotyping and actual base rate variations (differences observed in males and females due to factors other than gender stereotypes). Results showed that there was no effect of sex of patient when sufficient information was presented to correctly diagnose BPD and NPD.

However, when the case presented contained subthreshold features of both disorders, participants diagnosed BPD more often in females than in males, and NPD more often in males than in females. The authors concluded that when there is ambiguity in the classification of PD, sex bias is present and more likely to be influenced by base-rate variation than gender stereotyping. An acknowledged limitation and suggestion for future research pertained to the inclusion of participant characteristics

(e.g., years of experience, type of psychotherapy training) for a more fine-grained analysis. Moreover, despite the above trends in misdiagnoses and differential prevalence rates, the current literature still treats gender issues in narcissistic pathology as being separate from the criticisms commonly levelled at the clinical utility of NPD.

4.1.3 Critiquing the Clinical Utility of Narcissistic Personality Disorder

The criteria of NPD in the DSM-5 have been challenged on conceptual, clinical and empirical grounds, the most common criticism pertaining to the evident lack of narcissistic vulnerability (Cain et al., 2008; Dimaggio, 2012; Kealy & Rasmussen, 2012; Levy et al., 2011; Pincus & Lukowitsky, 2010; Reidy et al., 2008; Ronningstam, 2009). The failure to capture the phenomenology of NPD in its entirety has been said to most likely contribute to this disorder, exhibiting the lowest prevalence rate of the DSM personality disorders (Caligor, Levy & Yeomans, 2015; Miller et al., 2007; Russ et al., 2008). However, this is a finding which is inconsistent with the frequency of NPD diagnosis found in clinical practice (Cain et al., 2008; Euler et al., 2018), suggesting discrepancies exist between the diagnostic nomenclature as captured in the DSM-5 and the psychiatric phenomenon that is observed in clinical settings. It is noteworthy that early versions of NPD criteria (e.g., DSM-III and DSM-II-R) acknowledged vulnerable aspects of narcissism, containing elements of narcissistic phenomenology based on writings provided by Kohut (1977) and Kernberg (1975).

The subsequent versions of the DSM criteria have increasingly stressed the grandiose features of narcissism whilst simultaneously de-emphasised and eliminated references to the more covert and vulnerable aspects of narcissism (Cain et al., 2008), favouring Kernberg's (1975) theory of the disorder. In the latest version, DSM-5, narcissistic PD has been reformulated so that it represents symptoms involving impairments of self (i.e., identity, self-direction) and interpersonal functioning (i.e., empathy, intimacy). The diagnosis of narcissistic PD is also made with regard to individuals having specific elevations on two traits of antagonism: grandiosity and attention seeking, both of which emphasise grandiosity over vulnerability. Although vulnerable aspects do appear in the DSM-5's content on the self and interpersonal portion of the diagnosis (criteria A), it is not featured in the actual trait perspective

(criteria B; American Psychiatric Association, 2013). It has been argued that changes in criteria are indicative of a concern to discriminate NPD from other pathologies, and in so doing, reducing comorbidity at the expense of the true phenomenological nature of NPD (Levy et al., 2011).

In terms of comorbidity, research has found that grandiose and vulnerable narcissism are associated with markedly different patterns of diagnostic overlap (Levy, 2012). Vulnerable narcissism has been associated with depression, anxiety, non-suicidal self-injury, suicide attempts (Miller & Campbell, 2008; Pincus & Lukowitsky, 2010; Russ et al., 2008; Thomas et al., 2012), BPD (Euler et al., 2018; Miller & Campbell, 2008; Miller et al., 2010; Pincus et al., 2009; Wright et al., 2010) and avoidant and dependent PD (Dickinson & Pincus, 2003; Miller et al., 2014). Grandiose narcissism, however, appears to more strongly correlate with antisocial personality disorder (ASPD; Stinson et al., 2008).

In fact, these differential patterns of comorbidity have also been shown as gender-specific: whereas men with narcissistic PD are more likely to be associated with antisocial PD and substance use disorders, women with narcissistic PD more frequently suffer from depressive and anxiety disorders and are more likely to have comorbid borderline PD (Stinson et al., 2008). Paris (2004) argued that differences in disorders may be explained by gender differences in traits (Costa, Terracciano & McCrae, 2001; Ferguson & Eyre, 2000). These gender differences include males scoring higher on assertiveness and dominance which may, in turn, be reflective of a male predominance in externalising disorders (NPD, ASPD, substance abuse). Females, on the other hand, report higher levels of neuroticism, shame and nurturance, which may lead to a female predominance in internalising disorders (mood, anxiety, BPD; Paris, 2004).

Based on the above, it is important to acknowledge both the relative unawareness of understanding and approaching narcissistic pathology through the lens of gender, and how this unawareness has contributed to a poor clinical utility of NPD (e.g., low prevalence rates, diagnostic overlap, a lack of sufficient vulnerability). Instead, suggested proposals for improving the clinical utility and construct validity of NPD have been to revise the DSM criteria to include a number of specific features. First, to modify the current NPD criteria with explicit content covering vulnerable narcissistic features (Fossati et al., 2005; Miller, Widiger & Campbell, 2010; Pincus

& Lukowitsky, 2010; Ronningstam, 2011), thereby indirectly addressing the gender issue. Second, to include narcissistic vulnerability as a specifier for NPD diagnoses (Miller et al., 2013). Third, to consider the ongoing debate of whether PDs in general, and pathological narcissism in particular, should be assessed using a dimensional trait-related rather than a categorical approach (Euler et al., 2018; Karterud et al., 2011).

This approach has been partially implemented in the DSM-5 with the aim to increase discriminant validity of PD diagnoses. This involves each PD to be diagnosed based on elevated scores of a specific number of traits from the dimensional trait model (i.e., negative affectivity, antagonism, detachment, psychoticism and disinhibition). It therefore uses a dimensional classification of personality pathology, rather than counting symptoms to inform a diagnosis. A final thought of revision concerns the construct validity of vulnerable narcissism, in light of the substantial degree of overlap with BPD and neuroticism (Miller et al., 2010; Miller et al., 2018). This is, specifically, whether it warrants its own place as a fully independent personality disorder construct rather than simply being a subtype of NPD, or if it is better suited as being a part of the BPD construct.

Taken together, the existing literature is rife with ongoing debates regarding the descriptive characteristics of narcissism and diagnostic criteria that best exemplify the construct. These disparities have been poorly calibrated across the fields of psychiatry, clinical, and social/personality literature, reflecting enduring disagreement among clinicians and experts with regard to the central features of narcissism. For instance, research from the social/personality literature questions the notion that narcissistic grandiosity and vulnerability 'co-exist' (e.g., Miller et al., 2010; Miller et al., 2018), whereas the clinical literature suggests narcissistic individuals oscillate between the two dimensions (Cain et al., 2008; Ellison et al., 2013; Gore & Widiget, 2016; Pincus & Lukowitsky, 2010; Roberts & Huprich, 2012; Russ et al., 2008).

More importantly, experts in the social/personality field generally believe that the grandiose features are more central to narcissism, whereas clinicians consider vulnerability to be more central (Ackerman, Hands, Donnellan, Hopwood & Witt, 2017). Despite these differences in opinions, Ackerman et al. (2017) also found that

clinicians have little to no consensus in their views regarding the centrality of vulnerable characteristics, perhaps reflecting different therapy orientations shaping clinicians' understanding of narcissism and the related central pathognomonic features (i.e., characteristics of a particular condition). The next section will therefore provide an overview of the different treatment approaches associated with NPD.

4.1.4 Treatment of Narcissistic Personality Disorder

The efficacy of psychotherapeutic approaches and evidenced-based treatments for NPD is limited (Caligor et al., 2015; Ogrodniczuk, Piper, Joyce, Steinberg & Duggal, 2009). As a consequence, the field continues to grapple with questions about identifying, defining, understanding and treating narcissistic pathology (Kealy, Hadjipavlou & Ogrodniczuk, 2014). This is reflected in the divergent theoretical perspectives regarding the definition of narcissistic disorder (see section 4.1.1 for a reminder) and in the clinical literature, where NPD has been associated with a 'difficult-to-treat' condition with no 'gold standard' treatment orientation (Dhawan, Kunik, Oldham & Coverdale, 2010). While a proliferation of treatment approaches exists, this thesis highlights some salient ones to demonstrate the differences in conceptual perspective and emphasis. Psychodynamic approaches include Kohut's (1971) self-psychology, and focus on 'repairing' the fragile self of the narcissist through an empathic functioning on the part of the therapist in order to enable healthy growth and development.

Attachment-oriented approaches describe NPD prototypically as a reflection of dismissing attachment, characterised by distorted internal representations of self (superior but unacknowledged) and other (failing to provide the entitled devotion). Treatment seeks to modify these representations in order to foster greater identity stability (Meyer & Pilkonis, 2012). Schema therapy is the concept of 'early maladaptive schemas', and focuses on addressing dysfunctional thought patterns, or the 'schema profile', of the NPD patient. These patterns can include emotional deprivation, shame, defensiveness, mistrust, abuse, entitlement and so on (Behary & Dieckmann, 2012). Cognitive-behavioural therapy (CBT) has been applied to combat NPD symptoms, and, with building a therapeutic alliance recognised as a vital component, it involves a structured effort at modifying the patient's dysfunctional cognitions and behaviour whilst at the same time increasing empathy for others (Cukrowicz, Poindexter & Joiner, 2012). Finally, dialectical behaviour

therapy (DBT) focuses on the balance of acceptance and change. Here, patients are encouraged to accept any intense emotions that they experience, whilst simultaneously changing their behavioural response to these experiences (Reed-Knight & Fisher, 2011).

Albeit scant, the existing literature on pathological narcissism and psychotherapy suggests that treatment efficacy differs for patients who exhibit grandiose versus vulnerable narcissism. In a sample of outpatients at a psychotherapy clinic, Pincus et al. (2009) found grandiose narcissism to be associated with a reduced treatment utilisation (e.g., less medication use, less contact with partial hospitalisations and inpatient admissions, more therapy cancellations and no-shows). In contrast, patients with vulnerable characteristics were associated with increased compliance to treatment (e.g., fewer therapy no-shows and more contact with partial hospitalisations and crisis services). These findings were replicated in a later study by Ellison et al. (2013) and, taken as a whole, suggest that clinicians are more likely to treat patients who present narcissistic vulnerability, and that relying entirely on the DSM-5 diagnostic manual may impede recognition of narcissistic disorder. In addition, these findings convey a mismatch between the presentation of grandiose narcissism as captured by the DSM, which tends to be more prevalent in men, and vulnerable narcissism, which is currently barely considered by the DSM and tends to be more prevalent in women (Grijalva et al., 2014).

Despite these treatment implications, the extent to which a specific diagnosis (or misdiagnosis) impacts on the selection of a treatment remains uncertain. In the absence of empirically supported treatments for NPD, it is common practice to utilise other effective treatments from ‘near-neighbour’ disorders, such as BPD (Caligor et al., 2015; Kealy, Goodman, Rasmussen, Weideman & Ogrodniczuk, 2017). Indeed, researchers have posited that treatments designed explicitly for BPD patients, such as DBT, might be usefully employed for individuals with vulnerable narcissism, given their similar nomological networks (Kaufman, Weiss, Miller, & Campbell, 2018; Miller et al., 2018). In the case of individuals with grandiose narcissism, researchers have argued that these types of individuals are likely to require different therapeutic approaches compared to their vulnerable counterparts (Miller et al., 2018; Ogrodniczuk et al., 2009). However, in a study gathering clinicians’ preferred therapy for patients with NPD, grandiose and vulnerable presentations of narcissism

were associated with the same treatment approach (Kealy et al., 2017). The lack of clarity regarding preferred treatment choices for patients with grandiose and vulnerable on the one hand, and research which demonstrates that clinicians' therapeutic orientations can significantly affect their diagnostic judgements (Woodward, Taft, Gordon, & Meis, 2009) on the other hand, suggests that exploring clinicians' preferred therapy in practice could shed light on how clinicians conceive of and treat NPD.

4.1.5 Aims and Objectives

The limited research on gender issues in DSM NPD on the one hand, and in vulnerable narcissism, on the other hand, is particularly striking. It is evident from the literature that narcissism is a complex, intertwined and multi-layered construct, and assessing both narcissism dimensions without explicitly recognising the gender manifestations of the two is likely to lead to problems in the classification and treatment of NPD. The current study extends previous research in this field (Anderson et al., 2001; Braamhorst et al., 2015; Grilo et al.,1996) by seeking to address the implications of clinicians' diagnoses of vulnerable narcissism in clinical case vignettes. Specifically, this study aims to explore the PD diagnosis commonly levelled at patients who present features of vulnerable narcissism, and whether gender bias in clinicians' diagnoses of vulnerable narcissism in men and women with identical symptomatology.

As shown in the literature reviewed above, the provision of differential rates of diagnosis has traditionally been considered the result of clinicians assigning different diagnoses based on patient gender. However, the extent to which a clinician's gender affects personality disorder diagnosis remains relatively underexplored (Crosby & Sprock, 2004; Oltmanns & Powers 2012). On these basis, the current study also explores clinician gender as a means to further explore gender bias in patients who present symptoms of vulnerable narcissism. The study also investigates the extent to which clinicians' preferred therapy approach and length of experience in practice influences the likelihood of diagnosis in cases with vulnerable narcissism. These factors are explored in an online, vignette-based study with clinicians who are either in clinical training or active in practice. To the knowledge of the author, this is the first study to explore clinicians' judgement on diagnosis with cases of vulnerable narcissism symptoms. As such, the present study is designed as an exploratory step

toward building a cohesive and coherent understanding of the assessment, diagnosis and treatment of NPD as it relates to gender.

The findings of this study can provide an important step towards a conceptual model that includes gender issues in pathological narcissism, which are currently under detected using the current nosology, and underrepresented in the existing literature (Schulte & Habel, 2018). Such foci may guide, and improve, clinicians in their assessment and design of treatment for NPD patients and thereby benefit patients, clinicians and researchers alike. Extending theoretical knowledge on clinicians' psychological therapy practices and diagnosis of male and female narcissism might help to refine therapeutic targets and gender-sensitive treatment programmes. The findings of this study can potentially reconcile current debates regarding the construct of NPD, improve the assessment of NPD in future iterations of the DSM, as well as allowing for a closer integration of how gender influences clinical expressions of narcissistic typologies and their overlap with other PDs.

Research questions:

1. What are the common diagnoses given by clinicians to hypothetical patients who present symptoms of vulnerable narcissism?

2. To what extent does clinician and patient gender influence clinicians' diagnoses for cases with vulnerable narcissism symptomatology?

3. To what extent do clinicians' psychological therapy practices and years of experience influence diagnosis for cases with vulnerable narcissism symptomatology?

The current study is exploratory in nature and therefore offers no specific hypotheses except for the following:

Hypothesis 1: When presented with a vulnerable narcissism vignette, clinicians will be more likely to diagnose the patient with BPD, avoidant or dependent PD, than NPD. This assumption is based on previous research finding an overlap between vulnerable narcissism and BPD (Euler et al., 2018; Miller & Campbell, 2008; Miller et al., 2010; Pincus et al., 2009; Wright et al., 2010), and avoidant and dependent PD (Dickinson & Pincus, 2003; Miller et al., 2014).

4.2 Method

4.2.1 Design

This study utilised a between-subjects, experimental vignette-based design. Initially, the design of the study aimed to form a 2 (patient gender: male, female) x 2 (clinician gender: male, female) x 2 (therapy approach: CBT, psychotherapy) factorial design ANOVA. However, after preliminarily analysis, which indicated violations of assumptions of this test, a non-parametric one-way analysis of variance was chosen instead (see section 4.3.1.2). The dependent variable was the likelihood of diagnosis given across a range of possible conditions. Correlational design was also employed to investigate the relationship between clinicians' length of experience in practice and their likelihood of diagnosis given.

Given that this study was concerned with clinical judgments of diagnosis in hypothetical patients who presented prototypical expressions of vulnerable narcissism, a clinical vignette-based study was deemed suitable. A vignette can be described as a brief, carefully written depiction of a situation or person designed to simulate key characteristics of a real world scenario (Evans et al., 2015). Evans et al. (2015) outline three key aspects regarding the content and characteristics of a vignette: experimental aspects, which are carefully manipulated across vignettes to determine their impact on the dependent variables; controlled aspects, which are retained consistent, whether they are identical or similar, across vignettes so as to discount extraneous variance; and contextual aspects, which commonly differ from one vignette to another so as to present authenticity (e.g., idiosyncratic information that suggest a stronger individuality for a vignette character), but are not thought to create a casual influence on the dependent variables.

Compared to traditional surveys and experimental designs, vignette-based designs allow practicality and flexibility for the researcher to modify specific aspects of a written stimulus whilst simultaneously allowing for a degree of control over experimental variables. Vignette studies have been recognised as a 'hybrid' methodology that inherit the internal validity strengths of experimental methods and the external validity strengths of survey research (Atzmüller & Steiner, 2010; Evans et al., 2015). Vignette designs are frequently used to examine clinical judgments made by health professionals, such as diagnostic assessment and treatment selection

(Evans et al., 2015). More importantly, while it is often assumed impossible or unethical to assess clinical judgments experimentally with real clinicians and patients in health care practices, vignette designs have been argued to represent an effective way of navigating this issue and a potentially ideal method for investigating particular scenarios in which clinical judgments affect a patient (Bachmann et al., 2008). As with regard to the assessment of narcissistic PD, the use of clinical case vignettes has been widely implemented in the literature (Anderson et al., 2001; Braamhorst et al., 2015; Kealy et al., 2017; Kealy & Ogrodniczuk, 2011; Kealy & Rasmussen, 2012; Pincus et al., 2014; Roberts & Huprich, 2012; Russ et al., 2008).

4.2.2 Participants

Power analysis software (G*Power 3.1.9.2; Faul et al., 2007) was used to calculate minimum sample size in order to achieve a desired moderate effect size ($f = 0.25$) and a $p = 0.05$ significance level using a one way ANOVA with two groups. Power analysis stipulates a minimum of 128 participants is required to achieve a power of 0.80. From the initial sample pool ($N = 197$), 87 participants were excluded as they did not complete the survey. Of those who completed the study ($n = 110$), two participants were eliminated on the grounds that they did not provide a diagnosis for vignettes presented. The final analysis was conducted using the remaining 108 participants. The sample comprised 79 females (73.1%) and 29 males (26.9%). The age range of participants was 22-61 years with a mean of 38.31 years ($SD = 9.9$).
Participants were recruited through e-mails that were sent to large psychotherapy organisations including the *Society for the Exploration of Psychotherapy Integration*, the *American Psychological Association* (Divisions of Psychotherapy and Psychoanalysis), the *American Association for Psychoanalysis in Clinical Social Work*, and throughout the EU and UK Psychotherapy communities, including the *British Psychological Association* (Division of Clinical Psychology). Inclusion criteria were being over 18 years of age, being fluent in English, providing informed consent, and either having undertaken clinical training or being active in clinical practice.

The sample was predominantly Caucasian ($n = 101$), with three identified as South or East Asians, one identified as Middle Eastern, and the remaining two participants chose ‘mixed’ or ‘other’ for their ethnic status. Participants’ most recent

qualifications were the following: Doctorate in Clinical Psychology (*n* = 35), MSc degree in Clinical Psychology/Trainee Clinical Psychologist (*n* = 17), Chartered Psychologist (*n* = 16), and Licensed Psychotherapist (*n* = 14). The remaining 26 participants did not indicate their qualifications, or their answers were ambiguous (*n* = 3). In terms of previous training received, the majority of participants had training in Cognitive Behavioural Therapy (*n* = 95), Psychodynamic Psychotherapy (*n* = 47), Mindfulness-based Cognitive therapy (*n* = 29), Interpersonal Therapy (*n* = 28), Group Psychotherapy (*n* = 18), Counselling (*n* = 9), Psychoanalysis (*n* = 3), with 20 participants also indicating other modalities in 'Other'. Additional descriptive information regarding clinicians' length of experience in practice, and current psychological therapy used in practice are displayed in Table 4.1.

Table 4.1
Participant demographics

	Total (*N = 108)*	Males (*N* = 29)	Females (*N* = 79)
Median length of experience in months	81	138	73
Current therapy used in practice			
Cognitive Behavioural Therapy	61	9	52
Psychodynamic Psychotherapy	13	6	7
Interpersonal Therapy	4	1	3
Mindfulness-based Cognitive therapy	3	1	2
Counselling	1	-	1
'Other'	26	12	14

Note. Dashes indicate no response.

4.2.3 Materials

4.2.3.1 Clinical Case Vignettes

The study used eight clinical case vignettes of hypothetical patients presenting prototypical expressions of: vulnerable narcissism, grandiose narcissism, BPD and panic disorder without personality pathology. The grandiose narcissism vignette (NPD as defined in the DSM) was included to explore and compare whether a gender bias is specific to vulnerable narcissism or if it does indeed occur in symptoms of grandiose narcissism (as suggested by previous research). The borderline PD vignette was included due to its symptoms commonly showing an overlap with vulnerable narcissism, and also as a means to further explore gender bias. The panic disorder vignette was utilised as a 'distractor' condition to avoid priming clinicians towards any potential bias with regard to the aims of the current study (i.e., gender bias in personality disorders). For these purposes, the panic disorder vignette was not included in the main analyses of the current study.

These vignettes were expert-validated and have been used in previous research (Braamhorst et al., 2015; Kealy et al., 2017; see appendix 3). The two narcissism vignettes and the panic disorder vignette were constructed by Kealy et al. (2017), and the BPD vignette was constructed by Braamhorst et al. (2015). The narcissism vignettes were informed by the review of Cain et al. (2008). Each vignette contained one hypothetical patient (with two versions: male and female); creating eight different vignettes. Despite some male and female vignettes differing in line with gender role specific aspects, no significant clinical differences existed between them (Braamhorst et al., 2015; Kealy et al., 2017).

The research team and three highly-experienced clinicians in the field of pathological narcissism and personality disorder reviewed these vignettes. This review resulted in the following amendments: first, since the borderline PD vignette was provided in Dutch, translations were made to English by a native Dutch speaker, and the research team. This vignette contained five features suggestive of a DSM-5 diagnosis of BPD, in which one symptom, that of recurrent suicidal tendencies, was removed. This was done on the advice of a clinician who reviewed the vignettes and felt the inclusion of such a symptom would be too conspicuous and would prime clinicians immediately towards BPD. The symptom was replaced with impulsive self-destructive behaviours to ensure representativeness of the intended clinical phenomena and to meet the threshold for BPD. Second, the male and female prototypes in the grandiose narcissism vignettes were markedly different in context, and in order to ensure consistency across all vignettes, one version of the vignette was used (with the gender inverted, thus creating male and female prototypes with identical context). The vulnerable narcissism and panic disorder vignettes were retained in their original versions.

Additional data were gathered regarding participant demographics. Participants were asked to indicate whether they were male or female, as well as their age, ethnicity, qualifications, length of experience in practice, previous training received, and current psychological therapy used in practice.

4.2.4 Procedure

An online study (using Qualtrics) was advertised via social network sites (i.e., Twitter, Facebook and Reddit), and e-mails were sent to clinical psychology committees and organisations as a way to distribute the study to a broader sample of clinical psychologists. This included those in practice, for example, clinical psychologists who appeared in the public directory of the charted psychologists from these societies and organisations, and trainee clinical psychologists who were recruited via e-mail sent to their Clinical Psychology Doctoral Programmes at their respective Universities. Once they clicked on the study link, participants were presented with the information sheet and relevant ethical information. Participants provided informed consent by clicking a box and then clicking a 'next' button to begin the study. They first completed a selection of demographic questions and were then randomly assigned either four male vignettes or four female vignettes to avoid priming participants to gender bias.

Vignettes were presented in the following order: vulnerable narcissism, grandiose narcissism, panic disorder, and borderline PD cases. After reading each vignette, participants were asked to indicate the likelihood of diagnosis for a range of PDs on a 1 (very unlikely) to 8 (very likely) rating scale, on the basis of the available history. All the PDs in the DSM-5 were listed, in order to avoid priming participants to a particular diagnosis. The PDs were presented in the following order: Paranoid PD, Narcissistic PD, Schizoid PD, Antisocial PD, Borderline PD, Histrionic PD, Avoidant PD, Dependent PD, and Obsessive-compulsive PD, or Other. Once all of the vignettes had been read and rated, participants were asked to click 'next' on the page to be forwarded to the debrief page where they were thanked for their time and debriefed in regard to the purposes of the study. Participants were also given the contact details of the researcher and the project supervisor should they have any further questions regarding the study. Overall, the study was estimated to take approximately 10-20 minutes to complete.

4.2.5 Ethical considerations

Ethical approval was granted by Edinburgh Napier University School of Applied Sciences Research Integrity Committee. Participants were provided with an information sheet pertaining to the research aims and their involvement, followed by

a consent form. The information sheet identified any risks associated with the study and also the participant’s rights (e.g., anonymity, confidentiality and right to skip any question they did not wish to answer). Participants were also made aware that they had the right to withdraw from the study prior to completion, and that withdrawal from the study would not be possible after completing the survey. A full debrief was presented on the last page followed by the researcher’s and supervisory team contact details.

4.3 Results

This section begins with a discussion on data treatment in relation to missing data, followed by an outline of preliminary analysis of variables under investigation. The subsequent section is divided into three main subsections, in line with the research questions. The first subsection (4.3.2) provides analysis of the diagnoses commonly levelled at clinical case vignettes with vulnerable narcissism symptomatology (first research question). The second subsection (4.3.3) investigates the potential of gender bias in clinicians' diagnoses of cases with vulnerable narcissism (second research question). Finally, the third subsection (4.3.4) presents analysis on the likelihood of diagnosis as influenced by clinicians' length of experience and their salient psychological therapy as used in practice (third research question).

4.3.1 Data Treatment

4.3.1.1 Missing data

Prior to data analysis, the data set was checked for missing values. Consistent with procedures outlined in Study 2, any patterns of missing values were investigated with Little's MCAR test to explore if values were Missing Completely At Random (MCAR; Little & Rubin, 2002). The test was statistically non-significant (χ^2 = 631.990, *df* = 633, *p* = .504), which indicated missing data were due to random causes. In terms of methods to replace missing data, it was decided that, in cases where participants failed to indicate their age (*n* =1) or ethnicity (*n* =1), missing values were not replaced and therefore accepted as missing data.

Missing values were, however, replaced in cases where participants did not indicate the likelihood of diagnoses in the vignettes (n = 5) but did provide ratings for other diagnoses within these vignettes. These missing values were interpreted as that the particular diagnosis was not applicable to the related vignette. On this basis, values were replaced with '1' which indicated 'very unlikely' on the provided rating scale. The same procedure was followed for missing values on vignettes for the 'Other' option which, somewhat expectedly, participants would leave blank if they felt it was not relevant to the given vignette. The value of '1' was therefore imputed for the missing values on the 'other' option across the vulnerable narcissism (*n* = 35), grandiose narcissism (*n* = 45), borderline PD (*n* = 28), and panic disorder (*n* = 17) vignettes.

4.3.1.2 Preliminary analysis

Prior to conducting a 2 x 2 x 2 factorial design ANOVA, preliminary analyses were conducted to ensure assumptions were met. These analyses indicated violations of normality for the majority of variables investigated, as assessed by the investigation of skewness and kurtosis (scores were considered normal if within the range of -1 to 1), and the Shapiro-Wilk test. Attempts were made to transform the data (using log, square and reciprocal transformations; Field, 2019) into a normally distributed data, however these attempts did not make a difference to the distribution of the data, which remained skewed. Although some researchers argue that assumptions of normality can be assumed on the grounds of a large sample size (>200; Field, 2009) and the central limit theorem (samples greater than >30; Ghasemi & Zahediasl, 2012), the current study does not meet these criteria, having a sample size of 108 participants. In addition, due to the between-subjects design, there were only 29 male participants in one group compared to 79 females in the other group. More importantly, unequal-sized groups cause particular problems in an ANOVA design, which assumes equal variances between groups. Preliminary analysis indicated violation of this assumption for the majority of variables, as assessed by Levene's test of variance. An unbalanced ANOVA also affects statistical power and Type I error rates (Rusticus & Lovato, 2014).

On the basis of the violated assumptions, it was decided that non-parametric tests would be appropriate in addressing the research questions (i.e., Friedman, Kruskal-Wallis and Mann-Whitney tests). Although these non-parametric tests are less sensitive, in that they contain less detail of the data set, they were deemed more appropriate than alternative non-parametric tests such as chi-square and CHAID. This is because chi-square and CHAID tests would further reduce meaningful data due to their required assumptions of categorical data. In light of the multiple comparisons and tests being conducted, Type I error was controlled by a stricter alpha level of .01 for those cases where a Bonferroni correction had not already been applied (Banerjee, Chitnis, Jadhav, Bhawalkar & Chaudhury, 2009). Data were analysed using SPSS software version 23.

4.3.2 Clinicians' commonly attributed diagnoses for cases with vulnerable narcissism symptomatology

4.3.2.1 Descriptive analyses

Descriptive analyses were run for all vignettes to investigate the diagnoses commonly levelled at symptoms of vulnerable narcissism, grandiose narcissism and borderline PD. As seen in Figure 4.1, the preferred diagnoses commonly attributed to cases with vulnerable narcissism symptomatology were dependent PD, avoidant PD and borderline PD (as indicated by the median score).

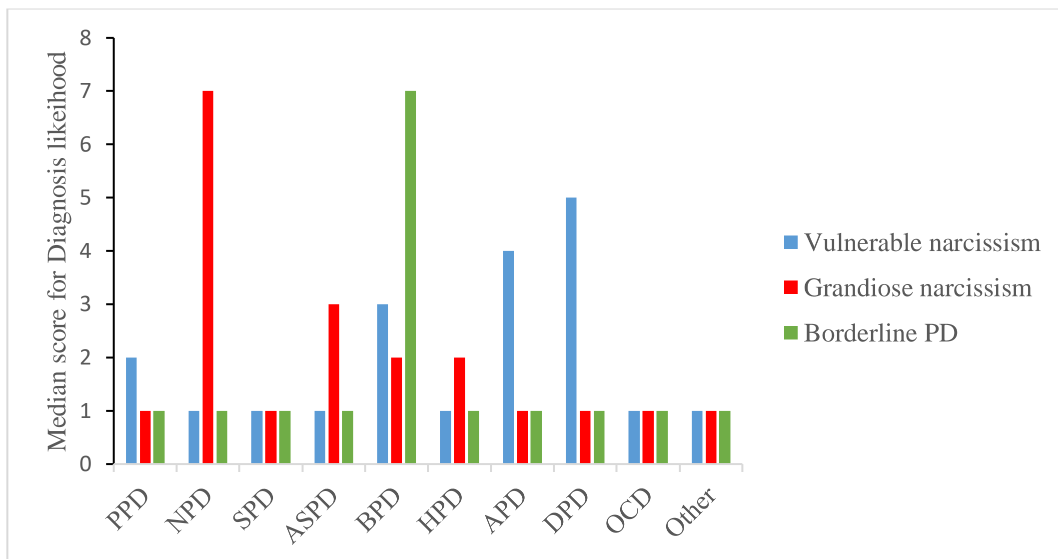

Figure 4.1. Clinicians' likelihood of diagnosis across three conditions.
Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD.

As for cases with narcissistic PD and borderline PD symptomatology, Figure 4.1 show correct diagnosis as indicated by the median score, respectively. As expected, clinicians' median score was 1 across all PDs for the panic disorder without personality pathology vignette.

4.3.2.2 Likelihood of diagnoses

In order to test for differences in ranked outcomes in diagnosis for each vignette, Friedman's repeated samples test was conducted separately for male and female clinicians. The likelihood of diagnosis across conditions was the outcome variable, and the diagnosis type was entered as the independent variable. Table 4.2 and 4.3

shows the Friedman's repeated samples test for the vulnerable narcissism vignette in male and female clinicians, respectively.

Table 4.2

Male clinicians' likelihood of diagnosis in cases with vulnerable narcissism symptomatology

	PPD	NPD	SPD	ASPD	BPD	HPD	APD	DPD	OCD	Other
Mean rank	5.45	4.91	4.31	3.41	6.60	4.91	7.76	7.91	5.19	4.53
PPD										
NPD	.672									
SPD	1.431	.759								
ASPD	2.559	1.887	1.128							
BPD	-1.453	-2.125	-2.884	-4.012***						
HPD	.672	.000	-.759	-1.887	2.125					
APD	-2.906	-3.578*	-4.337***	-5.465***	-1.453	-3.578*				
DPD	-3.101	-3.773**	-4.532***	-5.660***	-1.648	-3.773**	-1.95			
OCD	.325	-.347	-1.106	-2.234	1.778	-.347	3.231	3.426*		
Other	1.149	.477	-.282	-1.409	2.602	.477	4.055***	4.250***	.824	

Note. Values in the lower part of the table present the test statistic = $\chi 2$. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *p<0.05. **p<0.01. ***p<0.001.

Table 4.3
Female clinicians' likelihood of diagnosis in cases with vulnerable narcissism symptomatology

	PPD	NPD	SPD	ASPD	BPD	HPD	APD	DPD	OCD	Other
Mean rank	6.08	4.66	4.72	3.62	7.23	4.51	7.73	7.73	4.78	3.94
PPD										
NPD	2.956									
SPD	2.838	-.118								
ASPD	5.111***	2.155	2.273							
BPD	-2.391	-5.347***	-5.229***	-7.502***						
HPD	3.258	.302	.420	-1.852	5.649***					
APD	-3.429*	-6.385***	-2.267***	-8.540***	-1.038	-6.687***				
DPD	-3.416*	-6.372***	-6.254***	-8.527***	-1.025	-6.674***	.013			
OCD	2.706	-.250	-.131	-2.404	5.098***	-.552	6.136***	6.122***		
Other	4.454***	1.498	1.616	-.657	6.845***	1.196	7.883***	7.870***	1.747	

Note. Values in the lower part of the table present the test statistic = $\chi 2$. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. **$p<0.01$. ***$p<0.001$.

The Friedman test indicated a significant difference between the diagnoses attributed in the vulnerable narcissism vignette condition, for male clinicians: $\chi^2(9) = 80.297$, $p < .001$, and for female clinicians: $\chi^2(9) = 266.793$, $p < .001$. Dunn's pairwise post-hoc test with a Bonferroni correction applied showed that both male and female clinicians were significantly more likely to diagnose borderline PD compared to antisocial PD. A similar pattern was also found for male and female clinicians' diagnosis of dependent PD, which was significantly more likely diagnosed compare to antisocial PD, schizoid PD, 'other', narcissistic PD, histrionic PD, and obsessive-compulsive disorder. Also, avoidant PD was significantly more likely diagnosed compared to antisocial PD, schizoid PD, 'other', narcissistic PD, and histrionic PD, for both male and female clinicians.

Female clinicians were also significantly more likely to diagnose borderline PD compared to histrionic PD, 'other', narcissistic PD, schizoid PD, and obsessive-compulsive disorder. As well as this, dependent PD was significantly more likely diagnosed compared to paranoid PD. Avoidant PD was also significantly more likely to be diagnosed compared to obsessive-compulsive disorder and paranoid PD. Finally, paranoid PD was significantly more likely to be diagnosed compared to antisocial PD and 'other'.

The Friedman's repeated samples test for the grandiose narcissism vignette in male and female clinicians are shown in Tables 4.4 and 4.5, respectively. The Friedman test showed a significant difference between the diagnoses for male clinicians: $\chi^2(9) = 128.447$, $p < .001$, and for female clinicians: $\chi^2(9) = 406.632$, $p < .001$. Dunn-Bonferroni pairwise comparisons post-hoc test indicated that both male and female clinicians were significantly more likely to diagnose narcissistic PD compared to avoidant PD, dependent PD, 'other', schizoid PD, paranoid PD, obsessive-compulsive disorder, histrionic PD, borderline PD, and antisocial PD. Male and female clinicians were also significantly more likely to diagnose antisocial PD compared to avoidant PD and dependent PD.

Female clinicians were also significantly more likely to diagnose antisocial PD compared to 'other', schizoid PD, obsessive-compulsive disorder, and paranoid PD. Borderline PD was significantly more likely to be diagnosed compared to 'other', dependent PD, avoidant PD, schizoid PD, and obsessive-compulsive disorder.

Finally, histrionic PD was significantly more likely diagnosed compared to ‘other’, dependent PD, avoidant PD, and schizoid PD.

Table 4.4

Male clinicians' likelihood of diagnosis in cases with grandiose narcissism symptomatology

	PPD	NPD	SPD	ASPD	BPD	HPD	APD	DPD	OCD	Other
Mean rank	4.88	9.67	4.38	6.86	6.24	5.79	3.83	3.95	5.07	4.33
PPD										
NPD	-6.028***									
SPD	.629	-6.657***								
ASPD	-2.494	3.535*	-3.123							
BPD	-1.713	4.315***	-2.342	.781						
HPD	-1.149	4.879***	-1.778	1.344	.564					
APD	1.323	7.351***	.694	3.816**	3.036	2.472				
DPD	1.171	7.199***	.542	3.665*	2.884	2.320	-.152			
OCD	-.239	5.790***	-.867	2.255	1.475	.911	-1.561	-1.409		
Other	.694	6.722***	.065	3.188	2.407	1.843	-.629	-.477	.932	

Note. Values in the lower part of the table present the test statistic = $\chi 2$. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *$p<0.05$. **$p<0.01$. ***$p<0.001$.

Table 4.5

Female clinicians' likelihood of diagnosis in cases with grandiose narcissism symptomatology

	PPD	NPD	SPD	ASPD	BPD	HPD	APD	DPD	OCD	Other
Mean rank	4.95	9.92	4.28	7.06	6.41	6.11	3.97	3.90	4.60	3.79
PPD										
NPD	-10.313***									
SPD	1.380	11.693***								
ASPD	-4.388***	5.925***	-5.768***							
BPD	-3.035	7.279***	-4.414***	1.353						
HPD	-2.404	7.909***	-3.784**	1.984	.631					
APD	2.023	12.337***	.644	6.411***	5.058***	4.428***				
DPD	2.181	12.494***	.801	6.569***	5.216***	4.585***	.158			
OCD	.723	11.036***	-.657	5.111***	3.758**	3.127	-1.301	-1.458		
Other	2.404	12.718***	1.025	6.792***	5.439***	4.809***	.381	.223	1.682	

Note. Values in the lower part of the table present the test statistic = $\chi 2$. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. **p<0.01. ***p<0.001.

The Friedman's repeated samples test for the borderline PD vignette in male and female clinicians are shown in Tables 4.6 and 4.7, respectively. The Friedman test showed a significant difference between the diagnoses, for male clinicians: $\chi^2(9) = 111.709$, $p < .001$, and for female clinicians: $\chi^2(9) = 338.208$, $p < .001$. Dunn-Bonferroni pairwise comparisons post-hoc test showed that both male and female clinicians were significantly more likely to diagnose borderline PD compared to obsessive-compulsive disorder, schizoid PD, narcissistic PD, avoidant PD, 'other', histrionic PD, paranoid PD, antisocial PD, and dependent PD.

Female clinicians were also significantly more likely to diagnose dependent PD compared to obsessive-compulsive disorder and schizoid PD. As well as this, histrionic PD was significantly more likely to be diagnosed compared to obsessive-compulsive disorder.

Table 4.6

Male clinicians' likelihood of diagnosis in cases with borderline PD symptomatology

	PPD	NPD	SPD	ASPD	BPD	HPD	APD	DPD	OCD	Other
Mean rank	5.40	4.76	4.62	5.47	9.90	5.26	4.90	5.53	4.21	4.97
PPD										
NPD	.802									
SPD	.976	.173								
ASPD	-.087	-.889	-1.063							
BPD	-5.660***	-6.462***	-6.635***	-5.573***						
HPD	.173	-.629	-.802	.260	5.833***					
APD	.629	-.173	-.347	.716	6.289***	.455				
DPD	-.173	-.976	-1.149	-.087	5.486***	-.347	-.802			
OCD	1.496	.694	.520	1.583	7.156***	1.323	.867	1.670		
Other	.542	-.260	-.434	.629	6.202***	.369	-.087	.716	-.954	

Note. Values in the lower part of the table present the test statistic = $\chi 2$. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD.
$^{***}p<0.001$.

Table 4.7

Female clinicians' likelihood of diagnosis in cases with borderline PD symptomatology

	PPD	NPD	SPD	ASPD	BPD	HPD	APD	DPD	OCD	Other
Mean rank	5.56	4.61	4.42	4.79	9.79	5.85	4.96	6.07	4.20	4.75
PPD										
NPD	1.971									
SPD	2.352	.381								
ASPD	1.590	-.381	-.762							
BPD	-8.789***	-10.760***	-11.141***	-10.379***						
HPD	-.617	-2.588	-2.969	-2.207	8.172***					
APD	1.235	-.736	-1.117	-.355	10.024***	1.852				
DPD	-1.064	-3.035	-3.416*	-2.654	7.725***	-.447	-2.299			
OCD	2.825	.854	.473	1.235	11.614***	3.442*	1.590	3.889**		
Other	1.682	-.289	-.670	.092	10.471***	2.299	.447	2.746	-1.143	

Note. Values in the lower part of the table present the test statistic = $\chi2$. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD.
*p<0.05. **p<0.01 level. ***p<0.001.

4.3.3 Clinicians' gender bias in diagnoses for cases with vulnerable narcissism symptomatology

In addressing the research question concerning the potential of a gender bias in diagnoses of cases with vulnerable narcissism symptomology, a Kruskal-Wallis test was conducted to explore whether there were differences in likelihood of diagnosis between the four groups: male clinician/male patient, male clinician/female patient, female clinician/male patient and female clinician/female patient (see Table 4.8). The mean ranks were compared, rather than the medians, as the distributions in each group were not the same, as indicated by visual inspection of histograms and the Levene's test.

The Kruskal-Wallis test showed a significant difference between the groups for the diagnosis of 'other'. Dunn-Bonferroni pairwise comparisons post-hoc test indicated that male clinicians were significantly more likely to diagnose a male patient with vulnerable symptoms as 'other', compared to female clinicians diagnosing a female patient, or female clinicians diagnosing a male patient. Male clinicians were also marginally more likely to diagnose a male patient with vulnerable symptoms as 'other' compared to their diagnosis of a female patient (at $p<.05$). These differences are further illustrated in Figure 4.2. No other differences were found between the groups across diagnoses.

Table 4.8
Clinicians' gender bias in diagnoses for cases with vulnerable narcissism symptomatology

PD diagnosis	χ^2	Male C/ Male P (A)	Male C/ Female P (B)	Female C/ Male P (C)	Female C/ Female P (D)	Pairwise comparisons
		Mean rank				
PPD	.543	54.77	50.88	57.14	53.64	-
NPD	4.925	68.92	55.53	54.31	50.01	-
SPD	2.036	49.42	60.38	56.90	51.95	-
ASPD	4.093	56.15	58.38	57.26	50.41	-
BPD	4.618	48.35	59.16	47.09	60.52	-
HPD	7.199	52.92	70.31	49.67	53.06	-
APD	.527	57.42	49.84	54.29	55.50	-
DPD	2.459	52.12	60.56	48.56	57.73	-
OCD	10.216*	52.62	71.75	45.43	56.00	C vs. B*
Other	17.216***	74.31	53.12	47.63	54.61	C vs. A*** D vs. A** B vs. A*

Note. C = Clinician. P = Patient. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. Dashes indicate no significant difference between groups. *p<0.05. **p<0.01. ***p<0.001.

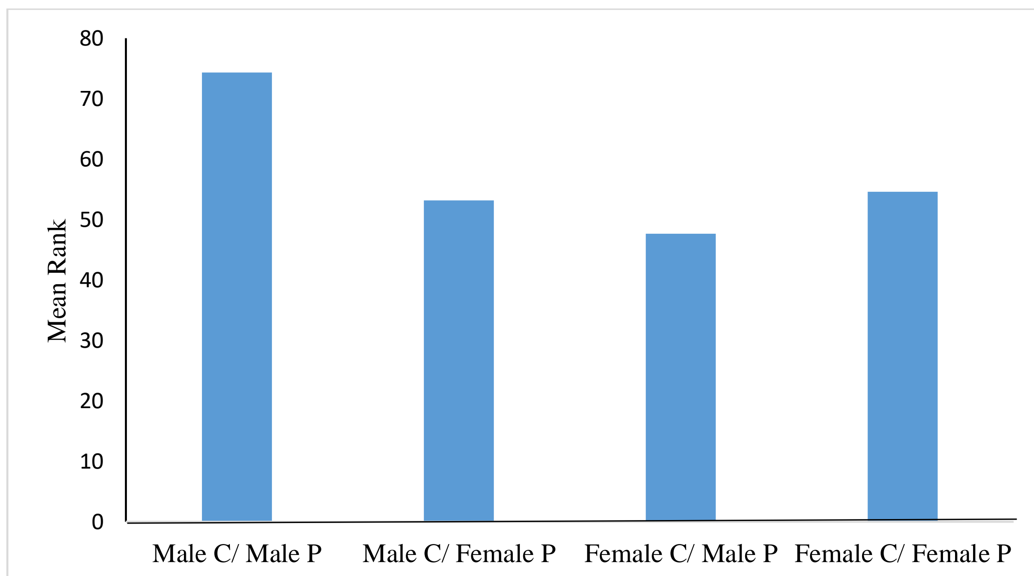

Figure 4.2. Vulnerable narcissism symptomatology diagnosed as 'Other' across four groups.
Note. C = Clinician, P = Patient.

The results pertaining to the diagnosis of 'other' were followed up with post-hoc Mann-Whitney comparisons (see Table 4.9 and 4.10). The mean ranks were reported as the distribution between the groups varied meaning it was not possible for medians to be compared. The effect size, *r*, was calculated: $z/\sqrt{N}$, as recommended by Field (2019). As shown in Table 4.9, male clinicians were significantly more likely to

attribute a diagnosis 'other' when presented with a vulnerable narcissism vignette, compared to female clinicians. No other significant differences were found between the groups (at the p<.01 level).

Table 4.9
Mann-Whitney comparisons for participant gender in vulnerable narcissism condition

PD Diagnosis	Male clinicians (n = 29) Mean Rank	Female clinicians (n = 79) Mean Rank	U	z	p	r
PPD	52.62	55.19	1091.0	.394	.693	.03
NPD	61.53	51.92	941.5	-1.636	.102	-.15
SPD	55.47	54.15	1117.5	-.234	.815	-.02
ASPD	57.38	53.44	1062.0	-1.026	.305	-.09
BPD	54.31	54.57	1140.0	.039	.969	.00
HPD	62.52	51.56	913.0	-1.927	.054	-.18
APD	53.24	54.96	1109.0	.256	.798	.02
DPD	56.78	53.66	1079.5	-.463	.643	-.04
OCD	63.17	51.32	894.0	-1.978	.048*	-.19
Other	62.62	51.52	910.0	-2.576	.010**	-.24

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *p<0.05. **p<0.01.

With regards to patient gender, Table 4.10 shows no significant difference (at the $p<.01$ level) was found between patient gender in the vulnerable narcissism condition. However, it is interesting that at $p<.05$, female patients were marginally more likely to be diagnosed as borderline PD than male patients.

Table 4.10
Mann-Whitney comparisons for patient gender in vulnerable narcissism condition

PD Diagnosis	Male patients (n = 48) Mean Rank	Female patients (n = 60) Mean Rank	U	z	p	r
PPD	56.50	52.90	1344.0	-.620	.535	-.05
NPD	58.27	51.48	1259.0	-1.295	.195	-.12
SPD	54.88	54.20	1422.0	-.134	.893	-.01
ASPD	56.96	52.53	1322.0	-1.293	.196	-.12
BPD	47.43	60.16	1100.5	2.140	.032*	.20
HPD	50.55	57.66	1250.5	1.401	.161	.13
APD	55.14	53.99	1409.5	-.191	.848	-.01
DPD	49.52	58.48	1201.0	1.495	.135	.14
OCD	47.38	60.20	1098.0	2.399	.016*	.23
Other	54.85	54.22	1423.0	-.166	.868	-.01

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *p<0.05.

As for the grandiose narcissism vignette (see Table 4.11), the Kruskal-Wallis test showed a significant difference between the groups for the diagnosis of antisocial

PD. Dunn-Bonferroni pairwise comparisons post-hoc test indicated that female clinicians were significantly more likely to diagnose a male patient with antisocial PD, compared to when presented with a female patient vignette. These results were followed up with post-hoc Mann-Whitney comparisons (see Tables 4.12 and 4.13). The only significant finding pertained to patient gender, where male patients were significantly more likely to be diagnosed with antisocial PD compared to female patients (see Table 4.13). Despite this interesting gender difference, it is noted here and reiterated that antisocial PD was not the main preferred diagnosis for the grandiose narcissism vignette.

Table 4.11

Clinicians' gender bias in diagnoses for cases with grandiose narcissism symptomatology

		Male C/ Male P (A)	Male C/ Female P (B)	Female C/ Male P (C)	Female C/ Female P (D)	
PD diagnosis	χ^2	Mean rank				Pairwise comparisons
PPD	.441	58.08	51.34	54.87	54.30	-
NPD	5.027	66.35	55.03	58.30	47.78	-
SPD	.560	54.69	56.00	52.16	55.76	-
ASPD	11.368**	65.77	42.78	65.46	46.72	D vs. C*
BPD	2.507	47.12	58.38	50.34	58.58	-
HPD	4.673	52.23	51.91	57.56	61.64	-
APD	3.479	49.88	59.09	50.87	57.08	-
DPD	2.456	50.92	60.81	53.14	54.34	-
OCD	1.739	55.35	61.75	51.53	53.98	-
Other	2.952	61.19	56.06	53.61	52.66	-

Note. C = Clinician. P = Patient. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. Dashes indicate no significant difference between groups. *$p<0.05$. **$p<0.01$

Table 4.12

Mann-Whitney comparisons for participant gender in grandiose narcissism condition

	Male clinicians (n = 29)	Female clinicians (n = 79)				
PD Diagnosis	Mean Rank		U	z	p	r
PPD	54.36	54.55	1,149.5	.032	.975	.003
NPD	60.10	52.44	983.0	-1.204	.229	-.11
SPD	55.41	54.16	1,119.0	-.249	.803	-.02
ASPD	53.09	55.02	1,186.5	.290	.772	.02
BPD	53.33	54.93	1.179.5	.244	.807	.02
HPD	52.05	55.40	1,216.5	.520	.603	.05
APD	54.97	54.33	1,132.0	-.148	.883	-.01
DPD	56.38	53.81	1,091.0	-.629	.529	-.06
OCD	58.88	52.89	1,018.5	-1.063	.288	-.10
Other	58.36	53.08	1,033.5	-1.479	.139	-.14

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD.

Table 4.13

Mann-Whitney comparisons for patient gender in grandiose narcissism condition

	Male patients (n = 48)	Female patients (n = 60)				
PD Diagnosis	Mean Rank		U	z	p	r
PPD	55.74	53.51	1,380.5	-.420	.675	-.04
NPD	60.48	49.72	1,153.0	-1.896	.058	-.18
SPD	52.84	55.82	1,519.5	.667	.505	.06
ASPD	65.54	45.67	910.0	-3.343	.001***	-.32
BPD	49.47	58.52	1,681.5	1.549	.121	.14
HPD	48.82	59.04	1,712.5	1.781	.075	.17
APD	50.60	57.62	1,627.0	1.826	.068	.17
DPD	52.54	56.07	1,534.0	.967	.333	.09
OCD	52.56	56.05	1,533.0	.694	.488	.06
Other	55.67	53.57	1,384.0	-.660	.509	-.06

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. ***$p<0.001$.

No significant differences were found between the groups for the borderline PD condition (see Table 4.14).

Table 4.14
Clinicians' gender bias in diagnoses for cases with borderline PD symptomatology

PD diagnosis	χ^2	Male C/ Male P (A)	Male C/ Female P (B)	Female C/ Male P (C)	Female C/ Female P (D)	Pairwise comparisons
		Mean rank				
PPD	1.520	50.92	56.72	58.47	51.59	-
NPD	3.692	55.46	64.38	54.34	50.75	-
SPD	3.407	61.62	60.50	50.17	53.66	-
ASPD	4.989	60.35	65.28	49.51	52.82	-
BPD	2.886	64.00	46.62	56.71	52.80	-
HPD	7.046	41.38	64.84	49.67	58.45	-
APD	1.004	56.00	59.78	53.14	53.22	-
DPD	.145	51.92	53.78	54.90	55.20	-
OCD	5.621	48.85	65.25	54.00	52.66	-
Other	2.081	59.50	56.12	50.33	55.75	-

Note. C = Clinician. P = Patient. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. Dashes indicate no significant difference between groups.

4.3.4 Clinicians' psychological therapy practices and years of experience

4.3.4.1 Therapy modalities and diagnoses

In order to investigate the extent to which clinicians' main psychological therapy (see section 4.2.2, Table 4.1 for a reminder) used in practice influenced the likelihood of diagnosis given in the vulnerable narcissism condition, the variables 'Psychodynamic Psychotherapy' and 'Interpersonal Therapy' were grouped and labelled 'Psychotherapy', and the variables 'CBT' and 'Mindfulness-based Cognitive Therapy' were grouped and labelled 'CBT'. This decision was justified on the grounds that the different therapy forms had the same underlying conceptual foundation for their respective approach. The remaining participants who chose counselling (n = 1) and 'other' were excluded from the analysis due to there being an ambiguous answer regarding therapy type, or in cases where the same therapy was not sufficient to create a group (i.e., there was too much variation). The current main therapy used in practice was chosen over clinicians' background therapy training as it was considered that their main therapy used in practice would form the basis of their diagnosis. Table 4.15 presents the Mann-Whitney tests in exploring differences between the therapy groups and likelihood of diagnosis in the vulnerable narcissism condition.

Table 4.15
Mann-Whitney comparisons for clinicians' therapy modalities in vulnerable narcissism condition

PD Diagnosis	Psychotherapy (n = 17)	CBT (n = 64)	U	z	p	r
	Mean Rank					
PPD	48.00	39.14	425.0	-1.434	.151	-.15
NPD	52.47	37.95	349.0	-2.771	.006**	-.30
SPD	41.65	40.83	533.0	-.158	.874	-.01
ASPD	43.82	40.25	496.0	-1.022	.307	-.11
BPD	44.79	39.99	479.5	-.763	.445	-.08
HPD	42.82	40.52	513.0	-.425	.671	-.04
APD	48.09	39.12	423.5	-1.416	.157	-.15
DPD	45.18	39.89	473.0	-.834	.405	-.09
OCD	54.15	37.51	320.5	-2.904	.004**	-.32
Other	36.71	42.14	471.0	-1.325	.185	-.14

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. **p<0.01.

Interestingly, clinicians with a psychotherapeutic approach were significantly more likely to diagnose vulnerable narcissism as narcissistic PD compared to those with a CBT approach. Clinicians with a psychotherapeutic approach were also significantly more likely to diagnose vulnerable narcissism as obsessive-compulsive disorder, compared to those with a CBT approach. The Mann-Whitney test was conducted in males and females separately to explore these patterns in each gender (see Tables 4.16 and 4.17, respectively). The only significant difference was found for female clinicians: females with a psychotherapeutic approach were significantly more likely to diagnose narcissistic PD as vulnerable narcissism compared to those with a CBT approach.

Table 4.16
Mann-Whitney comparisons for male clinicians' therapy modalities in vulnerable narcissism condition

PD Diagnosis	Psychotherapy (n = 7)	CBT (n = 10)	U	z	p	r
	Mean Rank					
PPD	8.50	9.35	38.5	.363	.740	.08
NPD	9.21	8.85	33.5	-.173	.887	-.04
SPD	7.57	10.00	45.0	1.216	.364	.27
ASPD	8.00	9.70	42.0	1.222	.536	.29
BPD	7.29	10.20	47.0	1.216	.270	.29
HPD	6.50	10.75	52.5	1.849	.088	.44
APD	7.43	10.10	46.0	1.104	.315	.26
DPD	6.64	10.65	51.5	1.652	.109	.40
OCD	11.07	7.55	20.5	-1.486	.161	-.36
Other	7.71	9.90	44.0	1.091	.417	.26

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD.

Table 4.17.
Mann-Whitney comparisons for female clinicians' therapy modalities in vulnerable narcissism condition

PD Diagnosis	Psychotherapy (n = 10)	CBT (n = 54)	U	z	p	r
	Mean Rank					
PPD	45.20	30.15	143.0	-2.429	.015*	-.30
NPD	46.25	29.95	132.5	-3.153	.002**	-.39
SPD	37.10	31.65	224.0	-1.055	.291	-.13
ASPD	38.80	31.33	207.0	-2.153	.031*	-.26
BPD	43.55	30.45	159.5	-2.081	.037*	-.26
HPD	37.95	31.49	215.5	-1.250	.211	-.15
APD	45.45	30.10	140.5	-2.432	.015*	-.30
DPD	41.50	30.83	180.0	-1.686	.092	-.21
OCD	42.60	30.63	169.0	-2.156	.031*	-.26
Other	28.50	33.24	310.0	1.287	.198	.16

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *p<0.05. **p<0.01.

As for the grandiose narcissism condition, there were no significant differences found in therapy approach at p<.01 (see Table 4.18).

Table 4.18.
Mann-Whitney comparisons for clinicians' therapy modalities in grandiose narcissism condition

PD Diagnosis	Psychotherapy (n = 17)	CBT (n = 64)	U	z	p	r
	Mean Rank					
PPD	43.62	40.30	499.5	-.589	.556	-.06
NPD	44.53	40.06	484.0	-.746	.456	-.08
SPD	35.26	42.52	641.5	1.632	.103	.18
ASPD	39.38	41.43	571.5	.324	.746	.03
BPD	41.32	40.91	538.5	-.066	.947	-.007
HPD	39.24	41.47	574.0	.369	.712	.04
APD	42.71	40.55	515.0	-.589	.556	-.06
DPD	45.62	39.77	465.5	-1.594	.111	-.17
OCD	49.44	38.76	400.5	-2.040	.041*	-.22
Other	39.76	41.33	565.0	.500	.617	.05

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *p<0.05.

In terms of the borderline PD vignette (see Table 4.19), significant differences were found for treatment approach and the diagnosis of narcissistic PD, such that clinicians with a psychotherapeutic approach were significantly more likely to diagnose narcissistic PD compared to those with a CBT approach. Clinicians with a

psychotherapeutic approach were also significantly more likely to arrive at an obsessive-compulsive disorder diagnosis compared to those with a CBT approach.

Table 4.19

Mann-Whitney comparisons for clinicians' therapy modalities in borderline PD condition

PD Diagnosis	Psychotherapy (n = 17)	CBT (n = 64)	U	z	p	r
	Mean Rank					
PPD	43.47	40.34	502.0	-.546	.585	-.06
NPD	51.59	38.19	364.0	-2.878	.004**	-.31
SPD	40.18	41.22	558.0	.215	.830	.02
ASPD	50.15	38.57	388.5	-2.212	.027*	-.24
BPD	37.00	42.06	612.0	.852	.394	.09
HPD	46.00	39.67	459.0	-1.129	.259	-.12
APD	47.47	39.28	434.0	-1.657	.097	-.18
DPD	46.76	39.47	446.0	-1.226	.220	-.13
OCD	53.29	37.73	335.0	-3.797	<.001***	-.42
Other	43.00	40.47	510.0	-.599	.549	-.06

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *$p<0.05$. **$p<0.01$. ***$p<0.001$.

As before, the Mann-Whitney test was conducted separately for male and female clinicians (see Tables 4.20 and 4.21, respectively). Significant differences were only found for female clinicians: those with a psychotherapeutic approach were significantly more likely to diagnose narcissistic PD compared to those with a CBT approach. Female clinicians with a psychotherapeutic background were also significantly more likely to diagnose obsessive-compulsive disorder compared to those with a CBT approach. Avoidant PD diagnosis was also significantly more likely to be diagnosed with female clinicians of a psychotherapeutic approach compared to those with a CBT approach. It is important to note here that neither narcissistic PD, obsessive-compulsive disorder nor avoidant PD were the main preferred diagnoses for the borderline PD vignette.

Table 4.20
Mann-Whitney comparisons for male clinicians' therapy modalities in borderline PD condition

PD Diagnosis	Psychotherapy (n = 7)	CBT (n = 10)	*U*	*z*	*p*	*r*
	Mean Rank					
PPD	8.50	9.35	38.5	.376	.740	.09
NPD	9.43	8.70	32.0	-.398	.913	-.09
SPD	5.50	11.45	59.5	2.700	.014*	.65
ASPD	9.86	8.40	29.0	-.651	.601	-.15
BPD	6.07	11.05	55.5	2.188	.043*	.53
HPD	8.50	9.35	38.5	.424	.740	.10
APD	7.64	9.95	44 .5	1.151	.364	.27
DPD	8.21	9.55	40.5	.587	.601	.14
OCD	10.00	8.30	28.00	-1.028	.536	-.24
Other	8.79	9.15	36.5	.220	.887	.05

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *p<0.05.

Table 4.21
Mann-Whitney comparisons for female clinicians' therapy modalities in borderline PD condition

PD Diagnosis	Psychotherapy (n = 10)	CBT (n = 54)	*U*	*z*	*p*	*r*
	Mean Rank					
PPD	36.75	31.71	227.5	-.887	.375	-.11
NPD	45.40	30.11	141.0	-3.304	.001***	-.41
SPD	38.50	31.39	210.0	-1.583	.113	-.19
ASPD	40.50	31.02	190.0	-1.907	.057	-.23
BPD	33.35	32.34	261.5	-.169	.866	-.02
HPD	42.25	30.69	172.5	-2.032	.042*	-.25
APD	44.25	30.32	152.5	-2.859	.004**	-.35
DPD	42.80	30.59	167.0	-2.047	.041*	-.25
OCD	46.10	29.98	134.0	-3.982	<.001***	-.49
Other	35.70	31.91	238.0	-.900	.368	-.11

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *p<0.05. **p<0.01. ***p<0.001.

4.3.4.2 Length of experience and likelihood of diagnosis

Spearman's rho was conducted to explore correlations between clinicians' length of experience and the likelihood of the particular diagnosis given (see Table 4.22).

Table 4.22
Spearman's rho correlations between length of experience and diagnosis across conditions

	Vignette condition		
PD Diagnosis	Vulnerable narcissism (Length of experience)	Grandiose Narcissism (Length of experience)	Borderline PD (Length of experience)
PPD	.043	.146	.034
NPD	.304**	-.093	.205*
SPD	.071	.031	.124
ASPD	.050	-.048	.048
BPD	.084	-.028	-.072
HPD	.035	-.073	.156
APD	.069	.029	.050
DPD	.013	.086	.054
OCD	.067	.110	.153
Other	.051	.086	-.013

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. *$p<0.05$. **$p<0.01$.

No significant associations were found for grandiose narcissism and borderline PD conditions. Interestingly, length of experience was positively significantly correlated with attributing narcissistic PD diagnosis when presented with symptoms of vulnerable narcissism vignette. Conducting these separately for male and female clinicians revealed that this finding was only significant in females (see Table 4.23).

Table 4.23
Spearman's rho correlations in clinicians between length of experience and diagnosis in vulnerable narcissism condition

	Males clinicians (n = 29)	Females clinicians (n = 79)
PD Diagnosis	Length of experience	
PPD	.224	.004
NPD	.153	.332**
SPD	.253	.016
ASPD	.199	-.043
BPD	.181	.046
HPD	.052	-.003
APD	.056	.061
DPD	-.059	.023
OCD	.094	.041
Other	.121	-.003

Note. PPD = Paranoid PD, NPD = Narcissistic PD, SPD = Schizoid PD, ASPD = Antisocial PD, BPD = Borderline PD, HPD = Histrionic PD, APD = Avoidant PD, DPD = Dependent PD, and OCD = Obsessive-compulsive PD. **$p<0.01$.

4.4 Discussion

The potential of differential prevalence rates among males and females with personality disorders has been a matter of considerable controversy. The purpose of the current study therefore was to address shortcomings in the existing literature through providing an evaluation of the process by which characteristics of clinicians and patient gender may contribute to bias in the diagnosis of vulnerable narcissism symptomatology. The role of clinicians' gender, therapeutic orientations, and length of experience were examined given the potential they could create bias in their diagnosis of vulnerable narcissism on the one hand, and their relevance to the assessment and treatment of pathological narcissism on the other. The current study aimed to therefore enhance theoretical and empirical knowledge regarding the assessment, diagnosis and treatment of narcissistic pathology as it relates to gender.

4.4.1 Clinicians' commonly attributed diagnoses for cases with vulnerable narcissism symptomatology

The hypothesis that borderline, dependent and avoidant PD diagnoses are most frequently endorsed when clinicians are presented with a vulnerable narcissism vignette was supported. These findings resonate with previous research demonstrating an overlap between vulnerable narcissism and borderline PD (Euler et al., 2018; Miller & Campbell, 2008; Miller et al., 2010; Pincus et al., 2009; Wright et al., 2010), and avoidant and dependent PD (Dickinson & Pincus, 2003; Miller et al., 2014). The current results provide particular implications for the gender bias in the DSM in general, and for the assessment and treatment of vulnerable narcissism in particular. With regard to the former, the current findings suggest that the observed gender bias pertaining to the overrepresentation of females in borderline and dependent PD diagnoses (American Psychological Association, 2013; Euler et al., 2018; Paris et al., 2013) may be, in part, attributed to clinicians' misdiagnosis of patients who present narcissistic vulnerability. It is noted here that this is particularly significant in light of previous research suggesting that females are more likely to seek treatment than males (Skodol & Bender, 2003), and clinicians are more likely to treat patients who present narcissistic pathology of the vulnerable type (Ellison et al., 2013), features which tend to be more prevalent in narcissistic females (Onofrei, 2009; Robinson & Graham, 2004; Ronningstam, 2006).

With regard to the latter, clinicians' tendency to diagnose vulnerable narcissism symptoms as other 'vulnerable' personality disorders highlights the implications for the current diagnostic procedure in the DSM-5 (American Psychological Association, 2013). Some researchers stress the need for diagnostic or descriptive criteria of vulnerable narcissism that discriminates the vulnerable features of narcissism from other 'near-neighbour' personality disorders (e.g., Dickinson & Pincus, 2003). However, other researchers contend that vulnerable narcissism is better conceptualised and central to the majority of PDs in the DSM-5 given its substantial levels of neuroticism and negative emotionality (Miller et al., 2010; Miller et al., 2018). In light of these enduring disagreements, the current findings might be interpreted as supportive of critical views concerning the conceptualisation of personality disorders in general, and pathological narcissism in particular, in the DSM-5. Such critical views in the literature are that the DSM is poorly fit for purpose in its current assessment of personality disorders, with woefully inadequate diagnostic categories that are only able to partially move towards the creation of a meaningful dimensional model (Euler et al., 2018; Karterud et al., 2011). This argument is revisited in greater depth below (see section 4.4.4).

Moreover, in line with previous research (Braamhorst et al., 2015), the results of this study suggest that clinicians tend to provide correct diagnosis of grandiose narcissism and borderline PD vignettes when sufficient information is provided regarding symptomatology. An alternative explanation for these findings may be that of response bias: participants might have anticipated that a study on personality disorders and diagnosis might be related to the controversies regarding gender bias in DSM PDs. This is because the participants were clinical psychologists, regularly exposed to psychological research, and thus gender bias in PDs would not be unknown to them. This may have therefore affected how they responded to these vignettes. Nevertheless, it is argued here that this was addressed as much as possible given that the clinicians in the current study were assigned either male or female vignettes so as to avoid priming them towards gender bias.

4.4.2 Clinicians' gender bias in diagnoses for cases with vulnerable narcissism symptomatology

When presented with symptoms of vulnerable narcissism, male clinicians were significantly more likely to diagnose a male patient as 'other' (e.g., social anxiety, depression) in all combinations (see section 4.3.3, Figure 4.2), and this process appeared to be influenced by clinicians' gender rather than patient gender, which was further indicated by the follow-up Mann-Whitney analyses. This gender difference in clinicians is particularly interesting, especially in light of the fact that the provision of differential rates of diagnosis has traditionally been understood to be the result of clinicians assigning different diagnoses based on patient's gender. Indeed, there have only been isolated findings of clinician gender affecting diagnosis (Crosby & Sprock, 2004). Nevertheless, the clinician gender difference found in this study can be interpreted in numerous ways. At first glance, it is entirely feasible to suggest that clinicians may form their judgments through the lens of their previous experience with patients. Here, male patients may be more likely to be assigned symptoms reflective of negative affectivity due to clinicians' previous experience with 'vulnerable' male patients displaying similar symptoms.

On closer examination, however, findings may indicate the potential of gender stereotyping on part of the clinician, given the fact that male clinicians were more likely to apply sets of symptoms to male patients, whereas female patients were categorised differently despite exhibiting identical symptomatology. It can therefore be conjectured that male clinicians may perceive the same symptoms differently depending on the patient's gender and the concomitant gender weighting of the symptoms. Narcissistic vulnerability symptoms overlap with many 'typically feminine' disorders (e.g., BPD and DPD; Paris, 2004), and thus might account for clinicians' diagnostic bias towards categorisation of females but not male patients. This would resonate with Flanagan and Bashfield's (2003) study, showing that when participants are taught gender associations with the personality disorder categories, they are more likely to rate the personality disorder cases in accordance with those associations (e.g., BPD associated with females and ASPD associated with males). The current findings provide clinical implications as it is arguable that differential prevalence rates in the diagnosis of PDs among males and females may be due to clinician bias when assigning diagnoses than to any bias in patient gender. Although

this finding may be reflective of the specific assessment instruments and sample used, it is nevertheless a finding that merits replication given the implications it has on clinical judgments and treatment plans.

Moreover, despite the overwhelming evidence that grandiose narcissism (NPD DSM) appears to be diagnosed more often in males than in females, the results of this study showed clinicians were attributing the diagnosis in a gender-neutral fashion. This finding is less consistent with theoretical speculation that clinicians are gender biased in application of diagnostic sets in relation to male patients (e.g., Anderson et al., 2001). Instead, it could be argued that the differential prevalence rates within males and females diagnosed with NPD in the DSM-5 may simply be an artefact of actual sex differences, where males are more likely to present features of grandiose narcissism compared to females (Euler et al., 2018). These findings are important in light of the criticism that may be levelled at the current aims of this study – investigating gender bias in a condition that is inherently gender-biased. Instead, what these findings show is that, at least for clinicians, their understanding of NPD is not necessarily that it is exclusively a male pathology. However, it also needs to be acknowledged that the discrepancy between the findings here and previous research may be partly due to differences in diagnostic criteria and assessment instruments.

4.4.3 Clinicians' psychological therapy practices and length of experience

Results further showed that clinicians with a psychotherapeutic orientation, but not CBT, were significantly more likely to diagnose vulnerable narcissism as NPD. What these findings suggest is that clinicians with a psychotherapeutic orientation consider vulnerable features to be a component of NPD, and therefore are likely to be less tied to the DSM description of NPD, which emphasises grandiose features. It is not surprising that a psychotherapeutic approach would recognise vulnerable features of narcissism in its theoretical formulations. Psychodynamic approaches tend to emphasise personality development, relational and intrapsychic dynamics which are guided by the work of, among others, Kernberg (1975) and Kohut (1977). CBT clinicians, on the other hand, are more rigid in the sense that they tend to focus entirely, if not exclusively, on immediate symptoms and cognitions rather than on the concept of personality (Hofmann & Hayes, 2019).

On the one hand, it can be conjectured that, conversely to the more scientific and ostensibly ‘evidence-based’ robustness of CBT, the results here provide more credence to psychotherapeutic approaches in moving beyond the simple diagnostic descriptions in the DSM-5 which barely capture vulnerable narcissism. On the other hand, it can be argued that CBT clinicians are simply following the criteria of the DSM. Nevertheless, the finding that a clinician’s theoretical orientation affects their diagnostic judgement has an impact on how patients are assessed, the treatment plans constructed, and possibly the effectiveness of such interventions. It is argued here, therefore, that on this basis there are certain personality disorders that may not be suitable to a CBT approach and treatment.

These findings may also provide a contextualisation for previous studies, in that clinicians’ theoretical orientations may be seen as being the result of disagreement regarding the central defining features of narcissistic vulnerability (i.e., Ackerman et al., 2017). They may also help shed light on why pathological narcissism is a ‘difficult-to-treat’ condition with no ‘gold standard’ treatment orientation (e.g., Dhawan et al., 2010; Kealy et al., 2014). As well as this, the conflicting fact that NPD has the lowest prevalence rate of the DSM personality disorders (Caligor et al., 2015; Miller et al., 2007; Russ et al., 2008) and the high frequency of NPD diagnosis found in clinical practice (Cain et al., 2008; Eulet et al., 2018) may be due to clinicians’ theoretical orientations. In other words, psychotherapeutic clinicians identify specific features of vulnerable narcissism in practice - features which the DSM does not sufficiently assess. It is noteworthy here, however, that the current findings needs to be interpreted with caution due to sampling size variations between the therapy groups.

It is also important to consider here that perhaps individuals with a particular outlook are attracted to the different therapeutic orientations, rather than it being the case that the therapy training is changing the individual. Future research could explore whether individuals with certain personalities, for instance, are drawn to different therapy approaches. The results of this study also showed that the more experience a clinician had, the more likely they were to attribute vulnerable narcissism as being NPD. It is argued here that the DSM-5 diagnostic procedure as it currently stands is questionable in its suitability for purpose, as clinicians are only able to make an

accurate and correct diagnosis once they have gained experience in the differences between NPD as captured in the DSM nomenclature and the psychiatric phenomenon that they observe of narcissism in practice.

Overall, assessing narcissism as a multidimensional construct is shown to be essential in illuminating how gender influences clinical expressions of narcissistic pathology, differential prevalence rates among males and females, and the overlap with other personality disorders. Through the assessment of vulnerable narcissism, the results of this study contribute novel knowledge by identifying characteristics on the part of the clinician that can impact on the validity of diagnosis given. These findings ultimately pose challenges to the clinical utility of NPD as it is currently captured in the nosological system, and accentuate the growing recognition of the limitations in the assessments of personality disorders as discrete clinical conditions. In light of this, it is emphasised that there needs to be a fundamental shift in how psychopathology is conceptualised and diagnostically assessed.

4.4.4 Clinical implications and suggestions for future iterations of the DSM

The ongoing debate in the literature concerning how vulnerable narcissism is best conceived, specifically, whether it should be part of the NPD construct (Fossati et al., 2005; Pincus & Lukowitsky, 2010; Ronningstam, 2011) or of 'vulnerable' disorders (e.g., BPD; Miller et al., 2010; Miller et al., 2018), is yet to be reconciled. The findings of this study have implications in relation to the latter argument, as psychotherapeutic and experienced clinicians were able to identify the vulnerable features of narcissism as part of NPD. What this disagreement reflects, more importantly, are the discrepancies in opinions regarding the central defining features of narcissism and how it should be best exemplified. Whereas experts in the social/personality field tend to believe that grandiose features are more central to narcissism, clinicians tend to view vulnerability as being more central (Ackerman et al., 2017). Perhaps the discussion surrounding the centrality of features should be put aside, as, rather than becoming diverted by such debates, it is arguably time to consider moving away from the categorical model approach completely. Indeed, perhaps viewing personality disorders as distinct diagnostic categories in the first place is what is causing these fields to remain distinct from one another and continues to raise concerns for how vulnerable narcissism is approached clinically.

In fact, there is no evidence supporting the contention that personality disorders are categorical (Clark, 2007; Trull & Durrett, 2005) or that a fixed number of discrete entities of personality disorder exists (Anderson, Snider, Sellbom, Krueger, & Hopwood, 2005). A growing body of evidence demonstrates flaws such as diagnostic comorbidity, across and within disorder heterogeneity, and low reliability within the categorical approach model; limitations which are addressed using the dimensional approach (Allsopp, Read, Corcoran, & Kinderman, 2019; for a review, see Hopwood, 2018). There is also evidence to suggest that clinicians tend to favour the dimensional trait model over the established categorical system (Morey et al., 2010), whereby 80% of mental health professionals consider personality disorders are more effectively conceived of as being dimensions that exist along a continuum of more general personality traits rather than being conceived as categories (Bernstein, Iscan, & Maser, 2007). In recognition of the concerns levelled at the categorical model, the International Classification of Diseases (ICD-11) adopted a dimensional classification in the assessment of personality disorders. This was rated as being more useful for clinicians than previous versions containing categorical types, thereby further increasing its clinical utility (Hansen, 2019).

These concerns raise the question of who the DSM intends to serve: clinicians, researchers or patients. Some researchers suggest that diagnostic labelling denotes a 'disingenuous' categorical system that has the potential to create stigma and prejudice (Allsopp et al., 2019), and that the term 'personality disorder' should be abandoned entirely (Lamb, Sibbald, & Stirzaker, 2018). The longstanding focus on diagnostic categories has led to evidence-based recommendations for psychological interventions commonly being diagnosis driven (NICE, 2009), rather than being driven by particular patterns or presentations of distress. As a consequence, recommendations have been more wide-ranging rather than bespoke. Evidently, retaining a categorical system that has proven demonstrably problematic has significant implications for patients' lives and the provision of care that is specific to a patient's individual needs. A theoretical reclassification and the use of an evidence-based framework to diagnose personality disorders therefore holds significant potential to both stimulate research and help inform new treatments with the goal of tackling personality disorders in patients.

A shift in how personality disorders are conceived may also help resolve disjunctions in the literature regarding the construct of grandiose and vulnerable narcissism, and constitute an important step towards a conceptual model inclusive of gender issues in these manifestations. Regardless of clinician bias, gender differences in personality disorders are reflections of actual, and parallel, differences in underlying traits (Paris, 2004). If personality disorders are eventually to be understood on a dimensional basis, this could also contribute to new advances in research and help with the integration of empirical synthesis of the differential effects that gender can have on trait expression. For instance, it has been proposed elsewhere that personality disorders with consistent findings of gender differences would be enhanced by defining sex-specific symptom expressions, and that this can aid the development of treatment interventions for both males and females to address particular deficits and needs (Schulte & Habel, 2018). A dimensional model, therefore, offers an opportunity to both reframe 'personality disorder' as a construct and may afford a more comprehensive understanding of gender differences in relation to narcissism.

4.4.5 Limitations and suggestions for future research

Given the vignette-based design of this study, it is difficult to determine the extent to which current results can be generalised to actual clinician-patient interactions and diagnostic interviews. One clinician even declined to partake in this study on the grounds that they considered it unethical to provide a personality diagnosis based on a short description of a patient vignette. Therefore, it is arguable that a limitation of this study is that the use of clinical case vignettes, and not actual patients, may have influenced the external validity of the study. In addition, although the sample size (n = 108) is comparable with prior research in this field, the relatively modest sample size between the groups (29 males), may have been underpowered to detect differences. Nevertheless, it was possible to identify a number of significant differences were obtained despite these limitations.

Another limitation of the current study pertains to the order in which vignettes were presented (vulnerable narcissism, grandiose narcissism, borderline PD, and panic disorder); these were not randomised. It is therefore acknowledged here that order effects may have influence the results; since clinicians were presented with the vulnerable narcissism vignette first, there might have been more uncertainty with

regards to diagnosis until subsequent vignettes had been read and thus enabled comparison. However, the pattern of data in the vulnerable narcissism vignette was in accordance with stated hypotheses, suggesting that order effect may not have influenced the data.

Although the current study accounted for clinicians' length of experience in practice, a caveat should be acknowledged that clinicians may have had varied experience of using the DSM manual, specifically in relation to providing a personality disorder diagnosis. In light of recent controversies regarding the use of the term 'personality disorders' in practice and the stigmatisation of such labelling (i.e., Allsopp et al., 2019; Lamb et al., 2018), it can be conjectured that clinicians in the current study may have felt reluctant, perhaps for ethical reasons, or because they felt uncomfortable doing so, to engage with the attribution of a diagnostic label. However, it is argued here that this is unlikely, as clinicians were fully informed of the study aims prior to participation and therefore it is conceivable that clinicians who had experience of working with patients with a personality disorder, or had an genuine interest in this particular area were likely to take part. More importantly, the findings of this study demonstrate reliability in the clinical judgements of these vignettes (i.e., NPD and BPD), and thus it is unlikely that the negativity associated with diagnostic labelling had an impact on the current findings.

In terms of suggestions for future directions, it would be of interest for future studies to explore whether gender bias occurs or is diminished according to which particular symptoms are displayed in vignettes. Such data may allow for the delineation of specific symptoms which impact on the presentation of narcissism in males and females, and thus may require gender-sensitive interventions that address such indicators. It would be of further clinical relevance for future research to explore whether a dimensional system differs from a categorical one in terms of gender bias. It is also recommended that future research explores gender differences in patients with narcissistic pathology to evaluate whether expressions of narcissism shift depending on the severity of dysfunction (Kealy, Ogrodniczuk, & Tsai, 2016).

Aside from potential gender-role influences, narcissistic males and females have also been found to differ due to biological mechanisms. For instance, narcissism in males has been associated with heightened cortisol reactivity to psychosocial stressors

(Edelstein, Yim & Quas, 2010) and higher cortisol levels than in narcissistic females (Reinhard, Konrath, Lopez & Cameron, 2012). Given the interest of genetic differences between men and women, which may partly shape the effects of gender on personality (Paris, 2004), future research should consider the role of biological sex differences in males and females with narcissistic pathology. Such foci may help refine both psychosocial and biological approaches to treatment.

Furthermore, due to the influence of a clinician's gender on the diagnosis they provide, the current study could be replicated to explore whether a clinician's own gender role attributes gender bias when responding to a patient's symptoms. This is particularly significant in light of previous research showing bias in the application of personality diagnosis, with symptoms that were inconsistent with a clinician's gender role being viewed as more pathological in contrast to symptoms that were consistent with clinician's gender role viewed as being less pathological (Crosby & Sprock, 2004). It is argued here that further empirical investigation of the interactions between patient and clinician gender would allow for greater clinician awareness of any potential gender-related biases that can arise in clinical judgement and treatment programmes.

The existing field may also benefit from researching narcissistic pathology in male and female patients using interviews, thereby allowing for an in-depth insight into underlying psychological or dynamic constellations that may integrate various configurations of the personality construct (Kramarsky, 2008). The findings of this study also highlight differences in diagnosis according to gender, where female patients with vulnerable narcissism were more likely to be diagnosed with BPD compared to male patients (at $p<.05$), and male patients with grandiose narcissism were significantly more likely to be diagnosed as ASPD compared to female patients (although not the main preferred diagnosis). Such results resemble the patterns of comorbidity found in previous research, where grandiose narcissism in males has been associated with co-morbid ASPD (Stinson et al., 2008; Paris, 2004), and narcissistic vulnerability in females is associated with BPD (Euler et al., 2018; Onofrei, 2009). It is recommended that future research replicate and explore these patterns further. Moreover, in light of the current findings which demonstrate the theoretical and clinical implications of narcissism as it relates to gender, the following chapter introduces the second study of the thesis which explores the

aetiological factors of subclinical narcissism and gender differences within IPV, in a broader sample derived from the normal population.

Chapter 5 – The Role of Narcissism, Gender and Recalled Parenting Practices in Intimate Partner Violence

5.1 Introduction

As reiterated in previous chapters, the prototypical depiction of narcissism entails the immediate impression that males are more likely to be narcissistic than females. This ubiquitous perception and assessment of narcissism (DSM/NPI) has resulted in a caricature of the personality construct and bias across gender, consequently limiting theoretical understanding of the gendered nature of narcissism. One limitation frequently occurring in the literature is the attempt to comprehend narcissistic manifestations in females through the lens of what has commonly been defined as narcissism (DSM/NPI). Indeed, widespread conceptualisations of narcissism - as a pathological disorder and normative personality trait - embody a personality construct that is often presented in gender-neutral terms. This is particularly reflective of the ostensible gender invariance in the initial construction of the most widely used measurement of narcissism (NPI; Terry & Raskin,1988), and the DSM-5 not distinguishing or highlighting any possible gender disparities in the diagnostic criteria of NPD (American Psychiatric Association, 2013). However, this universally claimed gender neutrality is brought into question as a result of the disproportionate representation of males in both clinical prevalence rates (up to 75% of those diagnosed with NPD are males) and empirical research indicating marked gender differences on the NPI where males consistently obtain significantly higher scores compared to females (Grijalva et al., 2014).

Along with the findings obtained in Study 1, the observed gender bias across the theoretical, clinical and empirical literature indicates that narcissism may in fact describe a different phenomenon in males and females. To date, the existing empirical literature suggests that traditional concepts of narcissism, including overt grandiosity, entitlement, exhibitionism, and inflated self-esteem appear to predominantly entail male qualities in society (Corry et al., 2008). However, it has also been implied, although not stated explicitly, that gender disparities may instead divide along the lines of grandiose and vulnerable narcissism. Previous research has consistently showed gender neutrality on measurements capturing the vulnerable component of narcissism (Grijalva et al., 2014), with some research finding a higher

female preponderance (Pincus et al., 2009; Wright et al., 2010). Such gendered differentiations of narcissistic subtleties have been observed in the narcissism and IPV research, where female violence has been characterised as indirect and subtle in nature, linked to a low self-esteem in response to aggressive behaviour (Barnett & Powell, 2016).

Conversely, male violence has been typified as more overt and grandiose in nature, and as the result of responding to perceived threats to an inflated self-esteem (Ryan et al., 2008; Southard, 2010). Despite these observations, the vast majority of research in the narcissism and IPV literature has relied on grandiose features (i.e., the NPI or a sub-factor of the measurement) as their main assessment of narcissism, while other dyadic research has not distinguished the gender of the perpetrator versus the victim (Carton & Egan, 2017; Fields, 2012; Peterson & Dehart, 2014). These characteristics and approaches within past research can be argued to perpetuate a failure to recognise gender identifications in the emergence of narcissistic personality attributes spanning its full expressions of grandiosity and vulnerability. Given the prominent role of narcissism within IPV, and its associated harmful impact on those close others, a more comprehensive understanding of the ways in which gender impacts narcissistic manifestations in IPV certainly seems warranted.

The current study aims to address these shortcomings in previous research and further theoretical understanding of the gender dichotomies in the emergence and features of grandiose and vulnerable narcissism. This study is designed to complement the findings derived from Study 1, where clinical implications of gender differences in narcissistic pathology suggest that there may be divergent precursors to the development and manifestation of narcissism in males and females. Therefore, this study expands salient variables under investigation (by adding parental styles as a variable to the variables of grandiose and vulnerable narcissism, gender, and IPV). Exploring parenting styles in the current study is also relevant to IPV outcomes, where research has shown that dysfunctional parenting in childhood is associated with delinquency in narcissistic youths (Barry, Frick, Adler & Grafeman, 2007).

The remainder of this chapter consists of two main sections. The first reviews the existing literature on the aetiology of narcissism as it relates to the variable of parental styles, in consideration of the subtleties of narcissism and gender

dichotomies. In line with the approaches to the literature in previous chapters, the second section then goes on to consider the recurrent limitations regarding gender dichotomies in narcissism and IPV literature, before introducing the aims and objectives of this study.

5.1.1 Parental Styles in the Aetiology of Narcissism

Environmental factors in the development of narcissism have been particularly dominant in the clinical and empirical literature; even behavioural genetics research, which commonly finds a heritability ratio of 50% to 60% for narcissism, indicates that the environment contributes to approximately 40% of the variance (Vernon, Villani, Vickers & Harris, 2008), and in some cases as high as 94% (e.g., Luo, Cai, Sedikides & Song, 2014). As noted in Chapter 4 (see section 4.1.1), early clinical psychologists and psychiatrists ascribed the origin of narcissism and narcissistic personality disorder to parenting practices (Freud, 1914/1957; Kernberg, 1975; Kohut, 1977; Millon, 1981). Although there are disagreements in regard to the type of parenting behaviour in the aetiology of narcissistic features in children, these preeminent theorists all contended that early interactions between the child and their parents, or primary caregivers in general, are fundamental to the (dys)functional development of the child's self-concept[1].

5.1.1.2 Clinical Theories and Developmental Concepts

The psychodynamic theorists Kohut (1977) and Kernberg (1975), whose self-psychology converges with the object relations theory, suggest that childhood narcissism results from parental narcissistic use of the child. Put simply, object relations theorists implicate child narcissism as a defensive response or fixation to parental approaches that treat the child as an object for parental goals, and not for the goals of the child themselves (for a review, see Horton et al., 2006). For instance, Kohut (1977) asserted that self-focused parenting is expressed as either enmeshed or neglectful types, and that both can result in the development of narcissistic features in children. According to Kohut (1977), two aspects of parenting are considered important in the development of a healthy, independent formation of the child's self: grandiose exhibitionism, and idealisation. Grandiose exhibitionism is believed to be

[1] Although these theories may appear to be somewhat dated, the very fact that they have not been replaced by more recent ones underlines their worth.

fostered by empathetic mirroring by the parents, where parents' excessive praising responses imbue a sense of self-worth in their children. This could be, for example, where a child has performed well in a school play, and the parent tells them it is the best performance they have ever seen.

The latter dimension, idealisation, is where children internalise parental characteristics through seeing their parents as role models. Development of these two dimensions occurs through ''optimal frustrations'' of the child by a parent. These ''frustrations'' are specific instances (for example, when a child is left without guidance or affirmation by the parent) where children need to rely on their own resources rather than parental support. Such ''optimal frustrations'' ostensibly moderate the child's sense of grandiosity to more realistic levels, and in addition help encourage the internalisation of the child's sense of what is ideal from the parent**.** In the face of parenting that is excessively permissive of, or responsive to, a child's needs, there is no frustration of the grandiose self or detachment of the child's self from parents. Parenting that is actively rejecting of, or unresponsive to, a child's needs, no idealised image of the self or parent exists to be internalised (Kohut, 1977). Thus, in either case, both extremes can lead to the child's narcissistic self.

In contrast to Kohut's (1977) theory, Kernberg's (1975) theory offers a somewhat different psychodynamic view of narcissism, one that very much sees the critical causes of narcissistic features in children increasing due to parental strictness, coldness, and even covert aggression towards a child. From clinical observations, Kernberg (1975) described narcissism emerging through defensive responses to a pathological organisation of the self (characterised as one's beliefs about the self), ideal self (defined as an idealised image of the self), and ideal object (expressed as an idealised image of another person, usually a parental figure). This pathological organisation is created by parents who are strict, cold and harsh towards a child, which consequently prevents the child from developing an internalised ideal object to serve as a stable core of self-regard.

Kernberg (1975) also regarded self-focused parents to view their child as special or gifted, thus placing them on a vicarious pedestal, as a means for they themselves to live vicariously through their child's success. In other words, "it was rather the cold hostile mother's narcissistic use of the child which made him 'special', set him off

the road in a search for compensatory admiration and greatness, and fostered the characterological defence of spiteful devaluation of others" (Kernberg, 1975, p. 235). Such parental regard, according to this theory, eventually becomes a chronic and fundamental initiator of superiority and inflated, illusory worth that narcissists carry into their adult selves. Thus, for Kernberg (1975), narcissistic disturbances in the child arise from a combination of parental coldness, harsh demands and excessively high expectations.

In comparison with the psychodynamic perspectives that focus on dysfunctional attachments between children and primary caregivers, social learning theorists suggest childhood narcissism is conditioned, reinforced by, or shaped after parental behaviour (Imbesi, 1999; Millon, 1981). Millon (1981) posited that overly indulgent environments may foster and exacerbate narcissistic characteristics in children, causing the child to feel a sense of entitlement and superiority to others. Specifically, parents who lavish constant affection and gratification on their children without consistent monitoring or expectation of reciprocity may facilitate a child's narcissism (Millon, 1981). It is believed that such parental leniency and non-contingent affection effectively create a disconnect between self-evaluation and performance for the child, whereby a positive view of the self exists independent of behaviour. Further, according to Millon (1981), such a parenting style leads the narcissistic child to form the belief that others are beneath them, inferior and inadequate. In this theory, it is such beliefs that create narcissism's interpersonal core.

In sum, Millon's (1981) social learning perspective implicates parents' limitless indulgence and adulation of the child as information the child draws on (either consciously or not), which in turn leads on to the development of narcissistic impression of the self and others. Taken together, the theories proposed by Kohut (1977), Kernberg (1975) and Millon (1981) interpret differing childhood experiences that may contribute to similar developmental outcomes, namely, the child's increased dependence on external validation to affirm their grandiose concepts of self. To investigate these theories, empirical research has recently started to study these contrasting perspectives in the development of narcissism.

5.1.1.3 Research into Parenting and Narcissism

In attempts to empirically test the aetiological discrepancies described above, researchers have operationalised the above clinical theories with parenting dimensions as guided by developmental psychology (Horton, 2011; Horton, Bleau & Drwecki, 2006). Horton (2011) described that parenting dimensions broadly map into three categories: parental warmth (which refers to the extent to which parents provide emotional resources and are responsive to the child); monitoring (characterised as behavioural control exerted by parents in the form of establishing and enforcing rules); and psychological control (typified as, among other things, withdrawal of love or manipulation through guilt induction of a child, possessiveness of a child, and expressions of shame and disappointment in a child). It was argued that these dimensions summarise the multitude of more specific parenting styles (e.g., overprotection, demandingness, restrictiveness) that are linked to child functioning and are the key constituents of different parenting typologies (Horton, 2011).

These various parenting dimensions and styles can be clearly evidenced in the clinical theories described above. For instance, Millon's (1981) social learning theory contends that permissive parents (i.e., those who are low in monitoring but high in warmth) will create narcissism in children. On the other hand, Kernberg's (1975) predictions suggests that authoritarian parents (i.e., those high in both monitoring and psychological control but low in warmth) would foster narcissistic children, whereas Kohut's (1977) prediction overlaps with both forms, such that under- and over-parenting predicts that neglectful and cold, or lenient will facilitate narcissism in children (see table 5.1 for an overview). Thus far, although it is conceivable that more than one of these perspectives has merit in the aetiology of narcissism given the multidimensional nature of the personality construct, there is a considerable lack of convergence in the literature regarding what style of parenting is, in fact, associated with the emergence of narcissism.

Table 5.1
Hypotheses derived from clinical perspectives on narcissism development

Theoretical perspective(s)	Hypotheses
Kohut's parental leniency Million's social learning	Narcissism will be positively associated with parental warmth and negatively associated with parental monitoring (suggesting permissive parents).
Kohut's enmeshment Object relations	Narcissism will be positively associated with psychological control and positively associated with warmth.
Kernberg's psychodynamic	Narcissism will be negatively associated with parental warmth and positively associated with monitoring and psychological control.

Note. Source: Horton et al. (2006, p.355).

For instance, research conducted by Trumpeter, Watson, O'Leary, and Weathington (2008) explored grandiose narcissism (measured by the NPI) and its relationship with perceived parental empathy and love inconsistency. Findings showed that parental empathy predicted more 'adaptive' features of narcissism (leadership/authority, superiority/arrogance), whereas high scores of 'unhealthy' narcissism (entitlement/exploitativeness) were associated with parental love inconsistency. Another study conducted by Horton et al. (2006) examined the relations between grandiose narcissism (NPI) and parenting dimensions (warmth, monitoring and psychological control) across two studies with separate samples. In the first study, participants rated parenting retrospectively, and in the second study, participants rated parenting concurrently. Findings indicated positive relations between parental warmth and both 'healthy' and 'unhealthy' narcissism (total NPI score after variance associated with self-esteem is partialled out). Monitoring was found to negatively correlate with both kinds of narcissism, with only 'unhealthy' narcissism being predicted by psychological control.

Although these findings have been replicated elsewhere (Miller & Campbell, 2008), other research has found a positive association between parental coldness and grandiose narcissism (Otway & Vignoles, 2006). However, a more recent study by Horton and Tritch (2014) investigated the relationship between grandiose narcissism (NPI) and parenting styles, and found that narcissism correlated positively with psychological control, but negatively with coldness and monitoring. In summary, the above research provides a rather contentious picture of contradictory parenting styles (authoritarianism and permissiveness) being simultaneously related to the emergence

of narcissism. A reason for this discrepancy is perhaps due to the research using different assessment methods of parenting constructs that are conceptually similar (Savage, 2011).

Yet, at first glance it appears that ‘healthy’ narcissism is associated with higher levels of parental permissiveness, which would support the theories of Millon (1981), and ‘unhealthy’ narcissism being more closely linked to harsh parenting and coldness as per Kernberg (1975). It should be noted that any conclusions must remain speculative and tentative, as the studies outlined above employed retrospective reports of parenting (with the exception of concurrent accounts; Horton et al., 2006, Study 2), meaning that child narcissism is possibly related to systematic biases in the memory or perception of parenting (Horton, 2011). The aforementioned studies also fail to include the influence of parenting behaviour on child narcissism from the influence of child narcissism on parenting.

Longitudinal research has been conducted to assuage the above limitations and reveal how early parent-child dynamics affect narcissism. Using expert observations in the assessment of narcissism and parents’ assessment of parental styles, Cramer’s (2011) 20-year prospective study showed that children raised by permissive and authoritative parents (high responsiveness to a child’s need) exhibited more adaptive tendencies of narcissism, such as grandiosity and superiority, as compared to children raised by authoritarian parents (low responsiveness to a child’s need). The findings also indicated that maladaptive narcissism in young adulthood was predicted by the child’s initial proclivity (innate temperament) towards narcissism, but only within the context of the mothers’ parenting styles in relation to the child’s development. In investigating direction of influence, Cramer did not find any evidence of the presence of narcissism precursors at age 3 that influenced the style of parenting, and thus concluded that narcissism proclivity is influenced by type of parenting, which in turn determines if adaptive or maladaptive narcissism will emerge in adulthood.

In another longitudinal multi-informant study, Brummelman et al. (2015) examined the influence of social learning theory (parental overvaluation) and psychodynamic theory (lack of parental warmth) in the development of narcissism in late childhood (ages 7-12). Consistent with social learning theory, it was found that parental overvaluation predicted child narcissism over time. Brummelman et al. also found

no reciprocal effects of child narcissism on parenting styles, suggesting that the association between child narcissism and parenting styles was unidirectional, in that parental overvaluation cultivated child narcissism above and beyond parents' own narcissism levels.

In a more recent longitudinal study, Wetzel and Robins (2016) investigated the superiority and exploitative features of narcissism and parenting dimensions (warmth, monitoring and hostility) in children through ages 12-16. Parenting was assessed via child reports, spouse report and behavioural coding of parent-child interactions. The findings showed that parental hostility and parental monitoring were the strongest predictors of parental styles, with the former being associated with higher exploitativeness in children from age 12 to 14, and the latter being related to lower exploitativeness from age 12 to 14 in children. In exploring interactions among the parenting dimensions, the effect of paternal hostility on exploitativeness in children was found to be stronger for higher levels of parental warmth and monitoring. Wetzel and Robins (2016) asserted that these findings resonate with ideas grounded in psychodynamic theory, in that hostile and strict parenting coupled with warmth and support cultivate the development of narcissism. Further, parenting practices appeared to be more strongly associated to the maladaptive component of narcissism rather than the adaptive.

Overall, although the aforementioned longitudinal studies shed light on the nuanced and often paradoxical paths of parenting styles and how they may be associated with the development of narcissism, the results are mainly similar to those of earlier studies that relied on retrospective accounts of parenting and self-report of narcissism, suggesting that parenting practices are salient determiners of the emergence of narcissism in adulthood. Yet, a review of the empirical research of parenting and narcissism shows one key shortcoming: the theories of the origins of narcissism fail to specify distinct developmental pathways which discriminate between grandiose and vulnerable narcissism, and the empirical research related above fails to represent narcissism as such a multifaceted construct.

5.1.1.4 Research into Parenting and Narcissistic Typologies

The empirical discrepancies reviewed so far can be argued to be partially due to the clinical theories of narcissism portraying two divergent depictions of narcissism:

Kernberg's (1975) formulation of narcissism is centred on grandiosity and aggression, while Kohut's (1977) description of narcissism focuses on vulnerability, depression and shame (see Chapter 4, section 4.1.1 for a reminder). As such, it has been theorised that the two dimensions of narcissism may be associated with different parental aetiologies (Horton, 2011). With this in mind, empirical research has considered the parenting types which may discriminate grandiose and vulnerable narcissistic features with the aim of resolving previously irreconcilable findings. For instance, a study conducted by Miller et al. (2010) found that vulnerable narcissism was related to retrospective reports of childhood abuse and invalidating, cold parenting styles (i.e., low warmth and supervision, and high psychological intrusiveness), while grandiose narcissism was unrelated to any of the parenting constructs.

Similarly, research by Maxwell and Huprich (2014) revealed findings that demonstrate that vulnerable narcissism was associated with negative parental experiences (i.e., physical abuse, emotional neglect and low parental quality). In contrast to Miller et al.'s (2010) study, Maxwell and Huprich (2014) found grandiose narcissism to be related to emotional neglect and low parental support. The significance of these negative parental experiences was also associated with grandiose narcissism in Cater, Zeigler-Hill and Vonk's (2011) study. Specifically, the findings from their study indicated that grandiose narcissism was associated with high parental discipline, threats of separation and low security, although these findings failed to emerge for vulnerable narcissism. Demonstrating the complexity of the issues at hand, in other research, Otway and Vignoles (2011) developed their own measurement of parental styles and found that the combination of parental overvaluation and coldness was a 'key factor' in predictions of both grandiose and vulnerable narcissism. Yet, recollections of parental overvaluation were found to be weaker predictors of vulnerable features than for grandiose narcissistic characteristics.

In light of research suggesting that the gender of the parent may influence narcissistic development in divergent ways (Cramer, 2011; Jonason, Lyons & Bethell, 2014; Trumpeter et al., 2008), a prospective research conducted by Cramer (2015) investigated the presence of grandiose and vulnerable narcissism in participants at age 23, in relation to the parenting styles of their mothers and fathers when the

participants were 18 years old. Parenting behaviour was assessed by the parents at the time of parenting rather than through retrospective reports, and narcissism at age 23 was assessed through observational rather than self-report measures. The results from this study demonstrated that a mother's parenting style was related to vulnerable narcissism at age 23, whereas a father's parenting style was associated with the presence of grandiose narcissism. For both mothers and fathers, parenting involving permissiveness and responsiveness was negatively associated with grandiose and vulnerable narcissism, while authoritarian parenting was positively related to grandiose and vulnerable narcissism, and this was also found to be the case with indifferent parenting on the part of the father.

In another study by Huxley and Bizumiz (2017), the relationship between grandiose and vulnerable narcissism, and retrospective self-reported measures of parental invalidation was examined. Parental invalidation was found to be positively related to both types of narcissism, in that grandiose and vulnerable narcissism were correlated with coldness and rejection, with vulnerable narcissism additionally associated with overprotection. Huxley and Bizmuiz argued that these findings, although similar in origin, showed that different parental behaviours may predispose narcissistic individuals to grandiose and vulnerable presentations. They also argued that the results showed that the interaction of maternal and paternal invalidation was a significant predictor of both narcissism subtypes. These findings, along with that of Cramer (2015), denote that the behaviour of both parents may influence the development of narcissism.

It is noteworthy that these findings appear to contradict those theories of narcissistic development that often adopt a gendered vocabulary when articulating early interactions between the parent (i.e., the mother) and a child's narcissism (Freud, 1914/1957; Phillipson, 1982; see Horton, 2011, for an overview). What the above range of research demonstrates is that disparate findings remain regarding which parental styles contribute to grandiose and vulnerable narcissistic development. It is particularly notable that, to date, the above research has not considered gender differences in narcissistic styles in regard to parental influences. This is despite the fact that some of the aforementioned studies found significantly higher scores for males on grandiose narcissism (Carlson & Gjerde, 2009; Maxwell & Huprich, 2014; Miller & Campbell, 2008; Miller at al., 2010), even at the age of 7 (Brummelman et

al., 2014), and females higher on vulnerable narcissism scales (Huxley & Bizumic, 2017).

5.1.1.5 Research into Parenting and Gender Differences in Narcissism

As discussed in Chapter 2 (section 2.1.5.3), differential gendered socialisation and gender-role differences has helped generate theorisations on the observed gender differences in narcissism (Carroll, 1989; Corry et al., 2008; Grijalva et al., 2014; Jonason & Davis, 2018; Lukowitsky & Pincus, 2013; Onofrei, 2009; Watson, Biderman & Boyd, 1989; Watson, Taylor & Morris, 1987). In the context of biosocial role theory (see section 6.1.1.1, for a detailed discussion), gender socialisation processes might therefore align with certain parental styles that contribute to some extent to observed gender differences in narcissism. There is a tendency for males to display more features of grandiose narcissism and females to present with vulnerable features. This may reflect how differences in parental approaches based on child gender follow in line with particular types of socialisation designed by parents to make boys more agentic (e.g., by withholding affection, aiming to make boys more independent), and to make girls more communal and caring. If this is the case, then existing gender differences would suggest parents are using parenting styles associated with grandiose narcissism more frequently with boys than with girls (Grijalva et al., 2014; Wood & Eagly, 2012).

Nevertheless, existing empirical research on parenting and gender differences in narcissism provides mixed results. In Horton et al.'s (2006) study, significant gender differences were found regarding associations of parenting with 'unhealthy' narcissism (NPI). In contrast to males, unhealthy narcissism in females was associated with parental warmth and psychological control. The authors interpreted the presence of these gender disparities as reflective of gendered socialisation processes, where females may be socialised to interpersonal relationships and males to independence. Men's relative independence may mitigate against the impact of emotional manipulation tactics and parental attempts at over-involvement, whereas women's relative interpersonal sensitivity means they are possibly more susceptible to the emotional and psychological consequences of such tactics. Horton et al. (2006) speculated females may thus be more sensitive to parenting nuances than males, as evidenced by the complex relationship patterns they found.

Similarly, Capron (2004) examined recalled pampering styles (e.g. overindulgence and overprotection), and their relationship with narcissism (NPI): results supported Millon's (1981) proposition that individuals who pamper their children foster narcissistic tendencies within them, with the overall relationship stronger for women than men. However, closer observation reveals that, not only are correlations only weak to moderate, but that the major limitation with this study is the measure of parental pampering used only represents each parenting type with a single item. Thus, the validity of the items, along with a unidimensional measurement of narcissism, limits any conclusions that can be drawn. In contrast to Capron's findings, Lyons, Morgan, Thomas and Hashmi (2013) used an all-female sample and found recollections of low parental care to be associated with elevated scores on the NPI Entitlement/Explotativeness facet. Exploring manifestations of both grandiose and vulnerable narcissism, Mechanic and Barry (2014) found retrospective reports of positive reinforcement and involvement parenting behaviour to be positively associated with grandiose narcissism, and perceptions of inconsistent discipline correlated with vulnerable narcissism. Regression analysis showed that, when considering gender with all other variables, inconsistent approaches to discipline were the only parenting dimension that predicted unique variance in vulnerable narcissism, with a main effect also present for gender (i.e., females scoring higher).

The reviewed section on parental styles limits any possible conclusions regarding the precise developmental antecedents to grandiose and vulnerable narcissism, and how these converge or diverge for each gender. It is arguable that the picture remains inconclusive due to the heavy reliance on grandiose features of narcissism and the utilisation of singular or multiple measurements of parenting constructs that are conceptually similar. To date, speculative conclusions point to gendered socialisation as a means of explaining the type of parental style in the presentation of narcissistic traits in men and women. Yet these narcissistic traits rarely extend to vulnerable features, which is particularly alarming in light of longstanding gender bias in grandiose narcissism. Early psychoanalytic theories suggest that females and males may have different predispositions to the narcissistic personality due to the process through which they are socialised (Carroll, 1989; Philipson, 1985), and Malkin's (2015) clinical observation that the 'overt and grandiose' man and the 'shy and introverted' woman may learn to adopt different coping mechanisms to early interaction disturbances (even if it originates from the same parental style). These

theorisations suggest that the interplay between parental styles and gender may result in different displays of narcissistic features resembling either grandiosity or vulnerability. However, this observation is yet to be empirically examined.

5.1.2. Gender dichotomies in Narcissism and Intimate Partner Violence

Prior to discussing the literature into narcissism and partner violence perpetration, it is important to provide an overview of the wider IPV literature for the purposes of contextualisation and to further understand the extent to which narcissistic perpetrators of IPV in general, and gender differences in those manifestations in particular, may differ from commonly used models of IPV perpetrators. Contrary to widely held beliefs that partner violence is a primarily male crime (Straus, 2008), the empirical literature on IPV generally shows that females express a similar degree and severity of physical acts of violence as men (Archer, 2000; 2002; Johnson, 2010; Swan, Gambone, Caldwell, Sullivan, & Snow, 2008; Varley, Graham-Kevan, & Archer, 2010). Despite this, research into females as perpetrators of IPV remains relatively scant (Pornari, Dixon, & Humphreys, 2013). Due to the overwhelming evidence of bi-directionality in IPV relationships, it has generally been assumed that the primary motive of females who engage in partner violence perpetration is because of self-defence, to protect their children, fear, and retribution (Johnson, 2010).

However, a systematic review of the IPV literature by Porni et al. (2013) suggested females perpetrate physical acts of violence for reasons similar to that of male perpetrators. In both male and female perpetrators, Porni et al. (2013) found evidence for the existence of 'relationship entitlement' (the need to exert power and control over an intimate partner and a perceived right to punish undesired behaviour), 'normalisation of relationship violence' (holding accepting attitudes towards partner violence and the tendency to minimise the severity and consequences of action), and 'it is not my fault' (the tendency to externalise blame and often attribute the cause of violence as due to poor self or emotional control). In males, support was found for the existence of 'I am the man' justification due to issues of patriarchy and masculine-type behaviours. Across all these motives, a stronger evidence was found for males, whereas these motives (with the exception of 'I am the man') were found to be only weakly to moderately supported in females. Porni et al. (2013) argued that this was due to the limited research on female IPV, rather than due to any evidence

disputing the existence of such motives. Nevertheless, these findings bring into question the existing traditional assumptions that male dominance is the root cause of IPV and that women's perpetration of violence originates from different causes to that of males.

Similar to the IPV literature, female perpetrators are under-researched in the narcissism literature which has a predominant overemphasis on grandiosity and the male gender. Prior theoretical and empirical discussions in the research literature have implicitly assumed that gender differences in narcissism can be broadly categorised according to grandiose and vulnerable narcissism, as evidenced by the research showing grandiose features to be more observed in males (Blinkhorn et al., 2018; Corry et al., 2008; Foster, Campbell & Twenge, 2003; Grijalva et al., 2014; Miller & Campbell, 2008; Perry & Perry, 2004; Zeigler-Hill et al., 2008; Zerach, 2016) and vulnerable narcissism measures to resemble either gender neutrality (Besser & Priel, 2009 Grijalva et al., 2014; Miller et al., 2010) or a higher female preponderance (Onofrei, 2009; Pincus et al., 2009; Rohmann et al., 2012; Wright et al., 2010; Wolven, 2015). To date, the literature concerning the gender dichotomies in narcissism as it relates to IPV has been dominated by the grandiose component of narcissism (i.e., the NPI or a sub-factor of the measurement) as the main assessment of narcissism (Blinkhorn et al., 2015; Caiozzo et al., 2016; Gormley & Lopez, 2010; Lamkin et al., 2017; Ryan et al., 2008; Southard, 2010). These studies also fail to represent the whole spectrum of IPV, and thus fail to accurately depict the complex nature of IPV, thereby simplifying the rich variety of abusive behaviour.

Further adding to these limitations, previous dyadic research fails to specify the gender of the perpetrator versus the victim (Carton & Egan, 2017; Fields, 2012; Peterson & Dehart, 2014). In light of the widespread assumption that males are overrepresented as IPV perpetrators in general, and in narcissism research in particular (Gormley & Lopez, 2010; Meier, 2004; Rinker, 2009; Talbot et al., 2015), the failure to differentiate the gender of the perpetrator can have particularly problematic implications if these are to assume that males are perpetrators and females are victims. Despite these issues, through initial observations in the existing literature on narcissism and IPV it can be tentatively suggested that male violence is characterised as more overt and grandiose in nature, the result of responding to perceived threats to an inflated self-esteem (Ryan et al., 2008; Southard, 2010).

Female violence, on the other hand, has been typified as indirect and subtle in nature (Ryan et al., 2008; Southard, 2010), and linked to a low self-esteem in response to aggressive behaviour (Barnett & Powell, 2016). Overall, the apparent gender differences in narcissism found in previous research, and the clinical implications of gender bias in diagnosis detailed in the previous chapter (4; Study 1), arguably underlines the need to measure narcissism as a two-dimensional conceptualisation to more accurately capture narcissistic features in males and females within IPV.

5.1.3 Aims and Objectives

In the absence of a thorough understanding of the ways in which gender differences in narcissistic typologies impact partner violence, the purpose of the current study is to examine gender differences in grandiose and vulnerable narcissism, within all attributes of IPV (physical, sexual and psychological abuse). As part of this investigation, the three main dimensions of parenting styles (psychological control, warmth and overprotection) will be explored in an effort to resolve the conflicting developmental origins of narcissistic personality features. These parental dimensions are used as it is proposed gender differences in narcissism can be further elucidated by exploring recollections of early divergent parental styles, as these may indicate differential associations with grandiose and vulnerable narcissism.

The findings of this study are also considered of value given their potential to enhance theoretical knowledge regarding the emergence of gender differences in narcissism, and the potential mechanisms underlying intimate partner violence outcomes. In addition to increased theoretical understanding, the findings of this study are also argued to have practical benefits. It is proposed here that effective interventions can be facilitated through a thorough, empirical-based understanding of the aetiology of narcissism, as such an understanding will allow clinicians to devise treatment that target factors critical to the causation and maintenance of narcissism, in turn creating gender-specific interventions for intimate partner violence.

Treatment for parental narcissism also brings the potential to reduce aggression and violence, and mental health issues, given that research has shown that dysfunctional parenting in childhood to be associated with delinquency in narcissistic youths

(Barry, Frick, Adler & Grafeman, 2007), and greater anxiety and stress in young adult children (Segrin, Woszidlo, Givertz & Montgomery, 2013). The association between parenting styles and IPV is also of interest here, in light of the research suggesting that many perpetrators of IPV have a history of witnessing or experiencing interparental violence during their childhood (e.g., Dowd, Leisring, & Rosenbaum, 2005; Henning et al., 2003; Kernsmith, 2005). Such negative experiences may shape the acceptability and normalisation of violence according to social learning theories (e.g., Bandura, 1977), and further emphasises the need to explore parenting styles for risk assessments and treatments.

Taken together, this second study explores gender disparities in divergent narcissistic development stemmed from a sample that is larger and more inclusive than those used in previous research. Given that such interactive influence has yet to be investigated empirically, the association between recalled parenting practices, gender and narcissism will be explored along with their potential to predict partner violence behaviours, in the normal population via self-report instruments.

Research Questions:

1. Are there gender differences in self-reported grandiose and vulnerable narcissism?
2. Are there gender differences in the relationships between self-reported narcissism, parental styles and IPV?
3. To what extent do self-reported narcissism and parental styles in females predict IPV?
4. To what extent do self-reported narcissism and parental styles in males predict IPV?

The current study is designed as exploratory and therefore offers no specific hypotheses except for research question 1: this study hypothesised that there would be gender differences in narcissism, such that males will obtain significantly higher scores on grandiosity and females on vulnerability components.

5.2 Method

5.2.1 Design

This study utilised a between-subjects, quasi-experimental design, with gender as the independent variable containing two separate groups (males vs. females). Other independent variables were narcissism (grandiose vs. vulnerable components) and parental styles (coldness, warmth and overprotection). The dependent variables were physical/sexual abuse and psychological abuse.

5.2.2 Participants

Power analysis software (G*Power 3.1.9.2; Faul et al., 2007) was used to calculate minimum sample size in order to achieve a desired moderate effect size ($f^2 = 0.15$) and a $p = 0.05$ significance level using a multiple regression with ten predictor variables. Power analysis stipulates a minimum of 118 participants is required to achieve a power of 0.80 (following the norm).

Participants were recruited through advertisements on social media, flyers, and psychology research participation websites. Inclusion criteria were being over 18 years of age, being fluent in English, providing informed consent, and who had experience of being in a relationship. However, those who were not currently in relationships were asked to consider their most recent relationship for purposes of the study. From the initial sample pool (*n* = 704), 371 participants were excluded due to incomplete data. Of those who completed the study (*n* = 333), five participants were eliminated on the basis that three participants did not identify as any gender, one participant was under 18 years old, and one participant did not give informed consent. The final analysis was conducted using the remaining 328 participants.

The sample comprised 176 (53.7%) females and 152 (46.3%) males. The age range of the participants was 18-64 years with a mean of 27.93 years (*SD* = 9.09). Relationship status and duration, stated sexuality, and prevalence for IPV perpetration and victimisation are displayed in Table 5.2. The sample was predominantly Caucasian (*n* = 262), with 16 South or East Asian, 12 Hispanic or Latino, 10 African, and five Middle Eastern; the remaining 23 participants chose ‘mixed’ or ‘other’ for their ethnic status. At the end of the study, participants were

given the option to enter a prize draw for the chance of winning a £50 Amazon voucher.

Table 5.2
Participant demographics

	Males (n = 152)	Females (n = 176)
Mean relationship duration in months	49.8	50.1
Relationship status		
Dating	99	89
Cohabiting	25	51
Engaged	7	9
Married	21	26
Sexuality		
Heterosexual	130	116
Homosexual	15	8
Bisexual	5	46
Pansexual	1	6
Prevalence for IPV		
CTS2S Perpetration	98.6%	98.9%
CTS2S Victimisation	98.6%	96.6%
MMEA Perpetration	92.1%	94.9%
MMEA Victimisation	89.5%	91.5%

Note. Relationship duration and relationship status refers to participants' current or most recent relationship. 1 participant did not report relationship status.

5.2.3 Materials

5.2.3.1 Pathological Narcissism Inventory

The Pathological Narcissism Inventory (PNI; Pincus et al., 2009) is a 52-item self-report measure of pathological narcissism that assesses both vulnerable (34 items) and grandiose (18 items) features. Responses for the 52-items are made on a 6-point Likert scale ranging from 0 (not at all like me) to 5 (very much like me). Seven primary scales of the PNI load on to two higher order domains of Narcissistic Grandiosity and Narcissistic Vulnerability. The scales that load on to Narcissistic Grandiosity are: Exploitativeness, Grandiose Fantasy, and Self-Sacrificing Self-Enhancement; the scales that load on to Narcissistic Vulnerability are: Contingent Self-esteem, Hiding the Self, Devaluing, and Entitlement Rage. Because each subscale varies in scale length, mean item endorsements are used instead of sums in order to enable ease of comparison across scales (Pincus et al., 2009). Subsequent studies have provided support for the psychometric properties of PNI (Thomas, Wright, Lukowitsky, Donnellan & Hopwood, 2012; Wright et al., 2010). The PNI is a widely used measurement and manifests good internal consistency (Pincus et al.,

2009). In the present study, Cronbach's alpha for the total narcissism score was .96, $\alpha = 0.87$ for the grandiose component and $\alpha = 0.95$ for the vulnerable component. See appendix 2 for the full questionnaire.

5.2.3.2 Conflict Tactics Scale short form

The Conflict Tactics Scale short form (CTS2S; Straus & Douglas, 2004) is a revised 20-item measure of IPV (10 items measure perpetration and 10 items measure victimisation) adapted from the longer 39-item measure version of the CTS2 (Straus et al., 1996). The CTS2S uses an 8-point Frequency scale to focus on tactics (Negotiation, Psychological Aggression, Sexual Coercion, Physical Assault and Injury) used during conflict within intimate relationships. The scale measures the number of times a particular aspect of IPV is said to have occurred within a relationship and records whether it was instigated by the participant on their partner, or vice versa. In the current study, participants were asked to report the occurrence of any violence (perpetrated or subjected to) during the course of their relationship, or asked to recall any instances from their most recent relationship. The CTS2S has demonstrated good construct and concurrent validity (Straus & Douglas, 2004).

The scale was modified for purposes of the current study (for details regarding this modification, see appendix 2). This study chose to score the CTS2S based on prevalence as recommended by Straus and Douglas (2004). Using this method, if the participant reported using any of the violent acts in their relationship, they were classified as being a perpetrator of IPV; whereas if the participant reported the occurrence of any violent acts by the partner in the course of their relationship, they were classified as having been a victim of IPV. A score of "1" indicates one or more acts of violence during the course of the relationship and a score of "0" indicates that no instances were reported. Total ratings were computed for perpetration and victimisation scores. In the present study, perpetrator reliability was $\alpha = 0.69$ and victim reliability was $\alpha = 0.71$. In addition, given that the CTS2S is not designed to sample psychological aggression in depth, it was decided to measure psychological abuse separately (see below).

5.2.3.3 Multidimensional Measure of Emotional Abuse

The Multidimensional Measure of Emotional Abuse (MMEA; Murphy & Hoover, 1999) is a 28-item scale that specifically measures the emotionally abusive aspect of IPV (14 items measure perpetration and 14 items measure victimisation). Subscales for this questionnaire were: Restrictive Engulfment, Denigration, Hostile Withdrawal and Dominance Intimidation. As with the CTS2S, the MMEA uses an 8-point frequency scale to measure the number of times a particular aspect of emotional abuse has occurred within a relationship, instigated by either the participant or their partner. For the purposes of this study, and to ensure consistent scoring methods of prevalence were being used across the IPV questionnaire, the original Likert scale was modified to be exactly equivalent to the CTS2S scoring scale (see appendix 2). Total ratings were computed for perpetration and victimisation scores. The MMEA questionnaire is statistically valid as an index of psychological aggression for research purposes (Murphy & Hoover, 1999). In the present study, internal reliabilities for perpetration were $\alpha = 0.89$ and $\alpha = 0.91$ for victimisation.

5.2.3.4 Psychological Control Scale

The Psychological Control Scale (PCS; Barber, 1996) is a revised 10-item subscale from the Children's Report of Parental Behaviour Inventory (CRPBI; Barber, 1996), and measures the level of psychological control asserted by one's mother and father. Some components of psychological control include love withdrawal, guilt induction, and excessive pressure to change. This questionnaire uses a 3-point Likert scale: 1 (not like her/him) to 3 (a lot like her/him). In the current study, participants were asked to recall their parents' parenting styles up until they had reached the age of 16. If participants did not grow up with either parent, they were asked to refer to their primary female/male caregiver (see appendix 2). The mean rating of each parent was calculated in cases where ratings for both were provided; otherwise, one single rating was used. Items pertaining to maternal parenting (or mother figure) and paternal parenting (or father figure) were totalled separately in order to create corresponding indices. The PCS manifests good internal consistency and has been utilised in previous narcissism research (Horton et al., 2006; Miller & Campbell, 2008). Internal reliability for the PCS was $\alpha = .91$ in the current study.

5.2.3.5 Parenting Bonding Instrument

The Parenting Bonding Instrument (PBI; Parker, Tupling & Brown, 1979) measures recollections of parental care and overprotectiveness. Items on parental care includes 'He/She was affectionate to me' and 'he/she tended to baby me'. Items on the parental overprotectiveness includes 'He/she invaded my privacy' and 'he/she tried to control everything I did'. The scale has 12 items reserved for the mother (or female caregiver) and 12 items for the father (or male caregiver). Participants were asked to recall the parenting styles of their parents (or parental figures) during their first 16 years of life on a 4-point Likert scale: 1 (very like her/him) to 4 (very unlike her/him). As with the PCS, the mean ratings for each parent were computed in instances where ratings were provided for both; otherwise, one single rating was used. In addition, as was done with the PCS, the 12 items for maternal parenting and the 12 items for the paternal parenting were totalled to create corresponding indexes. The PBI manifests good internal consistency and has been used in previous narcissism research (Dentale et al., 2015; Jonason et al., 2014; Maxwell & Huprich, 2014). In the present study, internal reliability for the total PBI score was $\alpha = .80$. See appendix 2 for the full questionnaire.

Additional data were gathered regarding participant demographics. Participants were asked to state their gender, age, sexuality, ethnicity, and relationship status and duration.

5.2.4 Procedure

The study was advertised online on different social media platforms (Facebook, Twitter and Reddit) and research participation websites (psychological research on net), and flyers were shared at gym facilities. Flyers contained a QR code that, when scanned, directed participants to the online survey hosted by Qualtrics. The first page of the survey contained the participant information sheet and relevant ethical information. Participants provided informed consent by clicking a box and then clicking a 'next' button to begin the survey. They first completed a selection of demographic questions and then continued to complete the PNI, CTS2S, MMEA, PCS and the PBI questionnaires, which were presented in that order for each participant. After completing the final questionnaire, participants were given the option to enter a draw for the chance of receiving a £50 amazon gift voucher. Once

all questions had been answered, participants were directed to the debrief page, thanked, and presented with a list of support networks associated with IPV. Overall, the study took approximately 15-30 minutes to complete.

5.2.5 Ethical considerations

Ethical approval was granted by Edinburgh Napier University School of Applied Sciences Research Integrity Committee. Participants were provided with an information sheet pertaining to the research aims and their involvement, followed by a consent form. The information sheet identified any risks associated with the study and participant rights (e.g., anonymity, confidentiality and right to omit to any question they wish not to answer). Participants were also made aware that they had the right to withdraw from the study prior to completion, and that withdrawal from the study would not be possible after completing the survey. Therefore, participants were requested to complete a secondary and final consent form to confirm that they were happy for their results to be used. After completing the survey, participants were given the option to enter their email address for the chance to enter a prize draw, and were informed that their email address for the prize draw would not be linked to their data. A full debrief was presented on the last page followed by a list of support networks associated with IPV.

5.3 Results

This section begins with a discussion on data treatment; specifically, the approach to the handling of missing data, and the standardisation of scores on different measurements. The subsequent analysis consists of three main subsections, each of which addresses the research questions under investigation. The first subsection (5.3.2) investigates gender differences in narcissism (Research question 1). The second subsection (5.3.3) presents analysis of relationships between narcissism, parental styles and IPV separately for each gender (Research question 2). The third subsection (5.3.4) provides regression analysis to explore the extent to which narcissism and parental styles were found to predict unique variance in IPV outcomes in each gender (Research question 3). Each analysis subsection is preceded with a descriptive analysis to illustrate how the assumptions of each test were met. Data were analysed using SPSS software version 23.

5.3.1 Data treatment

Given the nature of online surveys in general, and the sensitive topic of this study in particular, not all participants answered every single item on the questionnaires. It was therefore important to investigate whether there were any patterns of missing values prior to the data analysis. As part of a missing values analysis, Little's MCAR test was conducted to explore if values were missing completely at random (MCAR; Little & Rubin, 2002) or not. Notably, the test was statistically significant (χ^2 = 4566.937, df = 4374, p = .021), which indicated that data were in fact not missing at random. However, testing whether an entire collection of variables across the data set is consistent with MCAR may not provide a useful analysis, as some individual variables are likely to be missing in a systematic fashion and, therefore, identifying those variables that are not MCAR may reveal if there exists a relationship between those variables and the probability of missingness (see Enders, 2010).

To investigate these patterns further, the MCAR test was run for each questionnaire to see if it was possible to identify any specific questionnaires that were not random in their missing information. The test was statistically non-significant for the PNI scales (χ^2 = 197.288, df = 204, p = .619), the CTS2S scales (χ^2 = 5.888, df = 19, p = .998), the MMEA scales (χ^2 = 473.006, df = 475, p = .517), and the PCS scales (χ^2 = 79.420, df = 85, p = .650), indicating that the missing data were missing at random

for these scales. However, for the PBI scales, the test was statistically significant ($\chi^2 = 508.899$, $df = 309$, $p < .001$). A closer examination of the data showed that a total of 16 participants omitted to answering items concerning care and overprotection by the father on the PBI measurement, and a similar trend was observed for the PCS scale, where a total of 10 participants omitted answers on items concerning psychological control by the father.

It is feasible to suggest that, while somewhat expected, the PBI and PCS questionnaires measure parental styles from both mothers and fathers, and therefore participants who did not grow up with either parent (or parental figure) would omit to answering those items. The pattern of missing values across both questionnaires appears to invite this possibility. Given the design of the current study, missing values on the PBI scale were not replaced, as maternal and paternal parenting styles were analysed separately (see Method section 5.2.3). On all measurements except for the PCS, PBI and IPV scales, missing responses were replaced by imputing the mode substitution method for consistency purposes. Replacing values using the mode is a standard and basic imputation method and, compared to the mean substitution method, does not reduce variance in the dataset (Baraldi & Enders, 2010). Other methods, such as regression imputation, were deemed inappropriate due to the risk of reinforced correlation estimates, which may have affected the generalisability of the findings (Tabachnick & Fidell, 2013).

As mentioned in the Method section (5.2.3), the scoring method for IPV was based on prevalence (coded 1 or 0). As such, inserting a central tendency value for the missing scores was not recommended as the replaced value would commonly be zero (see Straus & Douglas, 2004). As a consequence, a value of zero, in effect, assumes that if the respondent had answered, they would have indicated that the behaviour was not enacted. Instead, it is advised by Straus and Douglas (2004) to accept the loss of missing values, especially for those studies that are not limited to a small sample size. The current study followed these guidelines, and in further analysis using these variables, along with the PCS and PBI scales, the pairwise deletion method (unless stated otherwise) was used when managing missing data as it allows for the use of as many cases as possible for each analysis. Listwise deletion was also considered but rejected on the grounds that complete elimination of cases with one or more missing values would consequently diminish the statistical power by

lowering the number of participants included in the analysis, which may have resulted in larger standard errors and increased the chance of Type II error (Garson, 2015).

5.3.2 Gender Differences in Narcissism

5.3.2.1 Data treatment

Prior to conducting analysis to investigate potential gender differences in narcissism, preliminary analysis was run to ensure assumptions were met. The normality of distribution in narcissism variables was determined through measuring skewness and kurtosis. In both males and females, grandiose and vulnerable narcissism variables were within the acceptable range of -1 to +1, indicating that distributions for grandiose and vulnerable narcissism were sufficiently normal for the purposes of conducting a parametric test.

5.3.2.2 Mixed design ANOVA

To test the hypothesis for gender differences in grandiose and vulnerable narcissism, a 2 x 2 mixed design ANOVA with narcissism type as within-subjects factor and gender as between-subjects factor was conducted. There was a significant main effect of narcissism score, $F(1, 326) = 92.687$, $p<.001$, $\eta^2 = .221$, such that participants scored higher on grandiose narcissism (M = 2.7, SD = .83) than vulnerable narcissism (M = 2.3, SD = 1.0). There was also a significant main effect of gender, $F(1, 326) = 14.939$, $p<.001$, $\eta^2 = .044$, such that females (M = 2.7, SD = 1.9) scored significantly higher on overall narcissism score compared to males (M = 2.4, SD = 1.6). A significant interaction was found between gender and narcissism type, $F(1, 326) = 120.904$, $p<.001$, $\eta^2 = .271$ (see Figure 5.1). To explore this interaction further, post-hoc t-tests were conducted.

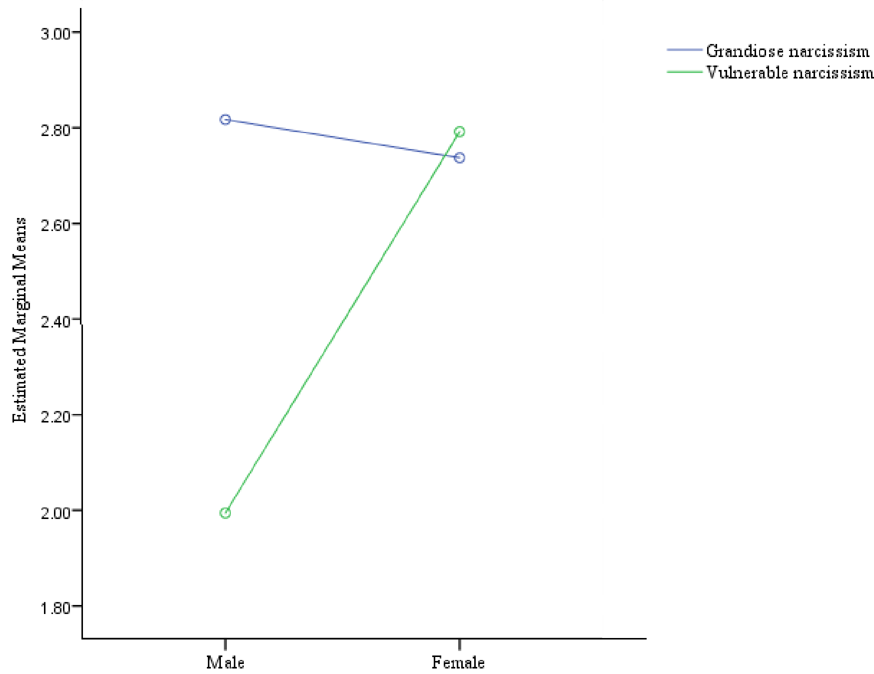

Figure 5.1. Gender differences in grandiose and vulnerable narcissism.

5.3.2.3 Independent samples t-test

Table 5.3
Gender differences in narcissism using independent samples t-tests

	Males (n = 152)	Females (n = 176)			
	Mean (SD)		*t* (df)	*p*	*Cohen's D*
Grandiose narcissism	2.8 (.82)	2.7 (.84)	.863 (326)	.389	.12
Vulnerable narcissism	1.9 (.86)	2.7 (1.0)	-7.440 (324)	<.001	.85

As seen in Table 5.3, independent samples t-test showed statistically non-significant mean differences for males and females on grandiose narcissism. For vulnerable narcissism, assumptions of homogeneity of variance were violated as indicated by Levene's *F* test (F = 12.929, p<.05), and therefore the adjusted *t*-statistics were reported. The test indicated that scores were significantly higher for females than for males on vulnerable narcissism. The effect size for this analysis was found to exceed Cohen's (1988) convention for a large effect (d = .80).

5.3.2.4 Paired samples t-test

As expected, males scored significantly higher on grandiose narcissism than vulnerable narcissism, t (151), = 13.5, p<.001, d = 1.09; large effect size. For females,

however, the mean difference between grandiose narcissism and vulnerable narcissism failed to reach significance, t (175), = -1.0, p=.298, d = -0.07.

5.3.3 Relationships between Narcissism, Parental Styles and IPV

5.3.3.1 Data treatment

Descriptive analysis was performed for each variable under investigation prior to conducting bivariate correlations in order to ensure assumptions of parametric data were met. In males, the overprotection component by the father and care component (PBI) by the mother, psychological control (PCS) by the mother, and CTS2S and MMEA perpetration variables exceeded the acceptable range of kurtosis and skewness, and therefore were not normally distributed. In females, non-parametric variables pertained to the care component by the father and mother, psychological control by the father and mother, and the CTS2S perpetration variable. Although the current data set consists of both parametric and non-parametric data, Field (2009) suggests that values of kurtosis and skewness should have no upper criterion applied in sample sizes >200. Based on the central limit theorem, sample sizes >30-40 can be assumed to follow an approximate normal distribution (Ghasemi & Zahediasl, 2012). Therefore, assumptions of normality were assumed given the sample size of the current study. Pearson's correlation was performed for all variables under investigation[2].

In order to test for differences in relationships between males and females, bivariate correlations were calculated separately for males and females; Fisher's r to z transformations were then calculated to test for significant differences in magnitude between the two correlation coefficients. To control for Type 1 error, only relationships correlated at $p< 0.01$ were reported (Banerjee et al., 2009).

5.3.3.2 Relationship between Narcissism and IPV

Correlations between narcissism and IPV variables are summarised in Table 5.4. For both males and females, grandiose and vulnerable narcissism were significantly positively correlated with perpetration of physical/sexual and psychological abuse, except for grandiose narcissism and perpetration of physical/sexual abuse in males.

[2] Conducting a non-parametric correlation did not change the interpretation of the data.

Table 5.4
Correlation matrix (Pearson's r) between grandiose and vulnerable narcissism and IPV

	Grandiose narcissism			*Vulnerable narcissism*		
	Males	Females	Fisher-Z	Males	Females	Fisher-Z
	r (n)	*r (n)*	*p*	*r (n)*	*r (n)*	*p*
CTS2S Perpetration	.136 (151)	.265** (176)	.230	.218** (151)	.390** (176)	.089
CTS2S Victimisation	.169* (151)	.210** (173)	.703	.233** (151)	.330** (173)	.347
MMEA Perpetration	.351** (151)	.364** (173)	.896	.303** (151)	.468** (173)	.083
MMEA Victimisation	.326** (150)	.245** (170)	.435	.269** (150)	.369** (170)	.322

Note. CTS2S = short form of the revised Conflict Tactics Scale; MMEA = Multidimensional Measure of Emotional Abuse. Number of participants in brackets. *p<0.05 (2-tailed). **p<0.01 (2-tailed).

The results also show that, in males, victimisation of psychological abuse as assessed by MMEA was significantly positively correlated with grandiose and vulnerable narcissism. In females, victimisation of physical/sexual and psychological abuse was significantly positively correlated with grandiose and vulnerable narcissism. Fisher's r to z transformation revealed that there were no significant differences between the magnitude of correlation coefficients for males and females.

5.3.3.3 Relationship between Narcissism and Parental Styles

Table 5.5 presents the correlation between measures of grandiose and vulnerable narcissism and parental styles. In both males and females, grandiose narcissism showed a positive significant relationship with psychological control and overprotection by both parents, and a negative significant relationship with warmth by both parents. Similarly, vulnerable narcissism was negatively significantly correlated with warmth by both parents in males and females, and positively correlated with psychological control and overprotection by both parents in females but only by the father in males. There were no significant differences in the size of the correlations between genders.

Table 5.5
Correlation matrix (Pearson's r) between grandiose and vulnerable narcissism and Parental Styles.

	Grandiose narcissism			Vulnerable narcissism		
	Males	Females	Fisher-Z	Males	Females	Fisher-Z
	r	*r*	*p*	*r*	*r*	*p*
Psychological control (Father)	.262** (148)	.288** (170)	.802	.226** (148)	.308** (170)	.435
Psychological control (Mother)	.224** (151)	.332** (176)	.293	.191* (151)	.366** (176)	.089
Overprotection (Father)	.328** (145	.211** (167)	.271	.330** (145)	.256** (167)	.477
Overprotection (Mother)	.235** (152)	.261** (176)	.802	.183* (152)	.309** (176)	.230
Warmth (Father)	-.260** (145)	-.239** (167)	.841	-.227** (145)	-.309** (167)	.441
Warmth (Mother)	-.288** (152)	-.269** (176)	.857	-.318** (152)	-.406** (176)	.362

Note. Number of participants in brackets. *p<0.05 (2-tailed). **p<0.01 level (2-tailed).

5.3.3.4 Relationship between Parental Styles and IPV

The results of the correlations between perpetration of IPV and parental styles, and victimisation of IPV and parental styles are displayed in Tables 5.6 and 5.7, respectively. Table 5.6 shows that, in both males and females, perpetration of physical/sexual and psychological abuse was positively significantly related to overprotection by the father, with psychological abuse correlating positively significantly with overprotection by the mother in males. In males, perpetration of both physical/sexual and psychological abuse was positively significantly related to psychological control by both parents, whereas in females, perpetration of physical/sexual abuse was significantly positively related to psychological control and overprotection by the mother. Perpetration of physical/sexual and psychological abuse was negatively significantly correlated with warmth by both parents in females, but only by the mother in males. Perpetration of physical/sexual abuse was significantly negatively related to warmth by the father, in males.

Of further interest is the relationship between psychological control by the father and the perpetration of physical/sexual and psychological abuse, which was found to be non-significant for females, in contrast to the findings for males. In fact, the correlation between perpetration of psychological abuse and psychological control by the father was significantly larger for males when compared to females (z = 3.34,

$p<.001$). There were no other significant differences in the size of the correlations between genders.

Table 5.6
Correlation matrix (Pearson's r) between IPV and Parental Styles

	CTS2S Perpetration			MMEA Perpetration		
	Males	Females	Fisher-Z	Males	Females	Fisher-Z
	r	*r*	*p*	*R*	*r*	*p*
Psychological control (Father)	.345** (147)	.143 (170)	.057	.476** (147)	.136 (168)	.001***
Psychological control (Mother)	.279** (150)	.206** (176)	.490	.329** (150)	.168* (173)	.126
Overprotection (Father)	.278** (145)	.294** (167)	.880	.397** (144)	.231** (165)	.109
Overprotection (Mother)	.197* (151)	.241** (176)	.681	.246** (151)	.188* (173)	.589
Warmth (Father)	-.237** (145)	-.202** (167)	.749	-.195* (144)	-.255** (165)	.582
Warmth (Mother)	-.345** (151)	-.257** (176)	.384	-.342** (151)	-.247** (173)	.352

Note. CTS2S = short form of the revised Conflict Tactics Scale; MMEA = Multidimensional Measure of Emotional Abuse. Number of participants in brackets. *$p<0.05$ (2-tailed). **$p<0.01$ (2-tailed). ***$p<0.001$ (2-tailed).

In terms of victimisation of IPV and its relationship with parental styles (see Table 5.7), results show that, in females, victimisation of both physical/sexual and psychological abuse was significantly negatively related to warmth by both parents. The same relationship was found for males but only in relation to warmth by the mother. In males, victimisation of both physical/sexual and psychological abuse was positively significantly related to psychological control and overprotection by both parents. Similarly, the same pattern was found in females but only in relation to overprotection by the father. In males, victimisation of physical/sexual abuse was found to be significantly negatively related to warmth by the father. In females, only victimisation of physical/sexual abuse was related to overprotection and psychological control by the mother.

Fisher's R to Z transformation conversion revealed that none of the relationships between the genders were statistically different. However, it is noted here that the relationship between victimisation of psychological abuse and psychological control by the father was statistically different between the genders, albeit at the .05 level.

Table 5.7
Correlation matrix (Pearson's r) between victimisation of IPV and Parental Styles

	CTS2S Victimisation			MMEA Victimisation		
	Males	Females	Fisher-Z	Males	Females	Fisher-Z
	r	*r*	*p*	*r*	*r*	*p*
Psychological control (Father)	.355** (147)	.166* (168)	.073	.412** (146)	.167* (166)	.018*
Psychological control (Mother)	.248** (150)	.131 (173)	.280	.230** (149)	.183* (170)	.667
Overprotection (Father)	.278** (145)	.290** (165)	.912	.404** (144)	.227** (163)	.087
Overprotection (Mother)	.223** (151)	.220** (173)	.976	.247** (150)	.177* (170)	.515
Warmth (Father)	-.237** (145)	-.296** (164)	.582	-.211* (144)	-.310** (162)	.357
Warmth (Mother)	-.173* (151)	-.199** (173)	.810	-.252** (150)	-.261** (170)	.928

Note. CTS2S = short form of the revised Conflict Tactics Scale; MMEA = Multidimensional Measure of Emotional Abuse. Number of participants in brackets. *p<0.05 (2-tailed). **p<0.01 level (2-tailed).

5.3.4 Narcissism and Parental Styles in Predicting IPV

In order to investigate the prediction of IPV perpetration based on narcissism and parental styles in males and females, multiple regressions were run. A core assumption of regression analysis is that the predictor variables should correlate with the outcome variable (Field, 2018). As reported in the previous section, some predictor variables were either non-significant or correlated at $p<.05$ with IPV. However, it was decided that all predictor variables should be included in the regression analyses as they each contribute theoretical interest to the current research questions, and therefore allow for a more fine-grained analysis in understanding the complex relationship between multiple variables and their unique variance.

Regression models were tested to confirm assumptions were met. There was no evidence of multicollinearity as assessed by the variance inflation factor (VIF), ensuring scores were <10 and tolerance scores were >0.2 (Field, 2009). Independence of residuals was assessed using the Durbin-Watson statistics, with values for each model were close to 2, indicating independence of residuals (Field, 2009). There was linearity as assessed through plotting standardised residuals against the predicted values. There was also evidence of homoscedasticity through visual inspection of P-P plots (Wilson & MacLean, 2006). All assumptions of regression were therefore

satisfied. The listwise deletion method was used to address missing values, given the pairwise method has been deemed inappropriate in multiple regression (Field, 2009). Since the present study is exploratory in nature, a multiple regression was run for each of the outcomes, using the enter method with all predictor variables entered into the equation in one step, as this technique allows for the unique variance explained by each predictor. Gender was entered as a dummy variable (0 = male, 1 = female). These details are summarised in Table 5.8.

Table 5.8
Summary of independent variables predicting IPV

Dependent variable: CTS2S perpetration (*n* = 310)					
Predictor variables	***B***	***SE*B**	**β**	***t***	***p***
Gender	.085	.189	.029	.449	.654
Vulnerable narcissism	.346	.116	.246	2.980	.003**
Grandiose narcissism	.059	.132	.033	.443	.658
Psychological control (Father)	-.205	.234	-.076	-.876	.382
Psychological control (Mother)	.137	.240	.051	.574	.567
Overprotection (Father)	.611	.204	.270	3.002	.003**
Overprotection (Mother)	-.130	.185	-.064	-.703	.482
Warmth (Father)	-.059	.125	-.034	-.471	.638
Warmth (Mother)	-.222	.134	-.123	-1.661	.098
Relationship length	.004	.001	.167	3.171	.002**
Dependent variable: MMEA perpetration (*n* = 307)					
Predictor variables	***B***	***SE*B**	**β**	***t***	***P***
Gender	.151	.704	.013	.214	.831
Vulnerable narcissism	1.547	.432	.274	3.578	.001**
Grandiose narcissism	1.100	.493	.156	2.233	.026*
Psychological control (Father)	1.938	.872	.019	.233	.816
Psychological control (Mother)	.064	.892	.006	.072	.942
Overprotection (Father)	1.938	.757	.212	2.560	.011*
Overprotection (Mother)	-.178	.689	-.022	-.258	.797
Warmth (Father)	-.151	.467	-.022	-.324	.746
Warmth (Mother)	-.659	.498	-.091	-1.325	.186
Relationship length	.027	.005	.247	5.047	.001**

Note. CTS2S = short form of the revised Conflict Tactics Scale; MMEA = Multidimensional Measure of Emotional Abuse. *p<0.05. **p<0.01 level.

The regression model with physical/sexual perpetration as assessed by the CTS2S as the outcome variable was statistically significant ($F(10, 284) = 9.520$, $p < .001$, adj. $R^2 = .225$), with positive significant predictors being vulnerable narcissism,

overprotection by the father, and relationship length. The regression test for psychological perpetration as the outcome variable was statistically significant ($F(10, 281) = 15.511$, $p < .001$, adj. $R^2 = .333$), with the significant positive predictors being vulnerable narcissism, grandiose narcissism, overprotection by the father, and relationship length. Gender was not a significant predictor in either of these regression models. As seen in Table 5.9, six significant interaction[3] effects were found between gender and independent variables (parenting styles and narcissism). The model for physical/sexual perpetration as the outcome variable was statistically significant ($F(8, 308) = 9.863$, $p < .001$, adj. $R^2 = .183$), as was the regression model for psychological perpetration as the outcome variable ($F(8, 306) = 9.598$, $p < .001$, adj. $R^2 = .180$). In both these tests, significant positive interactions emerged for gender and vulnerable narcissism, gender and overprotection by the father, and a negative interaction between gender and coldness by the father.

[3] All independent variables were centered to reduce multicollinearity and increase interpretability, and multiplied with gender to create interaction variables (Field, 2019).

Table 5.9

Interactions between gender and independent variables predicting IPV

Dependent variable: CTS2S perpetration (n = 316)					
Interaction effects	***B***	***SE*$_B$**	**β**	***t***	***p***
Vulnerable narcissism x Gender	.748	.154	.389	4.840	.001**
Grandiose narcissism x Gender	-.226	.193	-.089	-1.173	.242
Psychological control (Father) x Gender	-.935	.316	-.272	-2.956	.003**
Psychological control (Mother) x Gender	.404	.335	.113	1.208	.228
Overprotection (Father) x Gender	.090	.022	.387	4.060	.001**
Overprotection (Mother) x Gender	-.515	.264	-.189	-1.952	.052
Warmth (Father) x Gender	-.153	.163	-.065	-.938	.349
Warmth (Mother) x Gender	-.012	.014	-.060	-.829	.407
Dependent variable: MMEA perpetration (n = 314)					
Interaction effects	***B***	***SE*$_B$**	**β**	***t***	***p***
Vulnerable narcissism x Gender	2.901	.611	.383	4.746	.001**
Grandiose narcissism x Gender	-.153	.762	-.015	-.200	.841
Psychological control (Father) x Gender	-3.184	1.253	-.233	-2.542	.012*
Psychological control (Mother) x Gender	.654	1.325	.046	.494	.622
Overprotection (Father) x Gender	.248	.088	.266	2.820	.005**
Overprotection (Mother) x Gender	-1.479	1.046	-.137	-1.414	.158
Warmth (Father) x Gender	-1.138	.645	-.123	-1.763	.079
Warmth (Mother) x Gender	-.034	.056	-.044	-.604	.547

Note. CTS2S = short form of the revised Conflict Tactics Scale; MMEA = Multidimensional Measure of Emotional Abuse. *p<0.05. **p<0.01 level.

Since significant interactions emerged for some variables, regression tests were run separately for males and females in order to investigate these results further and evaluate patterns according to gender. Table 5.10 summarises the multiple regression for physical/sexual perpetration. In males, this test was statistically significant (F(9,130) = 4.749, p< .001, adj. R^2 = .195), with a negative significant predictor being warmth by the mother. In females, the regression test was statistically significant (F(9,145) = 6.198, p< .001, adj. R^2 =.233), with the strongest significant positive predictors (as indicated by the beta values) being overprotection by the father, followed by vulnerable narcissism, and relationship length.

Table 5.10
Summary of independent variables predicting CTS2S perpetration

Males (n = 144)					
Predictor variables	***B***	***SE*B**	**β**	***t***	***p***
Vulnerable narcissism	.166	.142	.118	1.169	.245
Grandiose narcissism	-.086	.146	-.060	-.588	.558
Psychological control (Father)	.538	.313	.194	1.722	.087
Psychological control (Mother)	.429	.292	.176	1.470	.144
Overprotection (Father)	.230	.258	.109	.894	.373
Overprotection (Mother)	-.179	.228	-.099	-.787	.433
Warmth (Father)	.093	.167	.055	.561	.576
Warmth (Mother)	-.526	.197	-.273	-2.674	.008*
Relationship length	.002	.002	.120	1.529	.129
Females (n = 166)					
Predictor variables	***B***	***SE*B**	**β**	***t***	***p***
Vulnerable narcissism	.436	.183	.282	2.382	.018*
Grandiose narcissism	.201	.226	.103	.889	.375
Psychological control (Father)	-.648	.340	-.243	-1.909	.058
Psychological control (Mother)	-.040	.364	-.014	-.110	.913
Overprotection (Father)	1.055	.304	.446	3.467	.001**
Overprotection (Mother)	-.294	.281	-.138	-1.046	.297
Warmth (Father)	-.163	.180	-.090	-.910	.364
Warmth (Mother)	-.135	.180	-.074	-.750	.454
Relationship Length	.006	.002	.195	2.689	.008*

Note. CTS2S = short form of the revised Conflict Tactics Scale. *p<0.05. **p<0.01 level.

Table 5.11 summarises the multiple regression for perpetration of psychological abuse. In males, this test was statistically significant ($F(9,129) = 9.035$, $p< .001$, adj. $R^2 = .344$), with five significant predictor variables; the strongest positive predictors being psychological control by father, followed by warmth by the father, grandiose narcissism, and relationship length, and a negative significant predictor being warmth by the mother. In females, the regression test was statistically significant ($F(9,143)$ = 11.884, $p< .001$, adj. R^2 =. 392), with the strongest significant positive predictors being vulnerable narcissism, followed by overprotection by the father, and relationship length.

Table 5.11

Summary of independent variables predicting MMEA perpetration

Males (n = 143)					
Predictor variables	***B***	SE_B	**β**	***t***	***p***
Vulnerable narcissism	.195	.576	.031	.339	.735
Grandiose narcissism	1.211	.591	.188	2.049	.043*
Psychological control (Father)	3.988	1.264	.321	3.156	.002**
Psychological control (Mother)	2.021	1.180	.186	1.713	.089
Overprotection (Father)	1.580	1.043	.167	1.515	.132
Overprotection (Mother)	-1.217	.922	-.149	-1.320	.189
Warmth (Father)	1.425	.674	.189	2.114	.036*
Warmth (Mother)	-2.038	.798	-.237	-2.553	.012*
Relationship length	.017	.007	.182	2.584	.011*
Females (n = 164)					
Predictor variables	***B***	SE_B	**β**	***t***	***p***
Vulnerable narcissism	2.526	.618	.434	4.091	.001**
Grandiose narcissism	.686	.761	.094	.902	.369
Psychological control (Father)	-1.872	1.145	-.186	-1.635	.104
Psychological control (Mother)	.901	1.228	-.084	-.733	.465
Overprotection (Father)	2.837	1.024	.315	2.770	.006**
Overprotection (Mother)	-.310	.948	-.039	-.327	.744
Warmth (Father)	-1.172	.606	-.171	-1.933	.055
Warmth (Mother)	-.240	.607	-.035	-.395	.693
Relationship length	.035	.008	.301	4.622	.001**

Note. MMEA = Multidimensional Measure of Emotional Abuse. *p<0.05. **p<0.01 level.

5.4 Discussion

The main aim of this study was to investigate the relationship between parental styles, grandiose and vulnerable narcissism, and IPV in males and females. Gender was analysed separately to allow for a more fine-grained analysis of how gender differences in narcissistic presentation may relate to perpetration of partner violence. Recalled parental styles of mothers and fathers were analysed with the aim of specifying the precursors of grandiose and vulnerable narcissism in males and females. The current study complements and addresses shortcomings in previous research, with the objective to enhance current theoretical knowledge of gender differences in the expression of narcissism, and the extent to which these variables predict partner violence outcomes.

5.4.1 Gender Differences in Narcissism

The hypothesis that males would obtain significantly higher scores on grandiose narcissism and females would score significantly higher on vulnerable narcissism was partly supported. Replicating previous findings in the literature, the current results showed that females exhibited significantly higher scores on vulnerable narcissism than did males (Huxley & Bizumic, 2017; Rohmann et al., 2012; Pincus et al., 2009; Onofrei, 2009; Wright et al., 2010; Wolven, 2015). The observed gender difference in the current study may reflect previous theorisations regarding the influence of a gendered socialisation and gender role expectations associated with masculinity and femininity (Corry et al., 2008; Grijalva et al., 2014; Jonason & Davis, 2018; Lukowitsky & Pincus, 2013; Onofrei, 2009; Watson, Biderman & Boyd, 1989; Watson, Taylor & Morris, 1987; Wood & Eagly, 2012). That is, the tendency for females to score higher on vulnerable narcissism than males may indicate the conformity of narcissistic behaviours in females with cultural gender roles that resemble stereotypical characteristics of female qualities, thereby aligning females more closely with vulnerable features of narcissism.

Unexpectedly, although males scored higher on grandiose narcissism than did females, this failed to reach significance. This finding is converse to the longstanding gender difference in grandiose narcissism noted in previous literature (Blinkhorn et al., 2018; Brummelman et al., 2014; Carlson & Gjerde, 2009; Corry et al., 2008; Foster, Campbell & Twenge, 2003; Grijalva et al., 2014; Maxwell & Huprich, 2014;

Miller & Campbell, 2008; Miller at al., 2010; Perry & Perry, 2004; Zeigler-Hill et al., 2008; Zerach, 2016). It is noteworthy that the majority of previous studies have employed the NPI as their main assessment of grandiose narcissism, including traits such as entitlement, leadership, authority and exhibitionism. These traits, which are not captured by the PNI grandiosity subcomponent, have been found to consistently favour male gender qualities in society (Corry et al., 2008; Grijalva et al., 2014).

This invites the contention that the PNI grandiosity scale may not adequately capture narcissistic grandiosity as effectively as other measures (Miller et al., 2014; Miller, Campbell & Lynam, 2016). For instance, Miller et al. (2014, 2016) noted that, because the PNI was developed to assess narcissism as manifested in clinical settings, the measure does not represent grandiosity in its prototypical manifestations (e.g., inflated sense of self), but instead overemphasises fragility and deemphasises interpersonal antagonism. Nevertheless, this critique has been rebutted by other research arguing that the PNI grandiosity does, in fact, capture the central elements of grandiose narcissism (Edershile, Simms & Wright, 2018; Pincus et al., 2009; Thomas et al., 2012; Wright et al., 2010). It is noteworthy here, and discussed in more depth in section 7.3, that the current debate concerning the central defining features of grandiosity reflects the enduring disagreement between experts in the social/personality field and clinicians in the psychiatric/clinical literature. Here, the PNI, which assesses narcissism as observed in the clinical field, somewhat differs from how narcissism (NPI) is conceptualised in the social/personality field (Ackerman et al., 2017). The gender neutrality found in this study, therefore, relates to the clinical features of narcissism and can only be compared to those studies which also employed the PNI as their assessment of narcissism.

What is more, the current results suggest that the grandiose themes assessed by the PNI (i.e., grandiose fantasies, exploitativeness and self-sacrificing self-enhancement) may perform comparably across gender, and are in line with previous research which has found gender neutrality on PNI grandiosity (Cater et al., 2011; Gewirtz-Meydan & Finzi-Dottan, 2018; Huxley & Bizumic, 2017). To explore this further, independent samples t-tests were conducted to investigate gender differences on the subcomponent scales of the PNI Grandiosity. No gender differences was found for the Grandiose fantasies component, t (326) = .179, p =.858. However, significant gender differences were found for the Self-sacrificing self-enhancement component,

such that females (*M* = 2.9) scored significantly higher than males (*M* = 2.6), *t* (326) = -2.630, p =.009, *d* =.29. Significant gender differences was also found for the Exploitativeness component, with males (*M* = 2.6) scoring significantly higher than females (*M* = 2.1), *t* (326) = 4.687, p<.001, *d* =.52. It appears, therefore, that gender neutrality occurs on the mean level analysis of the PNI grandiosity, but not necessarily at the sub-component level analysis.

Overall, these findings may reflect the continuous change in gender constructs and socially acceptable gender roles across cultures. For instance, Twenge (2009) noted that, as women have gained more status in Western cultures in recent decades, they have increasingly endorsed stereotypically masculine and assertive traits. Twenge also found that the endorsement of masculine and assertive traits is at a higher frequency among men, and further that men only showed a weak trend toward embracing stereotypically feminine and communal traits. These findings resonate with the results of the current study, as males scored significantly higher on grandiose narcissism than vulnerable narcissism, suggesting a tendency for men to conform to the stereotypical gendered expression of behaviour in narcissism (Corry et al., 2008; Grijalva et al., 2014).

5.4.2 Relationships between Narcissism, Parental Styles and IPV

The association between narcissism and IPV in males and females showed similar patterns. The result suggest that females who display higher levels of grandiose and vulnerable narcissism were more likely to engage in perpetration of physical/sexual and psychological abuse on a partner. Similarly, males who exhibit higher levels of grandiose and vulnerable narcissism were more likely to perpetrate psychological abuse on a partner, and males who exhibited higher levels of vulnerable narcissism were more likely to perpetrate physical/sexual abuse on a partner. These findings add to the previous research which has focused specifically on exploring grandiose narcissism (or a subcomponent of the measurement) in relation to specific types of abusive behaviour across gender (Blinkhorn et al., 2015; Caiozzo et al., 2016; Carton & Egan, 2017; Fields, 2012; Gormley & Lopez, 2010; Lamkin et al., 2017; Peterson & Dehart, 2014; Ryan et al., 2008; Southard, 2010).

More importantly, the current results may resonate with clinical research suggesting that narcissistic individuals present traits of both grandiosity and vulnerability (Pincus & Lukowitsky 2010), and thus support the concept of narcissism as being a unified and multidimensional construct. This suggests that those studies which have employed unidimensional assessments of narcissism, and, consequently, have characterised male violence as more overt and grandiose in nature compared to female violence as more subtle and hidden (Ryan et al., 2008; Southard, 2010), may be premature in their conclusions. Moreover, in contrast to previous research (Craig, 2003; Meier, 2005; Rinker, 2009; Simmons et al., 2005), no significant relationship was found between grandiose narcissism and perpetration of physical/sexual abuse in males. Although this unexpected finding may be reflective of the specific context and sample that this current assessment of grandiose narcissism focused on, it is nevertheless a finding that merits replication.

The relationship between narcissism and recalled parental styles also showed similar results across gender. In both males and females, recollections of cold and overprotective parents in childhood were associated with exhibiting higher levels of grandiose and vulnerable narcissism in adulthood. Males and females who recalled warm and nurturing parents were less likely to exhibit grandiose and vulnerable features in adulthood. In light of this evidence, both forms of narcissism appear to share similar origins in childhood, and these do not differ by gender. Upon closer analysis, this is not surprising given that the PNI was developed to measure narcissism in its pathological presentation, and thus recollections of a warm and nurturing childhood may prevent the emergence of narcissistic maladaptive traits in children, whereas the upbringing of negative and cold parenting practices may, instead, exacerbate maladaptive features which form the child’s narcissistic self. These results add some clarity to previous irreconcilable findings regarding the developmental precursors of grandiose and vulnerable narcissism (Cater et al., 2011; Maxwell & Huprich, 2014; Miller et al., 2010; Otway & Vignoles, 2011), and provide support for clinical theories conjecturing that narcissistic disturbances in the child arise from parental coldness (Kohut, 1977) combined with strict and harsh demands (Kernberg, 1975).

Thus far, the antecedents of grandiose and vulnerable narcissism in males and females appear to originate from similar parenting styles, and the relationship

between IPV and narcissistic traits appears to present itself in similar ways in males and females. However, interesting gender differences emerged when investigating the association between parental styles and IPV. The most significant gender difference pertained to the positive relationship between psychological control by the father and perpetration of physical/sexual and psychological abuse in males, but this relationship did not exist for females. Further gender differences were found for psychological control by the mother. These differences were unrelated to perpetration of psychological abuse in females, however, in males, these variables were positively associated. The results also suggest that having a mother who is overprotective in childhood is associated with males subsequently engaging in the perpetration of psychological abuse on a partner, but is not related to males engaging in physical/sexual abuse. The exact opposite relationship was found for females, where having a mother who is overprotective in childhood is related to females subsequently engaging in the perpetration of physical/sexual abuse on a partner, but is not associated with females engaging in psychological abuse.

Taken together, these findings appear to show is that these parenting styles, although similar in origin, appear to relate to divergent partner violence outcomes in males and females, and these differences appear to be influenced by the gender of the parent. These findings support previous research suggesting that there is an association between an individual experiencing interparental violence during childhood and their subsequent perpetration of IPV in adulthood (e.g., Dowd et al., 2005; Henning et al., 2003; Kernsmith, 2005). These results may provide further support for social learning theories (Bandura, 1973), where the experience of violence may shape the belief that such acts are acceptable.

5.4.3 Narcissism and Parental Styles in Predicting IPV

The multivariate analysis revealed findings which suggest that there might be divergent developmental precursors of different kinds of narcissism, and their unique associations in predicting partner violence outcomes in each gender. In males, recollections of a warm and caring mother was predictive of lower levels of physical/sexual abuse perpetration. This prediction is not surprising, as perceptions of warmth and responsive parenting by a mother may develop a healthy and independent sense of self-regard in males, and are thus less likely to result in interpersonally antagonistic behaviours in their adult relationships. This finding

resonates with research which has found an association between parental warmth and adaptive features of narcissism and psychological well-being (Horton et al., 2006; Miller & Campbell, 2008; Trumpeter et al., 2008).

Of further interest were the predictor variables explaining unique variance in psychological abuse: males who recalled a warm and nurturing mother in childhood were less likely to engage in subsequent perpetration of psychological abuse on a partner, whereas males who recalled cold and neglectful parents in childhood were more likely to engage in subsequent perpetration of psychological abuse. Interestingly, recollections of a warm and nurturing father in childhood was also predictive of subsequent perpetration of psychological abuse on a partner. In line with Millon's social learning theory (1981), it seems entirely credible to suggest that higher perceptions of constant gratification in the presence of leniency by a father may cultivate an exaggerated sense of self-worth in the child, consequently forming the belief that others are inferior and inadequate. In the desire to maintain fantasies of superiority, compensatory defensive actions in the form of psychological abusive may develop in adult relationships. It is arguable that these results also resemble gendered lines of socialisation processes and masculine norms where boys are parented to be independent and agentic (Wood & Eagly, 2012), which may explain why such parental adulation was linked to the parenting style of the father and not the mother.

These theorisations appear feasible with the current results of this study whereby grandiose narcissism emerged as a positive significant predictor in males' perpetration of psychological abuse; but not in females. Here, males' need to maintain a grandiose self-image, engage in self-sacrificing self-enhancement attitudes and an exploitative interpersonal style is associated with a greater likelihood of subjecting partners to psychologically abusive tactics. These findings resonate with previous research that found a positive association between grandiose narcissism and the perpetration of psychological abuse (Carton & Egan, 2017; Caiozzo et al., 2016; Gormley & Lopez, 2010; Peterson & Dehart, 2014; Rinker, 2009). As well as this, these current findings may provide support for theorisations derived from the wider IPV literature, where 'relationship entitlement' and 'I am the man' are justified motives for males' perpetration of partner violence (Porni et al., 2013).

Interestingly, in females, having an overprotective father in childhood and exhibiting vulnerable features of narcissism in adulthood was predictive of engaging in psychological and physical/sexual perpetration on a partner. In line with the ideas espoused by Kernberg's (1975) psychodynamic theory, parents whose involvement is coloured by attempts of excessive monitoring and strict control over a child's whereabouts, may foster a narcissistic self-regard by undermining the independent and healthy development of the child's self. As such, recollections of harsh discipline by the father may exacerbate certain elements of vulnerable narcissism in adult females which trigger perpetration of physical/sexual and psychological abuse in their intimate relationships. It is speculated here that an early childhood experience in which an overprotective father fails to inculcate warmth and autonomy may cultivate a narcissistic sense of entitlement, rage and fluctuating self-esteem in adult females. This in turn arguably results in hostility and violence in their adult relationships as a way to regain their independence and power. These findings may also provide further support for the 'relationship entitlement' theory present in the wider IPV literature, where the need to control and exert power over an intimate partner is a motive found in female perpetrators (Porni et al., 2013).

In addition, the current results indicate that females appear to have a more complex relationship in their recollections of early life experiences with their fathers, a finding which suggests that a father's role may be more peripheral to their development of (vulnerable) narcissism. Although the self-report methodology precludes substantial confidence in this conclusion, it is nevertheless a possibility that lends itself to further exploration, and, more importantly, underscores the importance of including reports of both parents in future research. This is particularly in light of, and contrary to, the gendered vocabulary articulated when discussing narcissistic development between the child and mother (Freud, 1914/1957; Phillipson, 1982; see Horton, 2011, for an overview). The observed gender difference in the development of narcissism in the current study, pertaining to paternal overprotectiveness being a predictor in females in their manifestation of vulnerable narcissism but unrelated to males, provides further support in the context of biosocial role theory. This suggests that differential parenting styles may contribute to different displays of narcissism in males and females (Grijalva et al., 2014; Wood & Eagly, 2012).

Overall, the current findings extend the existing literature concerning the developmental origins of narcissism by showing that the various features of the personality construct have different patterns of association with recollections of early life experiences. These associations emerged in the gender difference, both in narcissistic presentation and through the parental influences, resulting in divergent partner violence outcomes. This is particularly significant in the case of females, given their more vulnerable and subtle appearance of narcissism which is currently under-theorised and overlooked by dominant measurements of grandiosity. The findings accentuate the importance of including a multidimensional assessment of narcissism, relevant parental practices and the full scope of IPV in order to more comprehensively understand and unmask the gendered origins, nature, and manifestations of narcissism.

5.4.4 Limitations and future directions

An evident limitation of this study is its reliance on retrospective reports of childhood experiences. As a result, the possibility cannot be ruled out that the findings reflect differences in recollection rather than differences in original childhood experience. Indeed, it is not beyond the realms of possibility that narcissistic individuals may be more likely to recollect a childhood where they were the very centre of the attention of warm parenting, or perhaps recollect one where they felt the attention they were entitled to was insufficient. However, to do so conclusively would require much more extensive longitudinal research with multiple measures gathered from children's perspectives of their parent's parenting practices, along with their parent's own perspectives on their child-rearing practices.

Another issue with retrospective reports in general, and in narcissism research in particular, is their propensity to introduce bias in reconstructive memory processes (Morf & Rhodewalt, 2001). Although bias may be present to some extent, childhood recollections provide an important and well-validated first line of evidence into adult consequences of childhood experiences (Chipman, Olsen, Klein, Hart, & Robinson, 2000). Moreover, not only were relationships found in this study only weakly to moderately correlated, but potential parent-child interactions could not be directly investigated. The current data, therefore, cannot rule out the possibility that the direction of causality may be either bidirectional or reversed. This is a potential avenue for future research to explore, particularly in light of the narcissism research

that indicates that discrepancies exist between parents and adolescents' views of parenting behaviours assessed (Mechanic & Barry, 2015).

It is important to note here that, whilst clinical theories suggest narcissism emerges as a result of the parent's narcissistic use of the child, research has found that narcissism is a moderately heritable personality trait and is partly rooted in early emerging temperamental traits (Vernon et al., 2008). Therefore, some children, because of their temperamental traits, might be more likely than others to become narcissistic when exposed to certain environmental stimuli (Miles & Francis, 2014; Thomaes, Bushman, Orobio & Stegge, 2009; see the diathesis-stress model; Thomaes, Brummelman, Reijntjes, & Bushman, 2013). It is recommended here that longitudinal research study the bidirectional link between parenting and adolescent narcissism via genetic influences on parenting as this may, to an extent, account for child characteristics which could evoke certain parental responses (see Ayoub et al., 2018; also see Klahr & Burt, 2014). By taking these factors into consideration, research may address the 70-80% variance which was unaccounted for in this study.

Another related methodological limitation is shared variance, arising from the fact that the same participants completed multiple assessments. Such a procedure can artificially inflate associations, and thereby amplify the understanding for the absolute strength of the parenting-narcissism link. However, it is argued here that some degree of overlap is unavoidable in order to fully understand the multidimensional and complex construct of narcissism in relation to parenting dimensions. According to Edershile et al. (2018), in their use of PNI, researchers are unable to accurately capture the intended measurement targets of the scales if they do not account for the shared variance. In addition, if narcissism variables in the current study obscured the unique variance of other variables in the model – due to them being conceptually similar – then it could be expected the variables would cancel each other out. However, the current data demonstrates the significant contribution of individual predictors when all variables were accounted for, emphasising their relative unique variance above and beyond reports of other variables.

A further limitation pertains to the physical/sexual abuse inventory (CTS2S; Straus & Douglas, 2004) which, for instance, only captures perpetration of sexual behaviour

in two items. It is recommended that future research use a more robust measurement that captures these elements in more depth. In addition, although the prevalence figures for perpetration of IPV were high in the current study, it is acknowledged here that the scoring method used, which was informed and recommended in previous research (i.e., Straus & Douglas, 2004), does not allow for a detailed estimate of the number of times a partner has perpetrated partner violence (see section 5.2.3.2 for a reminder). Therefore, the potential for 'common couple violence', that is, minor acts of violence that commonly occur between intimate partners due to conflicts (Johnson, 2010), needs to be considered in the current study. It is suggested for future research to use a different scoring method of prevalence to attain a more fine-grained analysis.

In light of the speculations pertaining to gendered parenting in the development of narcissism, future research could also conduct further analysis to examine whether current results are replicated across different family structures (single parent, same-sex parent families) and gender-specific processes. Moreover, research undertaken with parents demonstrates associations between grandiose narcissism and an increased propensity towards non-optimal parenting styles (authoritarian and permissive), with low empathy predicting unresponsive-caregiving towards a child (Hart, Bush-Evans, Hepper, & Hickman, 2017). Given the detrimental ramifications dysfunctional parenting could have on the development of the child (see section 5.1.3 for a reminder), future research could extend these findings to parents with both grandiose and vulnerable narcissism traits, whilst including the role of empathy to assist in the development of effective interventions (see Hart et al., 2017). Future research could also explore the multidimensional assessments of narcissism in relation to parental style preferred in a future spouse, in light of recent findings showing that grandiose narcissism predicted a preference for controlling parenting styles in future partners (Lyons, Brewer, & Carter, 2020). With regard to the findings of the current study predicting controlling parenting styles and vulnerable narcissism in females within IPV outcomes, it is possible that elements of recalled parenting styles could also influence preferences of parenting styles in future spouses.

Overall, future research is required to create a clearer picture of the combination of factors, parenting and otherwise, which contribute to narcissistic personality features in males and females. When such multiple components are taken into account, it will

be possible to draw more rigorous conclusions regarding the precise developmental antecedents to grandiose and vulnerable narcissism in each gender. Despite these limitations, the current study provides novel insight into how gender is expressed differently in the presentation of narcissism, and how these differences are related to recollections of parenting practices and partner violence outcomes. The following chapter introduces the third study of the thesis, which further explores the complexities associated with female narcissism in IPV, as perceived by past dating partners.

Chapter 6 - Perceptions of Female Narcissism in Intimate Partner Violence: A Thematic Analysis[4]

6.1 Introduction

The findings from Study 2 suggest that narcissism is a phenomenon that manifests itself differently in males and females; a contention which has arguably raised implications for the development of narcissism. That is, the divergent associations of recalled parenting styles in the emergence and manifestations of narcissism may indicate that the condition of narcissism is developed and experienced differently in each gender due to the process through which they are socialised (e.g. Carroll, 1989; Philipson, 1985). As well as this, retrospective accounts of childrearing experiences and narcissistic manifestations were also associated with divergent IPV outcomes in males and females, a finding which suggest that males and females may differ in their self-regulatory behaviours and exploitative strategies employed in pursuit to compensate for a deficient sense of self (Morf & Rhodewalt, 2001). These results provide implications for the theoretical understandings of gender differences in narcissism within IPV, which has predominantly focused on males as perpetrators and females as victims. Indeed, an extensive empirical overview in Chapter 2 reveals that much behaviour displayed by female narcissists has been overshadowed by the behaviour of their male counterparts. Some studies exclude female participants entirely on the grounds that 'males exhibit higher levels of narcissism and aggression' (e.g., Buck et al., 2014; Meier, 2004; Rinker, 2009; Talbot et al., 2015).

Despite the possibility of one in four women being victims of IPV at some point in their life, the prevalence rate of IPV has also shown that one in six men are victims during their lifetime (Home Office, 2019). Empirical research on IPV generally shows that females express a similar degree and severity of violence as men, but that they may express that violence somewhat differently to men (Archer, 2000; 2002). In light of the widespread assumption that males are overrepresented as IPV perpetrators in general, and in narcissism research in particular (Gormley & Lopez, 2010; Meier, 2004; Rinker, 2009; Talbot et al., 2015), the failure to differentiate the gender of the perpetrator can have particularly problematic implications if these are to assume that males are perpetrators and females are victims. Along with the

[4] This study has been published in the *Qualitative Methods of Psychology Bulletin* (see Appendix 5).

theoretical implications identified in Study 2 regarding narcissistic females as perpetrators of IPV, the current study aims to provide a qualitative exploration of self-regulatory behaviours in female narcissism within the context of IPV, as perceived by past dating partner**.** This chapter outlines a summary of existing literature on female narcissism and the potentiating effects of normative gender roles in the development of the narcissistic personality, before detailing the primary aim and objectives of the current study.

6.1.1 Female Narcissism and Gender Roles

Originally, Freud (1914/1957) claimed that females were more narcissistic than males, on the assumed basis that females were preoccupied with their physical appearance and tended to "make object choices in reference to qualities desired for the self" (Wink & Gough, 1990, p. 448). However, with the empirical research demonstrating an opposite pattern of results, narcissism (DSM/NPI) appears to describe a phenomenon that is primarily, if not exclusively, experienced by men. The biased gender dimension in the aetiology of narcissism has been recognised in the psychoanalytic literature, which has theorised that females and males may have different predispositions to the narcissistic personality due to the process through which they are socialised (Carroll, 1989). It is generally believed that narcissism emerges as a result of a failure in empathetic responses from the mother, consequently resulting in a deficient internalised structure of the self for both genders (Philipson, 1985). However, the manner in which females and males develop strategies to compensate for this faulty empathy may take different forms.

Although today there are often what are considered to be 'non-traditional' families, such as same-sex parenting or where the father is the primary caregiver, it is nevertheless the case that the traditional model is still common. Thus, research from some time past when this traditional model was generally the norm is arguably still valid. As described by Philipson (1985), mothers may respond to girls as an extension of *self*, but to boys as a significant *other* figure (e.g., husband). As a result, females and males adopt different psychological strategies to compensate with the same lack of an internalised self. Males will more likely establish their 'otherness' through expressions of grandiosity, excessive need for admiration and extreme self-centredness. Females, on the other hand, may overly invest in or identify with significant others in an attempt to recreate the relationship they seek with the mother

(Philipson, 1985). Thus, psychoanalytic observations have led to the conclusion that the development of narcissistic defences may primarily relate to the male syndrome, whereas narcissism may manifest itself differently in females.

Based on similar observations, early empirical research has argued that the observed gender differences in narcissism may adhere to gender-related norms associated with masculinity and femininity (Carroll, 1989; Watson, Biderman & Boyd, 1989; Watson, Taylor & Morris, 1987). Such research investigated the relationship between gender, narcissism (NPI) and sex-role measurements on the basis that a person's sex role may be equally or more important in terms of its influence than biologically determined gender alone**.** The results across these studies demonstrated that males and the masculine group scored significantly higher on narcissism than did women, femininity or androgynous groups (Carroll, 1989; Watson et al., 1989; Watson et al., 1987).

A more recent study by Jonason and Davis (2018) complements these findings, revealing that narcissism (NPI) was associated with high masculinity and low femininity. Unsurprisingly, males scored significantly higher on narcissism compared to females, and females obtained higher scores on feminine traits. These findings suggest that gender differences in narcissism exist, and this appears to be ostensibly driven by sex differences in gender roles. The findings from these studies lead to the conclusion that males and masculinity may orient towards narcissistic behaviours reflective of leadership and status-seeking behaviours, obsession with power, assertiveness and exploitative behaviours. In contrast, females and a feminine disposition may inhibit and directly interfere with the display of maladaptive exploitative self-concern of conspecifics by encouraging, for instance, nurturance and compassion.

While such findings provide compelling evidence for gender and sex-role differences in the construct of narcissism, Carroll (1989) argued that it yet remains to be confirmed whether the predominance of this personality trait among men and masculine groups is a reflection of differential gendered socialisation, an artefact of measurement inadequacies, or the result of complex psychosocial dynamics. Exploring this further, a meta-analytic review conducted by Grijalva et al. (2014) summarised data of 475,000 participants over the course of 31 years to investigate which aspects of narcissism (NPI) might be driving the long observed gender gap. It

was found that all three facets on the NPI (entitlement/exploitativeness, leadership/authority and grandiosity/exhibitionism) showed gender differences consistently favouring men. It was speculated that deeply-rooted cultural norms of gendered socialisation might be one potential explanation contributing to the stability of the narcissism gender gap.

6.1.1.1 The Biosocial Approach of Social Role Theory

Grijalva et al. (2014) argued social role theory is a useful framework for understanding gender differences in personality in general, and narcissism in particular. Social role theory's central premise is grounded in gender role beliefs, given these are assumed to be reflective of intrinsic dispositions that are the result of different behaviours men and women have been observed to engage in, which in turn lead to the indirect development of these dispositions (Wood& Eagly, 2012). In this, the biosocial construction model by Wood and Eagly (2012) posits that biological sex differences have produced divisions of labour through gender socialisation practices (such as through the adoption of gender identities, social expectations associated with gender, and 'situational elicitation' of hormones), leading to social roles (i.e., societal gender stereotypes).

For instance, social role theory attributes the basis for men's and women's differential social roles to specific local contexts and also to the evolutionary pressures associated with the differing physical characteristics of men (e.g. their speed and upper body strength) and women (e.g., their child-bearing capacity) that means that each tend to perform particular tasks and roles. The biosocial model has been associated with the idea of the essentialist perspective on gender (exemplified by evolutionary psychology; e.g., Buss & Schmitt, 2011). This perspective sees men's evolved tendency as being to physically dominate, and to control women's sexuality, and women's evolved tendency to seek mates who can provide more resources. In contrast, the biosocial model proposes that sex differences and similarities in behaviour emerge from how labour is divided in a society, which in itself is a product of social and cultural forces in interaction with the biological features characteristic of each sex (Wood & Eagly, 2002). Thus, gender role beliefs and social roles influence each other incrementally and intrinsically as individuals internalise gender roles that produce actions which reinforce these roles (see Figure 6.1). The division of labour and gender stereotypes are then maintained by

socialisation practices through which children learn what is considered 'gender appropriate' behaviour.

Accordingly, gender stereotypes commonly fall into categories divided by agentic characteristics (defined as dominance, assertiveness, competitiveness and need for achievement) and communal characteristics (defined as tenderness, selflessness and nurturance). The former have been closely correlated with narcissism (DSM/NPI) and masculine stereotypes, whereas the latter are more likely observed in females and feminine stereotypes (Grijalva et al., 2014). Finally, the social role theory suggests it is essential for the behaviours these gender roles stipulate to be followed, and that any deviation from the roles leads to immediate disdain and possible ostracism from others. In articulating observed gender gaps in narcissism, Grijalva et al. (2014) proposed societal pressure may result in females suppressing displays of 'stereotypical' narcissistic behaviours, as these behaviours violate commonly perceived expectations of their gender role. They concluded the gender gap, as it is driven by men's heightened sense of entitlement and authority, represents true differences in the latent trait rather than a measurement artefact. These findings suggest that the prevailing theories of narcissism (NPI/DSM) are incomplete with respect to gender contributions.

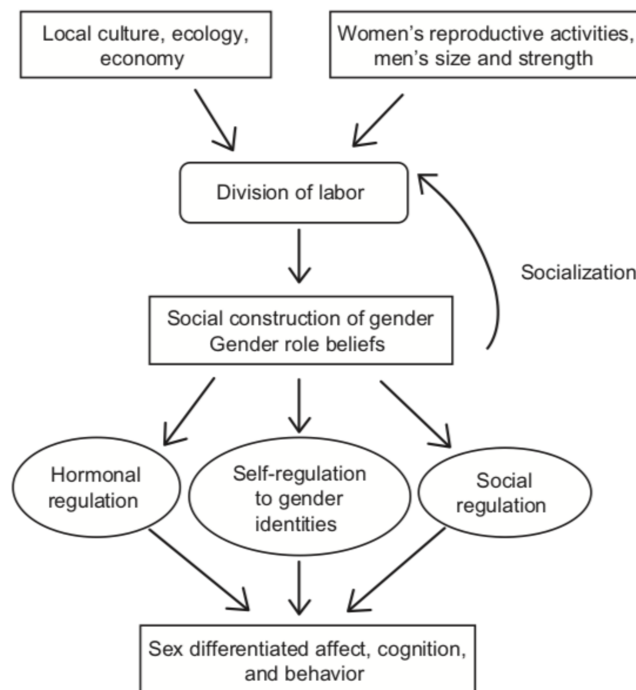

Figure 6.1. The biosocial construction model (Wood & Eagly, 2010, p. 58).

6.1.2 Narcissistic Typology and the Female Gender Identity

As reiterated in previous chapters, whilst a gendered division of labour and the acceptability of expressing agentic attitudes has provided greater evidence for 'stereotypical' narcissistic behaviours among males, stereotypical gender-related behaviours associated with narcissistic females may instead arise in the expression of the lesser-studied narcissism subtype, namely vulnerable narcissism. As opposed to grandiose narcissists, the vulnerable narcissist is thought to present themselves with shyness, hypersensitivity and low self-esteem that obscures feelings of inadequacy, negative affect and incompetence. Underlying this outward presentation, however, are elements of grandiose fantasies and entitled expectations (Pincus & Lukowitsky, 2010). Interpersonally, vulnerable narcissists often rely upon the validation they receive from others to modulate self-esteem, and experience greater interpersonal distress to cues of rejection and abandonment given the tenuous nature of their self-esteem. For them, having their entitled expectations unmet and experiencing disappointments are thought to often result in hostile and angry responses followed by conscious feelings of shame and depression (Besser & Priel, 2010).

Consequently, the vulnerable narcissist oscillates between a shameful disavowal of entitlements and angry assertion of their expectations. This can subsequently result in the manifestation of an unpredictable emotional presentation, particularly given the fluctuation between shame and depression accompanied by hostile and angry outbursts (see section 2.1.2.2 for a detailed overview). Yet, despite marked differences in presentation, there still remains considerable confusion and theoretical complexity regarding grandiose and vulnerable narcissism (Kealy & Rasmussen, 2012). It has been argued that a focus on gender has the potential to enhance theoretical understanding of the underlying content and structure of the two different facets of narcissism (Grijalva et al., 2014).

Historically, and somewhat expectedly, grandiose and vulnerable narcissism have often been described with heavily gendered vocabulary when articulating pathologies of males and females. In 1986, O'Leary and Wright noted that "these types of narcissism resemble stereotypical characterisations of male and female qualities in Western culture. Men are expected to exude confidence, to be daring, and to display

their power. Women are expected to be more emotionally vulnerable. Thus, the discussion and descriptions of narcissism and narcissistic character pathology may have been complicated by gender-related phenomena" (p. 331). Providing further evidence, Onofrei (2009) conducted a systematic search and found a significant overlap between grandiose/masculine and vulnerable/feminine expressions of narcissism in the literature. As opposed to grandiose/masculine expressions, 'femininity' as it relates to (vulnerable) narcissism was associated with a greater inhibition of overt grandiosity, exploitativeness and leadership, and increased tendencies to experience shame when these behaviours were present.

Another study conducted by Smolewska and Dion (2005) investigated the relationship between narcissistic subtypes and attachment domains of anxiety and avoidance, in an all-female sample. The findings of this study demonstrated that nearly a quarter of the variance (i.e., overlap) was shared between vulnerable narcissism and both attachment dimensions, but, consistent with previous research, with a stronger association to anxiety attachment (Dickinson & Pincus, 2003). Overall, Smolewska and Dion (2005) argued that female narcissists with high levels of vulnerability display a fearful attachment style in intimate relationships, preoccupied by fears of rejection and abandonment.

6.1.2.1 Female Narcissism and Self-regulatory Behaviours in IPV

Given their inherently vulnerable state, narcissists are particularly prone to experience 'injury' to any real or imagined threat, which in turn evokes intolerable emotions of anger, humiliation and shame (Logan, 2009). Attempts to regulate and restore the narcissistic state are believed to manifest themselves in rage, expressed either as a state of intensified and explosive anger, or in a passive-aggressive manner (see section 2.1.3.1, for a reminder). Although internal and underlying psychological phenomenology (e.g., fragmented sense of self, interpersonal impairment and self-esteem dysregulation) are most likely experienced by both males and females, it is likely outward expressions of narcissism would differ by gender. In this context, Campbell and Miller (2012) argued that gender-related norms and broader socio-cultural contexts shape different motives and self-regulatory strategies among female and male narcissists in attaining their narcissistic goals. In other words, narcissists

seek to achieve their ideal selves through framing their self-regulation and strategies according to societal norms.

In addition, Morf and Rhodewalt (2001) argued that, while stereotypical narcissistic behaviours are more pragmatic and socially acceptable for males in pursuing their narcissistic needs, females are seemingly forced to obtain their self-worth through more indirect, subtle and affiliative means that conform with culturally held expectations of their feminine identity. For instance, gender-stereotypical behaviour suggests females have been socialised to possess a communal disposition toward relationships, thus narcissism in females may be expressed "in an interpersonal style which involves greater enmeshment and dependency upon relationships" (Carroll, 1989, p.1005). Therefore, strategic attempts at self-construction may be markedly different, and gendered.

These theorisations resonate with those found in the general IPV literature, where males are more likely to use their gender role to justify 'male privilege' and 'I am the man' (being the one in authority, the master of the household, and treating the woman like a servant) to exert their power and dominance (Johnson, 2010), female perpetrators have been found to use their gender role as a tactic to 'manipulate the system' (e.g., Hines, Brown, & Dunning, 2007; McNeely, Cook, & Torres, 2001). Such studies suggest female perpetrators are perceived to misuse the legal and social service systems by threatening to call the police and making false allegations of abuse against their male partners, and using their children as pawns (via threats to gaining sole custody). Despite these important findings, the association between gender roles and female IPV has remained relatively under-researched (Porni et al., 2013).

With regards to female narcissism and IPV literature, maladaptive features of narcissism (entitlement/exploitativeness; NPI) have been found to be stronger predictors in females in terms of their aggressive and violent behaviour compared to males (Blinkhorn et al., 2015; 2016; 2018; Ryan et al., 2008; Simmons et al., 2005; Southard, 2010). It has been conjectured that perhaps the perceived high levels of narcissism attributed to men may create an acceptable norm about men being more entitled and exploitative, whereas women's narcissism may be perceived as being especially unconventional and may therefore be conceptualised as being beyond what is considered socially normative. Nevertheless, caution must be exercised when

interpreting the existing gender characteristics, as these studies arguably do not recognise the multidimensionality of narcissism and the gender expressions that may give rise to IPV perpetration in its full entirety. Indeed, the literature concerning the gender dichotomies in narcissism within IPV has been dominated by the grandiose component of narcissism as the main assessment (Blinkhorn et al., 2015; Caiozzo et al., 2016; Gormley & Lopez, 2010; Lamkin et al., 2017; Ryan et al., 2008; Southard, 2010). These studies also fail to represent the whole spectrum of IPV, and thus fail to accurately depict the complex nature of IPV, thereby simplifying the rich variety of abusive behaviour.

Other observations in narcissism and IPV literature tentatively suggest that male violence is characterised as more overt and grandiose in nature, the result of responding to perceived threats to an inflated self-esteem (Ryan et al., 2008; Southard, 2010). Female violence, on the other hand, has been typified as indirect and subtle in nature (Ryan et al., 2008; Southard, 2010), and linked to a low self-esteem in response to aggressive behaviour (Barnett & Powell, 2016). These diverging outcomes in intimate violence of narcissism may be a consequence of differential self-regulatory strategies among females and males in attaining their narcissistic goals, where males are more likely to express overt/grandiose narcissism, and females may use more discreet and indirect ways to obtain their self-worth (Campbell & Miller, 2012; Morf & Rhodewalt, 2001). These theorisations converge with findings obtained in Study 2, where vulnerable narcissism predicted IPV perpetration in females. Over 15 years ago, Morf and Rhodewalt (2001) noted that research should "map out the forms of self-construction females employ, particularly when their selves are threatened" (page. 192). To date, however, current theories of narcissism have still not attempted to explain how gender differences may emerge in this personality trait.

6.1.3 Aims and Objectives

As reviewed above, gender differences in socialisation and expressions of narcissistic typologies have theorised and made implicit assumptions regarding how narcissism manifests itself differently in each gender. The overrepresentation of males in the narcissism and IPV literature and the concomitant under-representation of narcissistic females as perpetrators has, it is argued here, resulted in incomplete

theory regarding gender differences in narcissism. The primary aim of the current study is to explicitly delineate perceived manifestations of female narcissism and female attempts at self-regulation in the context of IPV. Given the lack of theoretical knowledge and understanding, this study explores this phenomenon in a novel way through in-depth qualitative interviews with past dating partners' perceptions of female narcissists, in the normal population.

A qualitative research design was chosen on the grounds that such an approach allows sensitive exploration of a complex phenomenon in a way that a quantitative approach would not (Gough & Lyons, 2016). That is, in order to enhance theoretical understanding and to more thoroughly comprehend the essence of narcissistic presentation as it relates to the complexity of gender, it was considered necessary to go beyond the traditional quantitative measures dominant in the narcissism literature. The current study complements the findings relating to gender differences in narcissism as obtained in Study 2, in that it generates a tentative phenomenon of the perceived manifestations of female narcissism within IPV and elucidates how these expressions may differ from that of male narcissism. The findings of this study are also considered fruitful for those affected by the harmful impact of narcissistic individuals, with the aspiration that the results can help raise awareness of the abusive actions victims are subjected to.

Research question:

How do ex-partners of female narcissists perceive manifestations of narcissism and abuse in their intimate relationships?

Sub-questions:

To what extent are expressions of female narcissism in the accounts of ex-partners more aligned to vulnerable or grandiose manifestations?

What strategies do ex-partners perceive female narcissists to employ in the regulation and restoration of self-esteem?

6.2 Method

6.2.1 Research Design

As noted above, an in-depth qualitative research approach was adopted for this study. Qualitative methods have been particularly useful in IPV research given their ability to produce detailed and contextualised data with regard to the meanings, motivations and dynamics of violent relationships (Feder, Hutson, Ramsay & Taket, 2006; Liebschutz, Battaglia, Finley & Averbuch, 2008). The qualitative design adopted in this study therefore complemented existing research into narcissism and IPV, which has predominantly used correlational designs and explored specific elements of abuse. The design also allowed for rich interpretation regarding underlying motives and intent for abusive behaviour capturing different elements of IPV. Finally, as previously mentioned, the phenomenon of IPV is commonly understood from the viewpoint of male perpetrators and female victims. Despite a significant number of male victims experiencing female-perpetrated violence, the extent and effects of the abuse has to date been under-explored (Perryman & Appleton, 2016).

Semi-structured interviews were considered to be most suitable for the current study as they allowed for elaboration, flexibility and direction of content by the participant (Silverman, 2010). The interview schedule contained broad, open-ended questions centred on how participants' perceived narcissistic traits in their partners and their recollections regarding the abuse they were subjected to (see appendix 2). Although exploratory, the present study was not entirely inductive in nature. That is, interview questions emerged from theorisations and empirical research in the literature review which were integrated into the research questions. Additional prompt questions were asked in instances where elaboration and clarification was desired for both the participant and the researcher.

6.2.2 Participant Recruitment

Ten male participants took part in the current study. Although the aim of the study was to gather experiences of IPV rather than focus on a particular age group or relationship length, it is nevertheless noted that in general participants had been in quite long relationships, with some participants having been with their partners for over 10 years, and also being parents (see table 6.1). In terms of the approach to sampling, a purposive sampling strategy was adopted in the current study which

involved specifically selecting individuals based on their relevance to the topic under investigation (Silverman, 2010). The study was advertised through social media and the use of open support groups on Facebook. The researcher searched for appropriate support groups, and this resulted in the recruitment from the following four groups: 'Narcissistic Abuse Recovery – Community Support', 'Narcissistic Abuse and Toxic Relationship Forum', 'Surviving the Female Narcissist', and 'Victims of Female Covert Narcissistic Personality Disorder'. The aims and details of the study were shared as a post in the respective groups, allowing members of the group to directly contact the researcher should they wish to take part. The inclusion criteria required individuals (of either gender) to be over 18 years old and to have believed themselves to have been in an abusive intimate relationship with a female narcissist.

Table 6.1
Male participants' demographics and details of previous relationship

Participants (Pseudonyms)	Age (years) at Interview	Relationship Nature	Number of Children	Relationship Duration
George	48	Married	1	11 years
Simon	52	Dating	0	3 years
Erik	31	Married	0	8 years
Adam	47	Dating	0	10 months
Jonathan	37	Cohabiting	0	1 year
Nick	48	Married	3	14 years
Christopher	Unknown	Cohabiting	0	3 years
Matthew	31	Married	2	12 years
Fredrick	53	Dating	0	9 months
Tom	59	Married	2	16 years

The term 'abusive' was adopted in preference to 'IPV' as it was considered that participants may have a better understanding of what 'abusive' entails and may use this term compared to 'IPV' to describe such experiences. In this context, 'abusive' was used as a proxy for IPV in the recruitment phase. Participants' responses to interview questions pertaining to their experience of IPV aspects (e.g., verbal abuse, coercive control, manipulation) were used as a screening tool to ensure participants had, in fact, been in an 'abusive' relationship. Moreover, the current study countered gender stereotyping through the exploration of male participants' experiences of IPV as perpetrated by female narcissists. Although, as noted above, the aim of the study was to recruit participants of any gender, it transpired that all participants were male.

As such, the findings of the study help counter commonly received gender-based conceptions of narcissism, given that most previous studies focus on males as perpetrators rather than victims.

Other-informant ratings have been considered an important criterion and a critical methodological tool in personality assessment (Lukowitsky & Pincus, 2013). Accordingly, some research has contended that others' perceptions are reliable indicators of narcissism (e.g., Back, Egloff & Schmukle, 2010; Carlson, Vazire & Oltmanns, 2013; Lukowitsky & Pincus, 2013; Oltmanns, Friedman, Fieldler & Turkheimer, 2004), even the perceptions of close others, including romantic partners, has been found to provide important insights into narcissism (Carlson, 2013; Carlson et al., 2011; Määttä et al., 2012). It is noteworthy that informants are certainly not without personal biases and do not represent objective reality, however these studies suggest such that the ratings of others have been shown to be accurate predictors of meaningful outcomes and thus a valid indicator of convergent validity. In fact, some research suggests that, in general, other people can perceive particular aspects of personality better than the self can (Vazire, 2010; Vazire & Carlson, 2011). This has especially been the case for judging external behavioural traits reflective of narcissism such as being boisterous or charming behaviour, concluding that much can be learned from a person's personality in the observations of others.

Selection criteria for screening other-informants on their assessment of narcissism have often been utilised using the Multisource Assessment of Personality Pathology (MAPP; Carlson et al., 2011; 2013; Cooper, Balsis & Oltmanns, 2012; Oltmanns, Rodrigues, Weinstein & Gleason, 2014). The items of this questionnaire are, however, designed to specifically assess the DSM-IV criteria of narcissism. Similarly, in research exploring narcissism and different love styles, Campbell et al. (2002) obtained narrative accounts from intimate partners' past relationships with narcissists. Their selection criteria for their participants utilised a description of narcissism as adapted from the DSM-IV criteria for NPD. For the purposes of the research for this thesis, given that it was considered that the DSM-IV criteria may be somewhat gender-biased, it was not used to select participants. Instead, throughout the interviews, participants' responses were carefully compared to key features of narcissism derived from the literature to ensure they had indeed been with a partner with narcissistic traits (see Table 6.2). This recruitment strategy gave participants

more time and flexibility to elaborate further on narcissistic traits in their relationships as the interview went on.

Furthermore, even though there are checklists which would account for both grandiose and vulnerable features (i.e., the PNI), as this study aimed to understand and interpret the nuances and complexities of narcissism as perceived by romantic partners throughout their intimate relationships, it was considered more appropriate from a qualitative standpoint to allow the researcher to judge whether participants' understanding of narcissism was 'accurate' in response to initial interview questions.

Table 6.2
Key features of narcissism identified by participants

Elements of grandiose and vulnerable narcissism in participants' accounts	Participants' supporting accounts (*n* = 10)	Source
Superior/power/control (G, V)	10/10	e.g., Cain et al., 2008
Manipulative (G, V)	10/10	e.g., Pincus et al., 2009
Exploitative (G, V)	10/10	e.g., Dickinson & Pincus, 2003
Lack of empathy (G. V)	10/10	e.g., APA, 2013
Easily threatened (G, V)	10/10	e.g., APA, 2013
No accountability for own actions (G, V)	10/10	e.g., Pincus & Lukowitsky, 2010
Entitlement (G, V)	10/10	e.g., Dickinson & Pincus, 2003
Insecure/vulnerable (V)	6/10	e.g., Pincus et al., 2009
Self-centered (G, V)	5/10	e.g., Gore & Widiger, 2016
Fear of abandonment (V)	5/10	e.g., Green & Charles, 2019
Grandiose (G)	4/10	e.g., Campbell & Miller, 2012
Low self-esteem (V)	4/10	e.g., Pincus et al., 2009
Hypersensitive (V)	4/10	e.g., Pincus & Lukowitsky, 2010
Prone to episodes of depression (V)	3/10	e.g., Ronningstam, 2005
Shy (V)	3/10	e.g., Ronningstam, 2005
Selfish (G, V)	3/10	e.g., Campbell & Miller, 2012

Note. G = grandiose. V = vulnerable. APA = American Psychiatric Association.

Individuals who did not meet these criteria were therefore not interviewed, and this included those who identified close others as narcissists (e.g., narcissistic mother, narcissistic female friend etc.). The researcher also chose not to interview individuals who during initial contact appeared hostile or aggressive in their tone towards their

partner (e.g., through derogatory reference such as ‘slut’, ‘bitch’, or more extreme terms). This decision was made as it was considered that if these accounts were as aggressive throughout they may not be as reflective or balanced. From an ethics perspective, it was considered that such individuals were still very much connected to the previous relationship and it might still be very raw in their minds. Thus, interviewing them may well be asking them to convey experiences which were still very uncomfortable or sensitive to them.

6.2.3 Procedure

Geographical distance meant that all ten interviews were conducted online via Skype at a time of convenience for each participant. Prior to the interviews, participants were emailed the information sheet and the consent form, and asked to email back their consent either in writing or via electronic signature. At the time of the interview, participants were again verbally informed about the aims of the study and asked if they had any questions before starting. They were also informed that the interview would be recorded in its entirety on a digital device and reminded that they had the right to withdraw at any point without having to give a reason. Throughout the interview process, much emphasis and effort was made to ensure the wellbeing and comfort of participants given the sensitive topic of discussion. Levels of distress were monitored by paying close attention to tone of voice, and asking participants at multiple stages during the interview if they required any breaks. Although some participants asked for a short break, no participant ended the interview process early due to discomfort. Interviews lasted approximately 45 minutes, ranging from 34 minutes to 80 minutes. At the end of each interview a full debrief was given to each participant and any questions or enquires were addressed.

6.2.4 Thematic Analysis

Since this study was concerned with how female narcissism is perceived and understood in IPV from the perspective of ex-partners, a thematic analysis was chosen as the most suitable method of analysis. Thematic analysis is an effective approach when exploring novel or under-researched areas as it both lends itself to the identification and analysis of recurrent patterns and themes within the whole data set, and also provides rich and detailed thematic description of such data (Braun & Clarke, 2006). Thematic analysis was also desirable over other qualitative methods, such as grounded theory or interpretative phenomenological analysis (IPA), as it does

not rely or restrict itself upon pre-existing theoretical frameworks or epistemology and is therefore a more theoretically accessible approach which can be applied across multiple frameworks (Braun & Clarke, 2006). As well as this, this method of analysis also fits with the overall pragmatic approach of the thesis.

In this analysis, interpretations of patterns and themes within the data were identified using a deductive approach, as such an approach is more analyst-driven given its close link to the researcher's theoretical interest and research question (Braun & Clarke, 2006). However, the analysis also allowed for alternative themes to emerge from the data set, which may not have necessarily fit within the theoretical interest of the researcher, but were nevertheless worthwhile to discuss. Code and theme development were analysed at a latent level of interpretation, as this type of analysis goes beyond surface level interpretations and identifies underlying patterns and meanings which are theorised as underpinning what is truly articulated in the data set (Braun & Clarke, 2006).

All interviews were transcribed verbatim by the researcher. All participants were assigned a pseudonym and any information that revealed identification of participants such as names, events and locations were removed from the written transcripts. Following the transcription process, thematic analysis was performed using the six-phase step guided by Braun and Clarke (2006): familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and producing the results. Although the transcription process facilitated familiarity with the data, transcripts were re-read multiple times followed by annotations and highlighting initial codes which were of importance and relevance to the research questions. Following this process, the identified codes were grouped by similarity and mapped into sub-themes. At this stage, thorough analysis was conducted to search for underlying patterns that captured important and meaningful data in relation to the research aims. The stages following this required a recursive process where the researcher reviewed and refined sub-themes from previous stages to ensure an accurate representation of analysis had been produced between participants' personal accounts and the thematic description of data. Finally, overarching themes were defined and named, and each theme was supported by data extracts which were organised into a coherent and consistent account, with

accompanying narrative. A thematic map was produced to aid visualisation of key themes generated from the analytic framework.

In order to limit personal bias and preconceived notions on part of the researcher, the process of 'bracketing' was used (Clift, Hatchard, & Gore, 2018). This was done through appraising the researcher's analytical and theoretical standpoint prior to collecting and analysing data, allowing for the commencement of the interviews with limited preconceived notions of what the data may show. However, throughout the research process, a conscious effort was continually made to avoid falling back on any idiosyncrasies and personal bias (by taking notes of any biases that arose during the research process), thereby consistently interpreting what is truly articulated in the data set in order to most accurately reflect participants' subjective accounts.

Further approaches to minimise interpretation bias and enhance validity included documenting a step-by-step analysis process with supporting data extracts for further illustration of the approach to interpretation (see Appendix 4), and discussing the codes and themes with the supervisory team. In addition, by adopting a reflexive approach and engaging in reflexivity during the interview process through, for instance, consciously ensuring the role of being a respectful listener, being non-judgmental, and the non-championing of any particular gender role, created a sense of trustworthiness (and thus greater validity in the data) with the participants (see section 6.4.1 for a full discussion).

6.2.5 Ethical considerations

This project obtained approval by the Edinburgh Napier University School of Applied Sciences Research Integrity Committee. Given the inherent potential for emotional distress experienced by participants when sharing personal accounts of their past abusive relationships, extreme care and consideration was taken into account prior to the commencement of the interviews during the first study of the thesis. All participants were fully informed of the nature and aim of the current research project, and asked to give their full consent to take part as participants. The advertising for, and recruiting of, participants took place through online groups in which those who wished to take part were advised to email the researcher. Thus, this gave participants a lot of choice regarding whether they wished to take part, meaning that there was minimal pressure on them to become involved in the study. Maximum

effort was taken into consideration to create a relaxed environment where participants were asked if they were comfortable and ready to begin, and reassured them from the very beginning that they do not have to answer any questions if they do not want to and that they are free to withdraw from the study at any point without any requirement to give a reason. This was to ensure an environment of trust where the participants felt they had the right to share their experiences without feeling uncomfortable or judged.

Further considerations in ensuring the wellbeing of participants involved designing carefully worded interview questions from a therapeutic angle with regard to their potential to create distress. All participants were informed prior to the interview that if they became distressed at any stage during the process, the interview will be immediately paused and the participants will be asked if they wish to continue, if they require anything and if they need a short break. Further ethical considerations included ensuring anonymity of interview transcripts and the privacy of the participants. All participants were informed that all data will be anonymised (assigned with a pseudonym) and secured on a password protected computer to which only the primary researcher can access. Participants were also made aware of their right to the assurance of reasonable data security given that the interviews are carried out via Skype. This involved informing participants that Skype encrypts messages to protect and ensure user’s privacy. At the end of the interview, all participants were fully debriefed and thanked for their time. They were also be provided with a list of contact details for agencies providing emotional support in case they decided they needed such support after partaking in the current study. This is not, it is stressed, for any negative reasons from taking part in the study, rather, it was anticipated that participants may wish to seek further emotional support in light of a heightened awareness of narcissism and its impacts, through taking part in the study.

6.3 Results

6.3.1 Thematic analysis

Through the data analysis three overarching themes emerged concerning participants' intimate experiences and perceptions of female narcissists. These themes were: (1) Dualistic personas of narcissism, (2) The mask of femininity, and (3) The hidden paradox of gender roles. Each theme is constituted by two sub-themes as illustrated in the thematic map below (Figure 6.2). The remainder of this section presents each theme with the support of data extracts in the form of participant quotes, followed by analysis of the quotes in terms of how they are reflected and how they differ from existing literature. Following this, these results are discussed in light of their significance for narcissism with respect to gender within IPV.

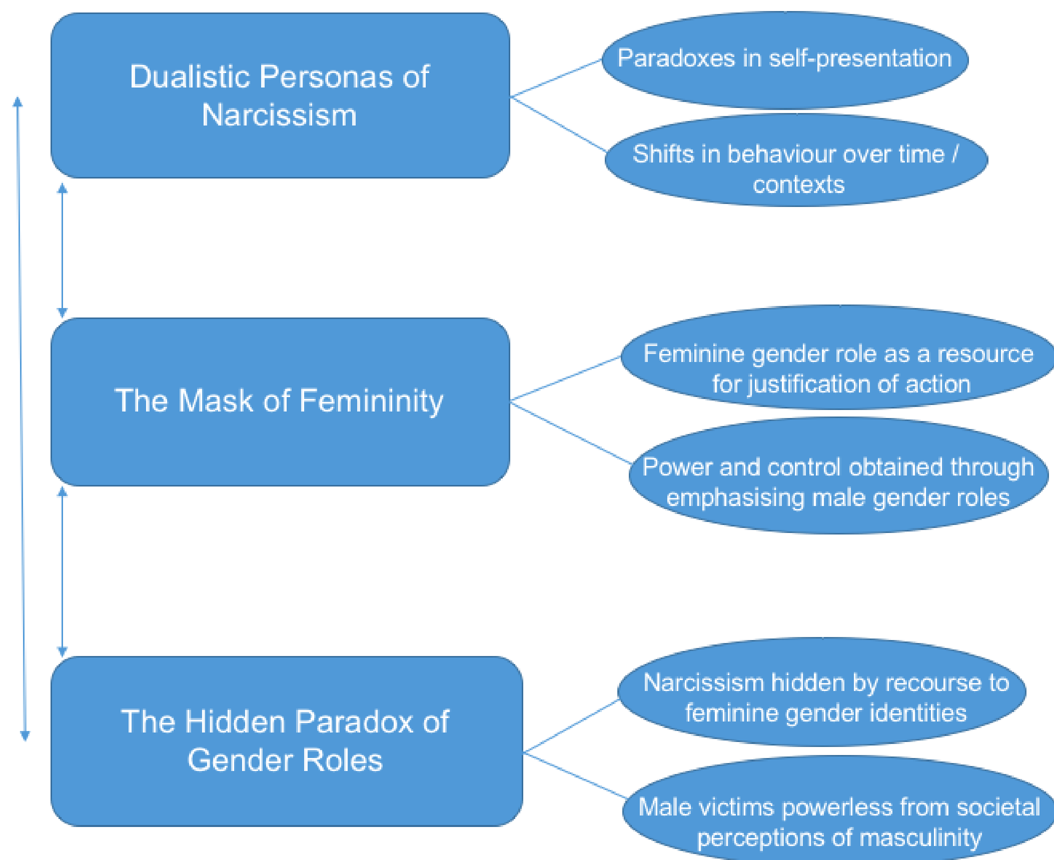

Figure 6.2. Thematic map of overarching themes and sub-themes within them.

6.3.1.1 Dualistic personas of narcissism

The first overarching theme, "Dualistic personas of narcissism", reflected participants' observed shift in outward expressions of their narcissistic partners during the course of the relationship. The analysis of the data here revealed a recurrent pattern suggesting that female narcissists were perceived to display an extreme contradiction, or duality, in self-presentation, over time and contexts. Indications of this dual presentation were further present in participants' accounts, in that they portrayed their partners to wearing several 'masks', in public and in private. The underpinnings of this shift in behaviour appeared to reflect vacillations of vulnerable and grandiose traits. This theme was composed of two sub-themes: shifts in behavior over time/contexts, and paradoxes in self-presentation.

6.3.1.1.1 Shifts in behaviour over time/contexts

Across the interview transcripts, a common theme conveyed by participants pertained to the different 'faces' portrayed by female narcissists over the duration of their relationships. The extent to which these 'faces' shifted were very much context-dependent. As exemplified by Erik in the excerpt below, the shifts in behaviour was influenced by the altering context they were in:

> *"*She was always that like perfect angel in public, happy you know, but the second she left public view, she always talked about being depressed and always the victim about something." (Erik, lines 293-295)

Erik felt that his partner wore several 'masks' depending on who she was around. He described this experience as if his partner was hiding her 'true self' from everyone else, driven by a fear of not being accepted by people. His description of his partner's shift in behaviour suggested a persona with a vulnerable ego who could not fathom to dissatisfy or upset people due to an underlying need to gain their approval. The need to preserve a (false) image for the public appeared to create an alienation in self-concept.

This experience of alienation was further conveyed by Christopher:

> "She was very capable of flicking that switch to all smiles and everything is unicorns and rainbows. Somebody would come to the door it would be all smiles and she'd close the door and immediately flip the switch into the ogre, you know she'd say horrible things to whoever came to the door. That was her nature." (Christopher, lines 196-200)

As exemplified in his quote, Christopher explained that he dealt with a completely different person in private than in public. He felt that his partner used an alluring act at the start of the relationship as a way to lure him into what eventually turned into a highly controlling and troubling relationship. He further conveyed feelings of isolation and an inability to leave the relationship on multiple occasions due to feelings of shame that, as a man, he was being subjected to abusive behaviour by a woman who, in the public eye, was masking her 'true' persona. In his own words, he felt embarrassed to admit that he was in a vulnerable place when he met his partner, and felt that she "quickly identified me as prey" (line, 286).

The narratives further revealed that the shift in behaviours were also time-dependent. Participants' initial perception of their partners portrayed a shy, unobtrusive and soft-spoken narcissistic individual which, significantly, diverges from the prominent image of grandiose narcissism commonly conceptualised in theory, research and vernacular language. Throughout the narratives, participants voiced sentiments that they felt that they did not know who their partners were after months of dating, due to a complete paradox in persona. As a result, feelings of distress and confusion surrounding an inability to characterise their partners as narcissists further exacerbated the degree of the disturbing nature of the participants' experience of what they perceived as pernicious manipulation and callous exploitation.

As conveyed by Jonathan below, the perceived shift in his partner's behaviour had a distressing impact to the nature of the relationship:

> "She was quiet and almost like demure, very kind of playing the kind of soft spoken woman in some way but there was always an underlying kind of energy of anger when she spoke to people.[…] The anger was over the top to the point that if we went out in public together I kind of kept my eyes diverted to the floor trying not to talk to anyone." (Jonathan, lines 204-207 and 211-213)

Jonathan described his relationship as continuously unstable due to a constant alternation from a false self (quiet, demure and soft-spoken) to the true self-expression (underlying anger stemming from excessive control and envy) observed in his partner, as exemplified by the quote above. At times, Jonathan felt he needed to care and look after his partner as she came across as wounded and vulnerable. On other occasions, he encountered an incredibly vicious and controlling person which he describes as "it's almost like she needed my complete subservient to rule over me in a way" (lines, 436-438). Jonathan felt unable to leave the relationship, as although his intuition and gut suggested something was wrong, he felt conflicted with his feelings towards his partner, and was unable to let go of the "perfect person you met in the beginning" (lines, 34-35). These narratives underscore the detrimental impact a well-constructed mask to cover an underlying reality of a highly abusive and insidious relationship.

Participants further viewed their partners' narcissistic tendencies as initially being more hidden and subtle, and were unable to comprehend the destructive nature of the narcissist until years into the relationship, or only after the relationship had ended. Further, and this is considered in the sub-theme below, the shifts in behaviour appeared to be underpinned by alternations of grandiose and vulnerable traits.

6.3.1.1.2 Paradoxes in self-presentation

While the previous sub-theme focused on outward expressions changing over time and in different contexts, the next sub-theme illustrates how the perceived shifts in behaviour resemble paradoxes in self-presentation reflective of narcissistic grandiosity and vulnerability. The results indicated that the presentation of (vulnerable) narcissism was perceived to serve the function of masking an underlying state of covert grandiosity, entitlement and exploitation. That is, female narcissists were described as extremely dependent on their partners for approval in their maintenance of self-esteem and hyper-vigilant to cues of separation, while simultaneously alternating between attempts to both protect and enhance their tenuous self-presentation. Throughout the narratives, participants perceived their partners to exhibit omnipotent fantasies, extreme self-centredness, lack of empathy, need for power, and to also display exploitative interpersonal tendencies driven by

expectations of entitlement. A quote from George illustrates his experience of his partner's response to any criticism with highly enraged reactions:

> "Any challenge to their narrative or their, you know, their idealised supremacy is met with a quick and immediate, you know, not violent physically but violent emotionally and verbally. Any descent to the story or their own version of their belief of themselves has to be, be immediately crushed." (George, lines 282-286)

George portrayed his partner as turning into an aggressive person with a grandiose self-image who refused to take any accountability for her actions. He related a situation where he caught his partner cheating, but instead of admitting to cheating, she supposedly responded with explosive anger in an attempt of "keeping order, keeping your victim in line" (line, 299). George further felt the paradox he observed in his partner was similar to that of living in a "little bubble" (line, 305) where they were perfect, and their authority and superiority was never challenged. He went on to say "it's better off to leave them there, you know" (lines, 305-306) as an indication that no amount of effort in trying to encourage self-reflection would have diluted the discrepancy between his partner's perceived 'true self' and her compensatory (grandiose) 'false self'.

Paradoxically, manifestations of grandeur and authority appeared to frequently alternate with a fragile self-confidence and fears of abandonment, as demonstrated in the quotes below:

> "She's OK if she's in control but if she's not and being rejected, she's panicky. She didn't mind losing me if she did it, if she orchestrated it but if I was going to leave her she was very afraid of losing me." (Fredrick, lines 410-412)

and,

> "She was terrified that I was seeing a woman… and I just remembered it was so odd, especially when she would put me in a similar type of situations with no regard for how I felt whatsoever." (Simon, lines 209 and 213-215)

These narratives convey the partners' fears of being rejected and abandoned for another woman whilst the participants felt they were simultaneously being subjected

to similar paths of behaviour. In Simon's particular case, the concomitant disputes were felt by him to be manipulation and distortion of his perceptions of his own reality, in an attempt to put him in a "psychologically deteriorate state" (line, 224). These narratives suggest a sense of entitlement to administer and use abuse in desire to maintain superiority and power over an alleged victim, whilst concomitantly showing a fear of abandonment. Simon described this paradox in behaviour as causing in him suicidal thoughts as he became so distraught with the continual message designed to undermine his sense of reality, where the "ultimate goal was that I simply would stop challenging her behaviour" (lines, 257-258).

In response to disappointments, participants' perceived their narcissistic partners to frequently resort to a victim-status, followed by experiencing dysphoric and shameful disavowal of their interpersonal needs and entitled expectations. The dissonance between entitled expectations and shameful disavowal of these expectations often resulted in hostile expressions and angry outbursts. This paradox caused participants to feel on edge and anxious as to the ramifications of their partners' behaviour. When sharing his intimate relationship, Matthew said "if you didn't agree with the façade you were definitely walking on eggshells of like what would happen." (lines, 275-277)

Overall, the hypersensitive labile self-concept displayed by female narcissists as perceived by the participants, and the oscillation between feelings of inferiority and superiority, appeared to be rooted in the need to protect a defensive and fragile grandiosity. This perceived dual presentation - or dramatically differently perceived self-presentation - showed a degree of congruence in the participants' accounts. More importantly, these participants' depictions of their narcissistic partners is consistent with much of the theory and research on vulnerable narcissism (Grijalva et al., 2014; Pincus et al., 2009; Wright et al., 2010).

6.3.1.2 The mask of femininity

The second overarching theme captures the manifestations and underlying motives of abuse as portrayed by female narcissists. The participants voiced sentiments that the abuse they were subjected to was often gendered and chauvinistic, in which their partners were perceived to use their female gender as a means to assume a 'victim

status', playing the 'mother card', withholding intimacy and affection, making false accusations of abuse, and using legal and societal benefits to their advantage. This theme was composed of two sub-themes: feminine gender role as resource for justification of action, and power and control obtained through emphasising male gender roles.

6.3.1.2.1 Feminine gender role as a resource for justification of action

The first sub-theme illustrated that a common underlying motive for the instigation of abuse was the fear of being abandoned (i.e., losing the supply for esteem), in which female narcissists were perceived by participants to reassert their dominance and power through deliberately and strategically isolating the participants by issuing coercive and violent threats. These violent threats appeared to be justified through narcissists drawing on their female gender in the form of withholding sex and alienating participants from their children.

As exemplified by George below, a common tactic used by his partner was exploiting the 'mother card' to justify her actions:

> "… every single thing in that house was decided by whether or not she would threaten to take our daughter away to where I could never see them again. So her manipulation was both quiet and final if I disagreed with the decision or I wanted to do things differently I couldn't, because at the end of the day every single argument ended with that - so she used my daughter, access to my daughter, for seven years almost in a terroristic manner, and she would just throw it out there all the time you know like just make little threats to keep me in line…" (George, lines 144-151)

George spoke of living in constant fear and distress for the wellbeing of his daughter as he felt his partner was using their daughter against him "as a human shield" (line, 191). Throughout his narratives, he felt their daughter was treated as a pawn whereby his partner made continual threats of abduction or of taking full custody (of the child) to further subject him to insidious exploitation and manipulation. In his own words, George felt unable to leave the relationship as "she torn me down on regular basis and it started from the second that we had the baby and she knew I would never leave that baby's side" (lines, 368-370). These accounts emphasises how the 'mother card' was allegedly manipulated in an attempt to prevent George from leaving the relationship.

In a different context, Erik tells a story where his partner repeatedly withdrew intimacy in an attempt to keep him co-dependent**:**

> "She's used everything from sex, withholding sex, physical contact, kisses, all of that. Uhm, basically well, somehow the female has all the choice, control and domination in the fact that if anything happens physically, even if it was holding hands or kiss or anything like that, the female has the control." (Erik, lines 464-467)

Throughout the relationship, Erik spoke of his partner's entitled approach to abuse and neglect of his emotional and sexual needs as becoming progressively intensified. He believed that the origin of his partner's behaviour to neglect his needs were intended to keep him co-dependent and make him feel unworthy and degraded. He felt that this development of the relationship in regard to the satisfaction of needs was extremely one-sided in favour of his partner, in that it was "her way or no way" (line, 96). He goes on to say that the dynamic of the relationship turned into a power play as a result of a form of gendered abuse:

> "She would look at me like I'm hers just for her and nobody can infringe on that but when it came to the opposite of that, her being with me it was 'oh well I'm only with you if I decide to be. But you are mine whether you want to be or not', kind of concept." (Erik, lines 540-543)

It was evident, throughout his narrative, that his partner's gender was perceived as being manipulated and used as a 'weapon' in a dysfunctional and unhealthy way to keep him in a heightened state of anxiety and co-dependency. The perceptions of female narcissists using their female gender identity as a justification of projecting abuse were supported by the majority of participants' accounts (n = 9). Further analysis, which is explored in the sub-theme below, showed that strategic attempts to assert a gender role was insidiously achieved by female narcissists through an emphasis of the legal and societal benefits of being a woman.

6.3.1.2.2 Power and control obtained through emphasising male gender roles

Compared to the previous sub-theme, which captured the ways in which female narcissists were perceived to use their gender role to justify their actions, the second sub-theme highlights the ways in which power and control were obtained through violation of traditional gender norms. Here, analysis revealed that the majority of

participants felt that their partners sought to achieve and maintain positions of power and control in ways that systematically violated traditional feminine assumptions ($n = 9$). Jonathan provided a powerful excerpt relating how he felt his partner took advantage of her gender role through playing the 'victim card' and making accusations of abuse through drawing on legal and societal benefits to her advantage:

> "… I would try and leave the house after arguments just to kind of get away and get some fresh air and she had called the police and physically blocked the door from not letting me leave. […]… I think she just would tell them [police] that we got into an argument and that I had been abusive because when the police talked to me they were pretty pissed off even though I was the one covered in scratches and bruises." (Jonathan, lines 66-69 and 97-99)

Jonathan shared his experience of being trapped in a physically and psychologically abusive relationship where he felt he could not escape due to a fear of being ridiculed and not believed in a society where a strong narrative exists that "it's always the women that are the victims" (lines, 171-172). He perceived his partner to play the 'victim card' extremely well, to the point that it was almost "calculating with her actions so well, almost methodical" (line, 174). Many of the male participants, like Jonathan, expressed that their reluctance to retaliate to the abuse subjected to them was significant in their victimisation, in that the female narcissists were perceived to attack their masculinity and inertia as a means to maintain power and control.

In fact, throughout their relationships, participants reported that they experienced sustained and prolonged abuse from their narcissistic partners, including psychological and physical violence. Although the physical violence reported was severe (at times so severe that it warranted medical attention), the majority of participants considered that the psychological abuse was more damaging ($n = 7$), whereby a combination of experiencing violent threats, cruel reprimands intended to invalidate their reality, and coercive control all resulted in what was perceived as a cynically engineered and slow erosion of their sense of self. The pace of the escalation was perceived to be so slow and subtle by participants that they were unable to identify the escalation in abuse until it had reached an extent that they struggled to escape from, and did not fully recognise the extent of until they had left the relationship.

Further, Christopher told the story that he felt that, not only his gender, but also his occupation was used against him in the retaliation of abuse he was subjected to:

> "There is no doubt, zero doubt in my mind that she was taking advantage of societal pressures on men not to hit back. She knew I would never hit her back. Not only because I'm a man but because I'm a police officer." (Christopher, lines 113-115)

When sharing his intimate experiences, Christopher felt crippled with fear due to the societal and legal advantages in the society where females are perceived to have the powerful ability to simply "make the allegation for a man's life to be completely placed in ruin." (lines, 118-119). As a police officer, Christopher voiced sentiments that such an act would have him immediately suspended from work; an outcome in which his partner supposedly took full advantage of to the point that Christopher documented the injuries he had sustained due to the potential ramifications of future legal arguments. As with the case for many participants in this study, Christopher felt unable to leave the relationship due to threats being made that exploited traditional gender role discourses. These accounts highlight, evidenced by the data extracts above, the significance of femininity and the violation of stereotypical gender norms in the exertion of power for female narcissism.

The results suggest that the self-regulatory strategies enacted by female narcissists appear to be employed in more subtle and indirect ways, through social norms and legal rights. Possibly, and this is considered in the third theme below (section 6.3.1.3), female narcissists may assert their femininity and receive affirmation from society to attain their goals, and at the same time deflect accountability and externalise blame.

6.3.1.3 The hidden paradox of gender roles

The analytic process generated an alternative overarching theme that somewhat diverged from the research aims and theoretical interests of the current study, but was nevertheless considered worthwhile to discuss given the strong pattern of perceived gender-role violations underpinning the participants' narratives in their experience of IPV as perpetrated by female narcissists. This theme captures how culturally prescribed norms of gender stereotypes and the endorsement of 'male dominance' and 'female submissiveness' appear to be reinforced and manipulated in favour by

female narcissists in their prerogative for power and exploitation. This theme was composed of two sub-themes: narcissism hidden by resource to feminine gender identities, and male victims powerless from societal perceptions of masculinity.

6.3.1.3.1 Narcissism hidden by resource to feminine gender identities

The first sub-theme captures participants' narratives in relation to their belief that the narcissistic features observed in their partners were hidden by the overt presentation of traits resembling feminine gender identities. The reinforcement of gendered stereotypes conveyed feelings of distress on the part of the participants, as they felt that their narcissistic partners, presumed to embody feminine characteristics, were given the 'benefit of the doubt' and were able to deny that they were perpetrators. This is emphasised in the excerpts below:

> "… narcissism has typically been associated with the male gender and when it is there in a female, I think it tend, it tends to get overlooked. Because I think a lot of people say 'oh she's a woman there is no way she could be a narcissist'. Because women are typically thought to be very loving and caring and nurturing, and it's, it's quite the opposite. I think that women can be narcissist, can be controlling." (Nick, lines 498-503)

and,

> "… no one sees women narcissists coming. No one expects them to be this devious, to enjoy this much chaos, to basically torturing someone, but they are out there.[….] I would say women have the potential to be far more damaging as narcissists because of the entitlement they have to being given you know the benefit of the doubt in all situations." (George, lines 619-621 and 629-631)

These accounts suggest that the perceptions of female narcissism in general, and of their ex-partners in particular, appeared to be deeply embedded in gender discourses traditionally endorsing of males as being aggressive and dominant, and females as submissive and passive. Interestingly, what these narratives also resemble is that participants recognise narcissism as a personality construct that is commonly associated with masculine ideologies and the male gender. For example, when Nick relates the story where he tried to file a divorce but felt silenced due to these gender discourses. He felt defenseless in a society where the legal court system supposedly favours the woman in that "she can go in and allege abuse and it's very difficult for a man to defend. Very difficult for a man to defend." (lines, 421-422).

In a similar vein, George further emphasised this concept in his narratives where he expressed his frustration of his partner's multiple attempts to abduct their daughter in a society that supposedly treat allegations of abuse made by a woman more seriously than that made by a man. He referred to these situations as an example baseline for "anyone who thinks a female narcissist is not as bad as a male narcissist" (lines, 614-615). The notion that narcissism in females may be more hidden was echoed by the majority of participants' accounts in the interview (n = 7), and show that participants perceived the harm enacted to them by their partners as overlooked by society as a result of deeply ingrained gendered scripts surrounding IPV perpetration linked to masculine traits, and victimisation associated with feminine traits.

Another participant, Tom, mooted the idea that narcissism is not a gender-specific trait, but that women's narcissism may be more difficult to detect as "you're probably only going to see it in the most intimate relationships of a woman." (line, 502). These narratives are perhaps reflecting the acceptability for males to express 'stereotypical' narcissistic behaviours, whereas narcissism in females may be more private, occurring in intimate relationships, and hidden behind traditional views of feminine characteristics. Some participants shared their grief of futile attempts to access information on narcissism that would more closely depict the features in females as opposed to that of males. Simon felt that his lack of awareness due to a paucity of information was significant in his victimisation of abuse:

> "…I guess the long short of that is if, had I possessed that information sooner and it was more readily available and better known I could have saved myself a lot of pain and grief. You know and it was just by happenstance I stumbled on this - I think I would still be beating myself up thinking somehow I was defective or you know, somehow lacking in my own personal growth, you know." (Simon, lines 471-476)

These narratives further highlight both the implications of longstanding preconceived notions of narcissism that predominantly operate in line with notions of the male gender, and also accentuate the significant oversight of capturing the gendered differences in the expressions of narcissism. In this context, participants expressed the adverse impacts that followed as a result of their relationships. As will be further explored in the sub-theme below, the lack of information on female narcissism on

the one hand, and the lack of domestic violence shelters for males (among other factors) on the other hand, were considered to have had a severe impact on participants' mental health.

6.3.1.3.2 Male victims powerless from societal perceptions of masculinity

While the previous sub-theme illustrated how female narcissism was perceived to be hidden by recourse to feminine gender identities, the next sub-theme focuses on how a manipulation of these traditional feminine gender discourses by female narcissists appeared to result in a paradox of creating power through drawing on gender roles that are traditionally associated with 'male dominance' and 'female submissiveness'. In other words, the violation of gender conformity in this case resulted in reduced power and status for the male participants, being victims of IPV, given the discredit to their 'masculine' identity. In contrast, female narcissists, who were perceived to hide behind a 'victim-like' status and passivity, instead gained power and dominance.

Notably, the participants' narratives of victimisation were not only trivialised and challenged by society, but acted as a barrier to seek help as a result of stereotypical perceptions of masculinity and internalised patriarchal values. The participant quote below present insights into the significant implications of social norms and traditional gender discourses for male victims of IPV:

> "…I wanted to get a violent restraining order against her when I left because she kept harassing me and threatening my family, my mother and myself. And the lawyer I went to see basically said that 'you, more than likely you won't get a restraining order against her, the judge would probably laugh you out of the court. You're a six foot four bloke, you're fairly well built you know, he'll take one look at you and won't believe a word you say'." (Jonathan, lines 534-537)

Following the split from his partner, Jonathan became increasingly depressed to the point of being suicidal as well as losing twenty kilos in one month. In his own words, he said "I looked like something that came out of a concentration camp" (lines, 480-481). Being a male victim of female-perpetrated abuse in a patriarchal society, Jonathan struggled to seek help and understand his sense of self following the dysfunctional and destructive relationship he felt he was in. He goes on to describe

the experience following his split from his partner as re-traumatising, as “you feel that nobody really wants to listen to you, nobody can believe that someone [his female partner] would be this way and if it has then you deserved it in some way” (lines, 538-540). Jonathan’s narrative suggests that, not only did he feel that society would undermine and disbelieve his victimisation of female-perpetrated abuse, but also the fact that if it did indeed happen, there is a legitimate excuse for “a woman to hit a man but not the other way around” (lines, 528-529). Jonathan had to undergo a long recovery process in a society where there is scant domestic violence shelters for men or any type of ‘real support’ for male victims of IPV (line, 532).

Jonathan’s story was supported by the majority of participants’ narratives (n = 7). In particularly, a strong theme throughout the interview transcripts pertained to participants’ expression of their frustration and distress regarding the lack of support from legal authorities and social services who were perceived to adhere to traditional gender roles and the endorsement of male-to-female perpetrated violence.

Another participant, Matthew, similarly remarked:

> “…if you are a dude and you go and say ‘hey I’ve been threatened or controlled or abused by my wife for years’ they’ll [legal authorities] pretty much laugh at you.” (Matthew, lines 343-345)

Matthew tells the story where he perceived his partner to be exploiting of her ‘feminine’ characteristics to her advantage, whilst simultaneously manipulating and discrediting ‘masculine’ features. In other words, he said “the meme was the very vulnerable, shy, can’t take of herself, co-dependent wife that can’t leave her husband who’s very mean and controlling” (lines, 346-347). By adopting such a persona and narrative, Matthew felt his partner was able to convince “a lot of court people, therapists, the kid’s therapists in getting you to appear like the abuser” (lines, 376-377). He described these experiences as surreal almost, in that his partner’s ability to mask behind passivity and a ‘victim-like’ status, came across as very authentic and genuine to the legal and social surroundings. He further goes on to say that his partner’s ability to convince people into believing her stories “on paper and in the court” (line, 378), was a strategically powerful skill.

These accounts, also evident in throughout participants' interview transcripts, further exacerbated feelings of isolation and a lingering fear that they would be humiliated, unheard, disbelieved, ridiculed or conversely accused of being the perpetrator for the act of violence. This inevitably led to continued exposure of IPV and deterred many of the men from seeking help. What were perceived by participants to be the unreceptive and judgmental responses from society had a lasting and significant impact on the participants' mental health, as the majority of men (n = 7) reported experiencing severe depression, suicidal ideation and post-traumatic stress disorder as a consequence of their victimisation.

6.4 Discussion

Longstanding preconceived notions of narcissism depict an arrogant, exhibitionistic and overtly grandiose stereotype, predominantly associated with male qualities in society (Corry et al., 2008; Onofrei, 2009). The findings of this study, however, challenge such misconceptions and demonstrate that manifestations of narcissism in females describes a phenomenon that moves beyond these longstanding preconceived notions and traditional concepts of narcissism (DSM/NPI). Participants' initial perceptions of their partners illustrated a great tendency toward manifestations of vulnerable narcissism, findings which are consistent with Study 2 and previous research demonstrating higher female preponderance on vulnerable components of narcissism (Pincus et al., 2009; Wright et al., 2010). As well as this, the data here showed that participants felt the demand of entitled expectations and exploitative motives from their narcissistic partners oscillated with fragile self-confidence and a personal fear of rejection and loneliness. These accounts strongly resonate with depictions of theoretical and empirical research regarding the interpersonal nature of vulnerable narcissism (Besser & Priel, 2010; Dickinson & Pincus, 2003; Smolewska & Dion, 2005; Zeigler-Hill et al., 2008).

These results also resonate with previous speculations and suggested theorisations regarding the influence of gender-related norms and gendered socialisation in the expression of narcissism in each gender (Carroll, 1989; Grijalva et al., 2014; Jonason & Davis, 2018; Watson, Taylor & Morris, 1987; Watson, Biderman & Boyd, 1989; Wood & Eagly, 2012). That is, the perceived expressions of narcissistic vulnerability in females conveyed by the participants in this study may adhere to the conformity of narcissistic behaviours in females with cultural gender roles resonant with, for example, social role theory and the biosocial construction model (Wood & Eagly, 2012). In addition, this behaviour may thus manifest itself in the suppression by narcissistic women of displaying traditional stereotypical narcissistic behaviours (DSM/NPI) in order for them to avoid violation of culturally held expectations of their gender role. The initial expressions of narcissism in females as perceived by the participants may therefore resemble stereotypical characteristics of female qualities (nurturing, caring and tenderness), and therefore align more with vulnerable features of narcissism than grandiosity. This further resonates with previous research by Onofrei (2009) finding a significant overlap between vulnerable narcissism and

feminine expressions in the literature, and research revealing that the layperson is more likely to associate females with vulnerable narcissistic traits; perceptions which most likely point to possible gender stereotyping in the presentation of narcissistic traits (Lukowitsky & Pincus, 2013).

The current findings also provide support for previous research which has theorised that the outward expressions of narcissism would differ by gender (Campbell & Miller, 2012; Morf & Rhodewalt, 2001). Yet, despite marked differences in the *presentation* of narcissism by gender, it is argued here that the underlying *core* of narcissism is not gender-specific. The findings shed light on the cold, vindictive and domineering characteristics of female narcissists as they were perceived by the male participants in this sample, characteristics which are nevertheless masked by a disarmingly modest and 'feminine' persona. These perceptions revealed a recurrent pattern suggesting that female narcissists presented an extreme contradiction in self-presentation, manifested in alternate self-states of vulnerability and grandiosity. Further, participants depicted female narcissists as that of being in a state of continuous self-conflict, and would react with intensified and overt anger as well as scheming and subtle passive-aggressive rage when their narcissistically perceived reality had been threatened. Such findings suggest that narcissism knows no meaningful gender boundaries in defense of an inherently fragile and vulnerable self. These results contradict previous research that has argued that female narcissists abuse in indirect and subtle ways (c.f. Barnett & Powell, 2016). These accounts on the part of the participants shed light on the extensive literature on narcissistic injury and violence (Logan, 2009).

The data analysis also appears to show the presence of a difference between the exploitative strategies of female narcissism as it is manifested here compare to the strategies associated with male narcissism in the IPV literature (cf. Ryan et al., 2008; Southard, 2010). The findings here showed that female narcissists were perceived to use their socially and culturally determined 'femininity' to their advantage as a means to attain their grandiose self-goals. In other words, female narcissists were considered to employ strategic attempts at self-regulation in sinister and abusive ways governed by what society allows them to express. These accounts on the part of the participants resonate with previous research, in that the female narcissists shape their motives and

self-regulatory strategies according to gender-related and societal norms (Campbell & Miller, 2012).

Interestingly, the data also suggest that female narcissists do not necessarily obtain their ideal selves through more subtle and affiliate means in conformity with their gender role (cf. Morf & Rhodewalt, 2001) or through fear of receiving harsher sanctions for displaying dominant and stereotypical narcissistic behaviours (contra. social role theory; Wood & Eagly, 2012). Rather, traits expressed as overt and excessive entitlement and exploitation are merely adjusted to their changing environment. Taken together, the data here suggest that strategic attempts at self-construction are expressed in markedly different, and gendered, ways. This further highlights the complex and historically entrenched gender roles in the expressions of narcissism, along with the gendered self-construction processes and dynamics that underlie them. However, it is important to acknowledge here that these motives are not typical of female perpetrators only, in light of the evidence demonstrating that male perpetrators of partner violence also use their gender as the 'male privilege' and 'I am the man' to exert their power and dominance over female victims (e.g., Porni et al., 2013).

Furthermore, the narratives across the interviews depicted traditional gender discourses where females are portrayed as being innately nonviolent, passive and nurturing, and men are believed to be assertive, dominant and capable of self-defence. Participants conveyed their perceptions that their narcissistic partners purposefully manipulated traditional discourses in gender roles to their advantage so as to achieve their self-goals. In this context, the violation of gender conformity resulted in a reduction in power and status for the male victims by a discrediting of their 'masculine' identity. Conversely, their female narcissist partners, by hiding behind a 'victim-like' status and passivity, were felt to have gained power and dominance. These accounts resonate with research into female-perpetrated IPV, where male victims report that their female partners would use their gender and knowledge of legal and social systems to exert their power and control (Gaskins, 2013; Hogan, 2016; Hines et al., 2007; McNeely et al., 2001).

The findings above also suggest that current perceptions of female narcissists, masked by their presentation of traditional feminine gender discourses, offers

theoretical implications for narcissism, a phenomenon which has predominantly been conceptualised through the lens of masculinity and associated with the male gender (Corry et al., 2008). Such a gender bias fails to identify narcissism in females, a situation which was described by the participants as resulting in female narcissism being consistently overlooked by society. Participants further reported that expressions of narcissism are more difficult to detect in a predominantly patriarchal society, and felt it would only be revealed in the most intimate and private relationships. These narratives resonate with previous research suggesting that narcissism in females is likely to be expressed in intimate relationships, because the gender-stereotypical behaviours associated with females have been socialised to possess a communal disposition toward relationships (Carroll, 1989).

Overall, the above gendered analysis provides a novel insight into the multifaceted nature of narcissism and its underlying content of grandiosity and vulnerability. Although it is argued here that narcissism describes a phenomenon in females that moves beyond the overt grandiose stereotype, it appears that the dichotomies of narcissism are not neatly gendered. From the data above it can arguably be concluded that narcissism appears to evidence itself in similar patterns within individuals, and these patterns are not gender specific. However, traditional gender roles denote or mean, that for narcissism to be most successful in the process of self-esteem regulation, and for narcissism to be most successful in remaining undetected and being able to deny its existence, it is arguably quite clear that the traditional gender role that is most suited to allowing and facilitating a narcissist's ability to do this is that of the traditional societal female gender role.

It is stressed that this is in no way intended to, nor is it, an attack upon feminism, or an attack upon gender equality. In fact, it is quite the opposite, and it is argued here that the way in which narcissism harnesses and uses these roles actually gives more weight to the arguments of those who are against feminism. This is because the female narcissists' use of the gender role to attain power may allow others to argue that women should in fact not be empowered. Taken together, the divergent relations between the two narcissistic orientations within gender and self-esteem regulation are indicative of fundamental differences in the complex nature of these constructs within a cultural context. Since gender constructs continually change, and socially accepted gender roles differ greatly across cultures, so do the manifestations of

narcissism (e.g., Campbell & Miller., 2012; Foster et al., 2003). Thus, narcissism is as much a cultural phenomenon as it is a phenomenon of personality. This further highlights the importance of theoretical and clinical research on narcissism to reflect these realisations and to consider the cultural norms in the expressions of narcissism, as well as the gendered motivations underpinning them.

6.4.1 Limitations and reflexivity

Despite producing a rich and insightful, although complex, account of perceived manifestations of female narcissism in IPV, the current study is not without criticism. In terms of the method employed, thematic analysis has often been criticised for the 'anything goes' technique compared to other qualitative methods, given the lack of clear and concise guidelines in performing this type of analysis. For this reason, it could be argued that thematic analysis has a limited interpretative power and is unable to examine the complex and subtle ways in which language is used. As previously outlined, however, thematic analysis was deemed most appropriate for the current research aims and objectives. The researcher therefore decided to choose a method driven by the research questions rather than fall victim to 'methodolatry' (i.e., being committed to a method rather than research topic).

In addition, the (unavoidable) subjective bias inherent in qualitative research is also present here. It should be remembered that any form of qualitative inquiry is social construction, and the claims made by any researcher are inevitably negotiated through the researcher's voice. In such inquiry, it is not assumed that accounts of the participants' experiences are objective, uncontested narratives. In addition, the key element of context needs always to be considered in such research. One way in which researchers can better understand and recognise the presence of such influences is through reflection on how their own background and expectations can have a bearing upon the data. This type of reflection both increases transparency and helps the researcher explore their 'position' to understand their potential influence (Finlay, 2002).

With regard to such self-reflection, I would therefore like to point to my own subjective biases to the interview encounter, particularly as it pertains my theoretical stance, personal experiences, and gender identity. Prior to the data collection phase,

I was fully conscious that my interpretation and claims may be framed through my own position – a researcher who through years of learning has been inadvertently – and also *advertently* – influenced by the literature. However, through appraising my analytic position and theoretical standpoint prior to collecting and analysing the data, I attempted to approach participants and data with limited preconceived notions of what the data may show. In order to limit and be fully aware of such bias, attempts were made to address this through a conscious effort to avoid idiosyncrasies and personal bias throughout the research process (i.e. the process of 'bracketing'), consistently interpreting what is truly articulated in the data set in order to most accurately reflect participants' subjective accounts (Clift, Hatchard, & Gore, 2018). This process allowed me as a researcher to be *guided by* and *work within* the data being as open as possible to the nuances and new concepts which emerged through the analytical process, rather than forcing the data into a particular pre-existing and imposed thematic paradigm. Finally, a step-by-step analysis process was documented and supported with relevant data extracts for further illustration of the approach to interpretation. The data set and the illustrative quotes were discussed with two other researchers before final representation of themes to further eliminate interpretation bias.

In further reflecting my positionality within the interview encounter, as a female researcher, the gendered dynamic between a female interviewer and male interviewees' played an important role in how the data were constructed and subsequently interpreted. It is conceivable, indeed likely, that dominant views of hegemonic masculinity have shaped my own expectations and views before and during research interviews. Considering my preparation for my first interview, and the topic under discussion, I felt some anxiety that the men may not 'open up' and talk at length about their experiences as victims of female-perpetrated abuse. Put another way, I was perhaps influenced by ingrained discourses of society and subsequently formed an expectation for how the men may interact with me. With this in mind, during the interview process, I consciously positioned myself as a respectful listener, being non-judgmental, caring and non-championing of any particular gender role. Embracing this position evidently created a sense of trust and courage in participants to divulge their stories, perhaps in a way that they would not have done with a male researcher. These reflections stem from a number of factors. Firstly, the fact that some participants contacted me with a set of questions concerning personal

aims and objectives for undertaking the research, and to ask, for example, whether my own gender had any influential or motivating role in the research. These contemplations suggests that, before the interview had even begun, gender had already started to shape the participants' expectations of the interview encounter.

Secondly, the majority of male participants appeared to (and often voiced that they did indeed) express relief and comfort from taking part in the research, which may be a reflection of their anticipation of enhanced compassion, empathy and acceptance of their victimisation when confiding their stories to a female researcher, who was perhaps viewed to be less likely to endorse a masculine ideology, and therefore these perceptions may have resulted in less shame than would have been the case with talking to a male researcher. Presumably, when these males agreed to partake in this interview, femininity and its assumed characteristics were more important than 'researcher'. This may be related to the fact that the female gender is viewed as a beneficial resource for research topics which are deemed to be sensitive, as it can encourage openness from male participants (Lohan, 2000). In this research, considering the gendered interview dynamic, men were enabled to express a desire to perform idealised constructions of masculinity while sharing discourses associated with emotional vulnerability and victimisation. Extending this discussion by embracing reflexivity encouraged an exploration of the ways in which violations against gender assumptions could be important (i.e., 'macho man' and 'boys don't cry' versus 'female submissiveness and passivity'). These provided insights into the socio-cultural norms and expectations that underpinned the participants' narratives. Thus, engaging in positionality and adopting a reflexive approach arguably offered new insights into the research process and the interpretation of the resultant co-created narratives.

It may, however, also be the case that the relief and comfort expressed by the participants originated in the realisation that someone was researching the issue of female narcissism, or simply through having therapeutically talked about their experiences. Although these are only reflections, they are nevertheless possible, and it is argued that considering them throughout the process has helped increase the credibility and quality of the data gained. Indeed, the female interviewer, the particular research-context (male victims of female-perpetrated violence), and the purposefully created therapeutic space to talk all intersected to produce a dynamic

encounter that enabled men to ‘open up’ and be entrusted by the researcher to convey their emotive intimate experiences.

Further limitations relate to the perceptions of female narcissism in IPV being understood entirely from a male sample. The current findings illustrated a paradox arising in the exertion of power and control as a result of predetermined cultural stereotypes, where female narcissists were able to harness any potential loss of power (mask of femininity) as an actual means to gain power over their male partners (threat to masculinity). It is possible, therefore, that manifestations of female narcissism and the self-regulatory strategies employed to obtain positions of power and control may differ in same-sex relationships. It is recommended that future research explore these avenues. Moreover, the following chapter presents a general discussion of the thesis followed by an outline of general limitations, future research suggestions, and conclusions.

Chapter 7 – General Discussion

7.1 Summary of Aims and Main Findings

The overarching aim of this thesis was to explore narcissism beyond the traditional concepts (DSM/NPI) commonly associated with the personality construct indicative of the male gender. The thesis was therefore particularly concerned with enhancing theoretical understandings regarding gender differences in narcissistic presentation that spanned grandiose and vulnerable expressions, and undertook three distinct but interrelated studies with this aim in mind. In particular, the delineations in the dichotomies of narcissism were investigated with respect to a number of factors: gender contributions, variances in self-esteem regulation in IPV, retrospective childrearing experiences, and bias in clinical diagnosis of narcissistic pathology. The remainder of this chapter first summarises the main findings from each study, before proceeding with a synthesis and integration of the research findings within a triangulation-based mixed methodological, multiple perspectives approach. The subsequent section discusses the research findings in terms of their relevance to the broader theoretical and clinical implications. Finally, the general limitations are outlined, and suggestions for future research made before an overall conclusion to the thesis is given.

The significant implications in theory and clinical diagnosis revealed in the literature led to the first study of this thesis (Chapter 4), which aimed to investigate gender bias in the assessment of narcissistic pathology. Adopting a clinical vignette-based design, the purpose was to identify the process by which characteristics of clinicians and patient gender may contribute to bias in the diagnosis of vulnerable narcissism symptomatology. Results indicated clinicians were more likely to attribute a diagnosis of borderline, dependent and avoidant PD when presented with a vulnerable narcissism vignette. These findings resonate with previous research demonstrating an overlap between vulnerable narcissism and borderline PD (Miller & Campbell, 2008; Miller et al., 2010; Pincus et al., 2009; Wright et al., 2010), and avoidant and dependent PD (Dickinson & Pincus, 2003; Miller et al., 2014). The findings also demonstrate the potential of gender stereotyping by male clinicians in their diagnosis of male patients with vulnerable narcissism symptomology. Psychotherapeutic and experienced clinicians were more likely to diagnose

vulnerable narcissism as NPD. It was concluded that the observed gender bias pertaining to the overrepresentation of females in borderline and dependent PD diagnoses may be, in part, attributed to clinicians' misdiagnosis of vulnerable narcissism. The clinical implications of this study accentuated the increasingly observed limitations of the categorical approach in the DSM. This then led to recommendations for how NPD should be addressed to ensure the inclusivity of gender issues.

The second study (Chapter 5) was developed to further enhance theoretical understanding of the gender dichotomies in the emergence and features of grandiose and vulnerable narcissism. The purpose was therefore to complement and expand salient variables under investigation (by adding recollections of parental styles as a variable to the variables of grandiose and vulnerable narcissism, gender, and IPV), through gathering data from individuals exhibiting subclinical levels of narcissism in the general population. A quantitative (between-subjects, quasi-experimental) design was adopted to answer the research questions under investigation. It was found that females scored significantly higher on vulnerable narcissism than males, but no gender differences were found for grandiose narcissism. Results linked retrospective reports of cold parenting as significant positive predictors of IPV perpetration in males. For females, vulnerable narcissism and overprotectiveness by the father were significant positive predictors of IPV perpetration, whereas coldness by a father predicted lower levels of IPV perpetration. These findings provide support for early clinical theories regarding the developmental origins of narcissism (Kernberg, 1975; Kohut, 1977; Millon, 1981). It was concluded that, not only were different parenting styles associated with each gender, but that the predictive pattern of cold parenting by the father was associated in different ways in males and females. The gender of the parent may, therefore, influence manifestations of narcissism in their child and subsequent likelihood of IPV perpetration.

Expanding on the findings derived from Study 1 and Study 2, the third study (Chapter 6) adopted a qualitative design aiming to generate a rich and in-depth understanding of female narcissism and self-regulatory behaviours within IPV. This phenomenon was explored through the perspectives of ex-partners who believed themselves to have been in an abusive relationship with a female narcissist. Thematic analysis generated three overarching themes: (1) Dualistic personas of narcissism; (2) The

mask of femininity and; (3) The hidden paradox of gender roles. Findings illustrated that perceived expressions of female narcissists depicted presentations of narcissistic vulnerability, in congruence with previous research (Pincus et al., 2009; Wright et al., 2010). Analysis demonstrated that gender-related norms shaped the self-regulatory strategies females were perceived to use to obtain positions of power and control. This resonates with previous speculations regarding the influence of gendered socialisation in narcissistic presentation and self-esteem regulation (Grijalva et al., 2014; Morf & Rhodewalt, 2001). Although these results suggested marked differences in the *presentation* of narcissism by gender, the underlying *core* of narcissism was arguably not gender-specific, as analysis showed alternate self-states of vulnerability and grandiosity in females as perceived by intimate partners. Due to socially accepted gender roles differing greatly across cultures, it was concluded that narcissism is as much a cultural phenomenon as one of personality (e.g., Campbell & Miller., 2012).

7.2 Understanding Gender Variations in Narcissism through multiple methods and perspectives

The advantages of using a mixed methodology through which the intersections of narcissistic typologies and gender dichotomies were explored has arguably proven valuable in elucidating the multidimensional complexity underlying the personality construct involved. The key advantages to conducting a mixed methodology such as triangulation, complementarity, development and expansion were important in this elucidation. Convergent triangulation was obtained in the second and third study, where the findings pertaining to gender differences in narcissism linking females to vulnerable features was validated. Such converging evidence is particularly of strength here as it derived not only through the utilisation of different methods, but was also validated through two different perspectives (narcissistic individuals and past intimate partners). Similarly, the wide range of reported abuse enacted by narcissistic females was also substantiated. Complementarity and development were also achieved in the second study as it enhanced and further clarified the gender-differentiated expressions of narcissism through its investigation of the etiological factors underpinning such differences, but in a broader and more representative sample. With regard to expansion and development, the first study augmented the research into gender differences in narcissism through exploring the associated

broader theoretical and clinical implications, making a case for the need to explore gender differences in narcissism within IPV to enrich theoretical understanding regarding this phenomenon.

Further emphasising the value of a mixed method integration, the holistic and convergent triangulation-based design allowed for complementary strengths and non-overlapping weaknesses of each method across the three individual studies, further validating the robustness of the research findings. Across the three individual studies and their unique vantage points (clinicians, narcissistic individuals, and past dating partners), a clear theme could be observed: gender impacts narcissism on multiple levels and dimensions. These levels pertain to gender playing a key role in the *assessment*, *development* and *manifestation* of narcissism. Here, the gender of the clinician was found to influence the *assessment* of narcissism, the gender of the parent was found to influence the *development* of narcissism in their child, and the gender of the individual was found to influence the *manifestations* of narcissism. Gender, in essence, has a deeper impact on narcissism beyond the individual. It is stressed here that these intertwined factors are reflective of the immense complexity associated with narcissism; a construct that arguably should not be explored through singular perspectives and mono-method approaches. In failing to fully appreciate the interplay between narcissistic typologies and issues of gender, the field will continue to be plagued with a significant barrier to the development of a cohesive and valid theoretical and empirical literature on narcissism.

7.3 The Broader Theoretical and Clinical Implications

As the research findings from each study have unfolded, the notion that the construct of narcissism (DSM/NPI) is gender invariant has become diluted. As evidenced and emphasised throughout this thesis, the nature and emergence of narcissism is most likely experienced differently in men and women. These findings have particular implications for what is traditionally understood and conceptualised as narcissism and for the related research which builds on these trait constellations (DSM/NPI). First, the depictions of NPD in the DSM arguably contain criteria that entail and embody the male experience over that of the female. It can be argued, therefore, that the large body of research using the NPI is not only limited to overt grandiosity, but also limited to males. This thesis clearly identifies the multidimensionality of

narcissism and reveals the complex processes involved in the presentation of, and self-regulation strategies underpinning, narcissism in females within the context of IPV. Such findings revealed that females are lending themselves to an analysis of gender that challenges the dualisms by which they have been traditionally characterised (Green, Charles & MacLean, 2019). Therefore, the vast majority of the research on narcissism (NPI) as related to IPV does not apprehend the full picture of narcissism as it is presented in each gender, and is arguably preliminary in the conclusions made (e.g., Blinkhorn et al., 2015; Caiozzo et al., 2016; Carton & Egan, 2017; Fields, 2012; Meier, 2004; Peterson & Dehart, 2014; Ryan et al., 2008; Rinker, 2009; Southard, 2010; Talbot et al., 2015).

It is important to mention here that, rather unexpectedly, gender differences were not found for grandiose narcissism using the PNI (see section 5.4.1 for a fuller discussion). Although this gender neutrality does not follow the longstanding trend of gender differences found using the NPI (due to its broader assessment of grandiose traits; Miller et al., 2014; Miller et al., 2016), it is nevertheless important to discuss the theoretical implications of these findings. On the one hand, and this is discussed further below, the PNI may be more gender neutral due to its assessment of pathological narcissism capturing more vulnerability. If this is indeed the case, then gender differences in narcissistic patients with clinically elevated traits may shift depending on the severity of dysfunction (see Kealy et al., 2016). On the other hand, such gender neutrality may reflect the broader societal and cultural change in gender constructs. For instance, Twenge (2009) noted that, as women have gained more status in Western cultures in recent decades, they have increasingly endorsed stereotypically masculine and assertive traits. Whatever the case, exploring the expression of narcissism in males and females using a range of assessments may further enrich theoretical understandings, and reveal gender-specific traits for this personality construct.

Second, the ardent debate in the clinical and social/personality field concerning the precise definition and encompassing features of narcissism is yet to be reconciled. Although this thesis demonstrates that the inclusion of gender does indeed enhance a theoretical definition of narcissism given its ability to delineate the underlying construct of grandiose and vulnerable orientations, the field cannot move forward with narcissism as a viable construct without accruing a general consensus of its

definition (see Wright, 2016, for a review). This definitional ambiguity is reflected in the diversity of measurements available to assess narcissism; a state of affairs which has resulted in difficulties to integrate the literature as various ‘camps’ define the construct differently (Pincus & Lukowitsky, 2010). At this juncture, the generality of findings are limited to, and dependent on, the theoretical assumptions about the construct. For instance, the PNI, which was utilised in this thesis, was developed to measure pathological narcissism as it is conceptualised in clinical theory. As discussed in Chapter 5 (see section 5.4.1), the PNI has been criticised for emphasising vulnerable traits, thereby deviating from conceptions of NPD in the DSM and the related research using the NPI which are, instead, over-reliant on grandiose features. The theoretical definitions of narcissism tend to therefore emphasise either one of its polarities. The field’s fractured state allows for this diversity, further highlighting the need for a solution that unites these sub-disciplines and precision in definition, whilst at the same time appreciates the gender issues involved.

Third, as demonstrated by the findings derived from Study 1, the diagnostic assessment of narcissism (DSM NPD) carries particular implications for clinical practice. For instance, the overemphasis on grandiosity and the concomitant overrepresentation of males diagnosed with NPD (up to 75%) brings into question the attribution of (mis)diagnosis in females who tend to manifest traits of vulnerable narcissism (Grijalva et al., 2014). The implications of these findings specifically pertains to a diagnostic criteria which arguably fails to capture sufficient vulnerability, as well as clinicians’ gender, length of experience, and theoretical orientation affecting their diagnostic judgement, in turn impacting on how patients are assessed and the treatment plans constructed (see Study 1; Chapter 4). In recognition of these findings, it is strongly emphasised here that a move beyond a categorical assessment in the DSM-5 is necessary for the aforementioned limitations to be fully considered (Allsopp et al., 2019; Hopwood, 2018). As discussed in more detail in Study 1 (see section 4.4.4) and also below (see section 7.3.1), the dimensional trait model appears to be more effective for clinical purposes (Bernstein et al., 2007; Hansen, 2019; Morey et al., 2010).

7.3.1 Moving Forward with a Theory of Narcissism Inclusive of Gender Issues

Although the longstanding issue of gender bias in the DSM PDs was revealed following the critical research findings from the first study of this thesis (i.e., the inclusion of vulnerable narcissism symptomatology), it is believed that simply proposing an emphasis on vulnerable features in the current nosological system (cf. Fossati et al., 2005; Miller, Widiger & Campbell, 2010; Pincus & Lukowitsky, 2010; Ronningstam, 2011; Green & Charles, 2019) will not be sufficient to address the gender issue. Instead, what the results from this thesis as a whole suggest is that narcissism is a fundamentally complex construct that limits any categorical analysis or unidimensional assessment. The following section makes the case for a theoretical re-synthesis of narcissism that aims to facilitate integration and unification across the subfields inclusive of gender contributions. While it is recognised here that, based on this thesis, there are insufficient findings to guide a detailed and comprehensive gendered theory of narcissism, it is nevertheless tentatively outlined how the research findings combined can aid the facilitation of such a model in light of the changes required for a dimensional approach.

A stronger theoretical foundation for the conceptualisation of narcissism may be that derived from the perspective of a Five Factor Model (FFM; Widiger & Costa, 2002), which consists of the following broad domains: neuroticism, extraversion versus introversion, openness, agreeableness versus antagonism, and conscientiousness. Such a framework follows the considerable body of research supporting the contention that personality disorders are the severe form of personality traits, and thereby better conceptualised as a five-domain dimensional trait model (see section 2.1.2 for a reminder). This trait model represents an extension of the FFM and specifically encompasses the more extreme and maladaptive personality facets. Based on this literature, the FFNI (Miller, Gentile & Campbell, 2013) was developed relatively recently to complement other multidimensional assessments (i.e. the PNI) in assessing the grandiose and vulnerable features of narcissism. The theoretical and empirical underpinnings of the FFNI differs from the PNI, however, in that the former is based on the large empirical literature of assessments of pathological personality traits from an FFM perspective (see Glover, Miller, Lynam, Crego & Widiger, 2012; Miller et al., 2013; Miller et al., 2014). Therefore, the FFNI may be

an alternative theoretical model that provides greater integration between the empirical and clinical literature.

Another advantage of conceptualising narcissism from an FFM perspective is that the gender differences of FFM traits are well-studied, such that females consistently report higher neuroticism and males score higher on antagonism (Costa et al., 2001; Ferguson & Eyre, 2000; Paris, 2004). These differences also resemble the differential prevalence rates among males and females in the DSM PDs (see Lynam & Widiger, 2007). Although a recent study by Suzuki et al. (2018) found that the dimensional trait model in the DSM is structurally equivalent across males and females, females were found to have higher scores on Negative Affectivity, whereas males had higher scores on Detachment, Antagonism, Disinhibition and Psychoticism when examined at the latent trait mean levels. It is both suggested and also strongly emphasised here that differences in narcissistic pathology may be rooted in trait dimensions shaped by gender. For this reason, gender may play a key factor that partly determines specific psychopathological constellations. Thus far, it is not clear whether the structure of the FFNI model differs between males and females as gender differences have not been considered in the development and research of FFNI (Grover et al., 2013; Miller et al., 2013; Miller et al., 2014).

A required area for future research is to examine the FFNI in its psychometric properties, utility, and validity separately by gender. Such a framework could strive towards the adoption of a conceptual model inclusive of gender issues. What is more, gender in the display of narcissism may be culturally contingent, as suggested by the research findings discussed in Chapter 6. It is important for this factor to be involved in any future model of narcissism and gender, along with factors such as: developmental origins (e.g., parent-child interactions), gendered socialisation processes, and genetic influences. Through such an undertaking, a more complex picture and rich analysis of the ways in which gender and narcissism interact and influence each other will arguably emerge. Moving forward, the FFNI approach offers a potential advance in the conceptualisation of narcissism. On the one hand, this would allow the field to unify the empirically and clinically derived concepts about the construct. On the other hand, such a framework can pinpoint gender-specific symptom expressions in the presentation of narcissistic personality attributes

while capturing the complex processes that most likely play a role, as identified in this thesis.

7.4 General Limitations and Future Directions

There are a number of limitations of the present studies. Despite the apparent strengths of using a multi-perspective approach, narcissism was not assessed in one single study using multiple assessors; a limitation which particularly relates to Study 2 and Study 3. For instance, the findings from Study 2 suggested that narcissistic individuals' perpetration of IPV was significantly positively correlated with their victimisation of IPV, suggesting the potential for bidirectional IPV relationships. The existing research on narcissism in dyadic relationships suggests that a modest degree of homophily exist (Lamkin et al., 2015; Lavner et al., 2016); the idea that narcissistic individuals seek partners with similar characteristics. Implications for homophily in narcissism is somewhat concerning, due to the fact that aggressive behaviour perpetrated by narcissists may, to an extent, be due to the narcissism of their partner (see Keller et al., 2014). These findings, along with the results obtained in Study 2, accentuate the importance for future research to include the role of gender within the context of dyadic relationships. Using multiple assessors (partner and other-partner data) may also provide more explicit insights in cases where each type of perception is more valid. Behavioural measures may prove particularly useful in this line of research.

Another critique that may be levelled at the current design is that its focus is too broad and the studies are too varied to allow for meaningful integration across research findings. It is argued here, however, that focusing on a specific component of narcissism or perspective would narrow the understanding necessary to inform theory and clinical practice as it relates to gender. Due to the complex multifaceted construct of narcissism in general, and the under-theorised literature on female narcissism in particular, it was decided that a broader and holistic approach was needed in order to disentangle gender differences in narcissism. Moreover, while convergent triangulation is a commonly used design in mixed methodological research, less attention has been directed to the holistic component of triangulation, perhaps due to limited guidance on how to design holistic triangulation-based studies (Turner et al., 2017). However, through the use of holistic triangulation, this thesis

revealed a more comprehensive and rich account of narcissism than what has been previously shown.

Although the use of diverse samples in the current thesis complements that narcissism research which often relies on single-informant reports, an apparent limitation here nevertheless pertains to the use of self-report data, which can be biased due to socially desirable responding. However, the studies were carefully planned and adhered to strict ethical guidelines regarding anonymity in an attempt to minimise susceptibility to socially desirable responding. In addition to this, the anonymity assured in on-line environments may actually result in participants being less likely to respond in socially desirable ways (e.g., Kreuter, Presser, & Tourangeau, 2008). Another possible limitation of the current research is that it was cross-sectional, thereby providing only a 'snapshot' of current understandings of narcissism at one point in time. Future research could complement the findings of this thesis through undertaking more longitudinal designs in order to better understand the development and features of narcissism and how they relate to gender over time. For instance, longitudinal, genetically informed designs can further identify aetiological factors (parent-child interactions) associated with grandiose and vulnerable narcissism (Luo & Cai, 2018), with a focus on gender differences. Ecological momentary assessment (EMA) can also be employed to assess momentary periods within a narcissistic individual's life over time (Wright, 2014). Future research could focus on how grandiose and vulnerable features fluctuate over time within males and females with both subclinical and clinical degrees of narcissism.

It is also noted that the samples were predominantly from western societies. Given the importance of sociocultural context as identified in Study 3, future studies could investigate the influence of cultural differences in the manifestations of narcissism in males and females, within more diverse cultures. A particular focus could be to compare how the characteristics of narcissism vary by gender in more collectivist societies, as these societies place a greater focus on others compared to more western individualistic societies where narcissism is arguably higher due to promotion of self-focus (Foster et al., 2003). Another limitation across the three studies is the focus on gender differences rather than sex differences. Research has shown that females, but not males, with higher levels of grandiose narcissism exhibit increased grey matter

volume (GMV) in the right superior parietal lobe (Yang et al., 2014). Future research could therefore investigate sex-specific brain activity that may underline different self-regulatory styles in narcissistic males and females, whilst incorporating the two dimensions of narcissistic dysfunction.

This thesis is also limited to a trait approach in understanding narcissism, and so it is recommended that future research complement the findings presented here with other models of narcissism. For instance, exploring sex differences in narcissism from an evolutionary perspective may provide useful insights that are not offered by prominent theories discussed in this thesis. Indeed, given the nontrivial heritability of narcissism (Vernon et al., 2008), manifestations of narcissism could be partially shaped by evolutionary processes, such as short-term mating (STM), coercive sexual tendencies and attractiveness (for reviews, see Holtzman & Donnellan, 2015; Holtzman & Strube, 2012). Holtzman and Strube (2012) argue that males are more likely than females to seek the more reproductive benefits of STM, and as a result, coercive tendencies commonly apply more to men than women. It may be speculated that males, when threatened, may resort to evolutionarily well-established strategies of power, dominance, inflated self-image and externalising behaviour. Females, on the other hand, may resort to other well-established evolutionary strategies, such as attaining attention through promoting a self-image that signals sexuality, beauty and attractiveness. Future research could explore these speculations, as an evolutionary approach can complement the literature and enhance theoretical understanding regarding gender differences in narcissistic presentation.

Moreover, research suggests that narcissistic individuals (assessed by the NPI) can respond empathically if they are forced to consider another individual's perspective (Hepper, Hart, & Sedikides, 2014). Another line of enquiry could therefore be to explore the role of empathy in males and females whilst using a multidimensional assessment of narcissism, as such findings can be useful for clinicians to devise perspective-taking interventions to help improve narcissists' interpersonal relationships. Lastly, although the current research contained samples from both sub-clinical and clinical populations, assessment of narcissism was based on clinical expressions of narcissism (with the exception of Study 3). Due to lack of common terminology regarding what narcissism actually entails, the results from the current research can only be compared to those studies that also utilised the PNI.

However, given the increase in the literature regarding the use of the PNI (Edershile et al., 2018), and the lack of multidimensional assessments of narcissism which capture maladaptive features (Pincus & Lukowitsky, 2010), it was considered to be the most suitable for the current thesis. It is also recommended that future scholars pay careful attention to the assessment of narcissism, and that they use, where appropriate, a multidimensional assessment of narcissism. As advocated here, the FFNI (Miller et al., 2013) could prove to be valuable in integrating the sub-fields and contribute towards theoretical precision and comprehensiveness in a conceptualisation of narcissism that uncovers a deeper understanding of the role of gender beyond the findings presented in this thesis.

7.5 General Conclusions

Prominent theories of narcissism have virtually dismissed the role of females in the development and manifestation of narcissism, creating a gap in current theoretical knowledge regarding gender differences in narcissistic presentation. The aim of the current thesis was therefore to investigate narcissism beyond the traditional concepts (DSM/NPI) commonly associated with the personality construct indicative of the male gender. A mixed methodology with multiple perspectives was used to provide a comprehensive investigation into gender differences in narcissism, in relation to gender roles, self-esteem regulation in IPV, aetiological factors, and clinical diagnosis. The findings of this thesis showed that the gender difference in narcissism found here implies significant clinical implications for the assessment and treatment of narcissistic disorder. Vulnerable narcissism may partly contribute to the observed gender bias in the DSM due to its overlap with other 'vulnerable' personality disorders. These findings point to the conclusion that a dimensional view of personality pathology in general, and narcissistic disorder in particular, may be more enlightening for clinical purposes.

It was also found that different aetiologies of narcissism and outcomes of IPV perpetration are associated with males and females, further highlighting the importance of including gender in any analysis of narcissism. These findings were complemented with the third study, suggesting that initial manifestations of narcissism in females were found to resemble vulnerable features of narcissism,

within the context of IPV. These results suggested that self-regulatory strategies perceived in female narcissism may differ to that of male narcissism. However, the extent can differ to which a culture may, by making normative the narcissism it displays, give individuals the acceptability to express their narcissistic tendencies. As such, narcissistic grandiosity and vulnerability may vary by gender, albeit reciprocally, depending on sociocultural context. These findings accentuate the need to refine therapeutic targets and gender-sensitive treatment programmes to address IPV outcomes in narcissistic males and females.

Taken together, it is concluded that gender socialisation processes play an important role in producing these gender differences, impacting on the diagnostic assessment, development, and manifestation of narcissism. Ultimately, a theoretical re-synthesis regarding how narcissism is conceptualised and assessed in empirical and clinical literature is strongly recommended. The FFNI (Miller et al., 2013) offers a potential advance for theoretical precision given its potential to build a common terminology of narcissism across sub-disciplines. Such a theoretical framework can also pinpoint gender-specific expressions in the presentation of narcissism while capturing the complex processes inherent in the personality construct. In so doing, the field can move towards a more robust and meaningful literature on narcissism that is inclusive of gender issues.

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Appendix 1 – Information sheets and consent forms

A study exploring therapy and diagnosis of personality disorders

(Study 1; Chapter 4)

My name is Ava Green and I am a PhD student from the School of Applied Sciences at Edinburgh Napier University. As part of my PhD, I am undertaking a research project that aims to investigate clinicians' psychological therapy training and their judgments regarding diagnosis. The findings of this study will be valuable as it may provide insight into the nature of psychological therapy training and clinical treatment of personality disorders.

I am looking for volunteers to participate in the study, specifically those who have clinical experience, or who are undertaking clinical training. Volunteers must also be over 18 years old, be able to read and understand English, and have access to internet to complete this study. There are no criteria for gender, health or ethnic background. If you agree to participate in the study, you will be presented with a maximum of four clinical case vignettes and asked to indicate your choice of diagnosis on a rating sheet. Completing the study should take roughly 20 minutes.

There may be a risk associated with this study where the content of clinical case vignettes may cause you to become upset while relating difficult personal matters. If any of the content causes you discomfort or distress, please be aware that you can omit questions if you wish not to answer them, and you are free to withdraw from the study at any stage without having to give a reason for doing so. However, withdrawal from the study after completing the survey will not be possible.

All data will be anonymised and your name will be replaced with a participant number. You will not be identifiable in any reporting of the data gathered. All data collected will be kept in a secure place (stored on a University computer that is password protected and encrypted) to which only the researcher have access to. In line with the University data retention policy, data will be held for 10 years.

If you would like to contact an independent person, who knows about this project but is not involved in it, you are very welcome to contact the Research Integrity Committee (contact details provided below). If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in the study, please now see the consent form. If you have any further questions, you are welcome to contact me or my project supervisors:

Ava Green
School of Applied Sciences
Edinburgh Napier University
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Email: [redacted]

Dr. Kathy Charles
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Email: [redacted]

If you would like to contact an independent person, who knows about this project but is not involved in it, you are welcome to email the Research Integrity Committee: ethics.fhlss@napier.ac.uk.

If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in the study, please now see the consent form.

Edinburgh Napier University requires that all persons who participate in research studies give their written consent to do so. Please read the following and sign it if you agree with what it says.

1. I freely and voluntarily consent to be a participant in the research project on the topic of Therapy and Diagnosis of Personality Disorders to be conducted by Ava Green, who is a PhD student at Edinburgh Napier University.

2. The overall goal of this research study is to explore clinicians' psychological therapy background and judgments of diagnosis. Specifically, I have been asked to participate in an online study covering aspects of clinical case vignettes and ratings of different personality disorders and mental illnesses, which should take in the region of 20 minutes to complete.

3. I have been told that my responses will be anonymised. My name will not be linked with the research materials, and I will not be identified or identifiable in any report subsequently produced by the researcher.

4. I also understand that if at any time during the study I feel unable or unwilling to continue, I am free to leave. That is, my participation in this study is completely voluntary, and I may withdraw from it without negative consequences. However, after data has been submitted it will not be possible for my data to be removed as it would be untraceable at this point.

5. In addition, should I not wish to answer any particular question or questions, I am free to decline.

6. I have been given the opportunity to ask questions regarding the study and my questions have been answered to my satisfaction.

7. I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

Please check this box if you are happy to participate: ☐

The role of childhood recollections and personality traits in intimate relationships (Study 2; Chapter 5)

My name is Ava Green and I am a PhD student from the School of Applied Sciences at Edinburgh Napier University. As part of my PhD, I am undertaking a research project that aims to investigate recalled childhood experiences and the role of personality in intimate relationships. In this study, an intimate relationship is defined as an interpersonal relationship that involves physical and/or emotional closeness. The findings of this study will be valuable because they might identify the development of personality traits and behaviours in intimate relationships.

I am looking for volunteers to participate in the study, specifically those who are currently in an intimate relationship or have been in one in the past. Volunteers must also be over 18 years old, be able to read and understand English, and have access to internet to complete this study. There are no criteria for gender, health or ethnic background. If you agree to participate in the study, you will be presented with a maximum of five questionnaires asking about your childhood experiences, personality and behaviours in intimate relationships, including conflict and violence. Completing all the questionnaires should take 20 to 30 minutes.

There may be a risk associated with this study where the questions asked may cause you to become upset while relating difficult personal matters. If any of the questions cause you discomfort or distress, please be aware that you can omit questions if you wish not to answer them, and you are free to withdraw from the study at any stage without having to give a reason for doing so. At the end of the survey, you will be asked to provide consent prior to submitting your answers as withdrawal from the study after completing the survey will not be possible.

All data will be anonymised and your name will be replaced with a participant number. You will not be identifiable in any reporting of the data gathered. All data collected will be kept in a secure place (stored on a University computer that is password protected and encrypted) to which only the researcher has access to. In line with the University data retention policy, data will be held for 10 years.

If you would like to contact an independent person, who knows about this project but is not involved in it, you are very welcome to contact the Research Integrity Committee (contact details provided below). If you have any further questions, you are welcome to contact me or my project supervisors:

Ava Green
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Email:

If you would like to contact an independent person, who knows about this project but is not involved in it, you are welcome to email the Research Integrity Committee: ethics.fhlss@napier.ac.uk.

If you have read and understood this information sheet and you would like to be a participant in the study, please now see the consent form on the next page.

Edinburgh Napier University requires that all persons who participate in research studies give their written consent to do so. Please read the following and sign it if you agree with what it says.

1. I freely and voluntarily consent to be a participant in the research project on the topic of childhood experiences and personality traits in intimate relationships to be conducted by Ava Green, who is a PhD student at Edinburgh Napier University.

2. The overall goal of this research study is to explore the role of parental influences and personality traits in intimate relationships. Specifically, I have been asked to participate in an online survey covering aspects of childhood experiences, personality and behaviours in intimate relationships, which should take 20-30 minutes to complete.

3. I have been told that my responses will be anonymised. My name will not be linked with the research materials, and I will not be identified or identifiable in any report subsequently produced by the researcher.

4. I also understand that if at any time during the study I feel unable or unwilling to continue, I am free to leave. That is, my participation in this study is completely voluntary, and I may withdraw from it without negative consequences. However, after data has been anonymised and submitted, or after publication of results it will not be possible for my data to be removed as it would be untraceable at this point.

5. In addition, should I not wish to answer any particular question or questions, I am free to decline.

6. I have been given the opportunity to ask questions regarding the study and my questions have been answered to my satisfaction.

7. I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

Please check this box if you are happy to participate: ☐

A qualitative research study investigating perceptions of female narcissism in abusive relationships (Study 3; Chapter 6)

My name is Ava Green and I am a PhD student from the School of Applied Sciences at Edinburgh Napier University. As part of my PhD, I am undertaking a research project that aims to investigate the behaviours of females who exhibit narcissistic traits in abusive relationships. The findings of this study will be valuable because they might identify the common triggers that evoke narcissists to become abusive in intimate relationships, and in turn may help individuals on the receiving end of such violence to spot early warning signs, and therefore be more aware or cautious when interacting with an abusive narcissist.

I am looking for volunteers to participate in the study, specifically those who have been in an abusive relationship with a female they feel to have been narcissistic. Volunteers must be over 18 years old. There are no criteria for gender or health. If you agree to participate in the study, you will be interviewed about your experiences of being in an intimate relationship with a female narcissist. The whole procedure should take no longer than 45 minutes. You are free to withdraw from the study at any stage and you do not have to give a reason for doing so.

There may be a risk associated with this study where participants may become upset while relating difficult personal matters. If this happens, the interview will be paused until you feel ready to continue, or stop entirely if you feel you do not want to continue further. All data will be anonymised as much as possible, and only I will listen to and transcribe the interview. Your name will be replaced with a participant number or a pseudonym, and every possible effort will be made to ensure that it will not be possible for others to identify you in any reporting of the data gathered. This includes replacing or removing any identifying features in your interviews, such as any names or events or locations you may mention, so that no identities are revealed. All data collected will be kept in a secure place (stored on a pc that is password protected) to which only the researcher and the supervisor have access to. These will be kept till the end of the project, following which all data that could identify you will be destroyed.

Respect will be shown to the participants and their right to confidentiality and privacy. Importantly, the researcher will fully describe to participants the circumstances in which the interviewer will be obliged to break the confidentiality of the information that is disclosed to them. This will occur in cases where disclosure contains any serious risk (to either the participant or someone else) or information that would entail a future risk or act of criminal activity. If you would like to contact an independent person, who knows about this project but is not involved in it, you are very welcome to contact the Research Integrity Committees at ethics.fhlss@napier.ac.uk. If you have read and understood this information sheet, any questions you had have been answered, and you would like to be a participant in

the study, please now see the consent form. If you have any further questions, you are welcome to contact me or my project supervisors:

Ava Green
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Edinburgh Napier University
Sighthill Campus
Edinburgh EH11 4BN
Email: [redacted]

Edinburgh Napier University requires that all persons who participate in research studies give their written consent to do so. Please read the following and sign it if you agree with what it says.

1. I freely and voluntarily consent to be a participant in the research project on the topic of narcissism and abusive relationships to be conducted by Ava Green, who is a PhD student at Edinburgh Napier University.
2. The overall goal of this research study is to explore the role of narcissism in abusive relationships. Specifically, I have been asked to participate in an interview covering aspects of narcissism and abusive relationships which should take no longer than 45 minutes to complete.
3. I have been told that my responses will be anonymised. My name will not be linked with the research materials, and I will not be identified or identifiable in any report subsequently produced by the researcher.
4. I also understand that if at any time during the interview I feel unable or unwilling to continue, I am free to leave. That is, my participation in this study is completely voluntary, and I may withdraw from it without negative consequences. However, after data has been anonymised or after publication of results it will not be possible for my data to be removed as it would be untraceable at this point. I am also aware that I may be identifiable from tape recordings of my voice.
5. In addition, should I not wish to answer any particular question or questions, I am free to decline.
6. I have been given the opportunity to ask questions regarding the interview and my questions have been answered to my satisfaction.
7. I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

Please check this box if you are happy to participate: ☐

Appendix 2 – Questionnaires

PNI (Study 2; Chapter 5)

Below you will find 52 descriptive statements. Please consider each one and indicate how well that statement describes you. There are no right or wrong answers. On the line beside the question, fill in only one answer. Simply indicate how well each statement describes you as a person on the following 6-point scale:

0	1	2	3	4	5
Not at all Like me	Moderately unlike me	A little unlike me	A little like me	Moderately like me	Very much like me

___ 1. I often fantasize about being admired and respected.
___ 2. My self-esteem fluctuates a lot.
___ 3. I sometimes feel ashamed about my expectations of others when they disappoint me.
___ 4. I can usually talk my way out of anything.
___ 5. It's hard for me to feel good about myself when I'm alone.
___ 6. I can make myself feel good by caring for others.
___ 7. I hate asking for help.
___ 8. When people don't notice me, I start to feel bad about myself.
___ 9. I often hide my needs for fear that others will see me as needy and dependent.
___ 10. I can make anyone believe anything I want them to.
___ 11. I get mad when people don't notice all that I do for them.
___ 12. I get annoyed by people who are not interested in what I say or do.
___ 13. I wouldn't disclose all my intimate thoughts and feelings to someone I didn't admire.
___ 14. I often fantasize about having a huge impact on the world around me.
___ 15. I find it easy to manipulate people.
___ 16. When others don't notice me, I start to feel worthless.
___ 17. Sometimes I avoid people because I'm concerned that they'll disappoint me.
___ 18. I typically get very angry when I'm unable to get what I want from others.
___ 19. I sometimes need important others in my life to reassure me of my self-worth.
___ 20. When I do things for other people, I expect them to do things for me.
___ 21. When others don't meet my expectations, I often feel ashamed about what I wanted.
___ 22. I feel important when others rely on me.
___ 23. I can read people like a book.
___ 24. When others disappoint me, I often get angry at myself.
___ 25. Sacrificing for others makes me the better person.
___ 26. I often fantasize about accomplishing things that are probably beyond my means.
___ 27. Sometimes I avoid people because I'm afraid they won't do what I want them to
do.
___ 28. It's hard to show others the weaknesses I feel inside.

___ 29. I get angry when criticized.
___ 30. It's hard to feel good about myself unless I know other people admire me.
___ 31. I often fantasize about being rewarded for my efforts.
___ 32. I am preoccupied with thoughts and concerns that most people are not interested in me.
___ 33. I like to have friends who rely on me because it makes me feel important.
___ 34. Sometimes I avoid people because I'm concerned they won't acknowledge what I do for them.
___ 35. Everybody likes to hear my stories.
___ 36. It's hard for me to feel good about myself unless I know other people like me.
___ 37. It irritates me when people don't notice how good a person I am.
___ 38. I will never be satisfied until I get all that I deserve.
___ 39. I try to show what a good person I am through my sacrifices.
___ 40. I am disappointed when people don't notice me.
___ 41. I often find myself envying others' accomplishments.
___ 42. I often fantasize about performing heroic deeds.
___ 43. I help others in order to prove I'm a good person.
___ 44. It's important to show people I can do it on my own even if I have some doubts inside.
___ 45. I often fantasize about being recognized for my accomplishments.
___ 46. I can't stand relying on other people because it makes me feel weak.
___ 47. When others don't respond to me the way that I would like them to, it is hard for me to still feel ok with myself.
___ 48. I need others to acknowledge me.
___ 49. I want to amount to something in the eyes of the world.
___ 50. When others get a glimpse of my needs, I feel anxious and ashamed.
___ 51. Sometimes it's easier to be alone than to face not getting everything I want from other people.
___ 52. I can get pretty angry when others disagree with me.

Couple Conflicts (CTS2S; Study 2; Chapter 5)

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or for some other reason. Couples also have many different ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please mark how many times you and/or your partner did each to these things during the course of your relationship, or in your most recent relationship. If you or your partner did not do one of these things in the past, mark “7" on your answer sheet.

How often did this happen?
1 = Once in the past
2 = Twice in the past
3 = 3-5 times in the past
4 = 6-10 times in the past
5 = 11-20 times in the past
6 = More than 20 times in the past
7 = This has never happened

1. I explained my side or suggested a compromise for a disagreement with my partner
2. My partner explained his or her side or suggested a compromise for a disagreement with me
3. I insulted or swore or shouted or yelled at my partner
4. My partner insulted or swore or shouted or yelled at me
5. I had a sprain, bruise, or small cut, or felt pain the next day because of a fight with my partner
6. My partner had a sprain, bruise, or small cut or felt pain the next day because of a fight with me
7. I showed respect for, or showed that I cared about my partner’s feelings about an issue we disagreed on
8. My partner showed respect for, or showed that he or she cared about my feeling about an issue we disagreed on
9. I pushed, shoved, or slapped my partner
10. My partner pushed, shoved, or slapped me
11. I punched or kicked or beat-up my partner
12. My partner punched or kicked or beat-me-up
13. I destroyed something belonging to my partner or threatened to hit my partner
14. My partner destroyed something belonging to me or threatened to hit me1
15. I went see a doctor (M.D.) or needed to see a doctor because of a fight with my partner
16. My partner went to see a doctor (M.D.) or needed to see a doctor because of a fight with me
17. I used force (like hitting, holding down, or using a weapon) to make my partner have sex

18. My partner used force (like hitting, holding down, or using a weapon) to make me have sex
19. I insisted on sex when my partner did not want to or insisted on sex without a condom (but did not use physical force)
20. My partner insisted on sex when I did not want to or insisted on sex without a condom (but did not use physical force)

Couple Conflicts (MMEA; Study 2; Chapter 5)

The following questions ask about the relationship with your partner. Please report how often each of these things has happened during the course of your relationship, or your most recent relationship. Please circle a number using the scale below to indicate how often you have done each of the following things, and a number to indicate how often your partner has done each of the following things. If you or your partner did not do one of these things in the past, circle "7".

How often did this happen?
1 = Once in the past
2 = Twice in the past
3 = 3-5 times in the past
4 = 6-10 times in the past
5 = 11-20 times in the past
6 = More than 20 times in the past
7 = This has never happened

1. Asked your partner where they had been or who they were with a a suspicious manner
1a. Your partner did this to you
2. Secretly searched through your partner's belongings
2a. Your partner did this to you
3. Tried to stop your partner from seeing certain friends or family members
3a. Your partner did this to you
4. Complained that your partner spends too much time with friends
4a. Your partner did this to you
5. Got angry because the your partner went somewhere without telling you
5a. Your partner did this to you
6. Tried to make your partner feel guilty for not spending enough time together
6a. Your partner did this to you
7. Checked up on your partner by asking friends or relatives where they were or who they were with
7a. Your partner did this to you
8. Said or implied that your partner was stupid
8a. Your partner did this to you
9. Called your partner worthless
9a. Your partner did this to you
10. Called your partner ugly
10a. Your partner did this to you
11. Criticized your partner's appearance
11a. Your partner did this to you
12. Called your partner a loser, failure, or similar term
12a. Your partner did this to you
13. Belittled your partner in front of other people

13a. Your partner did this to you
14. Told your partner that someone else would be better partner
14a. Your partner did this to you
15. Became so angry that you were unable or unwilling to talk to your partner
15a. Your partner did this to you
16. Acted cold or distant to your partner when angry
16a. Your partner did this to you
17. Refused to have any discussion of a problem with your partner
17a. Your partner did this to you
18. Changed the subject on purpose when your partner was trying to discuss a problem
18a. Your partner did this to you
19. Refused to acknowledge a problem that your partner felt was important
19a. Your partner did this to you
20. Sulked or refused to talk about an issue with your partner
20a. Your partner did this to you
21. Intentionally avoided your partner during a conflict or disagreement
21a. Your partner did this to you
22. Became angry enough to frighten your partner
22a. Your partner did this to you
23. Put your face right in front of your partner's face to make a point more forcefully
23a. Your partner did this to you
24. Threatened to hit your partner
24a. Your partner did this to you
25. Threatened to throw something at your partner
25a. Your partner did this to you
26. Threw, smashed, hit, or kicked something in front of your partner
26a. Your partner did this to you
27. Drove recklessly to frighten your partner
27a. Your partner did this to you
28. Stood or hovered over your partner during a conflict or disagreement
28a. Your partner did this to you

Childhood recollections (Psychological control scale; Study 2; Chapter 5)

This questionnaire lists various attitudes and behaviors of parents. As you remember your Mother/Father in your first 16 years, would you please indicate the most appropriate response category. If you were not brought up by parents, please refer to your primary female/male caregiver.

1 = Not like her (him); 2 = Somewhat like her (him); 3 = A lot like her (him)

My Mother (Father) is a person who . . .
1. tells me of all the things she (he) had done for me.
2. says, if 1 really cared for her (him), I would not do things that cause her (him) to worry.
3. is always telling me how I should behave.
4. would like to be able to tell me what to do all the time.
5. wants to control whatever I do.
6. is always trying to change me.
7. only keeps rules when it suits her (him).
8. is less friendly with me, if I do not see things her (his) way.
9. will avoid looking at me when I have disappointed her (him).
10. if I have hurt her (his) feelings, stops talking to me until I please her (him) again.

Childhood recollections (PBI; Study 2; Chapter 5)

This questionnaire lists various attitudes and behaviors of parents. As you remember your Mother/Father in your first 16 years, would you please indicate the most appropriate response category. If you were not brought up by parents, please refer to your primary female/male caregiver.

	Very Like Me	Moderately Like Me	Moderately Unlike	Very Unlike Me
1. Spoke to me with a warm and friendly voice.	0	1	2	3
2. Did not help me as much as I needed.	0	1	2	3
3. Let me do those things I liked doing.	0	1	2	3
4. Seemed emotionally cold to me.	0	1	2	3
5. Appeared to understand my problems and worries	0	1	2	3
6. Was affectionate to me.	0	1	2	3
7. Liked me to make my own decisions	0	1	2	3
8. Did not want me to grow up.	0	1	2	3
9. Tried to control everything I did	0	1	2	3
10. Invaded my privacy	0	1	2	3
11. Enjoyed talking things over with me	0	1	2	3
12. Frequently smiled at me.	0	1	2	3
13. Tended to baby me.	0	1	2	3
14. Did not seem to understand what I needed or wanted				
15. Let me decide things for myself	0	1	2	3
16. Made me feel I wasn't wanted	0	1	2	3
17. Could make me feel better when I was upset	0	1	2	3
18. Did not talk with me very much.	0	1	2	3
19. Tried to make me dependent on her/him	0	1	2	3
20. Felt I could not look after myself unless she/he was around				
21. Gave me as much freedom as I wanted	0	1	2	3
22. Let me go out as often as I wanted.	0	1	2	3
23. Was overprotective of me	0	1	2	3
24. Did not praise me	0	1	2	3
25. Let me dress in any way I pleased	0	1	2	3

Interview Schedule (Study 3, Chapter 6)

1. How would you describe a narcissistic person?
2. When was the first time you noticed that your partner was narcissistic?
3. How would you describe the experience of an intimate relationship with your partner?
4. When was the first time you noticed that your partner was abusive?
5. Did your partner ever express any sudden aggressive or violent behaviour? If so, what happened? Were there any particular occurrences where this was more frequent?
6. In what ways did your partner justify their behaviour?

- If they did not justify their behaviour, how did they respond to being confronted? Do you think that they were aware of their behaviour?

7. What advice would you give to others to help them avoid entering a relationship with a narcissist? What about if they were in a relationship already?

Further prompt questions (if needed):

Did you experience any manipulation from your partner?

Did you experience your partner as demanding and in need of control?

Would you describe your partner as feeling self-entitled? As vengeful? As exploitative?

Did you find that your partner projected and blamed things on others? On yourself?

Did you experience your partner as abusive only in private? How did they behave in public?

Appendix 3 – Clinical Case Vignettes

(Study 1; Chapter 4)

Male Case Vignettes

Patient 1: Mr. G.

Mr. G. is a 35-year-old man who is seeking psychotherapy at the request of his wife due to longstanding relationship difficulties. His wife issued an ultimatum that he obtain treatment or else she would end the marriage. Mr. G. reports that their frequent conflicts are due, in his view, to his wife's lack of respect for him and refusal to comply with what he wants her to do. He indicates that he has a superior intelligence to his wife, and for that matter, to most people he meets. He reasons that others should simply abide by his instructions.

Mr. G. acknowledges becoming angry when people don't show enough respect for him; he feels that he regularly outperforms his co-workers, yet his efforts are not admired. In fact, he feels that other people – whether at work or on the golf course – tend to envy his abilities and personal attributes. He reasons that this is why he has been held back from a position of more importance at his firm. He often imagines himself taking over the company and firing everyone who has been "disrespectful" to him over the years. He has an alternate fantasy of leaving his firm and becoming a professional golfer – he feels certain he could become a professional athlete if only his wife would cease restricting his trips to the gym and the golf course.

Mr. G. acknowledges that he has had extramarital affairs, which his wife is unaware of. He feels that he should be entitled to these liaisons, although he knows his wife would feel hurt and would end the marriage if she found out about them.

He expresses little enthusiasm for engaging in psychotherapy – he doubts whether any therapist would have much to offer him – but he wants to maintain his marriage and find a way to be less irritated by others.

End of case 1; please click on the next page and indicate the diagnosis you believe would represent this patient.

Patient 2: Mr. V.

Mr. V. is a 42-year-old man who is seeking psychotherapy to address longstanding feelings of depression and anxiety. He indicates that for most of his life he has struggled with chronic feelings of emptiness and a sense of being profoundly lost and alone. He feels this way in spite of being married and having two children. He sometimes wonders what his family sees in him, and that unless he was a good provider, they would likely turn against him.

In addition to longstanding depressive feelings, Mr. V. reports experiencing pronounced dysphoria if someone slights him or rejects him in any way. In fact, he often anticipates being rejected, and consequently feels a need to constantly prove himself to others. Among colleagues at his work he feels himself to be “a boy among men” in that he regards others as being more articulate and capable than himself. He often ruminates on events that have occurred which confirm his inferiority, and he tends to dwell on experiences which, in his view, produced a profound sense of humiliation.

Mr. V. reports having few close friends and few activities that he allows himself to engage in for pleasure; he devotes his time instead to avoiding the disapproval of others. He feels he works harder than anyone else he knows, but he reasons that he must do so simply to keep up with others and avoid being shamefully exposed as a fraud. At the same time, he acknowledges that he takes secret pride in being more industrious than others, and he resents not being admired for his diligence. He doesn’t believe that his wife understands him. However, he feels that she exploits his sensitivities and tries to make him feel inferior and weak, which results in painful depressive affect along with urges to flee the marriage. He fantasizes that an ideal partner would provide a perfect, transcendent love that would wash away his negative feelings.

Mr. V. approaches psychotherapy cautiously, regarding the therapist as an expert authority figure who might also seek to make him feel bad.

End of case 2; please click on the next page and indicate the diagnosis you believe would represent this patient.

Patient 3: Mr. P.

Mr. P. is a 31-year-old man who is seeking psychotherapy to address a recent onset of panic attacks. He describes himself as having always been somewhat of a worrier, but only recently having experienced full panic attacks. He described these episodes as occurring "out of the blue" and without apparent warning.

Since having his first panic attack in a public place, he finds himself preoccupied with dread that this will re-occur. He worries that he will be in the middle of an important meeting, and that he will not be able to breathe, and that his co-workers will call for an ambulance. Mr. P. has also developed a fear that he might become stuck in traffic one day, with cars gridlocked all around him, and that he will have no way of getting out in the event that he is overcome by panic feelings. Consequently he avoids driving during busy times and he has had an increase in absenteeism at work.

A review of Mr. P.'s history indicates that he has enjoyed stable relationships with family members, friends, and colleagues. He is well-liked by others and regarded as being competent and reliable at work. He values being organized and well-prepared – these are traits he identified with in his parents – but denies feeling driven by obsessions. He appears to have developed a reasonable sense of self-esteem based appropriately on his accomplishments and relations with others.

Mr. P. reports having a stable marriage – he feels his wife is very supportive – and they are excited to be expecting their first child in four months time. He feels puzzled by the onset of panic symptoms during a time when things are going well in his life.

Mr. P has always been interested in psychology and thus is keen to begin psychotherapy.

End of case 3; please click on the next page and indicate the diagnosis you believe would represent this patient.

Patient 4: Mr. J

Mr. J. is a 35-year-old man who is seeking psychotherapy due to frequent mood swings and temper tantrums. He has had a comprehensive history of multiple treatments since early adulthood, each of which was focused on treating his mood swings. He has found treatment ineffective and as a result he has been prescribed with antidepressants. Mr. J. reports that he is frequently prone to feeling agitated and finds it difficult to control his anger.

With regards to his upbringing, Mr. J. recalls painful childhood memories of both his parents being emotionally distant and neglectful. When he was aged four, his father left the family and Mr. J. has had no contact with him since. His mother's emotional care was inconsistent and she was occasionally physically violent to Mr. J. Mr. J. expresses longstanding conflicts with his mother, and feels invalidated and outright rejected by his mother who overtly blames him for the leaving of his father.

Mr. J. believes that several romantic relationships have ended badly because of him 'losing his own identity' and that was followed by a progressive reluctance to socialise because of fears of rejection. These relationships were fuelled by his paranoia and fear of losing his partner at the time, whilst also craving intimacy and projecting behaviours of neediness. Mr. J. felt that his sense of self was distorted as a result of these dysfunctional relationships and he struggled to make sense of his personality. Since his most recent relationship ended over a year ago, these feelings have only exacerbated an unstable self-image, ultimately resulting in a self-destructive habit of binging on alcohol. He recently lost his job due to regular hospitalisations to have his stomach pumped to prevent alcohol poisoning. His colleagues have encouraged him to consider rehabilitation for more extensive treatment and support.

In addition to these ongoing behaviours, he also reports chronic feelings of emptiness which he has described as feeling bored of life.

Mr. J. has positively responded to his initial care in rehab but still finds it difficult to manage his mood swings. He approaches psychotherapy sceptically, as he believes it has not worked for him before.

End of case 4; please click on the next page and indicate the diagnosis you believe would represent this patient.

Female Case Vignettes

Patient 1: Ms. G.

Ms. G. is a 35-year-old woman who is seeking psychotherapy at the request of her husband due to longstanding relationship difficulties. Her husband issued an ultimatum that she obtain treatment or else he would end the marriage. Ms. G. reports that their frequent conflicts are due, in her view, to her husband's lack of respect for her and refusal to comply with what she wants him to do. She indicates that she has a superior intelligence to her husband, and for that matter, to most people she meets. She reasons that others should simply abide by her instructions.

Ms. G. acknowledges becoming angry when people don't show enough respect for her; she feels that she regularly outperforms her co-workers, yet her efforts are not admired. In fact, she feels that other people – whether at work or on the golf course – tend to envy her abilities and personal attributes. She reasons that this is why she has been held back from a position of more importance at her firm. She often imagines herself taking over the company and firing everyone who has been "disrespectful" to her over the years. She has an alternate fantasy of leaving her firm and becoming a professional golfer – she feels certain she could become a professional athlete if only her husband would cease restricting her trips to the gym and the golf course.

Ms. G. acknowledges that she has had extramarital affairs, which her husband is unaware of. She feels that she should be entitled to these liaisons, although she knows her husband would feel hurt and would end the marriage if he found out about them.

She expresses little enthusiasm for engaging in psychotherapy – she doubts whether any therapist would have much to offer her – but she wants to maintain her marriage and find a way to be less irritated by others.

End of case 1; please click on the next page and indicate the diagnosis you believe would represent this patient.

Patient 2: Ms. V.

Ms. V. is a 42-year-old woman who is seeking psychotherapy to address longstanding feelings of depression and anxiety. She indicates that for most of her life she has struggled with chronic feelings of emptiness and a sense of being profoundly lost and alone. She feels this way despite being married and having two children. She sometimes wonders what her family sees in her, and worries that they would turn against her if she was not constantly a step ahead on all aspects of managing the household.

In addition to longstanding depressive feelings, Ms. V. reports experiencing pronounced dysphoria if someone slights her or rejects her in any way. In fact, she often anticipates being rejected, and consequently feels a relentless need to prove herself to others. This concern becomes particularly acute around her peers. She believes she is secretly disparaged for not working outside the home. Ms. V. feels that, despite the advantages afforded by her decision to stay home with her children, she is weaker and less capable than other mothers.

She often ruminates on events that have occurred which indicate her inferiority, including interpersonal experiences which, in her view, confirm her status as an outsider who is sure to be rejected. She tends to feel humiliated when she thinks about past disappointments.

Ms. V. reports having few close friends and few activities that she allows herself to engage in for pleasure; she devotes her time instead to avoiding the disapproval of others. She feels she constantly goes the extra mile in ensuring that her husband and children are happy with her. She feels she works harder than anyone could ever know, simply to keep up with life's demands – including an immaculate home – and to avoid being shamefully rejected by others. At the same time, she acknowledges a deep resentment that her efforts aren't recognized or admired.

Ms. V. indignantly feels that her husband does not properly understand or appreciate her, despite giving evidence that suggests he is reasonably supportive of her. If her husband actually expresses any negative appraisal she retreats amidst a torrent of depressive affect, along with urges to flee the marriage. She fantasizes that an ideal partner would provide a perfect, transcendent love that would wash away her negative feelings.

Ms. V. approaches psychotherapy cautiously, regarding the therapist as an expert authority figure who might also seek to make her feel bad.

End of case 2; please click on the next page and indicate the diagnosis you believe would represent this patient.

Patient 3: Ms. P.

Ms. P. is a 31-year-old woman who is seeking psychotherapy to address a recent onset of panic attacks. She describes herself as having always been somewhat of a worrier, but only recently having experienced full panic attacks. She described these episodes as occurring “out of the blue” and without apparent warning.

Since having her first panic attack in a public place, she finds herself preoccupied with dread that this will re-occur. She worries that she will be in the middle of an important meeting, and that she will not be able to breathe, and that her co-workers will call for an ambulance. Ms. P. has also developed a fear that she might become stuck in traffic one day, with cars gridlocked all around her, and that she will have no way of getting out in the event that she is overcome by panic feelings. Consequently, she avoids driving during busy times and she has had an increase in absenteeism at work.

A review of Ms. P.’s history indicates that she has enjoyed stable relationships with family members, friends, and colleagues. She is well-liked by others and regarded as being competent and reliable at work. She values being organized and well-prepared – these are traits she identified with in her parents – but denies feeling driven by obsessions. She appears to have developed a reasonable sense of self-esteem based appropriately on her accomplishments and relations with others.

Ms. P. reports having a stable marriage – she feels her husband is very supportive – and they are excited to be expecting their first child in four months’ time. She feels puzzled by the onset of panic symptoms during a time when things are going well in her life.

Ms. P has always been interested in psychology and thus is keen to begin psychotherapy.

End of case 3; please click on the next page and indicate the diagnosis you believe would represent this patient.

Patient 4: Ms. J

Ms. J. is a 35-year-old woman who is seeking psychotherapy due to frequent mood swings and temper tantrums. She has had a comprehensive history of multiple treatments since early adulthood, each of which was focused on treating her mood swings. She has found treatment ineffective and as a result she has been prescribed with antidepressants. Ms. J. reports that she is frequently prone to feeling agitated and finds it difficult to control her anger.

With regards to her upbringing, Ms. J. recalls painful childhood memories of both her parents being emotionally distant and neglectful. When she was aged four, her father left the family and Ms. J. has had no contact with him since. Her mother's emotional care was inconsistent and she was occasionally physically violent to Ms. J. Ms. J. expresses longstanding conflicts with her mother, and feels invalidated and outright rejected by her mother who overtly blames her for the leaving of her father.

Ms. J. believes that several romantic relationships have ended badly because of her 'losing her own identity' and that was followed by a progressive reluctance to socialise because of fears of rejection. These relationships were fuelled by her paranoia and fear of losing her partner at the time, whilst also craving intimacy and projecting behaviours of neediness. Ms. J. felt that her sense of self was distorted as a result of these dysfunctional relationships and she struggled to make sense of her personality. Since her most recent relationship ended over a year ago, these feelings have only exacerbated an unstable self-image, ultimately resulting in a self-destructive habit of binging on alcohol. She recently lost her job due to regular hospitalisations to have her stomach pumped to prevent alcohol poisoning. Her colleagues have encouraged her to consider rehabilitation for more extensive treatment and support.

In addition to these ongoing behaviours, she also reports chronic feelings of emptiness which she has described as feeling bored of life.

Ms. J. has positively responded to her initial care in rehab but still finds it difficult to manage her mood swings. She approaches psychotherapy sceptically, as she believes it has not worked for her before.

End of case 4; please click on the next page and indicate the diagnosis you believe would represent this patient.

Please circulate below the likelihood of diagnosis:

Paranoid Personality Disorder
Very Unlikely Very likely
1 2 3 4 5 6 7 8 9 10

Narcissistic Personality Disorder
Very Unlikely Very likely
1 2 3 4 5 6 7 8 9 10

Schizoid Personality Disorder
Very Unlikely Very likely
1 2 3 4 5 6 7 8 9 10

Antisocial Personality Disorder
Very Unlikely Very likely
1 2 3 4 5 6 7 8 9 10

Borderline Personality Disorder
Very Unlikely Very likely
1 2 3 4 5 6 7 8 9 10

Histrionic Personality Disorder
Very Unlikely Very likely
1 2 3 4 5 6 7 8 9 10

Avoidant Personality Disorder
Very Unlikely Very likely
1 2 3 4 5 6 7 8 9 10

Dependent Personality Disorder
Very Unlikely Very likely
1 2 3 4 5 6 7 8 9 10

Obsessive-compulsive Personality Disorder
Very Unlikely Very likely
1 2 3 4 5 6 7 8 9 10

Other: please specify.

Appendix 4 – Thematic analysis interpretation process

Table A

Generating initial codes and searching for themes

Issues discussed	Initial codes	Themes identified
>Perceived manifestations of female narcissism >Characteristics and behaviour (in private and in public)	-Shy/emotional/victim status/insecure -Depressed/suicidal/fear of abandonment -Lack of empathy/disregard for others/controlling/exploitative -Charming/caring/nurturing	1. Initial overt presentation of females were perceived to depict vulnerability and co-dependency 2. Narcissists perceived as displaying a change in demeanor and behaviour 3. Narcissists perceived to wear several masks in private and in public
>Perceived expressions of anger and rage >Perceived expressions of abusive behaviour >Tactics used to further subject abuse	-Temper tantrums/explosive outbursts when challenged -Verbal/emotional/psychological abuse -Indirect and subtle/cold and passive-aggressive rage -Victim card/mother card -Withhold affection and intimacy -Legal and social advantages (calling the police, court allegations)	4. Narcissistic defenses in response to perceived threat captured direct and indirect anger 5. Abuse was commonly experienced as insidious and hidden 6. Narcissists perceived to use their gender to regulate and restore of self-esteem
>Female narcissism perceived harder to detect than male narcissism > The experience of being a male victim of female-perpetrated violence	-Hidden and subtle -Uncertainty and inability to recognize/ diagnose narcissism for participants and professionals - Frustration over perceived gender role violations - Fear of being ridiculed, challenged, accused and disbelieved by society	7. Participants perceived narcissism in females to be overlooked by society 8. Narcissistic females were perceived to be given the benefit of the doubt 9. Narcissism often misdiagnosed as other personality disorders 10. Internalised hegemonic masculinity acted as a barrier to seek help

Table B
Reviewing themes and identifying overarching themes

Reviewing themes	**Sub-themes**	**Overarching themes**
1. Initial overt presentation of females were perceived to depict vulnerability and co-dependency 2. Narcissists perceived as displaying a change in demeanor and behaviour 3. Narcissists perceived to wear several masks in private and in public	>Paradoxes in self-presentation >Shifts in behavior over time and contexts	>Dualistic personas of narcissism
4. The exertion of abuse was commonly experienced as chauvinistic and gendered 5. Justifications of violence were perceived justified by gender role 6. Gender as a means to restoriate self-esteem	> Feminine gender role as a resource for justification of action > Power and control obtained through emphasizing male gender roles	>The mask of femininity
7. Participants perceived narcissism in females to be overlooked by society 8. IPV perpetration underpinned by gender-role violations 9. Internalised hegemonic masculinity acted as a barrier to seek help	>Narcissism hidden by recourse to feminine gender identities >Male victims powerless from societal perceptions of masculinity	>The hidden paradox of gender roles

Appendix 5 – Publications

Perceptions of female narcissism in intimate partner violence: A thematic analysis

Ava Green, Kathy Charles & Rory MacLean

This study sought to explicitly investigate manifestations of female narcissism and their attempts at self-regulation in the context of Intimate Partner Violence (IPV). This novel phenomenon was explored through the lens of ex-partners' perceptions of female narcissists. A qualitative approach using individual interviews was adopted to gain an in-depth insight of the subtleties and nuances of gender differences in narcissistic personality. Semi-structured interviews were carried out with ten male participants who reported having experienced an abusive relationship with a female narcissist. These interviews were transcribed and analysed using thematic analysis. Three overarching themes emerged from the data analysis: (1) Dualistic personas of narcissism; (2) The mask of femininity; (3) The hidden paradox of gender roles. Findings illustrated that perceived expressions of female narcissists depicted presentations of narcissistic vulnerability. Analysis also demonstrated that gender-related norms further shaped motives and self-regulatory strategies for females to obtain positions of power and control. These were established through adopting a 'victim status', playing the 'mother card' and using legal and societal benefits to their advantage. Female narcissists were perceived to employ strategic attempts at self-construction in sinister and abusive ways governed by what society allows them to express. It is concluded that narcissism describes a phenomenon in females that moves beyond the overt grandiose stereotype. Limitations and suggestions for future research are discussed.

Keywords: Narcissism, gender, female narcissism, intimate partner violence, perceptions, victims

Reference:

Green, A., Charles, K., and MacLean, R. (2019) Perceptions of Female Narcissism in Intimate Partner Violence: A Thematic Analysis. *Qualitative Methods in Psychology Bulletin,* 13-27.

1. Introduction

Traditional concepts of narcissism including a grandiose self-image, entitlement, exhibitionism and an authoritarian character appear to predominantly entail male qualities in society (Corry, Merritt, Mrug & Pamp, 2008). Despite this, widespread conceptualisations of narcissism - as a pathological disorder and normative personality trait - embody a personality construct that is often presented in gender-neutral terms. This universally claimed gender neutrality is brought into question as a result of the disproportionate representation of males in both clinical prevalence rates (up to 75% of those diagnosed with narcissistic personality disorder are males; American Psychiatric Association, 2013), and empirical research indicating marked gender differences on the Narcissistic Personality Inventory (NPI) where males consistently obtain significantly higher scores compared to females (Blinkhorn, Lyons & Almond, 2015; 2016; 2018; Corry et al., 2008; Grijalva et al., 2014; Miller & Campbell, 2008; Zeigler-Hill et al., 2008; Zerach, 2016). The observed gender bias across the theoretical, clinical and empirical literature indicates that narcissism may in fact describe a different phenomenon in females (Grijalva et al., 2014).

Research suggests that gender differences in narcissism may adhere to gender-related norms associated with masculinity and femininity (Corry et al., 2008; Morf & Rhodewalt, 2001). A recent study by Jonason and Davis (2018) found that narcissism (NPI) was associated with high masculinity and low femininity. Unsurprisingly, males scored significantly higher on narcissism compared to females, and females obtained higher scores on feminine traits. These results suggest that gender differences in narcissism exist, and this appears to be driven by sex differences in gender roles. The findings from this study led to the conclusion that males and masculinity may orient towards narcissistic behaviours reflective of leadership and status-seeking behaviours, obsession with power, assertiveness and exploitative behaviours. In contrast, females and a feminine disposition may inhibit and directly interfere with the display of maladaptive exploitative self-concern of conspecifics by encouraging, for instance, nurturance and compassion.

It has also been theorised that narcissism in males and females may instead align along the lines of grandiose and vulnerable narcissism, respectively. As opposed to grandiose narcissists, the vulnerable narcissist is thought to present themselves with shyness, hypersensitivity and low self-esteem that obscures feelings of inadequacy, negative affect and incompetence. Underlying this outward presentation, however, are elements of grandiose fantasies and entitled expectations (Pincus & Lukowitsky, 2010). Interpersonally, vulnerable narcissists often rely upon the validation they receive from others to modulate self-esteem, and experience greater interpersonal distress to cues of rejection and abandonment given the tenuous nature of their self-esteem (Green & Charles, 2019). For them, having their entitled expectations unmet and experiencing disappointments are thought to often result in hostile and angry responses followed by conscious feelings of shame and depression (Besser & Priel, 2010).

Gender differences on vulnerable narcissism have found to be either gender neutral (Besser & Priel, 2009; Grijalva et al., 2014; Miller, Dir, Gentile, Wilson, Pryor & Campbell, 2010), or with some research finding a higher female preponderance (Onofrei, 2009; Pincus et al., 2009; Rohmann, Neumann, Herner & Bierhoff, 2012; Wright, Lukowitsky, Pincus & Conroy, 2010; Wolven, 2015). Onofrei (2009) conducted a systematic search and found a significant overlap between grandiose/masculine and vulnerable/feminine expressions of narcissism in the literature. As opposed to grandiose/masculine expressions, 'femininity' as it relates to (vulnerable) narcissism was associated with a greater inhibition of overt grandiosity, exploitativeness and leadership, and increased tendencies to experience shame when these behaviours were present. Another study conducted by Smolewska and Dion (2005) investigated the relationship between narcissistic subtypes and attachment domains of anxiety and avoidance, in an all-female sample. The findings of this study demonstrated that nearly a quarter of the variance (i.e., overlap) was shared between vulnerable narcissism and both attachment dimensions, but, consistent with previous research, with a stronger association to anxiety attachment (Dickinson & Pincus, 2003). Smolewska and Dion (2005) concluded that female narcissists with high levels of vulnerability display a fearful attachment style in intimate relationships, preoccupied by fears of rejection and abandonment.

Although internal and underlying psychological phenomenology (e.g., fragmented sense of self, interpersonal impairment and self-esteem dysregulation) are most likely experienced by both males and females, it is likely outward expressions of narcissism would differ by gender. In this context, Campbell and Miller (2012) argued that gender-related norms and broader socio-cultural contexts shape different motives and self-regulatory strategies among female and male narcissists in attaining their narcissistic goals. In a similar vein, Morf and Rhodewalt (2001) argued that, while stereotypical narcissistic behaviours are more pragmatic and socially acceptable for males in pursuing their narcissistic needs, females are seemingly forced to obtain their self-worth through more indirect, subtle and affiliative means that conform with culturally held expectations of their feminine identity. Therefore, strategic attempts at self-construction may be markedly different, and gendered.

With regard to the Intimate Partner Violence (IPV) literature, much research points to the conclusion that narcissism is associated with a propensity toward IPV; broadly defined as psychological, physical and verbal abuse (for a review, see Green & Charles, 2019). Due to their interpersonal exploitation and lack of empathy towards others, narcissists behave in an intrusive, malevolent and antagonistic manner in intimate relationships, causing significant distress and harm to close others (Miller, Campbell & Pilkonis, 2007). Notably, however, existing literature on narcissism and IPV arguably overlooks much behaviour displayed by female narcissists due to its focus on the behaviour of male narcissists. On the one hand, some studies in the IPV literature exclude female participants entirely on the grounds that 'males are more aggressive and narcissistic than females' (e.g., Meier, 2004; Rinker, 2009; Talbot, Babineau, & Bergheul, 2015). On the other hand, the studies

that include males and females in their IPV literature display an overreliance on grandiose features as the main assessment of narcissism (NPI), which may not accurately capture narcissistic traits in females. Such studies have linked narcissism to the perpetration of psychological abuse (Gormley & Lopez, 2010), verbal abuse (Caiozzo, Houston & Grych, 2016), and sexual and physical abuse (Blinkhorn et al., 2015; Ryan, Weikel & Sprechini, 2008; Southard, 2010).

Further adding to these limitations, other dyadic research has not distinguished the gender of the perpetrator versus the victim (Carton & Egan, 2017; Fields, 2012; Peterson & Dehart, 2014), which is particularly problematic given the fact that males are overrepresented as IPV perpetrators in general, and in narcissism research in particular (Gormley & Lopez, 2010; Meier, 2004; Rinker, 2009; Talbot et al., 2015). While mainstream depictions regarding IPV commonly involve a male perpetrator and a female victim, the prevalence rate of IPV has shown that one in six men are victims during their lifetime (Home Office, 2015). It is argued here, therefore, that the failure to comprehend narcissism in females as perpetrators of IPV is concerning in light of these figures.

Despite these issues, through initial observations in the existing literature on narcissism and IPV it can be tentatively suggested that male violence is characterised as more overt and grandiose in nature, the result of responding to perceived threats to an inflated self-esteem (Ryan et al., 2008; Southard, 2010). Female violence, on the other hand, has been typified as indirect and subtle in nature (Ryan et al., 2008; Southard, 2010), and linked to a low self-esteem in response to aggressive behaviour (Barnett & Powell, 2016). These diverging outcomes in intimate violence may be a consequence of differential self-regulatory strategies among females and males in attaining their narcissistic goals, where males are more likely to express overt/grandiose narcissism, and females may use more discreet and indirect ways to obtain their self-worth (Campbell & Miller, 2012; Morf & Rhodewalt, 2001). In light of the above limitations within the literature, a more comprehensive understanding of the ways in which gender impacts narcissistic manifestations in IPV certainly seems warranted.

The Present Study

The primary aim of this study is to investigate manifestations of female narcissism and female attempts at self-regulation in the context of IPV. Given the lack of theoretical knowledge and understanding, this study explores this phenomenon in a novel way through in-depth qualitative interviews with ex-partners' perceptions of female narcissists, in the normal population. A qualitative research design was chosen as, in order to enhance theoretical understanding and to more thoroughly comprehend the essence of narcissistic presentation as it relates to the complexity of gender, it was considered necessary to go beyond the traditional quantitative measures dominant in the narcissism literature.

2. Method

2.1 Research Design

Qualitative methods are championed for their ability to produce detailed and contextualised data with regard to the meanings, motivations and dynamics of violent relationships (Feder, Hutson, Ramsay & Taket, 2006; Liebschutz, Battaglia, Finley & Averbuch, 2008). The qualitative design adopted in this study therefore complimented existing research into narcissism and IPV, allowing for rich interpretation regarding underlying motives and intent for abusive behaviour spanning the full spectrum of IPV. Semi-structured interviews were considered to be most suitable for the current study as they allowed for elaboration, flexibility and direction of content by the participant (Silverman, 2010).

2.2 Participant Recruitment

Ten male participants took part in the current study (see Table 1 for descriptive information). In terms of the approach to sampling, a purposive sampling strategy was adopted and the study was advertised through social media and the use of open support groups on Facebook. The aims and details of the study were shared as a post in the respective groups, allowing members of the group to directly contact the researcher should they wish to take part.

Table 1.
Male participants' demographics and details of previous relationship

Participants (Pseudonyms)	Age (years) at Interview	Relationship Nature	Number of Children	Relationship Duration
George	48	Married	1	11 years
Simon	52	Dating	0	3 years
Erik	31	Married	0	8 years
Adam	47	Dating	0	10 months
Jonathan	37	Cohabiting	0	1 year
Nick	48	Married	3	14 years
Christopher	Unknown	Cohabiting	0	3 years
Matthew	31	Married	2	12 years
Fredrick	53	Dating	0	9 months
Tom	59	Married	2	16 years

The inclusion criteria required individuals (of either sex) to be over 18 years old and to have believed themselves to have been in a past abusive relationship with a female narcissistic partner. The term 'abusive' was adopted in preference to 'IPV' as it was considered that participants may have a better understanding of what 'abusive' entails and may use this term compared to 'IPV' to describe such experiences. In this context, 'abusive' was used as a proxy for IPV in the recruitment phase. Participants' responses to interview questions pertaining to their experience

of IPV aspects (e.g., verbal abuse, coercive control, manipulation) were used as a screening tool to ensure participants had, in fact, been in an 'abusive' relationship (see appendix 1 for full interview schedule).

Selection criteria for screening other-informants on their assessment of narcissism have often been utilised using the Multisource Assessment of Personality Pathology (MAPP; Carlson et al., 2011; 2013; Cooper, Balsis & Oltmanns, 2012; Oltmanns, Rodrigues, Weinstein & Gleason, 2014). The items of this questionnaire are, however, designed to specifically assess the DSM-IV criteria of narcissism. For the purposes of the present study, given that it was considered that the DSM-IV criteria may be somewhat gender-biased (see Lindsay, Sankis & Widiger, 2000; Pulay, Goldstein & Grant, 2012 for reviews), it was not used to select participants. Instead, participants were selected on the basis that they were able to describe essential features of narcissism in response to an initial interview question (i.e., "In general, how would you describe a narcissist?"). The essential narcissistic features were defined to be present if evidence was found of expression of both grandiose and vulnerable narcissism in participants' answers.

Although some participants may not have listed every single narcissistic trait they observed in their partners in response to the initial screening question, the interview proceeded if a sufficient number of traits were mentioned at the start. This gave participants more time and flexibility to elaborate further on narcissistic traits in their IPV relationships as the interview went on. The follow-up interview questions, which pertained to participants' experience of narcissism in relation to their intimate partners within the context of IPV, did give rise to more key features of narcissism. Table 2 illustrates how participants' responses were carefully compared to key features of narcissism derived from the literature to ensure they had indeed been with a partner with narcissistic traits. Individuals who did not meet these criteria were therefore not interviewed, and this included those who identified close others as narcissists (e.g., narcissistic mother, narcissistic female friend etc.).

Table 2.
Key features of narcissism identified by participants

Elements of grandiose and vulnerable narcissism in participants' accounts	Participants' supporting accounts (n = 10)	Source
Superior/power/control (G, V)	10/10	e.g., Cain et al., 2008
Manipulative (G, V)	10/10	e.g., Pincus et al., 2009
Exploitative (G, V)	10/10	e.g., Dickinson & Pincus, 2003
Lack of empathy (G. V)	10/10	e.g., American Psychiatric Association, 2013
Easily threatened (G, V)	10/10	e.g., American Psychiatric Association, 2013
No accountability for own actions (G, V)	10/10	e.g., Pincus & Lukowitsky, 2010
Entitlement (G, V)	10/10	e.g., Dickinson & Pincus, 2003
Insecure/vulnerable (V)	6/10	e.g., Pincus et al., 2009
Self-centered (G, V)	5/10	e.g., Gore & Widiger, 2016
Fear of abandonment (V)	5/10	e.g., Green & Charles, 2019
Grandiose (G)	4/10	e.g., Campbell & Miller, 2012
Low self-esteem (V)	4/10	e.g., Pincus et al., 2009
Hypersensitive (V)	4/10	e.g., Pincus & Lukowitsky, 2010
Prone to episodes of depression (V)	3/10	e.g., Ronningstam, 2005
Shy (V)	3/10	e.g., Ronningstam, 2005
Selfish (G, V)	3/10	e.g., Campbell & Miller, 2012

2.3 Procedure

Geographical distance meant that all ten interviews were conducted online via Skype at a time of convenience for each participant. Prior to the interviews, participants were emailed the information sheet and the consent form, and asked to email back their consent either in writing or via electronic signature. At the time of the interview, participants were again verbally informed about the aims of the study and asked if they had any questions before starting. They were also informed that the interview would be recorded in its entirety on a digital device and reminded that they had the right to withdraw at any point without having to give a reason. Interviews lasted approximately 45 minutes, ranging from 34 minutes to 80 minutes. At the end of each interview a full debrief was given to each participant and any questions or enquires were addressed. All interviews were transcribed verbatim. All participants were assigned a pseudonym and any information that revealed identification of participants such as names, events and locations were removed from the written transcripts.

2.4 Thematic analysis

Thematic analysis is an effective approach when exploring novel or under-researched areas as it both lends itself to the identification and analysis of recurrent patterns and themes within the whole data set, and also provides rich and detailed thematic description of such data (Braun & Clarke, 2006). In this analysis, thematic analysis was performed using the six-phase step guided by Braun and Clarke (2006): familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining themes, and producing the results. description of data. Interpretations of patterns and themes within the data were identified using a deductive approach, as such an approach is more analyst-driven given its close link to the researcher's theoretical interest and research question (Braun & Clarke, 2006). However, the analysis also allowed for alternative themes to emerge from the data set, which may not have necessarily fit within the theoretical interest of the researcher, but were nevertheless worthwhile to discuss.

Code and theme development were analysed at a latent level of interpretation, as this type of analysis goes beyond surface level interpretations and identifies underlying patterns and meanings which are theorised as underpinning what is truly articulated in the data set. Finally, in order to limit personal bias and preconceived notions on part of the researcher, the process of 'bracketing' was used (Clift, Hatchard, & Gore, 2018). This was done through appraising the researcher's analytical and theoretical standpoint prior to collecting and analysing data, allowing for the commencement of the interviews with limited preconceived notions of what the data may show. However, throughout the research process, a conscious effort was continually made to avoid falling back on any idiosyncrasies and personal bias (by taking notes of any biases that arose during the research process), thereby consistently interpreting what is truly articulated in the data set in order to most accurately reflect participants' subjective accounts. Themes were discussed with the research team before final representation of themes to further limit interpretation bias. A thematic map was produced to aid visualisation of key themes generated from the analytic framework.

2.5 Ethical Considerations

Ethical approval was granted by the authors' institution. It is important to emphasise here that the advertising for, and recruiting of, participants took place through online groups whereby those who wished to take part were advised to email the researcher. This gave participants full choice regarding whether they wished to take part, meaning that there was minimal pressure on them to become involved in the study. As the main aim of this study was to gather experiences of IPV and perceptions of female narcissism in past intimate relationships, the researcher chose not to interview individuals who during initial contact appeared hostile or aggressive in their tone towards their partner (e.g., through derogatory reference such as 'slut', 'bitch', or more extreme terms). This decision was made as it was considered that if these accounts were as aggressive throughout they may not be as reflective or balanced. From an ethics perspective, it was considered that such individuals were still very much connected to the previous relationship and it might still be very raw in their

minds. Thus, it was considered that interviewing them may well be asking them to convey experiences which were still very uncomfortable or sensitive to them.

Moreover, extreme care and consideration was taken into account prior to the commencement of the interviews. This involved asking participants if they were comfortable and ready to begin, and reassured them from the very beginning that they did not have to answer any questions if they did not want to and that they were free to withdraw from the study at any point without any requirement to give a reason. All participants were informed prior to the interview that if they became distressed at any stage during the process, the interview would be immediately paused and the participants would be asked if they wished to continue, if they required anything and if they needed a short break. At the end of the interview, all participants were provided with a list of contact details for agencies providing emotional support in case they decided they needed such support after partaking in the current study.

3. Results

3.1 Thematic analysis

Through the data analysis three overarching themes emerged concerning participants' intimate experiences and perceptions of female narcissists within IPV. These themes were: (1) Dualistic personas of narcissism, (2) The mask of femininity, and (3) The hidden paradox of gender roles. Each theme is constituted by two sub-themes as illustrated in the thematic map below (Figure 1). The remainder of this section presents each theme with the support of data extracts in the form of participant quotes, followed by analysis of the quotes in terms of their significance for narcissism and gender with respect to IPV.

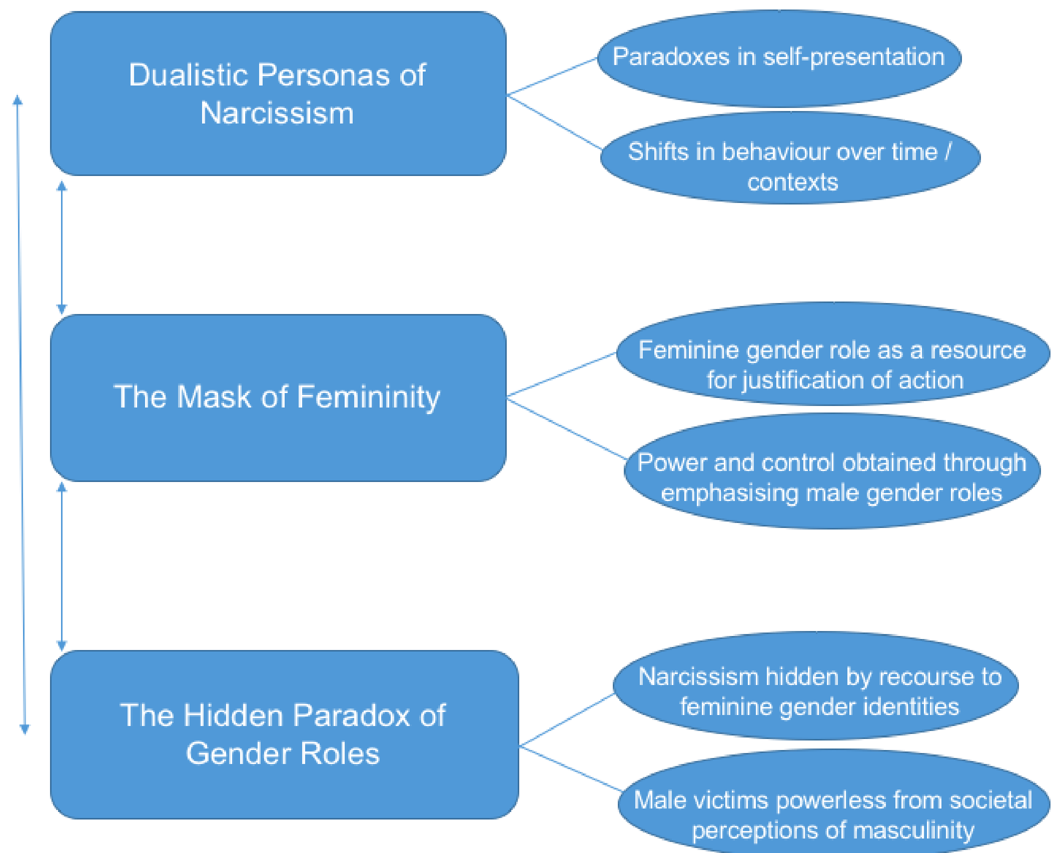

Figure 1. Thematic map of overarching themes and sub-themes within them.

3.1.1 Dualistic personas of narcissism

3.1.1.1 Shifts in behaviour over time/contexts

This sub-theme encapsulates the perceived shift in outward expressions of female narcissists during the course of the relationship. All participants portrayed their narcissistic partners as wearing several 'masks', in public and in private:

> *"She was always that like perfect angel in public, happy you know, but the second she left public view, she always talked about being depressed and always the victim about something."* (Erik)

Similarly as described by another participant:

> *"She was quiet and almost like demure, very kind of playing the kind of soft spoken woman in some way but there was always an underlying kind of energy of anger when she spoke to people."* (Jonathan)

Essentially, these narratives revealed initial overt presentation of female narcissism to align with vulnerable manifestations, in which narcissists were initially perceived as shy, timid, hypersensitive, insecure, fearful of abandonment, depressed and feminine.

3.1.1.2 Paradoxes in self-presentation

The results further indicated that the presentation of narcissism was perceived to serve the function of masking an underlying state of covert grandiosity, entitlement and exploitation. As powerfully demonstrated in the excerpt below:

> *"When I first met her she came across as sexy, fun-loving but also very sensitive and emotional and very feminine and soft. And you know the sort of lady that would cry about a movie about a dog getting lost. And would be very gentle and loving. You know, delicate and make me want to protect her. I found that very attractive, it's the sort of woman that I like and as I got to know her this aggressive personality started to coming out, controlling and aggressive, and very, very different to that loving woman that she portrayed to me."* (Fredrick)

This perceived dual presentation - or dramatically differently perceived self-presentation - showed a degree of congruence in the participants' accounts. More importantly, these participants' depictions of their narcissistic partners is consistent with much of the theory and research on vulnerable narcissism (Grijalva et al., 2014; Pincus et al., 2009; Wright et al., 2010).

3.1.2 The mask of femininity

3.1.2.1 Feminine gender role as a resource for justification of action

This sub-theme captures the self-regulatory strategies and manifestations of IPV as portrayed by female narcissists. The participants voiced sentiments that the abuse they were subjected to was often gendered and chauvinistic, in which their partners were perceived to use their female gender as a means to assume a 'victim status', playing the 'mother card', withholding intimacy and affection, making false accusations of abuse and using legal and societal benefits to their advantage.

> "*... every single thing in that house was decided by whether or not she would threatened to take our daughter away to where I could never see them again. So her manipulation was both quiet and final if I disagreed with the decision or I wanted to do things differently I couldn't, because at the end of the day every single argument ended with that - so she used my daughter, access to my daughter, for seven years almost in a terroristic manner, and she would just throw it out there all the time you know like just make little threats to keep me in line...*" (George)

Another participant, Erik, similarly remarked:

> "*... because she's mom, doesn't matter if I've been dad for 8 years or even if they were biologically mine, she made that clear once too. That even if they were biologically mine, she is mom and that gives her the right to control what happens. That gives her the right to decide what happens.*" (Erik)

The data here suggest that the self-regulatory strategies employed by female narcissists appear to be employed in more subtle and indirect ways, through social norms and legal rights. Possibly, and this is considered in the third theme below (section 3.1.3), female narcissists may assert their femininity and receive affirmation from society to attain their goals, and at the same time deflect accountability and externalise blame.

3.1.2.2 Power and control obtained through emphasising male gender roles

Further analysis revealed that the majority of participants felt that their partners sought to achieve and maintain positions of power and control, and did so in ways that systematically violated traditional feminine assumptions:

> "*... I would try and leave the house after arguments just to kind of get away and get some fresh air and she had called the police and physically blocked the door from not letting me leave. [...]... I think she just would tell them [police] that we got into an argument and that I had been abusive because when the police talked to me they were pretty pissed off even though I was the one covered in scratches and bruises*." (Jonathan)

Many of the men expressed that their reluctance to retaliate to the abuse subjected to them was significant in their victimisation, in that female narcissists were perceived to attack their masculinity and inertia as a means to maintain power and control. In fact, throughout their relationships, participants reported that they experienced sustained and prolonged abuse from their narcissistic partners, including psychological, verbal, and physical violence. Although the physical violence reported was severe (at times so severe that it warranted medical attention), the majority of participants considered that the psychological abuse was more damaging, whereby a combination of experiencing violent threats, cruel reprimands intended to invalidate their reality, and coercive control all resulted in what was perceived as a cynically engineered and slow erosion of their sense of self. These accounts highlight, evidenced by the data extracts above, the significance of femininity and the violation of stereotypical gender norms in the exertion of power for female narcissism.

3.1.3 The hidden paradox of gender roles

3.1.3.1 Narcissism hidden by resource to feminine gender identities

The analytic process generated an alternative theme that somewhat diverged from the research aims and theoretical interests of the current study, but was nevertheless considered worthwhile to discuss given the strong pattern of perceived gender-role violations underpinning the participants' narratives in their experience of IPV as perpetrated by female narcissists. This sub-theme captures how culturally prescribed norms of gender stereotypes and the endorsement of 'male dominance' and 'female submissiveness' appear to be reinforced and manipulated in favour by female narcissists in their prerogative for power and exploitation:

> "*... no one sees women narcissists coming. No one expects them to be this devious, to enjoy this much chaos, to basically torturing someone, but they are out there.[....] I would say women have the potential to be far more damaging as narcissists because of the entitlement they have to being given you know the benefit of the doubt in all situations*." (George)

As also acknowledged by Nick:

> *"... narcissism has typically been associated with the male gender and when it is there in a female, I think it tend, it tends to get overlooked. Because I think a lot of people say 'oh she's a woman there is no way she could be a narcissist'. Because women are typically thought to be very loving and caring and nurturing, and it's, it's quite the opposite. I think that women can be narcissist, can be controlling."* (Nick)

These themes were echoed by the majority of participants' accounts in the interview, and show that participants perceived the harm enacted to them by their partners as overlooked by society as a result of deeply ingrained gendered scripts surrounding IPV perpetration linked to masculine traits, and victimisation associated with feminine traits.

3.1.3.2 Male victims powerless from societal perceptions of masculinity

The reinforcement of gendered stereotypes conveyed feelings of distress and frustration on the part of the participants, as they felt their partners, presumed to embody these 'feminine' characteristics, were given the 'benefit of the doubt' and were able to deny that they were perpetrators.

Notably, the participants' narratives of victimisation were not only trivialised and challenged by society, but acted as a barrier to seek help as a result of stereotypical perceptions of masculinity and internalised patriarchal values. The quote below presents insights into the significant implications of social norms and traditional gender discourses for male victims of IPV:

> "*...I wanted to get a violent restraining order against her when I left because she kept harassing me and threatening my family, my mother and myself. And the lawyer I went to see basically said that 'you, more than likely you won't get a restraining order against her, the judge would probably laugh you out of the court. You're a six foot four bloke, you're fairly well built you know, he'll take one look at you and won't believe a word you say'*."(Jonathan)

4. Discussion

Participants' initial perceptions of their partners portrayed a shy, unobtrusive and soft-spoken narcissist which, significantly, diverges from the prominent image of grandiose narcissism commonly conceptualised in theory, research and vernacular language (Corry et al., 2008). Participants further viewed their partners' narcissistic tendencies as initially being more hidden and subtle, and were unable to comprehend the destructive nature of the narcissist until years into the relationship, or only after the relationship had ended. The data arguably highlights the fact that there is a significant oversight with an over-emphasis in existing theory and research on grandiose features of narcissism at the expense of vulnerable manifestations, along with the failure of such literature to capture the gendered differences in the expressions of narcissism. The above results illustrating a great tendency toward manifestations of vulnerable narcissism in females are consistent with previous research demonstrating higher female preponderance on vulnerable components of narcissism (Pincus et al., 2009; Wright et al., 2010). The results also resonate with previous speculations and suggested theorisations regarding the influence of gender-related norms and gendered socialisation in the expression of narcissism in each gender (Grijalva et al., 2014; Jonason & Davis, 2018; Onofrei, 2009). In other words, the initial expressions of narcissism in females as perceived by the participants may therefore resemble stereotypical characteristics of female qualities (nurturing, caring and tenderness), and therefore align more with vulnerable features of narcissism than grandiosity.

The findings here also provide support for previous research which has theorised that the outward expressions of narcissism would differ by gender (Campbell & Miller, 2012; Morf & Rhodewalt, 2001). Yet, despite marked differences in the *presentation* of narcissism by gender, it is argued here that the underlying *core* of narcissism is not gender-specific (Campbell & Miller, 2012). The analysis of the data revealed a recurrent pattern suggesting that female narcissists presented an extreme contradiction, or duality, in self-presentation, manifested in alternate self-states of vulnerability and grandiosity. Indications of this dual presentation were further present in the participants' accounts. Indeed, narratives across the interviews showed that female narcissists appeared to exhibit omnipotent fantasies, extreme self-centredness, lack of empathy, need for power, and to also display exploitative interpersonal tendencies driven by expectations of entitlement. According to the participants, the demanding state of entitled expectations and exploitative motives on the part of their narcissistic partners frequently alternated with a fragile self-confidence and interpersonal fearfulness in response to separation and abandonment. These accounts strongly resonate with depictions of theoretical and empirical research regarding the interpersonal nature of vulnerable narcissism (Besser & Priel, 2010; Dickinson & Pincus, 2003; Smolewska & Dion, 2005).

In this sample, the significant distress and harm reported by the participants following their relationships with narcissistic partners add further credence to the role of narcissism in IPV (Blinkhorn et al., 2015; Caiozzo et al., 2016; Gormley & Lopez,

2010; Miller et al., 2007; Ryan et al., 2008; Southard, 2010; Green & Charles, 2019). The above data shed light on the cold, vindictive and domineering characteristics of female narcissists as they were perceived by the male participants, characteristics which are nevertheless masked by a disarmingly modest and 'feminine' persona. Depictions of female narcissists suggested that they were in a state of continuous self-conflict, and would react with intensified and overt anger as well as scheming and subtle passive-aggressive rage when their narcissistically perceived reality had been threatened. Such findings contradict previous research that has argued that female narcissists abuse in indirect and subtle ways (contra. Barnett & Powell, 2016).

The data analysis also appears to show the presence of a difference between the exploitative strategies of female narcissism as it is manifested here compared to the strategies associated with male narcissism in the IPV literature (cf. Ryan et al., 2008; Southard, 2010). The findings here showed that female narcissists were perceived to use their socially and culturally determined 'femininity' to their advantage as a means to attain their grandiose self-goals. In other words, female narcissists were considered to employ strategic attempts at self-regulation in sinister and abusive ways governed by what society allows them to express. These accounts on the part of the participants resonate with previous research, in that the female narcissists shape their motives and self-regulatory strategies according to gender-related and societal norms (cf. Campbell & Miller, 2012). Results also suggest that female narcissists do not necessarily obtain their ideal selves through more subtle and affiliate means in conformity with their gender role (cf. Morf & Rhodewalt, 2001). Rather, traits expressed as overt and excessive entitlement and exploitation are merely adjusted to their changing environment.

The narratives across the interviews depicted traditional gender discourses within IPV where females are portrayed as being innately nonviolent, passive and nurturing, and men are believed to be assertive, dominant and capable of self-defense (Dutton, Nicholls, & Spidel, 2005). When conveying their experiences, the participants felt that their narcissistic partners strategically manipulated these traditional discourses in gender roles to their advantage in sinister ways as a means to achieve their self-goals. In other words, the violation of gender conformity in this case resulted in reduced power and status for the male participants, being victims of IPV, given the discredit to their 'masculine' identity. In contrast, female narcissists, who were perceived to hide behind a 'victim-like' status and passivity, instead gained power and dominance.

Taken together, the results suggest that strategic attempts at self-construction are expressed in markedly different, and gendered, ways. Since gender constructs continually change, and socially accepted gender roles differ greatly across cultures, so do the manifestations of narcissism (e.g., Campbell & Miller., 2012). Thus, narcissism is as much a cultural phenomenon as it is a phenomenon of personality. This further highlights the complex and historically entrenched gender roles in the expressions of narcissism within IPV, along with the gendered self-construction processes and dynamics that underlie them.

4.1 Limitations and future directions

The limitations of this study relate to the perceptions of female narcissism in IPV being understood entirely from a male sample. The current findings illustrated a paradox arising in the exertion of power and control as a result of predetermined cultural stereotypes, where female narcissists were able to harness any potential loss of power (mask of femininity) as an actual means to gain power over their male partners (threat to masculinity). It is possible, although this is only a speculation, that manifestations of female narcissism and the self-regulatory strategies employed to obtain positions of power and control may differ in same-sex relationships. Furthermore, in terms of the method employed, thematic analysis has often been criticised for the 'anything goes' technique compared to other qualitative methods (Braun & Clarke, 2006), given the lack of clear and concise guidelines in performing this type of analysis. For this reason, it could be argued that thematic analysis has a limited interpretative power and is unable to examine the complex and subtle ways in which language is used.

The findings of this study also raise implications regarding the aetiology of narcissism. As illustrated in the above data, initial manifestations of narcissism and the exploitative strategies employed in pursuit to compensate for a deficient sense of self appear to differ in males and females, a finding which may indicate that the condition of narcissism is developed and experienced differently in each gender due to the process through which they are socialised (e.g. Carroll, 1989; Philipson, 1985). Future research could address such speculations in hope to further illuminate the origins of grandiose and vulnerable narcissism in general, and how these subtleties manifest themselves in each gender in particular. Lastly, it is suggested future research could explore narcissism in IPV in dyadic relationships, obtained in a larger sample to reveal a more complete picture of the complexities and alternative explanations that may exist in the context of gender dichotomy and narcissistic typologies.

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