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Chapter 3

# UNDERSTANDING THE NARCISSISTIC PERFECTIONISTS AMONG US: GRANDIOSITY, VULNERABILITY, AND THE QUEST FOR THE PERFECT SELF

## Gordon L. Flett, Ph.D.<sup>1,•</sup>, Simon B. Sherry, Ph.D.<sup>2</sup>, Paul L. Hewitt, Ph.D.<sup>3</sup> and Taryn Nepon, M.A.<sup>1</sup>

<sup>1</sup>York University, Dept. of Psychology, LaMarsh Centre for Child and Youth Research, Canada Research in Personality and Health, Toronto, Ontario, Canada <sup>2</sup>Dalhousie University, Halifax, Canada <sup>3</sup>University of British Columbia, Vancouver, Canada

#### ABSTRACT

Most conceptual analyses and empirical investigations in the perfectionism field focus on neurotic perfectionists (i.e., people striving for impossible standards that they feel they cannot attain) and there is little consideration of narcissistic perfectionists (i.e., people with grandiose standards and goals that they regard as personally attainable). This chapter includes an overview of clinical case accounts of narcissistic perfectionism along with a comprehensive review of existing research on narcissistic perfectionism. A central theme is that narcissistic perfectionists need to achieve perfection and they also need to seem perfect in ways that make them highly vulnerable to life setbacks. Historical research on perfectionism conducted with the Narcissistic Personality Inventory is contrasted with more recent research conducted with the Pathological Narcissism Inventory (PNI) and we show that the results of the research involving the PNI more clearly illustrate and reveal the grandiosity and vulnerability of narcissistic perfectionists. Our analysis extends previous accounts of narcissistic perfectionists by illustrating the

<sup>•</sup> E-mail: gflett@yorku.ca.

role of perfectionistic automatic thoughts, as well as the tendency for narcissists to present an image of perfection and a public façade of invulnerability, in order to conceal their vulnerability. The chapter concludes with a discussion of key directions for future research.

Keywords: Perfectionism, narcissism, self-presentation, grandiosity, vulnerability

Narcissists have a tough job, because perfection is viewed as either all or nothing: If you are not perfect, you are imperfect, and if you are imperfect, you are nothing... Narcissists cannot tolerate any flaw, however small, in the perfection of the self. (Millon & Davis, 2000, p. 284)

#### INTRODUCTION

The above quote by the late, great Theodore Millon is arguably the clearest and most cogent statement pointing to the need for theory and research on perfectionism and narcissism. According to this perspective, for the narcissistic perfectionist (or, if readers prefer, the perfectionistic narcissist), imperfection is simply intolerable and dire consequences await the perfectionistic narcissist who cannot eliminate or overcome imperfections. Unfortunately, despite this sage observation by Millon, and despite the continuing exponential growth of research in the perfectionism field, only a small proportion of the currently existing work is focused on perfectionism and narcissism. One of our goals in writing this chapter is to promote programmatic research on perfectionism and narcissism. The need for such research is evident from a variety of perspectives. For instance, it cannot be concluded that someone has *adaptive perfectionism* or that a particular component of the perfectionism construct is adaptive, if research methods and assessment techniques are not nuanced and rigorous enough to identify those perfectionists who, on the surface, seem to be high-functioning individuals, but actually have a dysfunctional form of narcissistic perfectionism.

A central premise guiding this work is that just as levels of narcissism appear to be on the rise, perfectionism is also quite prevalent, so it follows that a substantial proportion of narcissists are also perfectionists. These narcissistic perfectionists are engaged in a quest for the perfect self and, as such, they are highly focused on (a) being perfect and (b) seeming perfect.

Accordingly, narcissistic perfectionists are at risk when life events and life problems make it apparent to them that they are not perfect and never will be perfect. They are also highly at risk when public mistakes and humiliations clash with self-image goals and their need to seem perfect, and this is accompanied by a sense of hopelessness about recovering from public shame and embarrassment. We revisit this theme in a later section of this chapter, in our discussion of the identity crisis and biographical disruption that seems inevitable for most narcissistic perfectionists.

We begin our analysis by considering the differences between narcissistic and neurotic perfectionism. In essence, these differences reflect differences in personal identity, psychological needs, and self-assessments.

### NARCISSISTIC VS. NEUROTIC PERFECTIONISM

A key distinction found in the extensive literature on perfectionism and perfectionists is the difference between neurotic and narcissistic perfectionists. Neurotic perfectionists are worried and anxious people who are acutely aware of their limitations and they have a sense that they will seldom, if ever, live up to expectations. According to Hamachek (1978), neurotic perfectionism reflects "a deep-seated sense of inferiority and is a learned way of reaching for approval and acceptance by setting standards for achievement or performance that are unrealistically high" (p. 30). He saw neurotic perfectionists as different from "normal perfectionists" who could be just as driven, but who developed a sense of satisfaction and "good feelings about oneself and one's work" (p. 30).

Narcissistic perfectionists, on the other hand, are quite different from both neurotic and normal perfectionists. Narcissistic perfectionists are described as grandiose idealists who, at least at one point, have felt capable of being perfect. Even though the axiom "no one is perfect" is accepted by most people, the narcissistic perfectionist wants to be that perfect person. While they may seem quite positive about themselves, they exhibit a degree of self-defensiveness and self-preoccupation that is far from normal or adaptive. This distinction between neurotic and narcissistic perfectionists was described most extensively and eloquently by Sorotzkin (1985, 1999). He interpreted neurotic perfectionism as a defensive response to feelings of inferiority and low self-esteem; whereas the perfectionistic strivings of the narcissistic perfectionist are seen as stemming from an internalized, grandiose sense of a perfect self. As such, any negative feelings such as shame reflect the failure to live up to extremely high ideals and achieve one's great potential.

The differences between neurotic and narcissistic perfectionism would be clearly evident if a neurotic perfectionist and a narcissistic perfectionist were compared just after each one of them had made a critical life mistake. The neurotic perfectionist would be concerned about what people think and focused on minimizing further mistakes that would further reveal inadequacies and limitations. In contrast, the narcissistic perfectionist would be upset because the mistake conflicts with his or her idealized sense of self and is a signal that highlights that expectations are not being met. If these people were to find themselves in treatment, the narcissistic perfectionist would be comparatively less willing to abandon the quest for perfection because it is an idealized aspect of his or her self and a longstanding core aspect of his or her identity.

Parenthetically, we note that while most discussions of the development and nature of narcissistic perfectionism tend to cite the classic writings of theorists such as Heinz Kohut and Otto Kernberg, Karen Horney provided us with the first detailed theoretical account linking these psychological tendencies. She discussed this topic at length as part of her description of the expansive solution and the appeal of mastery as a response to neurosis (see Horney, 1950). She described a subset of people who moved in the direction of perfectionism and who attained a sense of moral and intellectual superiority because they identified themselves with exceptionally high standards. However, Horney (1950) highlighted the difficulties and pressures facing the narcissistic perfectionist whose ultimate goal is not keeping "meticulous order" or ensuring a perfect appearance by wearing "just the right necktie or hat." Rather, the goal is "the flawless excellence of the whole conduct of life" (see Horney, 1950, p. 196).

In the current chapter, we will examine narcissistic perfectionism within the framework of the multidimensional model of perfectionism advanced by Hewitt and Flett (1991). This conceptualization began with a focus on various trait perfectionism dimensions, but was then expanded to include an emphasis on the cognitive and self-presentational aspects of perfectionism. The usefulness of a broader conceptualization in understanding perfectionism and narcissism will be outlined. In this chapter, we will also review the growing research literature on perfectionism and narcissism and summarize what is currently known about narcissism and perfectionism from a variable-centered perspective. We also incorporate a person-centered perspective by first describing some individual cases that highlight the complexities inherent in narcissistic perfectionism. The summary of research that follows illustrates one of our main themes-that is, the nature of the association between perfectionism and narcissism varies substantially depending not only on how perfectionism is conceptualized and measured, but also in terms of how narcissism is conceptualized and measured. We will show, for instance, that just as is the case with other key variables, the results of studies that used the Narcissistic Personality Inventory are quite different from those of research that employed the Pathological Narcissism Inventory. We begin by examining multidimensional perfectionism from a conceptual perspective.

#### **PERFECTIONISM: A MULTIDIMENSIONAL FRAMEWORK**

Any analysis of perfectionism and narcissism is complicated by the fact that perfectionism is a complex personality construct with multiple dimensions. General conceptualizations of perfectionists usually involve descriptions of people with exceptionally high personal standards. However, in the early 1990's, two different research teams showed that perfectionism has other facets. Randy Frost and associates showed that the high-standards element of perfectionism is also accompanied by dimensions that tap evaluative concerns, such as an excessive concern over mistakes and doubts about action (see Frost, Marten, Lahart, and Rosenblate, 1990). Their view of perfectionism included an inextricable link with self-criticism. Indeed, Frost and colleagues (1990) described perfectionism as "high standards of performance which are accompanied by tendencies for overly critical evaluations of one's behavior" (p. 450).

Remarkably, another multidimensional conceptualization emerged at virtually the same time (see Hewitt & Flett, 1990, 1991). We took a more interpersonal perspective and distinguished among self-oriented perfectionism (i.e., demanding perfection of one's self), other-oriented perfectionism (i.e., demanding perfection from other people), and socially prescribed perfectionism (i.e., perceiving that other people demand perfection from the self). Whereas self-oriented perfectionism is focused on rigid, ceaseless striving and self-directed affect and cognitions, other-oriented perfectionism is hypothesized to involve externally directed affect and cognitions reflecting hostility toward others, authoritarianism, and dominating behavior. Socially prescribed perfectionism is a stable trait that is based on the perceptions that others have unrealistic standards and perfectionistic motives for one's own behaviors, and that others will be satisfied only when these standards are attained. It involves a sense of pressure stemming from the view that others have imposed perfectionistic demands on the self. While it is often believed that socially prescribed perfectionism stems from one's parents, socially prescribed perfectionism has been conceptualized as a broader domain that goes beyond the family. Indeed, an elegant new study has shown that socially prescribed perfectionism is a generalized orientation that can include perceived pressures to be perfect from a host of sources (i.e., peers, teachers, the broader culture, etc.; see Perera and Chang, in press).

These trait aspects of perfectionism are assessed with the Multidimensional Perfectionism Scale (MPS; Hewitt & Flett, 1991, 2004). Scores on these three dimensions tend to be moderately intercorrelated. That is, people who exhibit high levels of self-oriented perfectionism also tend to exhibit high levels of other-oriented perfectionism and socially prescribed perfectionism, but this is not always the case. That is, someone can be deemed to be a perfectionist, but have high scores on just one or two MPS dimensions.

This work was eventually supplemented by a unique cognitive focus on individual differences in perfectionistic automatic thoughts. Flett, Hewitt, Blankstein, and Gray (1998) posited and demonstrated that it is possible to assess meaningful differences in the frequency of perfectionistic rumination as assessed by the Perfectionism Cognitions Inventory (PCI). Importantly, this measure, which taps such thoughts as "I must be perfect," has incremental validity in terms of predicting variance in psychological distress that is not accounted for by the trait dimensions (Flett et al., 2012).

More recently, Hewitt and Flett focused on the interpersonal expression of perfectionism by illustrating the role of the need to be perfect in public. In work conducted among children, adolescents, and adults, they showed that some people have elevated levels of "perfectionistic self-presentation" (see Hewitt et al., 2003, 2011). Perfectionistic self-presentation is an interpersonal style expressed by people focused on presenting a public image of flawlessness. This aspect of the perfectionism construct also has three facets - perfectionistic selfpromotion (i.e., trying to seem perfect), nondisplay of imperfections (i.e., need to conceal mistakes and flaws), and nondisclosure of imperfections (i.e., not telling others about mistakes and imperfect aspects of the self). People who are particularly high in perfectionistic self-presentation may try to make it seem as if they are effortlessly perfect (an extreme version of the credo "Never let them see you sweat"). Perfectionists with this perfectionistic self-presentational orientation are prone to various forms of distress and social anxiety (Flett & Hewitt, in press; Nepon, Flett, Hewitt, & Molnar, 2011), and these people may become quite socially avoidant and socially disconnected from other people in a manner that reflects unfulfilled interpersonal needs. This is a highly defensive style that promotes a false sense of self linked with distress rather than positive well-being.

We will see in the case descriptions below that various elements of the perfectionism construct are highly relevant in clinical accounts of narcissistic perfectionists. As one illustration, while much of the discussion in the literature thus far has been on trait perfectionism, a role for perfectionistic self-presentation can be extrapolated from the writings of various authors who have discussed the tendency of ashamed narcissists to hide undesirable aspects of the self.

Indeed, when it comes to narcissistic perfectionists, Sorotzkin (1998) focused on selfpresentational needs as part of his emphasis on how narcissistic perfectionists, when they feel deflated and defeated in their quest to live up to the grandiose view they have of themselves, present themselves as having attained perfection. Sorotzkin (1998) observed that at a certain point, "They are really striving to look perfect more than to be perfect since they 'know' how bad they really are" (p. 91).

## CASE DESCRIPTIONS OF NARCISSISTIC PERFECTIONISTS: A PERSON-CENTERED APPROACH

This section of the chapter includes various clinical descriptions of narcissistic perfectionists. Our descriptive accounts of case studies not only show the complexities involved here, they also point to some of the developmental precursors of narcissistic perfectionism. Note that the case accounts provided below are a selected subset from the many case examples that can be found in the literature. Case studies have obvious limitations in terms of scientific evidence, but we note nevertheless that the abundance of available case material attests to the extent to which narcissistic perfectionism is a pervasive and identifiable problem.

The existence of narcissistic perfectionism among children was shown by Abrams (1993), who provided a detailed description of an eight-year-old boy. This boy was a perfectionist who had clear indications of pathological narcissism reflected by a fundamental insensitivity to the needs of others, including insulting them and stating that he wanted them out of his life. The narcissism was fuelled by the boy's physical attractiveness and his superb performance at school and in sports. He tended to be cold and indifferent to the needs of other people, but was hypersensitive to criticism. He felt that he was working harder than others and was entitled to special treatment, but in reality, as the oldest child in the family, he was expected to set a good example for his younger sisters who had learning problems, and he often had to take care of them. At the same time, he was described as having an "overresponsible and unforgiving moral perfectionism toward himself" (p. 578) that made him intolerant of people who he felt had let him down and contributed to his own degraded self-image and self-criticism. It was concluded that "the overall picture is of a child with narcissistic pathology who seems to feel very inadequate, unnurtured, unprotected, and threatened by a cold and hostile world" (p. 586).

While he appeared to be successful in terms of being lively, outgoing, physically attractive, and academically successful (a straight-A student), he actually felt rejected and empty. Abrams (1993) noted that treatment focused on the parents not casting the boy in an idealized role that put enormous pressure on him. He wanted to be his real self without having to be "so precocious, morally perfect, self-sufficient, and lonely in the process" (p. 587).

This sense of enormous pressure is also central to the compelling case description provided by Sorotzkin (1998). He outlined the case of Samuel, an 18-year-old Orthodox Jew. Samuel was described as a perfectionist with superior intelligence who excelled academically, but maintained an external façade to hide his dark side (i.e., sexual preoccupations and behaviors that caused him great shame). Samuel was characterized by grandiose fantasies and subsequent self-devaluation. He regarded his problem as reflecting an aberration in an otherwise perfect being. Accordingly, Samuel convinced himself that he had a problem with excessive testosterone and sought therapy to control his sexual impulses.

Samuel's problems were traced back to having grown up in a cold, loveless home characterized by bouts of abusiveness. He coped by developing a drive for perfection, which was accompanied by an intense fear of failure. Samuel represents one of the clearest illustrations of needing to seem perfect to hide unacceptable aspects of the self. He intentionally misrepresented himself in areas that were central to his identity. For instance, in terms of academic achievement, he would lie if he got 90% on a test and tell people he had

gotten 98%. He also needed to seem perfect in his athletic life, perhaps as a strategy to deflect attention away from his sexual problems. Sorotzkin (1998) noted that, while Samuel was careful not to show any signs of depression at school, he became more and more despondent as the gap between his public self and his private self widened. Eventually, as a result of a treatment approach that was quite Rogerian (Rogers, 1951; i.e., experiencing unconditional positive regard and encouragement to express his true self), Samuel learned to drop the façade and realized that "I can just be a plain, normal person" (p. 94).

A more recent case account was provided by Dimaggio and Attina (2012). They recounted their assessment and treatment of Lucian, a young man who stopped his university studies and sought therapy in 2009 due to his difficulties with his studies and difficulties relating to peers. Lucian had extreme manifestations of grandiosity. He claimed, for instance, that he would have become a great actor if his parents had not clipped his wings. He also noted at one point that he would have much rather preferred to have lived during the Roman Empire when he would have commanded a great army. He also expressed great contempt for his peers, who he saw as inferior.

Lucian was assessed as having a complex array of comorbid conditions. He was diagnosed with narcissistic personality disorder, avoidant personality disorder, and obsessivecompulsive personality disorder traits, as well as symptoms of social phobia and depression. He also suffered from fears of rejection and humiliation, and had profound deficits in psychosocial functioning. Lucian was described as socially inhibited and as having no social skills, which no doubt contributed to the fact that he had not had a date in three years. These features were attributable, in part, to his family background. His mother was described as his confidante, but she was highly anxious and controlling. Lucian's father was a strict authoritarian. His father focused constantly and overtly on the fact that he was dissatisfied with his children because they were not up to his level.

Key themes identified by the authors included Lucian's doubts about whether he could live up to his perfectionistic standards. He was deemed to operate throughout life according to schemas of feeling inferior and perceiving that others are harsh judges to the point that he developed feelings of contempt toward them. Lucian responded, as Adler (1916) would suggest, by compensating for feelings of inferiority by striving for perfect physical fitness. He, too, was invested in the need to seem perfect. Lucian coped with his distress and feelings of being rejected by resorting to perfectionistic self-presentation. In essence, he believed that "If I look perfect and sure, nobody's going to see me as incapable and cowardly" (p. 927).

Lucian was treated with a metacognitive interpersonal approach that was partially successful. After more than two years of therapy, Lucian no longer met diagnostic criteria for narcissistic personality disorder or avoidant personality disorder, but he still met the diagnostic criteria for personality disorder not otherwise specified depressive type.

Perfectionism was also a central theme in an intriguing new paper on pathological narcissism by Pincus, Cain, and Wright (in press). They described three brief case studies of narcissistic perfectionists (Mr. A., Mr. B., and Mr. C) and concluded on the basis of their analyses that "perfectionism in narcissism can be particularly pernicious, leading to both lack of positive reinforcement from occupational, social, and recreational activities and social withdrawal to hide an imperfect self" (p. 4).

Mr. A. was a narcissistic disabled veteran. He had cold and aloof parents who never helped him to resolve his competitive feelings toward his older brothers. His narcissistic vulnerability surfaced during treatment as he experienced increasing resentment, anger, and envy. The challenges of working with a narcissistic perfectionist were evident when Mr. A rejected his therapist's support and attempts at empathy, and expressed his sense that usual techniques would not work with him because he knew what the therapist was up to. It was noted that Mr. A had a form of pathological grandiosity underscoring his belief that the therapist could never be right or skilled enough, as would be the case when the client is focused on therapist imperfections due to a hypercritical form of other-oriented perfectionism.

Mr. B, on the other hand, was described as being characterized by empty depression and a tendency to be chronically suicidal. Because he had very grandiose expectations of himself and others, he was highly aware of his own imperfections and those of others. He had periods of grandiosity that seemed to oscillate with more depressive states. It was also noted that he had a coping orientation that was passive and that often involved blaming other people and factors outside the self. Pincus et al. (in press) observed that Mr. B was a narcissistic perfectionist who often seemed to be waiting for other people to solve his problems.

There were some clear similarities in the cases of Mr. B and Mr. C. Mr. C was described as socially isolated, socially anxious, and deeply ashamed of his current circumstances. He also had an empty depression with feelings of worthlessness and suicide ideation. It was noted that, in therapy, he presented routinely as ashamed, anxious, and depressed, yet he externalized blame to his parents, his coworkers, his therapists, and even the weather. Perfectionism was most evident in his perfectionistic intolerance to showing others any flaws and focusing repeatedly on grandiose fantasies as a way of compensating for his sense of shame and inadequacy.

The central themes that emerge from these case studies include the harsh evaluation of self and others for not living up to grandiose images of perfection and the need to try to cover up inadequacies by at least seeming perfect. It is also evident across these descriptions that the person suffering from narcissistic perfectionism has pervasive interpersonal problems. This is not surprising given that narcissism and interpersonal perfectionism are linked with interpersonal conflict when closer analyses are conducted of the daily interpersonal behaviors and relationship tendencies of people with elevated perfectionism (Mackinnon et al., 2012; Mushquash and Sherry, 2012).

We now turn to our review of the past research on perfectionism and narcissism. As suggested earlier, the picture that emerges varies substantially depending on the measure being used to assess narcissism. Initial research in the field painted a relatively rosy view of narcissistic perfectionism, in terms of it seeming more adaptive than it probably is in reality. However, more recent research on pathological narcissism has yielded findings in keeping with the complex and problematic nature of narcissistic perfectionism.

## PERFECTIONISM AND NARCISSISM: LINKS WITH THE NARCISSISTIC PERSONALITY INVENTORY

Years of inquiry have confirmed that the narcissism construct is complex and multidimensional. Historically, the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1981) has been the most widely used and studied self-report measure of the construct. Analyses suggest that the NPI has four factors: leadership/authority, superiority/arrogance, self-absorption/self-admiration, and exploitativeness/entitlement. Research on these four NPI

factors suggests that the first three factors are relatively adaptive in a way that seems to reflect positive self-regard, while the fourth factor of exploitativeness/entitlement is consistently maladaptive (see Emmons, 1987). For instance, the leadership/authority factor is linked with characteristics such as optimism, high self-esteem, and low social anxiety (for a review, see Sturman, 2000). Evidence that certain elements of narcissism may be adaptive is in keeping with observations that it might be quite normal for most people to have some degree of narcissism. However, there are bigger life challenges ahead for a smaller subset of narcissists who have the more pathological forms of the disorder.

Numerous studies have been conducted on the relationship between the NPI and indices of multidimensional perfectionism. Some of these studies have described findings for the various NPI subscales, while others have simply reported the results for the total score on the NPI. Initially, Hewitt and Flett (1991) examined the correlations between the MPS and the NPI as part of the validation studies of the MPS. The pattern of findings indicated small, but positive links between measures of exploitativeness/entitlement and both self-oriented and other-oriented perfectionism.

A more extensive investigation was conducted by Watson, Varnelli, and Morris (1999– 2000), who administered these same measures to 400 undergraduates. Importantly, the participants in this study also completed the O'Brien Multiphasic Narcissism Inventory (OMNI; O'Brien, 1987). The OMNI has three subscales that tap "poisonous pedagogy," narcissistic personality, and narcissistically abused personality (i.e., submissive reactions to narcissistic injuries). The poisonous pedagogy factor taps the tendency to abuse authority, in order to satisfy personal, narcissistic needs. The narcissistic personality subscale taps the symptoms and indicators of narcissistic personality disorder and is regarded as a measure of pure pathological narcissism. The results of the side-by-side evaluation of the MPS and the NPI scores showed that both self-oriented and other-oriented perfectionism were significantly associated with all four NPI subscales (r's ranging from .20 to .38); whereas socially prescribed perfectionism was correlated only with the exploitativeness/entitlement subscale (r = .32). Note that this same general pattern was reported when Watson and colleagues examined the MPS and NPI among 531 undergraduates (Trumpeter, Watson, & O'Leary, 2006). Watson et al. (1999–2000) also reported that all three trait MPS dimensions were associated significantly with poisonous pedagogy. Finally, only socially prescribed perfectionism was associated with narcissistic personality and narcissistically abused personality. The tendency for undergraduates with elevated socially prescribed perfectionism to have a narcissistically abused personality accords with other data showing that this is the only trait MPS dimension linked with a measure of narcissistic injury.

This brings us to a study by Mann (2004) that involved 200 undergraduates. Participants completed the MPS as well as measures of narcissistic injury and college adjustment. Participants in this study also completed a measure of shame proneness that was strongly correlated with narcissistic injury. Narcissistic injury refers to negative emotional reactions when there is a failure to live up to the idealized image or the person is treated in a manner that is not in keeping with his or her idealized, grandiose view of self. More generally, this study found socially prescribed perfectionism was associated with narcissistic injury and shame proneness.

Additional findings have been provided by Caroline Davis and her colleagues at York University. Their first study in this area focused on 102 university women and found that narcissism was linked with self-oriented and other-oriented perfectionism, but not socially prescribed perfectionism (see Davis, Dionne, & Shuster, 2001). A measure of neuroticism was also included in their study and this measure highlighted the differences between narcissistic and neurotic perfectionists, because the main finding was a modestly strong association with socially prescribed perfectionism. Later, Davis, Karvinen, and McCreary (2005) evaluated 100 university men. This research was focused primarily on personality correlates of muscularity. Perfectionism was assessed only with the MPS self-oriented perfectionism subscale (see Hewitt & Flett, 1991). A strong positive link was found between self-oriented perfectionism and narcissism (r = .41, p < .01). Self-oriented perfectionism was also linked with drive for muscularity, which was not correlated with overall NPI scores.

Freudenstein and associates (2012) reported a link between perfectionism and narcissism as part of an investigation conducted among 100 adolescent inpatients who either did or did not have suicidal tendencies. Participants completed the Child-Adolescent Perfectionism Scale, the NPI, and trait measures of self-criticism and dependency. The Child-Adolescent Perfectionism Scale taps self-oriented and socially prescribed perfectionism, but does not assess other-oriented perfectionism. In this work, narcissism was linked significantly with both self-oriented perfectionism and self-criticism, but the link between the NPI scores and socially prescribed perfectionism was only marginally significant.

While our focus here is on research conducted with the Hewitt and Flett MPS and the NPI, we would be remiss if we did not mention other studies with the NPI that included other measures of perfectionism. In one study, a sample of 49 men undergoing intense exercise training completed a battery of measures that included the NPI and the Frost MPS (Kuennen & Waldron, 2007). The results were reported only for the total NPI score and total perfectionism score and a substantial association was found (r = .57). Another investigation by Greenberger, Lessard, Chen, and Farruggia (2008) focused on the Frost Parental Expectations subscale, which was reworded to refer to parental academic expectations. Each item was completed separately for the mother and the father (e.g., "Only outstanding academic performance was good enough for my mother/father"). While narcissism per se was not included in this study, the participants (i.e., 353 undergraduates) did complete a measure of academic entitlement. A significant association was found between perfectionistic parental expectations and academic entitlement. Parental expectations were also associated with lower levels of parental warmth, higher levels of achievement anxiety and a lower grade point average. There was also a small, but positive association between parental expectations and academic dishonesty.

One study showing little link between perfectionism and narcissism was conducted by Clark, Lelchook, and Taylor (2010). They provided information on perfectionism and narcissism (as assessed with the NPI) as part of a broader study of workaholism. The perfectionism measure in this study was the Almost Perfect Scale (Slaney, Rice, Mobley, Trippi, & Ashby, 2001), which provides a measure of high standards and another measure of perfectionism discrepancy (i.e., the sense of not living up to perfectionistic standards). In this instance, there was a positive association between narcissism and high standards, but it was not statistically significant.

There was also a negligible correlation between narcissism and discrepancy. This nonsignificant finding is actually quite revealing in that it indicates that, in general, narcissists, as assessed with the NPI, do not consistently see themselves as falling short of perfectionistic standards.

Four other studies that utilized the Hewitt and Flett MPS are now described. Two of these studies yielded data on perfectionism and narcissism as part of an examination of the dark triad (i.e., narcissism, Machiavellianism, and psychopathy). The common finding that emerged from these studies is a link between narcissism and other-oriented perfectionism. Most recently, Stoeber (2014) examined the correlates of trait perfectionism dimensions and the measures of possible correlates included in the 12-item Dirty Dozen Scale (Jonason & Webster, 2010), which has a four-item narcissism subscale. A sample of 338 undergraduates also completed the Hewitt and Flett MPS (Hewitt & Flett, 1991) and an earlier version of the other-oriented perfectionism subscale (Hewitt & Flett, 1990). Among these undergraduates, narcissism was not significantly correlated with self-oriented perfectionism, but was significantly associated with socially prescribed perfectionism. It was also associated significantly with the original 1990 measure of other-oriented perfectionism (r = .26) and with the Hewitt and Flett (1991) other-oriented perfectionism subscale (r = .20). Previously, Nathanson, Paulhus, and Williams (2006) found that, in a sample of almost 200 undergraduates, both self-oriented perfectionism and other-oriented perfectionism were linked with a brief measure of narcissism, but socially prescribed perfectionism was not.

Most of the research on perfectionism and the NPI has been conducted among undergraduates and, as such, relatively little is known about perfectionism and narcissism in clinical samples. However, some key clinical insights were provided by McCown and Carlson (2004), who examined levels of perfectionism, as assessed by the MPS, among cocaine users undergoing treatment. Their sample included a subset of cocaine users diagnosed with narcissistic personality disorder, along with a subset of participants who had been diagnosed with either antisocial personality disorder or affective disorders. Group comparisons revealed significant differences in mean levels of trait perfectionism. The participants with narcissistic personality disorder were distinguished by a high level of other-oriented perfectionism, not only in relative terms in the study, but also in terms of available clinical norms for the MPS (Hewitt and Flett, 2004). The significance of this high level of other-oriented perfectionism became more apparent when McCown and Carlson (2004) also discerned that elevated otheroriented perfectionism predicted earlier self-termination of treatment.

While the primary focus of researchers has been on trait perfectionism thus far, there is now growing evidence linking perfectionistic self-presentation with narcissism. This work began with the creation of the Perfectionistic Self-Presentation Scale (PSPS) by Hewitt and colleagues (2003). While the PSPS has three subscales, it is the dimension that taps perfectionistic self-promotion that is most in keeping with classic descriptions of narcissism. Indeed, Hewitt et al. (2003) found that, in a sample of 222 undergraduates, this dimension was linked with NPI scores (r = .34) while the other two PSPS facets were not significantly associated with NPI scores.

Possible links with perfectionistic self-presentation were reexamined in a recent investigation by Sherry, Gralnick, Hewitt, Sherry, and Flett (2014). This study represents a comprehensive analysis of narcissism and perfectionism in that it included the MPS and the PSPS, as well as the PCI. These measures were administered to 983 undergraduates. The sample size was large enough to permit a meaningful comparison of the results for the 354 men vs. the 629 women. The results were only reported for the overall NPI. In this study, the NPI was linked consistently with other-oriented perfectionism, as assessed using the MPS, among both women and men. There was a small, positive link between self-oriented perfectionism and NPI scores among the women that was not found among the men. As for

the PSPS scores, in keeping with the findings of Hewitt et al. (2003), only perfectionistic selfpromotion was associated significantly with the NPI, and this was true for men and women. This association proved to be quite strong and was clearly evident when all perfectionism measures were considered together in a regression analysis that also controlled for gender and ethnicity. Finally, there were negligible links between the PCI and the NPI (.13 for men and .12 for women). The summary conclusion provided by Sherry et al. (2014) merits repeating with the caveat that quite modest associations were found. They stated that:

the present study paints a picture of narcissistic perfectionists as demanding, hypercritical, entitled, and grandiose individuals who impose their need for perfection upon others and who engage in brash self-promotion of their (supposed) perfection to others. This picture appears to hold for men and women alike. (Sherry et al., 2014, p. 55)

Regarding the fact that the findings are modest in magnitude, it is likely that this is, in part, a reflection of the NPI's item content, which taps into some aspects of positive functioning. In addition, it is quite plausible that these results underrepresent the degree of relatedness between perfectionism and narcissism. The presence of a substantial number of neurotic perfectionists in large samples of undergraduates should weaken the link that perfectionism has with narcissism when examined from a variable-centered perspective. Thus, we are confident in concluding that the results of the Sherry et al. (2014) study support the existence of a subgroup of narcissistic perfectionists.

Unfortunately, most research conducted thus far has not examined the possibility that perfectionism might interact with narcissism to predict key outcomes. This need to consider the combination of narcissism and perfectionism in future research was illustrated by Fitzpatrick and associates (2011), who examined individual differences in interest in cosmetic surgery among a sample of undergraduate women. A robust interaction effect was found; as expected, the women most interested in cosmetic surgery were those who were both narcissistic and perfectionistic.

Building upon the above theory and evidence, Nealis, Sherry, and colleagues recently proposed a model of narcissistic perfectionism, which they have described as an outwardly directed need for perfection marked by a grandiose self-image, interpersonal entitlement, and lofty expectations for others. This model was examined in two articles. In the first article, Nealis, Sherry, MacNeil, Sherry, and Stewart (2014) recruited two samples of undergraduates (N = 323 and N = 155) and used a confirmatory-factor analysis to test the factorial validity of the measurement model for narcissistic perfectionism. According to this measurement model, four indicators of narcissistic perfectionism (i.e., grandiosity, entitlement, high standards for others, and other-oriented perfectionism) cohere together as a trait constellation. The factorial validity of the measurement model for narcissistic perfectionism was supported by moderate to excellent fit indices and by substantial and significant factor loadings in both samples. Participants in the smaller sample (N = 155) also completed a 28-day daily diary study assessing daily conflict, daily derogation, and daily other-oriented discrepancies (i.e., feeling that others are not meeting your expectations). Multilevel path analysis suggested narcissistic perfectionism was related to daily conflict, daily derogation, and daily other-oriented discrepancies, even after controlling for self-critical perfectionism (see Dunkley, Zuroff, & Blankstein, 2003). These results support the incremental validity of narcissistic perfectionism

and suggest this trait constellation is not redundant with self-critical perfectionism (i.e., a form of neurotic perfectionism).

In the second article, Nealis, Sherry, Sherry, Stewart, and MacNeil (2014) recruited a sample of targets (N = 155) along with a sample of informants (N = 588). Targets also completed a 28-day longitudinal follow-up. Informants knew targets well (e.g., knowing the target for at least three months and interacting with the target at least twice a week). Targets completed self-report measures of narcissistic perfectionism; whereas informants completed informant report measures of narcissistic perfectionism. Self-report items (e.g., "I have very high expectations for the people who are important to me") were modified into informant-report items (e.g., "They have very high expectations for the people who are important to them"). Informant reports help overcome limitations of self-perceptions (Flett, Besser, and Hewitt, 2005). For instance, informant ratings help bypass defensive responses or self-enhancing biases. People with high levels of narcissistic perfectionism may be so accustomed to their behavior (e.g., demandingness or entitlement) that they are unable to accurately recall it or report it to others.

Nealis, Sherry, Sherry, and colleagues (2014) reported moderate to high latent correlation between self- and informant reports of narcissistic perfectionism, thus supporting the convergent validity of narcissistic perfectionism. Using hierarchical multiple-regression analyses, these authors also found that self- and informant reports of narcissistic perfectionism each uniquely predicted increases in anger over time. This finding supports the predictive validity of narcissistic perfectionism and corroborates the often discussed, but seldom tested notion that narcissistic perfectionists are angry people (e.g., Beck, Freeman, & Davis, 2004; Kohut, 1972). Overall, this recent work by Nealis, Sherry, Sherry, and colleagues provides a strong foundation for a theory-driven, evidence-based model of narcissistic perfectionism.

## **RESEARCH ON PERFECTIONISM AND PATHOLOGICAL NARCISSISM**

Additional insights have been provided by research on perfectionism and pathological narcissism. Pincus and his associates have argued convincingly that the NPI has too many items that tap positive functioning and that it fails to tap the construct of pathological narcissism as it was described originally. Specifically, the NPI focuses too much on the grandiosity component of narcissism and does not tap the core narcissistic vulnerability that is built on a very fragile and shaky sense of self-esteem (see Cain, Pincus, & Ansell, 2008; Pincus et al., 2009).

These observations led Pincus et al. (2009) to create the Pathological Narcissism Inventory (PNI). The PNI taps seven components of pathological narcissism. It includes four factors assessing narcissistic grandiosity (entitlement rage, exploitativeness, grandiose fantasy, and self-sacrificing self-enhancement) and three factors assessing narcissistic vulnerability (contingent self-esteem, hiding the self, and devaluing). These factors combine into two higher-order factors reflecting grandiosity and vulnerability, which are replicable and invariant among women and men (Wright, Lukowitsky, Pincus, & Conroy, 2010). The PNI is empirically distinguishable from the NPI. For instance, Maxwell, Donellan, Hopwood, and Ackerman (2011) found that, in a sample of 586 undergraduates, the NPI and PNI were not

strongly correlated (r = .22), and that NPI scores were linked with higher self-reported self-esteem (r = .26); whereas PNI scores were linked with lower self-esteem (r = ..34). There are also some subtle, but important differences between narcissistic grandiosity and narcissistic vulnerability in terms of associated interpersonal styles and interpersonal problems. For instance, the PNI grandiosity factors are linked with vindictiveness and a tendency to be domineering; whereas the PNI vulnerability factors are associated with coldness and social avoidance (see Pincus et al., 2009). Tests with the HEXACO model have indicated that vulnerability is linked with low levels of extraversion and agreeableness and high emotionality; whereas grandiosity is associated only with high emotionality. Both vulnerability and grandiosity are negatively associated with honesty-humility (Bresin & Gordon, 2011). Overall, both PNI factors are associated with negative personality features.

So how does the PNI relate to measures of perfectionism? A study by Ziegler-Hill, Green, Arnau, Sisemore, and Myers (2011) did not examine perfectionism per se, but did assess individual differences in the schema posited by Young that taps unrelenting standards. This investigation was conducted among 442 undergraduates who completed both the PNI and the NPI. The researchers found that unrelenting standards were associated with both grandiose narcissism (r = .38) and vulnerable narcissism (r = .31). Significant associations were also found between unrelenting standards and the NPI subscales tapping superiority/arrogance (r = .14) and exploitation/entitlement (r = .24).

Other relevant data were reported by Bresin and Gordon (2011), who evaluated the link between perfectionism and vulnerable and pathological narcissism as part of a broader investigation of the how these elements of narcissism relate to the trait dimensions represented on the 100-item version of the HEXACO Personality Inventory—Revised (Lee & Ashton, 2007). The HEXACO perfectionism subscale consists of four self-oriented items believed to represent the conscientiousness domain. Bresin and Gordon (2011) reported that, in their sample of 223 undergraduates, perfectionism was not associated significantly with either narcissistic vulnerability (r = .00) or with narcissistic grandiosity (r = .12). However, given other findings detailed below, it is reasonable to question whether the HEXACO perfectionism subscale captures the drivenness and inflexibility of rigid perfectionism.

Indeed, the link between perfectionism and pathological narcissism is more evident when the focus is on inflexible perfectionism. Wright and associates (2013) assessed 1653 undergraduates who completed the PNI and the Personality Inventory for *DSM-5* (Krueger, Derringer, Markon, Watson, and Skodol, 2012). This personality inventory contains a measure tapping *rigid perfectionism*. In this study, rigid perfectionism was associated jointly with PNI grandiosity (r = .29), PNI vulnerability (r = .37), and all seven PNI subscale scores. Rigid perfectionism is described as a rigid insistence on everything being flawless, perfect, and without fault or errors, including the performance of one's self and others. It also includes every detail being correct, a need for order and organization, and the irrational belief that there is one perfect and correct way to do things (see Dilchert, Ones, and Krueger, 2014).

This link with pathological narcissism appears to extend to clinical samples. Marcinko et al. (2014) examined levels of vulnerable narcissism, pathological narcissism, and perfectionism in a clinical sample of 234 adult psychiatric outpatients. The three most common diagnoses were depressive disorders (28.5%), psychoactive substance use disorders (23%), and anxiety disorders (21%). Perfectionism was assessed with the Dysfunctional Attitudes Scale (DAS). Participants were also administered the Depression, Anxiety, Stress Scales—21 (DASS-21). Analyses established that the DAS perfectionism factor was linked

jointly with narcissistic grandiosity (r = .35) and narcissistic vulnerability (r = .65). This study also revealed strong links between depression and both narcissistic vulnerability (r = .56) and perfectionism (r = .46). Finally, supplementary analyses showed that the DAS perfectionism subscale, but not the DAS dependency subscale, mediated the link between narcissistic vulnerability and depression.

Another study by Sines, Waller, Meyer, and Wigley (2008) yielded an association between pathological narcissism and unrelenting standards among women with eating disorders. In this instance, pathological narcissism was assessed with OMNI scores (O'Brien, 1987). Sines, Waller, Meyer, and Wigley (2008) portrayed these women with eating disorders as people who believe that others should not make demands and who have high standards for both themselves and others. They also exhibit low levels of social avoidance; it is important for them to be in close proximity to others.

The studies on perfectionism and pathological narcissism described above are limited by perfectionism their reliance on unidimensional measures: thus. links between multidimensional perfectionism and pathological narcissism are largely unknown. Accordingly, quite recently, we tested the links between multidimensional perfectionism among two samples of undergraduates. In both instances, the participants completed a battery of measures that included the PNI, the Hewitt and Flett Multidimensional Perfectionism Scale, and the Perfectionism Self-Presentation Scale. In addition, the participants in our second sample also completed the PCI, in order to test the possibility that pathological narcissism includes frequent thoughts about the need to be perfect.

Our preliminary results are presented in Table 1. As can be seen in the table, with the exception of other-oriented perfectionism, the findings were quite comparable across samples. Regarding the results for the MPS subscales, self-oriented perfectionism and socially prescribed perfectionism were both associated with grandiose and vulnerable narcissism. However, regarding other-oriented perfectionism, grandiose narcissism was linked significantly with other-oriented perfectionism in one sample, but not in the other sample. Other-oriented perfectionism was not associated with vulnerable narcissism.

The findings involving the facets of the Perfectionistic Self-Presentation Scale show that, in both samples, there were strong links between both indices of pathological narcissism and the need to seem perfect in public. These results accord with suggestions that certain narcissistic individuals hide undesirable aspects of themselves that are not in keeping with the goal of establishing and projecting an image of infallibility.

#### Table 1. Correlations between narcissism and dimensions of perfectionism, Study 1.

	Grandiosity	Vulnerability
Self-Oriented Perfectionism	.38**	.39**
Other-Oriented Perfectionism	.12	.00
Socially Prescribed Perfectionism	.47**	.59**
Perfectionistic Self-Promotion	.50**	.58**
Nondisplay of Imperfection	.51**	.58**
Nondisclosure of Imperfection	.39**	.55**

*Note. N* = 229.

	Grandiosity	Vulnerability
Self-Oriented Perfectionism	.34**	.34**
Other-Oriented Perfectionism	.24**	.13
Socially Prescribed Perfectionism	.47**	.56**
Perfectionistic Self-Promotion	.51**	.52**
Nondisplay of Imperfection	.59**	.63**
Nondisclosure of Imperfection	.39**	.50**
Perfectionism Cognitions	.52**	.62**

Table 1. Correlations between narcissism and dimensions of	perfectionism,
Study 2.	

*Note.* N = 168.

\*p < .05. \*\*p < .01.

Finally, as can also be seen in Table 1, both grandiosity and vulnerability were linked robustly with scores on the PCI. Indeed, one of the strongest associations that we detected was the link between the PCI and the PNI vulnerability subscale. This contrasts with the negligible link between the PCI and the NPI reported recently by Sherry et al. (2014). The strong link between perfectionistic cognitions and grandiose and vulnerable narcissism is consistent with observations reported by Beck et al. (2004), who indicated that narcissists are prone to automatic thoughts involving hyper-competitiveness and a need for perfection. The finding of a connection between the PCI and grandiosity and vulnerability has important implications when the nature of perfectionistic automatic thoughts is taken into account. The 25-item PCI focuses on the *frequency of thoughts* involving themes of perfection and imperfection (i.e., the degree of cognitive activity) during the previous week. These thoughts are believed to reflect the activation of an ideal self-schema that is focused on the attainment or lack of attainment of perfection (see Hewitt and Genest, 1990). That is, the PCI is a measure that specifically identifies the self-reported automatic thoughts associated with perfectionism over the past seven days. The PCI has a range of item content that reflects direct thoughts about the need to be perfect, as well as an individual's cognitive awareness of his or her imperfections. Several thoughts reflected in the items found on the PCI such as "I should be perfect," "I should never make the same mistake twice," and "I must be efficient at all times" are very much in keeping with general observations about an irrational-thinking aspect of perfectionism.

The PCI is also more "state-like" than existing trait measures and reflects the fact that, relative to dysfunctional attitudes and other personality vulnerabilities, automatic thoughts are believed to have more of a surface-level and situation-specific nature (see also Mackinnon, Battista, Sherry, & Stewart, 2014). Thus, to some degree, PCI scores reflect current concerns and recent experiences connoting a sense of perfection or imperfection. In light of this description and the evidence that PCI scores are linked robustly with both aspects of pathological narcissism, it can be inferred that narcissistic perfectionists are cognitively preoccupied with thoughts of needing to be perfect and related concerns when perfection is not being attained. Chronic cognitive rumination about the need to be perfect may shift in emphasis from a grandiose focus on imagining what it would be like if perfection could be

obtained to the less pleasant consideration of ways that the vulnerable narcissist falls short of exceedingly lofty goals.

It should be noted that these findings linking our various measures of perfectionism with pathological narcissism are in keeping with the results of supplementary analyses that we conducted on the data from previous studies that examined the role of perfectionism in personality dysfunction. Sherry, Hewitt, Flett, Lee-Baggley, and Hall (2007) described two studies in which samples of undergraduates completed our battery of perfectionism measures along with well-known measures of personality disorder symptoms. The first sample of 532 undergraduates completed the 80-item Personality Disorder Questionnaire-4+ (Hyler, 1994). The second sample of 350 undergraduates completed the 290-item Dimensional Assessment of Personality Pathology (DAPP; Livesley, Jackson, and Schroeder, 1992). The findings reported by Sherry et al. (2007) focused on the results involving the MPS and the PSPS (and not the PCI), and summary scores of personality dysfunction were the focus rather than individual subscale scores due to space limitations. For instance, the results for Sample 2 focused on the DAPP summary measures of overall levels of dysregulation, dissociality, inhibition, and compulsivity. Results involving narcissism were not reported in the original Sherry et al. (2007) article even though narcissism subscale scores were available for both samples. The results that emerged when we reanalyzed these data and restricted our focus to narcissism are very much in keeping with the results presented in Table 1. That is, in Sample 1, narcissism was linked with all three MPS dimensions (r's ranging from .20 to .29), all three PSPS facets (r's ranging from .23 to .31), and the PCI scores (r = .35). Similarly, analyses of the DAPP narcissism subscale with the data from Sample 2 showed that narcissism was again associated with all three MPS dimensions (r's ranging from .21 to .25), all three facets of the PSPS (r's ranging from .24 to .47), and the PCI (r = .34). In both samples, results involving perfectionistic self-presentation showed that the factor with the strongest link to narcissism was, not surprisingly, the perfectionistic self-promotion factor.

## **CONSEQUENCES OF PATHOLOGICAL NARCISSISTIC PERFECTIONISM**

Clearly, the association between perfectionism and the PNI in clinical samples needs to be evaluated further in future research. However, collectively, the results outlined above suggest that both grandiose and vulnerable narcissism are linked with perfectionism. The grandiosity found among certain perfectionists can have potentially grave consequences for some individuals. Indeed, we envision most narcissistic perfectionists as people who are highly susceptible to psychological problems as they grow older, especially as it becomes increasingly evident to these people that either they are never going to be perfect, or if they were perfect at one point, that element of the self is becoming lost (as in the case of the elite athlete with skills that diminish due to aging). The concept of biographical disruption introduced by sociologist Michael Bury seems particularly appropriate as a way of understanding that particular moment in time when the narcissistic perfectionist experiences a crisis of the self and realizes that grandiose perfection will never be attained. Bury (1982) introduced the notion of biographical disruption to account for situations in which lifealtering circumstances in our personal narrative are so striking that they change who we are and how we now see ourselves. Bury (1982) focused extensively on the role of the onset of chronic illness in biographical disruption, but biographical disruption can come in many forms. The sense of identity of overcompensating perfectionists is particularly at risk at the specific point in time when they realize that their mission to be perfect is a failure. Other perfectionists experience this biographical disruption when life outcomes make them realize that they have been pursuing the wrong goals or that they are in life roles that are dissonant with their true interests and true selves.

Rosenthal (1985) highlighted the biographical disruption that awaits the aging narcissistic perfectionist who is highly invested in meeting exacting standards and in demonstrating superior competence by describing his treatment of his octogenarian neighbor, Nathan. Nathan was described as fitting the description of the expansive solution posited by Karen Horney (1950), but now had to cope with being immobilized by arthritis and was suffering from depression and a sense of helplessness. Rosenthal (1985) suggested that such people mourn the loss of their former self and the lost idealized image following life events that place new limitations on them. They must create an acceptable new self-image. Nathan improved not only as a result of therapy, but also having chores required of him, which boosted his sense of feeling needed and being capable of performing intelligent work.

The realization that perfection is not attainable and that the former self is lost is a realization that should be particularly distressing for narcissistic perfectionists and it likely played a contributing role in the suicides that have been committed by narcissistic perfectionists. In general, narcissism is being recognized increasingly as a marker for suicide, especially as patients grow older (Heisel, Links, Conn, van Reekum, & Flett, 2007), as disappointments and frustrations mount and the perfectibility of the narcissist is disconfirmed by life experience. Unfortunately, narcissism together with perfectionism is a potent combination that can lead to suicide. In their analysis of suicides among young Israeli military personnel, King, Apter, and Zohar (2007) detailed a group of narcissistic, low self-disclosure suicides that seemed to stem from unrealistically high expectations and suicidal reactions to failure feedback.

The role of narcissistic perfectionism in suicide was perhaps best illustrated by the case of Dr. Jonathan Drummond-Webb, a well-known pediatric heart surgeon from Arkansas in the United States. The exceptional work of Drummond-Webb and his team received national media attention on more than one occasion. Unfortunately, Drummond-Webb committed suicide, in a manner that was deemed by the coroner to have involved drug and alcohol intoxication (*Arkansas Times* staff, 2005). According to media reports, Dr. Drummond-Webb was an extreme perfectionist who was also a relentless workaholic in his quest to save infants' lives. Drummond-Webb was also characterized by the extremely narcissistic form of other-oriented perfectionism. In fact, in his suicide note, he apparently chastised several individuals who were identified by name because they "don't care." His suicide note also included his observation that "the world is not ready for me" (*Arkansas Times* staff, 2005).

#### **FUTURE RESEARCH DIRECTIONS**

Given the apparent consequences of narcissistic perfectionism for both narcissistic perfectionists and the people around them, it is incumbent on researchers to pursue further investigations of this topic. While much is now known about narcissistic perfectionism, it is First, it is important to start to get a better understanding of the similarities and differences in the developmental antecedents of narcissistic perfectionism vs. neurotic perfectionism. Perhaps this distinction can be built into future developmental research that seeks to understand the roots of the current narcissism epidemic. One question is the degree to which rising pressures to be perfect are involved in this epidemic.

key directions for future research.

Second, fine-grained research is needed on the motivational orientations and selfevaluative tendencies of narcissistic perfectionists, relative to neurotic perfectionists and nonperfectionists. Work is also needed on the self-regulatory tendencies and strategies of narcissistic perfectionists in interpersonal and achievement situations. Research on the romantic relationships of narcissistic perfectionists would be particularly timely given mounting evidence of the role of perfectionism in relationship dissatisfaction (see Mackinnon et al., 2012).

Finally, it is important to begin a program of research that contrasts the life roles and functioning of narcissistic perfectionists with those of neurotic perfectionists and nonperfectionists. One intriguing domain is narcissistic perfectionism in the workplace in the context of work (OR: in the workplace/at work). As illustrated by the lives of famous narcissistic perfectionists such as Steve Jobs and George Steinbrenner, the workplace is one place where the grandiose vision of the narcissistic perfectionist has the potential to lead to great accomplishments, but can also be highly destructive in terms of the impact on coworkers (see Isaacson, 2011; Madden, 2010). A detailed empirical analysis of perfectionists in leadership positions as a supplement to conceptual analyses (see Flett and Hewitt, 2006) is likely to be very revealing in terms of illustrating the profound costs and potential benefits of narcissistic perfectionism (if any!).

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