Meta-cognitive and interpersonal difficulties in overt and covert narcissism

Zoe Given-Wilson [a,*], Doris McIlwain [b], Wayne Warburton [b]

[a] *University College London, Clinical Educational and Health Psychology, 1-9 Torrington Place, London WC1E 7HB, UK*
[b] *Department of Psychology, Macquarie University, NSW 2109, Australia*

A R T I C L E   I N F O

A B S T R A C T

This paper profiles meta-cognitive (affect-dysregulation, empathy and identity-concerns) and interpersonal difficulties in both overt (ON) and covert (CN) narcissism. It explores mediation effects of meta-cognition in interpersonal difficulties. Participants ($n = 177$) completed self-report measures of ON and CN, affect-dysregulation, empathy, identity-concerns, and interpersonal difficulties. Analysis confirmed that ON and CN are independent constructs. Both are associated with identity-impairment, however each reflect different internal and interpersonal difficulties. ON was associated with a lack of vicarious personal distress and interpersonal difficulties characterized by dominance/control, neediness/intrusiveness and lack of assertion. CN was associated with affect-dysregulation and fantasy (index of empathy) and reported interpersonal problems characterized by vindictiveness/self-centeredness and social inhibition. CN was negatively associated with coldness/distance. Meta-cognition mediated some interpersonal problems in both ON and CN. A lack of personal distress mediated the negative relationship between ON and non-assertiveness and suppressed intrusiveness, suggesting a lack of vicarious distress may contribute to interpersonal difficulties due to an intrusive social style. In CN, all interpersonal difficulties were mediated by affect-dysregulation and identity-impairment. Results reinforce the importance of differentiating between ON and CN in future research.

1. Introduction

The conflict between meta-cognitive processes[1] and interpersonal relationships are considered central to the maintenance of narcissism (Dimaggio et al., 2002; Morf & Rhodewalt, 2001a), whereby inner experience of affect, perception of self (identity-impairment), perception of others (empathy) negatively impact interpersonal functioning (APA, 2000).

Two explanatory models of narcissism link meta-cognitive processes and interpersonal difficulties. Morf and Rhodewalt's (2001a) 'Dynamic Self-Regulatory Processing Model of Narcissism' (DSRM-N) proposes that the interaction of intrapersonal processes, interpersonal strategies and social feedback influence narcissistic behavioral patterns. Vulnerability, due to limited self-knowledge and inability to self-regulate, is juxtaposed by a sense of grandiosity and entitlement, resulting in internal conflict. Meta-cognitive deficits prevent this conflict being recognized or resolved. Consequently those with narcissistic traits seek social approval to bolster self-esteem. Similarly interpersonal difficulties mean attempts to engineer positive feedback fail, which increases aversive affect-states and further oscillations between grandiosity and vulnerability. Dimaggio et al.'s (2002) Integrated Narcissism Model (INM) also suggests that a non-integrated mind state and inability to self-reflect leave narcissistic individuals excessively dependent on others to confirm a sense of identity and regulate their negative affective states. However, an inability to express their inner states or decentrate[2] results in problematic interpersonal relations. This interpersonal cycle maintains narcissistic dysfunction.

However, Wink (1991) distinguished between two statistically independent forms of narcissism, Overt (ON) characterized by grandiosity, entitlement and self-absorption and Covert (CN) characterized by hypersensitivity, vulnerability and dependence on others. Both forms are thought to share common meta-cognitive deficits which result in conflicting feelings of grandiosity and vulnerability, however they cope by suppressing one and projecting the other, resulting in different presentations (McWilliams, 1994).

This suggests that beneath the grandiose exterior of ON, a vulnerable depleted inner-self exists, while CN project emotional vulnerability and suppress entitlement (Akhtar & Thomson, 1982; Broucek, 1991; Kohut, 1971).

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* Corresponding author.
  E-mail addresses: zoe.given-wilson09@ucl.ac.uk (Z. Given-Wilson), Doris.mcilwain@mq.edu.au (D. McIlwain), Wayne.warburton@mq.edu.au (W. Warburton).
[1] The ability to reflect and operate on mental states.

[2] Decentration, a parallel term for empathy, denotes the capacity to take another's perspective (Dimaggio et al., 2002).

Hence, although both models outline the interplay between meta-cognitive and interpersonal difficulties, neither distinguishes between ON and CN. Similarly, understanding of the relationship between meta-cognitive and interpersonal presentation in ON and CN is limited to fairly descriptive accounts. This paper aims to investigate whether presentational differences between ON and CN lead to different meta-cognitive processes (affect-dysregulation, empathy and identity cohesion) and interpersonal difficulties. It also explores whether meta-cognition mediates interpersonal presentation.

2. Meta-cognitive factors

Affect Regulation is defined as conscious or unconscious procedures which maximize pleasant and minimize unpleasant emotions (Westen, 1995). Poor affect regulation leads to increased affective intensity, lability and distress (Mendoza-Denton, Ayduk, Mischel, Shoda, & Testa, 2001). Difficulty regulating affect is considered a central feature of narcissism, although empirical findings remain inconclusive (Krystal, 1998). Some studies suggest emotional lability is associated with ON (Emmons, 1987; Morf & Rhodewalt, 2001a), while others show abnormally neutral moods and lack affective flexibility (Baumgardner, Kaufman, & Levy, 1989). Rose (2001) found ON reported little anxiety or depression whereas CN showed a high degree of negative affect. ON may experience the same affective dysregulation as CN, but be unable or unprepared to recognise it (Krystal, 1998; McWilliams, 1994). If so, ON is unlikely to be associated with affect-dysregulation, whilst CN is likely to be associated with negative affective experiences.

Empathy: Lack of empathy is a diagnostic feature of narcissism (APA, 2000; Kohut, 1971). Davis (1983) outlines four aspects of empathy; two affective; empathic concern [EC] and personal distress [PD] and two cognitive; perspective taking [PT] and fantasy [F]. EC and PT are pro-social features (Davis & Kraus, 1991) improving quality of and satisfaction with relationships (Leith & Baumeister, 1998). In contrast, PD and F are associated with social difficulties; PD is linked to increased fearfulness, uncertainty and over-sensitivity, while F is associated with loneliness and social anxiety (Davis, 1983).

Watson, Biderman, and Sawrie (1994) found that both ON and CN lacked most features of empathy, but ON was negatively associated with vicarious PD while CN had a positive association.

Self-Identity: Narcissism is theoretically associated with contradicting self-perceptions due to a mismatch between representations of internal and 'ideal' self (Emmons, 2000; Kernberg, 1991). Akhtar and Thomson (1982) claim both types of narcissism employ opposite but equally incomplete identities as protective masks – ON presents as grandiose and arrogant while CN presents as vulnerable and fragmented. ON's report greater identity cohesion than non-narcissists, however this identity is thought to be inflexible and grandiose (Raskin, Novacek, & Hogan, 1991). Heightened emotionality and low confidence linked to CN is associated with identity diffusion, suggesting unstable identity (Briere, 2000; Rose, 2001).

Interpersonal Difficulties: Dysfunctional interpersonal relations, considered a key enduring feature of narcissism, are suggested to arise from limitations in meta-cognitive abilities (Dimaggio et al., 2002; Kohut, 1971; Morf & Rhodewalt, 2001a). It is thought attempts to gain approval through dominating and self-aggrandising behaviour, rather than garnering social approval is common in ON (Morf & Rhodewalt, 2001b). In contrast, CN is associated with hypersensitivity, insecurity and vindictiveness due to interpreting others' actions as malevolent (Wink, 1991). This is asserted to lead to a sense of entitlement which may negatively impact their interpersonal relations (Broucek, 1991; Wink, 1991).

Spousal descriptions of ON and CN differ (Wink, 1991). ONs were described as aggressive, outspoken, egotistical, self-centered and intolerant, whilst CNs were described as anxious, emotional, defensive, complaining and bitter. Interestingly, ON and CN were both described as equally arrogant, demanding, and argumentative, suggesting they share some interpersonal difficulties.

Meta-Cognitive and Interpersonal Difficulties: Although ON and CN are thought to share core difficulties, meta-cognitive processes may mediate interpersonal difficulties differently and lead to a lack of awareness of own and others' concerns. Grandiosity in ON is thought to impede access to any sense of vulnerability (arising from affect-dysregulation and identity-diffusion). However, an over-reliance on others' opinions and lack of empathy are considered likely to influence their social interactions. We suggest the meta-cognitive deficits associated with ON will mediate interpersonal difficulties characterised by dominant, intrusive and controlling behaviour.

Alternatively, open expression of affect-dysregulation, identity diffusion and need for approval paired with a limited empathic capacity, is thought likely to influence interpersonal style in CN differently. We expect that interpersonal relations will be coloured by excessive neediness, unforgivingness and social inhibition.

We aim to identify the meta-cognitive difficulties (affect regulation, empathy and identity concerns) and interpersonal difficulties associated with ON and CN, and examine how meta-cognitive processes may mediate each interpersonal presentation.

3. Method

Participants (*n* = 177) were recruited from two samples; 68 undergraduates and 109 from local communities incentivized with a draw-prize.

Mean age was 27.56 years (SD = 11.94, range 18–76). 72% of participants were Australian, were proficient in English, and had completed secondary-school education.

4. Measures

ON was measured using the *Narcissistic Personality Inventory* (NPI; Raskin & Terry, 1988) a 40-item inventory. Items are based on DSM-III criteria for NPD, however are sensitive to differences in non-clinical populations. Reliability (α = .83 to .85) and construct validity are established (Emmons, 1987). Test–retest reliability was established (*r* = .72) (Emmons, 1987).

CN was measured with the *Hypersensitivity Narcissism Scale* (HSNS; Hendin & Cheek, 1997), a 10-item measure of narcissistic vulnerability and hypersensitivity suitable for non-clinical populations (Hendin & Cheek, 1997). Acceptable reliability (α = .62 to .75) and construct validity were established (*r* = .63) (Hendin & Cheek, 1997).

The *Inventory of Altered Self-Capacities* (IASC; Briere, 2000) is a 63-item self-report inventory. Two subscales were used; *Affect Dysregulation* (AD, 9 items) and *Identity-Impairment* (II, 9 items). Internal reliability is adequate (subscale α = .78 to .93; total α = .89) (Briere, 2000).

The *Interpersonal Reactivity Index* (IRI; Davis & Kraus, 1991) measures empathy with 28 self-report items assessing 4 components; empathic concern, perspective taking, personal distress, and fantasy. Adequate internal reliability (α = .70(EC)–.78(PD)) and construct validity have been confirmed (Davis & Kraus, 1991).

The *Inventory of Interpersonal Problems* (IIP-64; Hororwitz et al., 2000) was used to assess interpersonal difficulties. Respondents rate 39-items with the prompt "It is hard for me to..." and 24-items addressing "The following are things I do too much" which load onto eight subscales (each 8 items): *Domineering/Controlling*,