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Editor's Note

Having reviewed psychoanalytic conceptualizations of narcissism, Chapter 2 begins to move us in a different direction. Recent decades have seen a remarkable growth of knowledge about psychiatric phenomena through applications of empirical methodology. In this chapter, Judith A. Richman, Ph.D., and Joseph A. Flaherty, M.D., provide the first data on the presence of narcissistic traits in a normal population of medical students, exploring whether there may be gender bias in the current criterion set for narcissistic personality disorder in DSM-III-R.

Introduction

Narcissistic personality traits and psychopathology have evoked widespread interest during the last decade among social scientists interested in deciphering apparent changes in American society and national character as well as mental health professionals engaged in clinical practice (Jacoby 1980; Kernberg 1975, 1984; Kohut 1971, 1977; Lasch 1979, 1984). Theoretical perspectives on narcissism since Freud's (1914) classical work have evolved out of clinical work with particular patient populations, frequently those from affluent backgrounds undergoing long-term psychoanalysis (Langman and Richman 1987). More recently, empirically

oriented researchers have begun to study personality disorders in varied treatment settings, using standardized diagnostic instruments yielding DSM-III (American Psychiatric Association 1980) and DSM-III-R (American Psychiatric Association 1987) diagnoses (Plakun 1987; Reich 1987). These studies use quantitative methodologies to address the reliability and validity of clinical concepts as well as to begin to study the treated prevalence of these disorders.

Although clinical case studies and the more limited quantitative research to date have helped to clarify the nature and etiology of narcissistic pathology seen by clinicians, minimal knowledge exists regarding the nature and prevalence of narcissism in the general population. This knowledge gap is particularly significant insofar as epidemiologists consistently find that treated disorders represent the “tip of the iceberg” in terms of the overall magnitude of psychopathology in populations. Thus, many psychologically distressed individuals never seek mental health treatment (Mechanic 1982). Of additional importance is the growing interest in comorbidity, particularly between affective disorders, substance abuse, and personality disorders. For example, there has been a long-standing interest in those personality traits or disorders that make individuals particularly vulnerable to depression. These lines of inquiry lead to the question of whether patients with narcissistic personality disorder are particularly prone to depressive episodes or substance abuse, especially when faced with a severe narcissistic injury.

Finally, although clinicians frequently diagnose psychopathological conditions without regard to social status characteristics, epidemiological research points to sizable relationships between social characteristics such as gender, social class, or ethnicity and the relative prevalence and differential mode of expressing various disorders (Dohrenwend and Dohrenwend 1981). In sum, we know little about the occurrence of narcissistic traits and psychopathology and related disorders in the general population or about the relative prevalence of these traits across different social groups in either the general population or in mental health treatment settings.

This chapter focuses on gender differences in narcissistic styles of expression insofar as gender has been a key variable associated with the differential expression of psychopathology. Although virtually no empirical research has yet addressed the question of gender differences in narcissism, provocative theoretical formulations argue that narcissism takes on very different forms in men and women. This chapter first reviews alternative theoretical perspectives regarding the salience of gender in relationship to the manifestation of narcissism. We then present empirical data examining gender differences in the manifestation of narcissistic traits in a particular nonclinical population, a medical school setting.

Theoretical Perspectives

Psychology of Women Perspectives

During the last decade, while narcissism was becoming a major focus of interest within psychiatry, a parallel literature on the psychology of women was rapidly developing within psychology and the other social sciences. Much of this literature suggests that there are profound personality differences between the sexes. These differences are seen to result from differing childhood socialization experiences, the differing adult work and familial roles of men and women, and the political-economic distribution of status, wealth, and power in the society (Herman 1983). Within the context of childhood socialization, differing parent-daughter and parent-son relationships are seen to produce female personalities embodying a stronger sense of and need for interpersonal attachments and empathic relatedness, in contrast to male personalities characterized by stronger needs for autonomy and differentiation from others (Chodorow 1978; Gilligan 1982; Jordan and Surrey 1986; Miller 1976).

With the perspective of object-relations psychoanalytic theory within a sociology of gender roles context, Chodorow (1978) provides one of the most detailed analyses of familial processes that are seen to give rise to gender differences in personality. Her main argument is that male and female adult personalities develop out of very different preoedipal and oedipal object-relational experiences that reflect the centrality of the mother as the major

parenting figure in the nuclear family and the corresponding relative absence of the father within the family setting. During the preoedipal period, mothers experience their daughters as more like and continuous with themselves, whereas they view their sons as more opposite. For girls, the later resolution of the oedipal complex involves the retention of the intense preoedipal emotional bond with the mother, with the father playing a much more limited, mainly erotic, role. For boys, the oedipal complex involves the shift to an identification with the father who represents a more distant, less present relationship, and the need to deny or reduce the earlier preoedipal attachment to the mother.

The overall thrust of Chodorow's argument is that women emerge from these processes with a sense of self more continuous with others and the capacity to experience another's needs or feelings as one's own. By contrast, men come to define themselves as more separate and distinct, with a greater sense of rigid ego boundaries and differentiation. In addition, the relative absence of the father in the traditional family leads sons to experience their mother's presence as overwhelming and intrusive, giving rise to men's resentment and dread of women.

Whereas Chodorow linked traditional gender roles in the family to sex-differentiated personality development without regard to pathology per se, Philipson (1985) used a similar mode of analysis to suggest that traditional

family structures give rise to sex-differentiated expressions of narcissistic psychopathology. Following Kohut, she sees narcissism as deriving largely from inadequate empathic responses by the mother in relation to the child's developing sense of self. However, she argues that faulty maternal empathy takes different forms in relation to sons versus daughters. Unempathic mothers are more likely to treat daughters rather than sons as extensions of themselves. This is seen to produce female narcissistic issues involving the quest for self-esteem through fusion and merger with omnipotent others. By contrast, sons are more likely to be treated as other objects rather than extensions of the mother. Thus, male narcissism is seen to be manifested by a defensive separateness from the mother, characterized by grandiosity, extreme self-centeredness, and the need for admiration. In summary, low self-esteem and a deficient psychic structure are viewed by Philipson as the root of both male and female narcissism. However, the mode of narcissistic expression will vary by gender: women are more likely to need to attach themselves to outstanding figures, whereas men will desire to be those figures.

Sociohistorical Analyses

Social historians interested in the relationship between social structure and personality have used clinical theory and case studies from Freud through contemporary psychoanalytic writings to attempt to document the

changing modes of psychopathology linked to changing social structures. Lasch (1979) provides the major analysis of the changing economic organization of society from early capitalism to the current corporate-bureaucratic organization of work and corresponding family structures which he views as resulting in narcissistic psychopathology.

Lasch's main argument is premised on the notion that pathology represents a heightened version of normality. Thus, "each age develops its own peculiar forms of pathology which express in exaggerated form its underlying character structure" (p. 41). Lasch's psychoanalytically informed descriptions of contemporary narcissistic personality traits and styles encompass a broad survey of contemporary literature and journalism depicting various institutions and social movements in contemporary society. Although his theoretical analysis ignores gender as a major variable influencing the manifestation of narcissism, many of his examples appear congruent with perspectives suggesting that men and women will express narcissism in different ways. For example, he (1979) quotes and then analyzes a woman involved in the radical politics of the 1960s:

"I felt I was part of a vast network of intense, exciting and brilliant people." When the leaders she idealized disappointed her, as they always did, she looked for new heroes to take their place, hoping to warm herself in their "brilliance" and to overcome her feeling of insignificance, (p. 7)

By contrast, he (1979) describes male managers in the corporate world

by quoting from Michael Maccoby's study:

The new executive, boyish, playful, and "seductive," wants in Maccoby's words "to maintain an illusion of limitless options." He has little capacity for "personal intimacy and social commitment. " . . . In his upward climb, this man cultivates powerful customers and attempts to use them against his own company. . . . In all his personal relations, the gamesman depends on the admiration or fear he inspires in others to certify his credentials as a "winner." (pp. 44-45)

Consistent with Philipson's argument, the female radical appears to seek her esteem through the idealization of and fusion with powerful figures, whereas the male corporate executive manifests a defensive separateness from others through relationships that are mainly exploitative, gaining his esteem through the admiration he seeks from others on the basis of his own actions.

Sociological Perspectives

Mainstream sociology has, for the most part, remained silent in the debates regarding the "culture of narcissism" (Valadez and Clignet 1987). However, sociological perspectives suggest a different set of issues for understanding the prevalence and etiology of narcissism. With regard to gender differences in narcissism, a major question involves the nature of the macroscopic and microscopic social forces giving rise to a high prevalence of unempathic mothering and the consequent high prevalence of narcissism in male and female offspring at a given historical period (Valadez and Clignet 1987). Lorber et al. (1981), for example, critiqued Chodorow's argument for

presenting a view of mothering that appeared to her to be culture and time bound.

The psychology of women literature has most extensively analyzed the twentieth century “traditional” nuclear family as the microsetting for the genesis of (gender-linked) personality styles as well as modes of expressing narcissistic pathology in particular. However, the last few decades have witnessed gender role changes characterized by the widespread exit of women from full-time family roles and into occupational roles along with some, though apparently much more limited, realignment of male familial roles to include increased male household and parenthood involvement (Coverman and Shelley 1986; Ross 1987).

Interestingly, when Kohut (1977) digressed from a focus on clinical theory per se to speculation regarding the socio-historical etiology of narcissism (in both sexes), he partially implicated the increased employment of women outside the home as a factor in the creation of emotionally depriving families that failed to fulfill their children’s’ selfobject needs. In a different vein, Lasch (1984) cited the “emergence of the egalitarian family” and weakening of paternal power as contributors to the emergence of the “culture of narcissism.” The extent to which particular cohort-linked familial gender roles are associated with gender differences in narcissistic psychopathology in offspring constitutes an important area for empirical

investigations.

In addition, given the traditional societal bias favoring the birth of male infants, it is likely that very early parental and extended family attitudes, hopes, and aspirations have been differentially linked to boys and girls. As a result of the transmission of societal values through familial socialization, boys may emerge from the first year of life with an exalted sense of self, entitlement, and grandiosity, whereas girls may be left with a feeling of being less deserving or important. The fact that these attitudes may be conveyed and incorporated into boys' and girls' developing selves before gender identity emerges strengthens the effect. By such a process, girls may emerge into oedipal and adolescent development with a preverbal and unconscious sense of inferiority, boys with an exalted sense, without the verbal and cognitive memory sets that might later, such as through psychotherapy, allow them to comprehend and work through the genesis of these states. However, the extent to which more recent cohorts of children may have experienced familial socialization processes encompassing more gender-neutral attitudes remains to be addressed on an empirical level.

Psychoanalytic Perspectives

A detailed survey of the vast clinical literature addressing narcissistic pathology or the drawing of in-depth contrasts between different

perspectives such as those of Kohut (1971, 1977) and Kernberg (1975, 1984) is beyond the scope of this chapter. However, to broadly characterize the clinical psychoanalytic literature as a whole, gender status has not been viewed as playing a major role in influencing either the relative prevalence of narcissism or the particular ways in which it is manifested. Philipson (1985) argued that psychoanalytic case studies of narcissism have predominantly focused on men. She suggests that, as a consequence, psychiatric conceptualizations of narcissism tend to highlight male styles involving grandiosity, extreme self-centeredness, and the great need to be admired. By contrast, the (more predominantly) female search for esteem through the fusion with omnipotent objects receives relatively less attention.

One clear exception to the disproportionate focus on male cases of narcissism can be found in Kernberg's interesting commentary "Barriers to Falling and Remaining in Love" (1976, pp. 185-213). This material encompasses psychoanalytic theory with explicit references to gender as well as contrasting male and female cases depicting narcissistic and borderline pathologies affecting love relationships. In discussing pathology in men, Kernberg wrote: "Devaluation of female sexuality by these male patients, plus denial of their own dependency needs for women, contributes to their incapacity to sustain any deep personal and sexual involvement with them" (p. 195). By contrast, he described borderline women as clinging "desperately to men idealized so primitively" (p. 197). Describing one female patient, he

wrote: “Her ruthless exploitation of most people contrasted sharply with her complete dedication and submission to a young man she had met in another hospital and to whom she daily wrote long, passionate love letters” (p. 198). These descriptions of male and female expressions of narcissistic and/or borderline traits would appear consistent with Philipson’s depiction of contrasting male and female styles of expression.

Empirical Assessments of Gender Differences in Narcissistic Traits

Given the theoretical formulations and selected clinical case materials suggesting that narcissistic modes of expression are gender linked, we sought to more systematically address this issue by operationalizing diagnostic criteria characterizing narcissistic psychopathology and by examining sex differences in the prevalence of these traits in one nonclinical setting: a population of medical students. We first summarize the results of an earlier study in which we operationalized DSM-III criteria for narcissistic personality disorders (Richman and Flaherty 1988) and then present our current research in which we operationalized DSM-III-R criteria.

Earlier Research With DSM-III Narcissistic Personality Disorder Criteria

Our first study (Richman and Flaherty, in press) involved a population of medical students ($N = 195$, 89% of the overall class) surveyed at the end of

their first year of medical school training in March 1986. They were administered a questionnaire consisting of various self-report instruments including the Narcissistic Traits Scale (NTS) that we developed and assessments of depressive symptomatology as measured by the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff 1977; Weissman et al. 1977), and self-esteem as measured by the Rosenberg items previously used in epidemiologic research (Pearlin and Schooler 1978). The symptoms composing the CES-D represent the major symptoms in the clinical syndrome of depression, though the CES-D is most representative of dysphoric mood and does not correspond to a clinical diagnosis of depression. The CES-D provides for a possible range of scores from 0 to 60, taking into account both the prevalence and persistence of each symptom. The self-esteem items included 1) I feel that I have a number of good qualities. 2) I feel that I'm a person of worth, at least on an equal plane with others. 3) I am able to do things as well as most other people. 4) I take a positive attitude toward myself. 5) On the whole, I am satisfied with myself. 6) All in all, I am inclined to feel that I'm a failure. The self-esteem items are rated on a 4-point scale from strongly disagree to strongly agree (with item 6 reversed).

The NTS included the following items primarily intended to tap each of the DSM-III criteria for narcissistic personality disorder and, in one case, to reflect a Kohutian perspective: 1) He/she has often felt that others haven't been aware of his/her true capabilities (grandiosity). 2) His/her ideal fantasy

in life would be to achieve national prominence (fantasies of unlimited success, power, etc.). 3) He/she tends to feel bad when he/ she is around people who are clearly brighter (exhibitionism, requirements for constant admiration). 4) He/she sometimes feels really angry when not acknowledged for his/her accomplishments (reactions to the indifference of others—hypothesized to reflect male narcissism). 5) He/she gets really upset over little slights from others that shouldn't bother him/her (reactions to the indifference of others—hypothesized to reflect female narcissism). 6) He/she frequently feels angry because people (or places) don't deliver on things that he/she feels entitled to (entitlement). 7) He/she sometimes wishes that people were more willing to do what he/she would like them to do rather than pursuing their own ideas (interpersonal exploitativeness). 8) He/she has known a number of people who seemed really terrific at first but turned out to be the opposite (idealization/devaluation). 9) It is annoying for him/her to be around people who frequently talk about their problems (lack of empathy). 10) He/she is likely to feel empty or lost after breaking up with a close friend or leaving a place, e.g., college, for good (deficit in central structure of the personality). These items were rated on a 4-point scale from “very unlike” to “very like,” tapping “the extent to which this person is similar to yourself.”

From a psychometric perspective, we first examined the reliability of this scale in terms of its internal consistency as measured by coefficient

alpha: the alphas were .66 for the overall sample, .59 for men, and .75 for women. To address its validity on a preliminary basis, we drew on the DSM-III characterization of narcissistic personality disorder as encompassing fragile self-esteem and frequent depressed mood. We calculated the Pearson correlations of the narcissism score with the CES-D and the Rosenberg self-esteem measures for the entire sample and for men and women separately. The correlations of the NTS with depressive mood were .39 ($P < .001$), .42 ($P < .001$), and .38 ($P < .01$) for the entire sample, men, and women respectively. The correlations of the NTS with low self-esteem were .27 ($P < .001$), .23 ($P < .01$), and .35 ($P < .01$), respectively. These data suggest that the overall DSM-III conceptualization of narcissistic personality disorder (as operationalized by the NTS) is equally valid for men and women in a medical student population.

Analyses of gender differences in narcissistic traits revealed no significant difference between the sexes on the overall scale. However, men scored significantly higher on 3 of the 10 items: He/she has often felt that others haven't been aware of his/her true capabilities (grandiosity); His/her ideal fantasy in life would be to achieve national prominence (fantasies of unlimited success, power, etc.); and It is annoying for him/her to be around people who frequently talk about their problems (lack of empathy). By contrast, one item was more strongly endorsed by women: He/she gets really upset over little slights from others that shouldn't bother him/her (reactions

to the indifference of others).

The correlations between each NTS item and low self-esteem for men and women separately showed that more of the narcissistic traits were associated with low self-esteem in women (7 of the 10 items) than in men (4 of the 10 items). In addition, some items were clearly linked to low self-esteem in one sex but not in the other. For example, the item reflecting the lack of empathy toward others (It is annoying for him/her to be around people who frequently talk about their problems) significantly related to low self-esteem in men ($r = .17, P < .05$) but not in women. By contrast, the items reflecting anger at the indifference of others (He/she sometimes feels angry when not acknowledged for his/her accomplishments) and sense of entitlement (He/she frequently feels angry because people [or places] don't deliver on things that he/she feels entitled to) significantly related to low self-esteem in women ($r = .27, P < .05$, and $r = .21, P < .05$, respectively) but not in men. These data thus suggest that the overall conceptualization of narcissistic character traits is applicable to both sexes, but that some of the traits have greater significance for one sex alone. In particular, lack of empathy for the feelings of others appears to be a primarily male form of pathology, whereas vulnerability to slights and indifference from others may be the more typical female style.

The correlations between each NTS item and depressive

symptomatology also provided support for the assumption that narcissistic pathology is frequently accompanied by depressive mood in both sexes: eight items were associated with depressive mood for men, whereas six items were associated with depressive mood for women. For men, depressive mood was most strongly associated ($r = .35, P < .001$) with the item: He/she has often felt that others haven't been aware of his/her true capabilities. By contrast, the strongest association ($r = .37, P < .001$) for women was with the item: His/her ideal fantasy in life would be to achieve national prominence. This latter characteristic was more likely to be manifested by men, but when manifested in either sex, it was more strongly linked to depressive mood in women than in men. In a similar manner, the item tapping feelings of inner deadness at the loss of an object or other environmental support was highly linked to depressive symptoms in men ($r = .33, P < .001$), but not at all linked to depressive symptoms in women, though the trait is equally prevalent in both sexes.

We concluded from this first study that the DSM-III conceptualization of the narcissistic personality as a whole, as operationalized by the NTS, is equally applicable to both sexes, but that individual traits appear to be sex linked in prevalence and in their differential association with deficits in self-esteem and dysphoric mood states. In particular, the greater male prevalence of grandiosity, fantasies of unlimited success, and lack of empathy in contrast to the greater female experience of distress in response to the indifference or

criticism of others could be interpreted as consistent with the thesis that early object-relational patterns give rise to exaggerated male needs for differentiation from objects (expressed in terms of grandiosity and lack of empathy toward others) and female needs for merger with objects (expressed in terms of difficulties tolerating indifference or criticism from others).

These sex differences in personality were also seen to correspond to deficits deriving from two early selfobject-relational needs elaborated by Kohut (1971): the need to display and be admired for one's evolving capabilities and the need to experience a sense of merger with an idealized parental imago. However, whereas Kohut used the imagery of "Tragic Man" to depict the ostensibly gender-neutral psychic deficits resulting from parental deviations from optimal selfobject functions, we suggested that deficits related to grandiose needs may be more prevalent in men, whereas deficits related to needs for merger with an idealized parental imago may be more prevalent in women.

In addition, congruent with a more sociological perspective, we suggested that the finding that grandiosity as manifested by fantasies of achieving national prominence was linked to depressive mood in female but not in male medical students may be a consequence of the extent to which educational and occupational environments respond more "supportively" to

certain healthy or pathological narcissistic needs in men compared with women. Some researchers have depicted medical schools as providing greater instrumental and emotional support for the occupational aspirations of male medical students compared with that provided for female students (Lorber 1984). From this perspective, certain narcissistic traits in men may be less depressogenic or devastating in relation to self-esteem in contrast to those traits in women insofar as the social environment provides relatively greater means for men to gratify the underlying needs.

Alternatively, there is evidence from our previous work that female medical students are more likely than male medical students to list a male faculty member as a major source of social support (Blumberg et al. 1984). This may suggest their greater need to identify with a valued authority figure. Adding to the usual burden of successful advancement in the medical profession, female medical students are still expected or expect themselves to also achieve success in their family lives as wives, daughters, and mothers, whereas male students and doctors are given a “reprieve” from domestic roles to concentrate on their professional success. These high expectations in women, rather than providing a richness of role-related rewards, may more commonly constitute a broader array of vulnerabilities and possible narcissistic injuries as female students and doctors try to achieve this enviable ideal of the “superwoman.”

Gender Differences in Narcissistic Styles Corresponding to DSM-III-R Criteria

The data presented here represent a further exploration of gender differences in narcissistic styles in a medical student population as assessed by the Narcissistic Traits Scale—Revised Version (NTS-RV). This instrument was developed with the goal of expanding the number of items (from 10 to 18) to tap gender differences in greater depth. The items were written to correspond to each of the nine DSM-III-R criteria (with two items per criterion).

Sample. The sample was drawn from the first-year medical students ($N = 184$) entering a state college of medicine in the fall of 1987. During the initial registration period, the entire class was administered a self-report questionnaire focusing on various psychosocial variables and psychiatric symptom states. Participation was defined as confidential and voluntary. The final response rate (following a second request for participation 2 weeks later) was 91% of the cohort ($N = 167$). The sample was 66.5% male and 33.5% female, similar to the sex distribution of the total population. The mean age of the men was 23.9 and the mean age of the women was 23.5, with most of the respondents in their 20s. Both the men and women were predominantly single (89.27 and 83.6%, respectively) and from socioeconomic backgrounds characterized by parents with at least high school education and, in many cases, college and postgraduate training.

Measures. Table 1 presents the 18 NTS-RV items along with their correspondence to DSM-III-R criteria for narcissistic personality disorder. The items are rated on a 4-point scale from “very unlike” to “very like,” tapping “the extent to which this person is similar to yourself.”

As in the earlier study, the questionnaire included assessments of depressive symptomatology measured by the CES-D (Radloff 1977; Weissman 1977) and self-esteem measured by the Rosenberg items previously used in epidemiologic research by Pearlin and Schooler (1978).

To assess the reliability of the NTS-RV in terms of its internal consistency, we calculated alpha coefficients for the sample as a whole and for men and women separately. The alphas were .76, .75, and .77, respectively.

Our assessment of validity to date is similar to that of the previous study: the degree to which the overall NTS-RV significantly correlates with depressive mood and low self-esteem. In contrast to the results from our earlier study, the NTS-RV is significantly linked to depressive mood and low self-esteem in men only: $r = .37$ ($P < .001$) and $r = .28$ ($P < .01$), respectively. The contrasting female correlations with depressive mood and low self-esteem were .14 and .07, respectively.

Table 1. Narcissistic Traits Scale-Revised Version (NTS-RV): items and diagnostic criteria

DSM-III-R diagnostic criteria*

NTS individual items

(1) Reacts to criticism with feelings of rage, shame, or humiliation (even if not expressed)

1. He/she can feel incredibly angry when people criticize something he/she does.

2. He/she gets upset over little slights that shouldn't really bother him/her.

(2) Is interpersonally exploitative: takes advantage of others to achieve his/her own ends.

3. If he/she were hiring employees, he/she would look for people who would advance his/her goals and not pursue their own interests

4. He/she tends to seek out people he/she likes to be with because of their exceptional attractiveness, talent, or success.

3) Has a grandiose sense of self-importance, e.g., exaggerates achievements and talents, expects to be noticed as "special" without appropriate achievement.

5. He/she has often felt that others haven't been aware of his/her true capabilities.

6. He/she often gets positive feedback from others on his/ her exceptional skills or unique ways of understanding things.

(4) Believes that his/her problems are unique and can be understood only by other special people

7. He/she might have difficulty finding kindred spirits or confidants because many people are not sophisticated enough to appreciate his/her unique qualities.

8. He/she often finds it difficult to find people able to understand his/her problems because they are so complex.

(5) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love

9. His/her ideal fantasy in life would be to achieve national prominence.

10. He/she expects to have a perfect love relationship even if many people he/she knows have relationships that don't seem to be all that great.

(6) Has a sense of entitlement: unreasonable expectation of especially favorable treatment, e.g. assumes that he/she does not have to wait in line when others must do so

11. He/she gets very irritated when minor bureaucrats try to enforce petty regulations on him/her (e.g. parking violations, library fines).

12. He/she often feels that he/she should be able to skip long waits or lines in stores, restaurants, etc. when his/her time is especially precious.

7. Requires constant attention and admiration, e.g. keeps fishing for compliments

13. He/she has a classy or somewhat flamboyant style of dress and likes to be complimented for his/her taste.

14. He/she tends to feel best when regarded as one of the brightest or most talented people in his/her social setting.

(8) Lack of empathy: inability to recognize and experience how others feel, e.g. annoyance and surprise when a friend who is seriously ill cancels a date

15. It is annoying for him/her to be around people who frequently talk about their problems.

16. He/she feels irritated when people cancel plans because of illness, since he/she manages to fulfill obligations even when sick.

(9) Is preoccupied with feelings of envy

17. He/she would feel very bad if most of his/her friends did better in school than he/she.

18. He/she tends to feel jealous of people who are more attractive or successful than he/she.

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Gender Differences Across NTS-RV Components. To determine the extent to which the prevalence of narcissistic traits as measured by the NTS-RV are linked to gender status, we performed several analyses. First, a one-way analysis of variance was computed to determine whether there was a significant difference between men and women on the overall NTS-RV. Second, we performed similar analyses for each item, addressing the extent to which the component parts of the overall NTS-RV discriminate between men and women. Last, to the extent that narcissistic pathology is assumed to reflect low self-esteem and relate significantly to depressed mood, we calculated Pearson correlations of the relationships between each narcissistic trait and both depressive symptomatology and low self-esteem. These correlations were calculated separately for men and women to further assess the extent to which particular traits more clearly reflect gender-linked narcissistic styles.

Results. First, as shown near the bottom of Table 2, the analysis of variance examining sex differences in the overall NTS-RV score showed no significant difference between the two sexes. Thus, the male and female medical students in our sample do not appear to vary in their overall manifestation of narcissistic traits, as measured by the NTS-RV.

The analyses of sex differences on the individual items comprising the NTS-RV, shown in Table 2, provide support for the thesis that men and women express narcissistic issues in different ways. Six of the 18 items discriminated between the men and women at a significant or trend level, with the men scoring higher on all but one of those items. The items in which men scored higher included 1) If he/she were hiring employees, he/she would look for people who would advance his/ her goals and not pursue their own interests (exploitativeness), ($P < .05$). 2) He/she tends to seek out people he/she likes to be with because of their exceptional attractiveness, talent, or success (exploitativeness) ($P < .05$). 3) He/she might have difficulty finding kindred spirits or confidants because many people are not sophisticated enough to appreciate his/her unique qualities (views problems as unique) ($P < .01$). 4) He/she gets very irritated when minor bureaucrats try to enforce petty regulations on him/her, e.g., parking violations, library fines (entitlement) ($P < .05$). 5) It is annoying for him/her to be around people who frequently talk about their problems (lack of empathy) ($P < .10$). In sum, these reflect the dimensions of interpersonal exploitativeness, sense of uniqueness,

entitlement, and lack of empathy. By contrast, the one item on which women manifested a higher score was He/she gets upset over little slights that shouldn't really bother him/her ($P < .10$). This reflects the dimension of oversensitivity to criticism.

Table 2. Gender differences in narcissistic traits

	Men	Women	F
Narcissistic traits	(mean ± SD)	(mean ± SD)	(df = 1)
<i>Reactions to criticism</i>			
1. Angry when people criticize something	2.12 ± 0.74	2.05 ± 0.82	.257
2. Upset over slights	2.01 ± 0.83	2.25 ± 1.0	2.767*
<i>Interpersonally exploitative</i>			
3. Hires to advance self	1.97 ± 0.80	1.66 ± 0.82	5.620**
4. Seeks out exceptional people	2.28 ± 0.90	1.96 ± 0.87	4.678**
<i>Grandiose sense of self</i>			

5. People not aware of true capabilities	2.11 ± 0.82	2.05 ± 0.72	.675
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6. Gets feedback on exceptional skills	3.08 ± 0.66	3.12 ± 0.69	.159
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Uniqueness of problems

7. Hard to find sophisticated confidants	1.93 ± 0.90	1.54 ± 0.76	7.785***
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8. Problems are so complex	1.84 ± 0.82	1.64 ± 0.69	2.108
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Fantasies of unlimited success

9. Achieve national prominence	2.12 ± 0.93	1.91 ± 0.86	1.923
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10. Have perfect love relationship	2.58 ± 0.95	2.50 ± 1.0	.232
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Sense of entitlement

11. Irritated by petty regulations	2.68 ± 0.97	2.30 ± 0.99	5.377**
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12. Should skip waits or lines	1.77 ± 0.79	1.77 ± 0.89	.002
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Requires attention/admiration

13. Compliments for dress	1.95 ± 0.91	2.04 ± 0.99	.340
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14. Regarded as brightest	2.55 ± 0.82	2.43 ± 0.93	.742
<i>Lack of empathy</i>			
15. Annoyed by people's problems	2.19 ± 0.71	1.98 ± 0.77	2.991*
16. People shouldn't cancel plans when ill	1.76 ± 0.82	1.77 ± 0.81	.007
<i>Feelings of envy</i>			
17. Feels bad if friends do better in school	2.37 ± 0.92	2.59 ± 1.02	1.91
18. Feels jealous of attractive/ successful people	2.04 ± 0.77	2.07 ± 0.99	.064
Overall scale	39.36 ± 6.50	37.75 ± 7.15	2.100

* $P < .10$. ** $P < .05$. *** $P < .01$.

Table 3 presents the Pearson correlations of each NTS-RV item with low self-esteem and depressive symptomatology separately for men and women. First, as shown near the bottom of the table and already noted with regard to evidence for the validity of the instrument and DSM-III-R construct for narcissistic personality disorder, the overall NTS-RV score is significantly linked to low self-esteem and depressive symptomatology for men but not for women ($r = .28$, $P < .01$, for self-esteem; $r = .37$, $P < .001$, for depressive

symptomatology). To the extent that the NTS-RV adequately captures DSM-III-R criteria, these data are supportive of the perspectives suggesting that the overall conceptualization of narcissistic pathology focuses disproportionately on male issues.

Second, focusing on the relationship between individual narcissistic traits and low self-esteem (assumed to reflect the core deficit underlying narcissistic pathology), Table 3 indicates that 11 of the 18 items relate to low self-esteem in men and that 7 of the 18 items relate to low self-esteem in women at the significant ($P < .05$ or better) or trend ($P < .10$) levels. Interestingly, the one dimension in which both items manifested a strong link to low self-esteem for men and women was in the area of envy. In addition, the one dimension in which both items manifested a strong link to low self-esteem in men but no relation to female self-esteem was in the area involving the sense of uniqueness.

Table 3. Pearson correlations relating narcissistic traits to low self-esteem and depressive symptoms in men and women

	Psychopathology			
	Low self-esteem		Depressive symptoms	
	Men	Women	Men	Women
Narcissistic traits				

Reactions to criticism

1. Angry when people criticize something	.19**	.13	.07	.00
2. Upset over slights	.16**	.42****	.30***	.32***

Interpersonally exploitative

3. Hires to advance self	.11	.13	.40****	-.10
4. Seeks out exceptional people	.19**	.05	.18**	.00

Grandiose sense of self

5. People not aware of true capabilities	.15**	.22**	.16**	.10
6. Gets feedback on exceptional skills	.07	.17*	-.06	.05

Uniqueness of problems

7. Hard to find sophisticated confidants	.32****	.07	.34****	.07
8. Problems so complex	.43****	.04	.42****	.44****

Fantasies of unlimited success

9. Achieve national prominence	.06	.09	.02	-.03
10. Have perfect love relationship	.03	.15	.00	.01
Sense of entitlement				
11. Irritated by petty regulations	.06	.19*	.16**	.07
12. Should skip waits or lines	.18**	.14	.13*	.09
Requires attention/admiration				
13. Compliments for dress	.02	.19	.04	.06
14. Regarded as brightest	.10	.13	.02	.04
Lack of empathy				
15. Annoyed by people's problems	.13*	.27**	.09	.19*
16. People shouldn't cancel plans when ill	.17**	.01	.18**	.10
Feelings of envy				
17. Feels bad if friends do better in school	.19**	.32***	.30****	.11

18. Feels jealous of attractive/ successful people	.32****	.43****	.27***	.37***
Overall scale	.28***	.07	.37****	.14

* P < .10. ** P < .05. *** P < .01. **** P < .001.

Third, focusing on depressive symptomatology, data in Table 3 indicate that 11 of the 18 items relate to depressive mood in men, but only 4 of the 18 items relate to depressive mood in women at the significant or trend level. Here it is apparent that each of the questions tapping two narcissistic personality disorder dimensions (interpersonal exploitativeness and sense of entitlement) are linked with depressive mood in men but not in women. For women and men, depressive mood is strongly associated with the item tapping jealousy as a component of envy and the item tapping difficulty finding people who can understand his/her problems since they are so complex. Finally, for the dimension pertaining to the lack of empathy, it is interesting to note that the item tapping annoyance at people's problems relates at the trend level to female depressive mood, whereas the item tapping the nonfulfillment of obligations relates significantly to male depression.

Discussion. Relative to the contemporary portrayal of narcissism as both a clinical disorder and a character style widely prevalent throughout

society, this study represents one of the first empirical investigations of the extent to which men and women in a nonclinical population manifest similar or divergent narcissistic personality traits. More specifically, we addressed the extent to which the DSM-III-R conceptualization of narcissistic pathology as measured by the NTS-RV constitutes a sex-linked mode of expression in a medical student population. These data as a whole provide some empirical support for the notion that current conceptualizations of narcissism are disproportionately reflective of male modes of expressing psychopathology. In contrast to our earlier study operationalizing DSM-III criteria, this study showed that the DSM-III-R criteria overall, as measured by the NTS-RV, do not relate to low self-esteem or dysphoric mood in women. This suggests that the *overall* construct as measured by the NTS-RV is applicable to men but not to women. At the same time, subcomponents, most notably that of envy, do appear to be valid indicators of narcissism for both sexes.

Additional evidence for the disproportionate DSM-III-R focus on male manifestations of narcissism can be found in the greater number of items in this study on which men manifested higher scores. At the same time, the lack of a significant gender difference on the overall instrument does suggest that the women in this particular population do manifest many traits that are theoretically considered “male” (although many of these traits correlate with low self-esteem and/or dysphoric mood only for men).

The content areas in which men manifested higher scores—those involving interpersonal exploitativeness, entitlement, and lack of empathy—can be interpreted, as in the earlier study, as reflecting exaggerated male needs for differentiation from objects. Moreover, the item tapping difficulty of finding sophisticated confidants due to the uniqueness of problems is probably most consistent with this perspective insofar as men scored higher than women, while manifesting a significant relationship between this trait and both low self-esteem and dysphoric mood. By contrast, the higher score for women on reactions to slights from others might again reflect greater female needs for merger with objects. At the same time and contrary to the psychology of women perspective, several categories, including grandiosity, fantasies of unlimited success, requirements for admiration, and feelings of envy, are manifested to the same extent by both sexes in this particular sample.

The overall interpretations of the data presented here and general conclusions drawn should be viewed as preliminary, given a number of methodological limitations of this research. First, this particular population of medical students is clearly nonrepresentative of the general population. In particular, women remain underrepresented among both medical student and physician populations proportionate to their representation in the general population. It is conceivable that women with more masculine personality traits are more likely to be selected into medicine. Thus, our

research may underestimate the extent to which narcissistic character traits as currently conceptualized clinically are *more* strongly (male) sex-linked in the general population. In this respect, our tests of the hypothesized gender differences were clearly conservative.

Second, this study operationalized the narcissistic character style by developing a scale that primarily corresponds to the DSM-III-R narcissistic personality disorder construct. The NTS-RV manifested reliability in terms of the internal consistency of items and preliminary evidence for validity for men but not for women in terms of its ability to significantly correlate with both low self-esteem and dysphoric mood. We have not assessed the degree to which the scale discriminates between individuals manifesting a clinically diagnosed narcissistic personality disorder, other psychiatric disorders, or no psychiatric disorder. In addition, beyond the need for further validation of the NTS-RV is the question of the extent to which narcissism constitutes a clinical state discrete from “normality” or, alternatively, the end point of a continuum of traits (as argued by theorists such as Lasch). We developed a scale corresponding to DSM-III-R criteria but rating individual items on a continuum rather than as present or absent. This was based on the implicit view that pathology in the area of personality disorders as found in either treatment or general population settings is less reflective of “health” versus “illness” than of relative degrees of personality traits or styles. Relative to this perspective, some of our findings of gender differences in narcissistic styles in

a particular community population appear similar to gender differences in narcissism apparent in clinical case descriptions.

Finally, from a sociological and epidemiological perspective, the extent to which the findings in this study are generalizable to other age groups and social classes remains to be addressed in future studies. With regard to age in particular, this sample represents a cohort likely to have grown up in families characterized by traditional gender-differentiated parental roles. To the extent that it is this particular family structure that gives rise to gender-differentiated narcissistic styles as argued by theorists such as Philipson, an interesting question for future empirical studies involves the extent to which younger individuals currently growing up in *relatively* less gender-differentiated families develop different (less gender-linked) manifestations of narcissism.

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