THE INFLUENCE OF VULNERABLE NARCISSISM ON COLLEGE ADJUSTMENT

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ABSTRACT

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Attending a university is one of the first major life transitions for many young adults, and it presents a number of important challenges, difficulties, and stressors. Thus, students with certain personality characteristics may be especially susceptible to developing adjustment problems while in college. Because vulnerable narcissism is associated with several characteristics that have been implicated as risk factors for poor adjustment to college (e.g., low self-esteem, use of maladaptive coping strategies, insecure attachment styles, and hypersensitivity to criticism), it may place college students at higher risk for maladjustment and negative health-related symptoms during their first year. This hypothesis was tested with a two-month longitudinal design in a sample of 319 first-year students during their first semester of college. Higher levels of vulnerable narcissism (but not grandiose narcissism) at Time 1 predicted poorer college adjustment, lower levels of social support, and higher levels of negative health symptoms at Time 2. Therefore, vulnerable narcissism appears to be a risk factor for developing health/adjustment problems during the first semester of college.

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LITERATURE REVIEW

Attending a university is one of the first major life transitions for many young adults and it presents a number of important challenges, such as separating from parents, confronting identity issues and facing career options, managing important daily responsibilities that accompany a more independent lifestyle, and initiating and maintaining social and romantic relationships (Lapsley & Edgerton, 2002). Financial pressures, feelings of loneliness or isolation, and difficulties with interpersonal relationships are common presenting problems in university counseling centers (Brooks & DuBois, 1995). Adjusting to these major life changes in college may be particularly challenging during the first year (Leong & Bonz, 1997) when an individual experiences the most dramatic transition. It is estimated that about 50% of students drop out of college before obtaining a degree, with the majority of these people doing so within the first two years (Toews & Yazedjian, 2007). Because most students who drop out of college do so in the first year, it is important to study the variables that influence successful (and unsuccessful) college adjustment during the first year (Boulter, 2002).

Mann (2004) proposed that students who drop out often have psychological vulnerabilities and maladaptive coping strategies that negatively impact their ability to adjust to the stress of college. Recent trends suggest that first-year college students are experiencing increasingly more stress and more are seeking personal counseling after starting college (Boulter, 2002). Moreover, studies have found that students' physical and psychological health often decline over the first year of college (Pritchard, Wilson, & Yamnitz, 2007), and that unsuccessful college adjustment is related to worse physical and mental health (Aspinwall & Taylor, 1992). Effective interventions and prevention efforts

could be developed for at-risk students if psychological vulnerabilities that make students more susceptible to adjustment problems in college were better understood (Lidy & Kahn, 2006). Also, identifying at-risk students would help in terms of deciding who to target with programs that facilitate adjustment to college (Brooks & DuBois, 1995). Because of its theoretical connections to maladaptive coping strategies and impaired interpersonal functioning, the current study tests the hypothesis that a specific type of narcissism (vulnerable narcissism) places college students at higher risk for maladjustment during their first year.

The personality feature of narcissism has been used to describe individuals who exhibit a sense of entitlement and who are willing to exploit others for personal gain (Dickinson & Pincus, 2003). Research suggests that this personality feature is most accurately conceptualized as consisting of two distinct facets (vulnerable narcissism and grandiose narcissism), rather than a unitary construct (Dickinson & Pincus, 2003; Rose, 2002; Wink, 1991). While both subtypes of narcissism share the core elements of a sense of entitlement and willingness to exploit others, they also differ in important ways. The more familiar of the two subtypes, grandiose narcissism, is represented in the *Diagnostic* and Statistical Manual of Mental Disorders – Fourth Edition, Text Revision [DSM-IV-TR; American Psychiatric Association (APA), 2000] as narcissistic personality disorder (NPD). NPD (grandiose narcissism) is characterized by a stable, pervasive pattern of exaggerated views of self-importance, an expectation for excessive admiration from others, and the display of arrogant behaviors and attitudes that lead to distress and/or functional impairment (APA, 2000). People with high levels of vulnerable narcissism also have an excessive need for admiration/approval from others, but tend to respond to criticism with

negative self-views and internal conflict and distress (e.g., anger, shame, depression) rather than arrogant behaviors (Dickinson & Pincus, 2003). Multiple factor analytic studies support the distinction between grandiose and vulnerable narcissism (Rose, 2002; Soyer, Rovenpor, Kopelman, Mullins, & Watson, 2001; Wink, 1991). Moreover, self-report measures of vulnerable narcissism [e.g., Narcissistic Personality Disorder Scale (NPDS), Ashby, Lee, & Duke, 1979] generally do not correlate highly with self-report measures of grandiose narcissism [e.g., Narcissistic Personality Inventory (NPI); Raskin & Hall, 1979], suggesting that these instruments are not measuring the same constructs (Miller & Campbell, 2008; Rose, 2002; Sturman, 2000; Wink, 1991).

There are multiple theoretical and empirical reasons to believe that vulnerable narcissism would be related to poor college adjustment. Several characteristics associated with vulnerable narcissism are also associated with people who adjust poorly to college. Specifically, experimental and correlational studies have demonstrated that vulnerable narcissists tend to have low self-esteem (Dickinson & Pincus, 2003; Rose, 2002), maladaptive strategies for coping with stress (e.g., emotion-focused coping strategies; Cain, Pincus, & Ansell, 2008; Foster & Trimm IV), social anxiety (fear of rejection and hypersensitivity to criticism; Atlas & Them, 2008), and an avoidant attachment styles (avoidance of intimacy, discomfort with closeness; Smolewska & Dion, 2005). Overall, these factors could lead to disturbances in interpersonal relationships and social support that hinder healthy adjustment to college. Importantly, research in the area of college adjustment suggests that low self-esteem (Toews & Yazedjian, 2007), maladaptive coping strategies (Aspinwall & Taylor, 1992), poor social support (Brooks & DuBois, 1995; Gerdes & Mallinckrodt, 1994), and anxious/avoidant attachment styles (Lapsley &

Edgerton, 2002; Marmarosh & Markin, 2007) all have negative implications for one's ability to meet the many social, emotional, and academic demands inherent in the college experience. Therefore, individuals with vulnerable narcissistic personality traits may be at risk for poor adjustment to college as a function of their deficits in areas essential to doing well in college.

Narcissism and its relationship to college adjustment have received little empirical attention despite evidence that narcissism is on the rise among college students (Twenge & Foster, 2008) and that it is associated with various mental disorders (e.g., bipolar disorder, substance use disorders; Ronnongstam, 1996). One exception to this is a study by Lapsley and Aalsma (2006), which used a cluster analytic strategy on the Profile of Narcissistic Dispositions (POND; Taylor, 1995), the NPI, and "goal instability" and "superiority" scales as they related to a measure of mental health and adjustment [(Hopkins Symptom -Checklist (HSCL; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974)] along with common developmental and psychological problems faced by college students [College Adjustment Scales (CAS; Anton & Reed, 1991)]. The cluster analysis revealed three forms of narcissism, which the authors labeled covert (corresponding to vulnerable narcissism), overt (corresponding to grandiose narcissism), and adaptive. Adaptive narcissists had significantly lower scores on indices of anxiety, relational problems, interpersonal sensitivity, depression, problems with self-esteem and family problems, and separationindividuation pathology (problems with developing autonomy and affirming independence from caregivers in the context of validating relationships) than overt and covert narcissists. Covert narcissists indicated significantly greater problems with self-esteem and family, interpersonal sensitivity, separation anxiety, depression, and greater separationindividuation pathology than overt narcissists. Thus, it appears that the maladaptive narcissists (covert and overt forms) report more overall college adjustment problems than adaptive narcissists, while covert narcissists are more poorly adjusted on certain indices than both overt and adaptive forms of narcissism (Lapsley & Aalsma, 2006). This study is limited in that it provides no information about temporal order between narcissistic traits and college adjustment.

In summary, very little research has examined the impact of vulnerable narcissism on college adjustment despite there being reasons to believe that it is a risk factor for poor college adjustment. One study examining this relationship (Lapsley & Aalsma, 2006) was limited in that it was cross-sectional and correlational. Thus, the temporal relationship between vulnerable narcissism and college adjustment could not be determined. Assessing participants with varying levels of vulnerable narcissism at different time points while also measuring college adjustment would provide a more comprehensive examination of these variables, and allow interpretations about whether vulnerable narcissism is a risk factor for developing adjustment problems in college. Specifically, a longitudinal study would determine whether vulnerable narcissism is indeed a risk factor for developing adjustment problems in college, or perhaps vulnerable narcissistic personality features emerge simultaneously or as a consequence of poor mental health.

The purpose of the current study was to determine how vulnerable narcissism impacts adjustment to college (in terms of academic, social, and emotional adjustment), including mental and physical health variables, in students during their first year of college. Because vulnerable narcissism is associated with several risk factors for poor adjustment to college, it was hypothesized that vulnerable narcissism (but not grandiose narcissism) at

Time 1 would predict poor college adjustment and increased negative health symptoms (depression, anxiety, low social support, physical symptoms, drinking behavior, insomnia) at Time 2. Furthermore, it was predicted that the association between vulnerable narcissism and increased adjustment/health problems would be mediated by sensitivity to criticism, social anxiety, insecure attachment styles, maladaptive coping strategies, and low self-esteem.

METHOD

Participants

A total of 319 first-year students (185 female, 134 male; mean age = 18.5, SD = 2.2) enrolled in introductory psychology courses participated in this study. Of these participants, 234 (73.3%) completed the surveys at Time 2. The racial/ethnic background of participants was 92.9% White, 0.9% Black/African-American, 1.9% Asian, 0.6% Hispanic, and 3.7% Other. We selected for first-year participants only, and they were screened through the psychology department's online data collection system, with "First-Year Status" as an eligibility requirement. For recruitment, an advertisement was posted online, which contained an overview of the study. Participants were given course credit as part of a requirement for their introductory psychology class. All procedures were approved by the university's internal review board. Results from a MANOVA revealed no significant differences between participants who completed the surveys at both time points and those who did not complete the measures at Time 2 for any of the Time 1 narcissism, college adjustment, or mental health variables (all ps > .05).

Procedure

This was a prospective longitudinal design, and data was collected at two time points within students' first semester of college via an online survey system. Time 1 data collection occurred at the beginning of the Fall 2009 semester (beginning of September), while Time 2 data collection occurred approximately two months later, near the end of the semester (mid- November).

Materials

See the Appendix for full questionnaires.

Independent variables

Vulnerable Narcissism. The Pathological Narcissism Inventory (PNI; Pincus et al., 2009) is a 52-item measure assessing seven dimensions of pathological narcissism, including subscales spanning problems with grandiosity (Entitlement Rage, Exploitativeness, Grandiose Fantasy, Self-sacrificing Self-enhancement) and narcissistic vulnerability (Contingent Self-esteem, Hiding the Self, Devaluing). Ratings are endorsed on a 5-point scale ranging from 1 (not at all like me) to 5 (very much like me). Consistent with Pincus et al.'s (2009) conceptualization, items from the subscales assessing vulnerability (e.g., "It's hard for me to feel good about myself unless I know other people admire me") were combined to create an overall index of vulnerable narcissism ($\alpha = .94$). Studies documenting the initial derivation and validation of the PNI, as well as convergent and concurrent validity, are presented in Pincus et al. (2009).

Grandiose Narcissism. The Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979) is a widely-used questionnaire that assesses levels of grandiose narcissism. The scale is comprised of self-descriptive statements in a true-false format (e.g., "I am an extraordinary person"), with higher scores indicating higher levels of grandiose narcissism. The scale has good internal consistency, reliability, and validity (Emmons, 1984; Raskin and Terry, 1988). The coefficient alpha for the current sample was 0.87.

Proposed mediator variables

Criticism Sensitivity. The Brief Fear of Negative Evaluation Scale (BFNE; Leary, 1983) measures anxiety related to perceived negative evaluation, or sensitivity to criticism. The BFNE is composed of 12 items rated on a 5-point scale (1= not at all characteristic of me to 5 = extremely characteristic of me). An example item is: "I am afraid others will not

approve of me." See Duke, Krishnan, Faith, and Storch (2006) for information about the psychometric properties and test-retest reliability of the BFNE. The coefficient alpha in the current sample was .88.

Insecure Attachment Style. The Experiences in Close Relationships Inventory (ECR; Brennan, Clark, & Shaver, 1998) is a 36-item measure of attachment style which measures two dimensions of adult attachment- anxiety (e.g., "I worry about being abandoned") and avoidance (e.g., "I prefer not to show a partner how I feel deep down"). The ECR asks respondents if they agree or disagree on a 7-point scale. The construct validity of the ECR in relation to predictions derived from attachment theory has been established in multiple studies (see Mikulincer & Shaver, 2003). In the present study, scores from the anxiety and avoidance scales were combined into an overall measure of attachment insecurity ($\alpha = .89$).

Maladaptive Coping Style. The COPE Questionnaire (Carver, Scheier, & Weintraub, 1989) contains 60 items that assess a broad range of dysfunctional and functional coping responses by asking an individual to rate himself or herself using a 4-point scale (1 = I usually don't do this at all, 4 = I usually do this a lot) according to how much he/she engages in the behavior described (e.g., "I daydream about things other than this"). The scale has demonstrated adequate validity and reliability (Lyne & Roger, 2000). For the current study, subscales measuring dysfunctional coping styles (Mental Disengagement, Focus on and Venting of Emotions, Denial, Behavioral Disengagement, Substance Use, Suppression of Competing Activities) were combined into an overall maladaptive coping index. The alpha coefficient for this maladaptive coping index was .86.

Social Anxiety. Social anxiety was measured using the Interaction Anxiousness Scale (IAS; Leary & Kowalski, 1993), which consists of 15 items (e.g., "I often feel nervous even in casual get-togethers") rated from 1 = not at all characteristic of me to 5 = Extremely characteristic of me. See Leary and Kowalski (1993) for construct and criterion-related validity of the IAS. The coefficient alpha for this sample was .83.

Self-Esteem. Global self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965), a 10-item scale that asks statements such as, "I take a positive attitude toward myself" on a four-point scale (from 1 = strongly disagree to 4 = strongly agree). Adequate reliability and validity of this measure have been reported (Blascovich & Tomaka, 1991), and the alpha coefficient for the RSES in the current sample was .89.

Dependent variables

Depression. The Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) is a 21-item inventory that assesses the severity of depressive symptomatology. Each item consists of a group of four statements, ranging in severity, which respondents indicate which is most descriptive of their current situation or emotional state (e.g., 0 = "I do not feel like a failure," 1 = "I feel I have failed more than the average person" 2 = "As I look back on my life, all I can see is a lot of failures," and 3 = "I feel I am a complete failure as a person"). Refer to Dozois, Dobson, and Ahnberg (1998) for information on the internal consistency, test-retest reliability, construct validity, and factorial validity of the BDI. The coefficient alphas for the current sample was .92 (Time 1) and .94 (Time 2).

Anxiety. The Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988) is a measure of both cognitive and somatic symptoms of anxiety experienced over the past two weeks. The BAI is comprised of 21 items in which respondents rate (0 = not at all to 3 = extremely) how much they are bothered/distressed by various symptoms (e.g., unable to relax, heart racing or pounding, fear of the worst happening). The BAI has high internal consistency and test-retest reliability over one week (Berg, Sandell, and Sandahl, 2009). Coefficient alphas were .91 for Time 1 and .93 for Time 2.

Drinking Behavior. The Rutgers Alcohol Problem Index (RAPI; White & Labouvie, 1989) contains a list of 23 alcohol-related consequences, and participants rate the frequency of occurrence (0 = never, 1 = 1-2 times, 2 = 3-5 times, 3 = 6-10 times, 4 = more than 10 times) of these consequences over the past month as a reflection of alcohol's impact on their social and health functioning. An example item is: "Missed out in other things because you spent too much money on alcohol." For information on the psychometric properties and validation of the RAPI, see Neal, Corbin, and Fromme (2006). In this sample, the coefficient alphas were .93 for Time 1 and .95 for Time 2.

Overall College Maladjustment. The College Adjustment Test (CAT; Pennebaker, Colder, & Sharp, 1990) is a 19-item measure that taps the degree to which students have experienced a variety of thoughts and feelings related to college life within the last week, measured on a 7-point scale ($1 = not \ at \ all \ to \ 7 = a \ great \ deal$). The CAT consists of positive affect (e.g., "Liked your social life"), negative affect (e.g., "Worried about how you will perform academically"), and homesickness subscales (e.g., "Missed your parents and other family members), as well as an overall index of college maladjustment, which was used in this study as the main dependent variable ($\alpha = .82$ for

Time 1, α = .82 for Time 2). Pennebaker, Colder, and Sharp (1990) report test-retest reliability and factor structure information for the CAT.

Perceived availability of social support was measured with the Social Support. Interpersonal Support Evaluation List- College Student Version (ISEL; Cohen & Hoberman, 1983). The ISEL consists of a list of 48 statements that assess the perceived availability of four different functions of social support, including Tangible (perceived availability of material aid; e.g., "I know someone who would loan me \$100 to help pay my tuition"), Appraisal (availability of someone to discuss one's problems with; e.g., "I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about any problems I might have adjusting to college life"), Belongingness (availability of people to socialize and do things with; e.g., "I can get a date who I enjoy spending time with whenever I want"), and Self-esteem (perceiving oneself positively when compared to others; e.g., "Most people who know me well think highly of me"). Respondents are asked to indicate whether each statement is "probably true" or "probably false" about themselves. The four subscales can be combined into an overall support measure, which was used in the current study ($\alpha = .86$ for Time 1, $\alpha = .89$ for Time 2). The ISEL has demonstrated adequate reliability as well as concurrent and discriminant validity (Cohen & Hoberman, 1983).

Physical Symptoms. The Cohen-Hoberman Inventory of Physical Symptoms (CHIPS; Cohen & Hoberman, 1983) is a list of 33 common physical symptoms, many considered to be psychosomatic in nature (e.g., "headache," "weight loss," "constant fatigue"). Each item is rated on a 5-point scale (from 0 = not at all to 4 = extremely) for how much that problem bothered or distressed the individual during the past two weeks.

Psychometric evaluations of the CHIPS indicate that it has adequate internal consistency and validity (Cohen & Hoberman, 1983). In this sample, the coefficient alphas were .93 for Time 1 and .95 for Time 2.

Insomnia. The Insomnia Severity Index (ISI; Morin, 1993) measures the severity of sleep difficulties (i.e., difficulty getting to sleep, staying asleep, or early morning awakenings) as well as subjective distress relating to sleep patterns (e.g., "How worried/distressed are you about your current sleep problem?"). There are seven items scored on a 0 (no problems) to 4 (very severe problems) scale. The ISI is considered to have excellent psychometric properties, and internal consistency and concurrent validity has been well supported (Bastien, Vallieres, & Morin, 2001). Coefficient alphas were .86 for Time 1 and .87 for Time 2.

RESULTS

Main Analyses

Correlations, means, and standard deviations for the two subtypes of narcissism (Time 1), mediators (Time 1), and dependent variables (Time 2) are reported in Table 1. A series of regression analyses was performed to determine whether vulnerable narcissism and grandiose narcissism at Time 1 significantly predicted college adjustment and related mental and physical health problems over time while controlling for Time 1 health/adjustment symptoms. For each of these regressions, the particular mental health or adjustment variable at Time 1 was entered into the regression at Step 1 (in order to control for baseline symptom levels). At Step 2, vulnerable narcissism and grandiose narcissism were entered individually into the equation in order to test for a main effect of each variable. The dependent variable was the Time 2 measure of the particular mental health or adjustment variable in question (e.g., anxiety, depression, physical symptoms, drinking, college maladjustment, social support, insomnia). For this series of regression analyses, most of the dependent variables were not significantly predicted by either subtype of narcissism (ps > .05). However, Time 1 vulnerable narcissism did serve as a significant predictor of Time 2 insomnia ($\beta = .13$, t = 2.31, p = .022), while depression at Time 2 was significantly predicted by Time 1 grandiose narcissism in a negative direction ($\beta = -.11$, t =-1.98, p = .049), even after controlling for the mental health variables at Time 1. Because both narcissism variables failed to significantly predict most health/adjustment variables (due to most of the variance in Time 2 symptoms being explained by their high correlations with their respective Time 1 variables), another series of regression analyses were

Table 1. Intercorrelations and Descriptive Statistics for Narcissism Subtypes, Mediators, and Dependent Variables.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
I. PNI	-	.09	.48***	.33***	.51***	.46***	43***	19**	.28***	.20***	.22**	.24***	.08	.17*
2. NPI		-	21***	39***	10	.21***	.32***	.18**	17**	13	03	05	.16*	.01
3. BFNE			-	.57***	.38***	.26***	50***	28***	.43***	.29***	.22**	.18**	.08	.23**
4. IAS				-	.43***	.18**	44***	-,35***	.37***	.22**	.19**	.16*	02	.16*
5. ECR					-	.30***	50***	39***	.38***	.35***	.31***	.34***	.17**	.31***
6. COPE						-	38***	23***	.26***	.30***	.32***	.27***	.31***	.32***
7. RSES							-	.36***	46**	*45***	27***	27***	12	29***
8. ISEL								-	26**	*44***	26***	25***	28***	32***
9. CAT									-	.45***	.34***	.37***	.10	.36***
10. BDI										-	.51***	.53***	.51***	.63***
11. BAI											-	43***	.37***	.69***
12. ISI												-	.24***	.57***
13. RAPI	I												-	
.45***														
14. CHIP	es													~
М	69.85	18.33	35.62	41.88	123.9	6 48.0	7 29.9	97 28.	71 72	2.47 7.	77 9.4	8 7.40	4.09	25.56
SD	14.52	7.30	8.61	11.35	27.24	9.74	4 5.20	0 6.7	6 14	1 .67 9.	06 9.7	3 5.50	8.13	21.18

Note. PNI = Pathological Narcissism Inventory- Vulnerable Narcissism Scale (Pincus et al., 2009); NPI = Narcissistic Personality Inventory (Raskin & Hall, 1979); BFNE = Brief Fear of Negative Evaluation Scale (Leary, 1983), IAS = Interaction Anxiousness Scale (Leary & Kowalski, 1993), ECR = Experiences in Close Relationships Inventory (Brennan, Clark, & Shaver, 1998); COPE = COPE Questionnaire (Carver, Scheier, & Weintraub, 1989); RSES = Rosenberg Self-Esteem Scale (Rosenberg, 1965); ISEL = Interpersonal Support Evaluation List- College Student Version (Cohen & Hoberman, 1983); CAT = College Adjustment Test- Total Maladjustment Scale (Pennebaker, Colder, & Sharp, 1990); BDI = Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961); BAI = Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988); ISI = Insomnia Severity Index (Morin, 1993); RAPI = Rutgers Alcohol Problem Index (White & Labouvie, 1989); CHIPS = Cohen-Hoberman Inventory of Physical Symptoms (Cohen & Hoberman, 1983). The PNI, NPI, BFNE, IAS, ECR, COPE, and RSES variables refer to data collected at Time 1, while the ISEL, CAT, BDI, BAI, ISI, RAPI, and CHIPS variables refer to data collected at Time 2.

^{*} p < .05. ** p < .01. *** p < .001.

conducted in which Time 1 health/adjustment variables were not controlled. In these analyses, vulnerable narcissism at Time 1 was a significant predictor of increased college maladjustment (β = .31, t = 4.98, p < .001), anxiety (β = .24, t = 3.60, p < .001), depression (β = .23, t = 3.48, p = .001), physical symptoms (β = .17, t = 2.60, p = .010), and insomnia (β = .25, t = 3.89, p < .001), while predicting less social support at Time 2 (β = -.22, t = -3.45, p = .001). Time 1 grandiose narcissism significantly predicted less college maladjustment (β = -.22, t = -3.56, p < .001) and depression (β = -.17, t = -2.54, p = .012), while also being related to greater social support (β = .22, t = 3.39, p = .001). On the other hand, grandiose narcissism was associated with greater drinking behavior at Time 2 (β = .16, t = 2.33, p = .021). A summary of these results are reported in Table 2.

Mediational Analyses

Mediational analyses were also performed to test our hypotheses about the mechanisms by which vulnerable narcissism would be associated with college health/adjustment outcomes. The mediator variables, which included Time 1 measures of self-esteem, social anxiety, maladaptive coping strategies, insecure attachment styles, and sensitivity to criticism, were selected based on theoretical and empirical connections detailed in the introduction. Follow-up mediational analyses were conducted for all regression analyses described above if they remained statistically significant following a Bonferroni correction (i.e., p < .007).

In order to determine whether these five variables mediated the relationship between vulnerable and grandiose narcissism and the Time 2 health/adjustment variables, bootstrapping analyses (a nonparametric resampling procedure) were conducted. As

Table 2. Summary of Regression Analyses: Grandiose and Vulnerable Narcissism at Time 1 Predicting College Adjustment and Mental and Physical Health Symptoms at Time 2.

	Model R ²	F	В	SE B	β
DV = College Maladjustment	.12	16.23***			
Vulnerable Narcissism			.33	.07	.31***
Grandiose Narcissism			47	.13	22***
DV = Social Support	.07	10.04***			
Vulnerable Narcissism			11	.03	22**
Grandiose Narcissism			.21	.06	.22**
DV = Anxiety	.05	6.57**			
Vulnerable Narcissism			.17	.05	.24***
Grandiose Narcissism			10	.09	07
DV = Depression	.06	8.06***			
Vulnerable Narcissism			.15	.04	.23**
Grandiose Narcissism			22	.08	17*
DV = Physical Symptoms	.02	3.41*			
Vulnerable Narcissism			.27	.10	.17*
Grandiose Narcissism			05	.20	02
DV = Drinking Behavior	.02	3.50*			
Vulnerable Narcissism			.03	.04	.06
Grandiose Narcissism			.18	.08	.16*
DV = Insomnia	.06	7.86**			
Vulnerable Narcissism			.10	.03	.25***
Grandiose Narcissism			07	.05	-,09

^{*} p < .05. ** p < .01. *** p < .001.

described by Preacher and Hayes (2008), bootstrapping allows for estimations of direct and indirect effects of multiple mediators being tested simultaneously within a single model by creating confidence intervals (estimated from an empirical approximation of the population

distribution of specific and total indirect effects by sampling with replacement from the original sample distribution), which allow for an examination of each mediators' unique ability to account for a specific predictor variable-outcome relationship after controlling for every other mediator included in the model. Because the mediators are not tested individually in separate models, the likelihood of committing a Type 1 error is reduced. Also, this method does not rely on the assumption that the population sampling distributions of the total and specific indirect effects are normal. In interpreting bootstrap data, results are considered significant if the confidence intervals containing point estimates of indirect effects do not contain zero. A total of seven bootstrapping models were conducted; five included vulnerable narcissism as the predictor variable and either college maladjustment, social support, depression, anxiety, or insomnia as the dependent variable, while the other two models included grandiose narcissism as the predictor variable and either college maladjustment or social support as the dependent variable.

The bootstrap results (see Figure 1 for a visual depiction of the mediation model showing vulnerable narcissism predicting college maladjustment) indicated that for each model in which vulnerable narcissism was the predictor variable, the total effect of vulnerable narcissism on the outcome variable (total effect = .29, p < .001; -.09, p = .005; .13, p = .002; .16, p = .001; .10, p < .001; for college maladjustment, social support, depression, anxiety, and insomnia; respectively) became non-significant when the mediators were included in the model (direct effect of vulnerable narcissism = -.05, .06, -.09, -.03, .00; ps = ns; for college maladjustment, social support, depression, anxiety, and insomnia; respectively). Also, the total indirect effect (i.e., the difference between the total and indirect effects) of vulnerable narcissism on all outcome variables through the five

mediators was significant, with point estimates of .35, -.15, .22, .19, and .09; and 95% biascorrected and accelerated bootstrap confidence intervals (BCa CIs) of .2269 to .4668, - .2109 to -.1001, .1460 to .3134, .1229 to .2822, and .0525 to .1362 for college maladjustment, social support, depression, anxiety, and insomnia; respectively. Thus, the five mediators together fully mediated the association between Time 1 vulnerable narcissism and the five Time 2 health/adjustment variables.

Furthermore, the specific indirect effects of each potential mediator revealed that sensitivity to criticism and self-esteem (point estimates of .1011 and .0952; and 95% BCa CIs of .0412 to .1728, and .0328 to .1905; respectively) were unique mediators of the link between vulnerable narcissism and college maladjustment; social anxiety and insecure attachment (point estimates of -.0213 and -.0680; and 95% BCa CIs of -.0463 to -.0016, and -.1081 to -.0287; respectively) mediated the relationship between vulnerable narcissism and social support; the association between vulnerable narcissism and depression was mediated by insecure attachment, maladaptive coping, and self-esteem (point estimates of .0660, .0503, and .0789; and 95% BCa CIs of .0157 to .1163, .0117 to .1100, and .0325 to .1433; respectively); the effect of vulnerable narcissism on anxiety was mediated by insecure attachment and maladaptive coping (point estimates of .0745 and .0726; and 95% BCa CIs of .0296 to .1400, and .0286 to .1382; respectively); and insecure attachment and maladaptive coping (point estimates of .0498 and .0270; and 95% BCa CIs of .0190 to .0836, and .0041 to .0536; respectively) also served as significant mediators between vulnerable narcissism and insomnia.

For the models in which grandiose narcissism was the predictor variable, the total effect of grandiose narcissism on the outcome variable (total effect = -.36, p = .009; .18, p

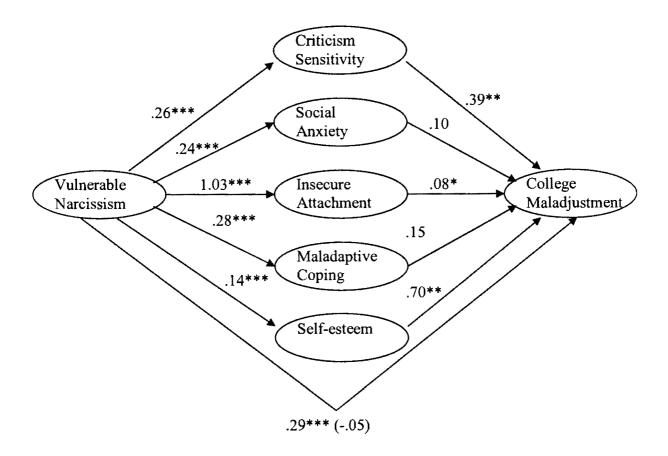


Figure 1. Bootstrapping Mediation Model for Time 1 Vulnerable Narcissism Predicting Time 2 College Maladjustment, with Time 1 Criticism Sensitivity, Social Anxiety, Insecure Attachment, Maladaptive Coping, and Self-Esteem as Mediators.

= .006; for college maladjustment and social support, respectively) became non-significant when the mediators were included in the model (direct effect of grandiose narcissism = .00, .07; ps = ns; for college maladjustment and social support, respectively). The total indirect effect of grandiose narcissism on the outcome variables through the five mediators was also significant, with point estimates of -.37 and .11, and 95% BCa CIs of -.6435 to -.1207 and .0120 to .2093, for college maladjustment and social support, respectively. Thus, the five mediators together fully mediated the association between Time 1 grandiose narcissism and Time 2 college maladjustment and Time 2 social support. The specific

indirect effects of each potential mediator revealed that grandiose narcissism's influence on college maladjustment was mediated by sensitivity to criticism and self-esteem (point estimates of -.1036 and -.1853; and 95% BCa CIs of -.2203 to -.0234, and -.3709 to -.0311; respectively), while none of the mediators significantly mediated grandiose narcissism's relationship with social support.

DISCUSSION

The primary aim of this study was to examine the influence of vulnerable narcissism on students' abilities to adjust to their first semester of college. Consistent with predictions, students with higher levels of vulnerable narcissism at Time 1 tended to be more poorly adjusted to their college experience at Time 2, while Time 1 grandiose narcissism predicted less college maladjustment at Time 2. Also, vulnerable narcissism predicted increases in symptoms related to poor health (depression, anxiety, insomnia, and reported physical problems), while predicting less perceived social support. In contrast, grandiose narcissism was not related to these negative health symptoms (or, in the case of depression, actually predicted a decrease in symptomatology). Therefore, vulnerable narcissism can be considered a risk factor for developing college adjustment problems, while grandiose narcissism may serve as buffer from college adjustment problems.

Results from the mediation analyses revealed that there are differing mechanisms by which vulnerable narcissism negatively impacts college adjustment and leads to increased mental health problems. For example, sensitivity to criticism and self-esteem mediated the association between vulnerable narcissism and college maladjustment after controlling for the other mediators in the model, while the relationship between vulnerable narcissism and social support was mediated by an insecure attachment style and social anxiety, above and beyond the effects of the other mediators. The beginning of college is a unique experience for first-year students and provides several new occasions in which a student is likely to be judged and evaluated by others (e.g., becoming involved in campus organizations, feedback from professors regarding class performance, forming and maintaining new friends and social groups). Students with vulnerable narcissistic traits may

be overly sensitive to receiving negative feedback from others, and this may lead to increased problems with social, personal/emotional, or academic adjustment. Students with high levels of vulnerable narcissism may also find the academic and social demands of college as too difficult and overwhelming, because their low self-esteem is related to believing that it is beyond their personal resources and abilities to master. This personal doubt about one's abilities to meet these challenges could then create negative emotional states (e.g., hopelessness) that inhibit adequate adjustment. Having high levels of self-esteem, on the other hand, may instill a sense of competence among students that leads to viewing the stressors of college life as attainable and within their control, and this feeling of mastery could then lead to more adaptive coping efforts and overall adjustment.

Because vulnerable and grandiose narcissism were associated with different adjustment and health outcomes, this study also supports the notion that narcissism is not a unitary construct, but rather consists of grandiose and vulnerable forms. Considering how vulnerable narcissism predicted college maladjustment while grandiose narcissism was negatively related to maladjustment, this study also provides support for the theoretical healthy/pathological distinction between the two narcissistic subtypes, with vulnerable characteristics lying towards the pathological or maladjusted end and grandiose features lying towards the adjusted end (see Wink, 1991). If our findings are replicated in future studies, this information may assist counselors in creating appropriate prevention strategies for these vulnerable students. For example, it may be beneficial for universities to institute a screening program for vulnerable narcissistic traits, similar to existing programs that routinely screen incoming first-year students for mental health-related variables (e.g., alcohol and drug problems). Through this screening process, students possessing high

levels of these traits could be identified, and invited to take courses or therapy groups that teach adaptive ways for coping with criticism and building self-esteem. Along with low self-esteem and sensitivity to criticism, the mediational analyses revealed that social anxiety, an insecure attachment style, and maladaptive coping strategies were important mechanisms by which a vulnerable narcissistic personality style contributes to college adjustment problems, so it may be particularly helpful for counselors to address these issues as well when helping these students, perhaps using cognitive-behavioral strategies (see Beck, Freeman, & Davis, 2004).

Rather than treating narcissism as one construct, this study analyzed the associations between two specific subtypes of narcissism and health/adjustment problems during the first semester of college in order to more comprehensively examine the influence that narcissistic personality traits (including both grandiose and vulnerable styles) have on one's ability to adjust during a stressful life transition. Thus, by not treating narcissism as a single unitary construct, this study undertook a more detailed analysis of narcissism and its implications for health and adjustment than previous studies. This study contributes to the literature by using a large sample consisting of participants relevant to the research questions (i.e., using students in their first semester of college to study narcissism's impact on adjustment to stressful experiences). Another strength is the longitudinal design of the study, which allowed for an examination of the temporal relationship between vulnerable narcissism and college adjustment. In fact, this was the first study to longitudinally assess whether vulnerable narcissism is a significant risk factor for developing adjustment and health problems over the course of a stressful life experience. In doing so, real-life outcome correlates of the NPI and PNI were established,

providing support that the NPI measures primarily adaptive aspects of narcissism (see Hendin & Cheek, 1997) while the PNI measures a maladaptive form of narcissism (see Pincus et al., 2009). Beyond showing that vulnerable narcissism may indeed act as a risk factor for college adjustment problems, this study used bootstrapping mediation analyses to empirically test the mechanisms by which this narcissistic subtype leads to health/adjustment problems during college. Thus, the study went beyond the examination of correlates of poor college adjustment, and proposed a theoretical model that explained the relationships between vulnerable narcissism and college adjustment.

Some limitations of this study should be mentioned. First, only self-report measures were used to assess narcissistic traits, health/adjustment variables, and potential mediators. Self-report methods may have limitations in validity with regards to narcissism, because of its association with unrealistic and inflated self-views. Specifically, people high in grandiose narcissism may have a tendency to deny any problems they have and dismiss their weaknesses, while tending to self-enhance on these measures in order to protect their overly-positive self-image. Therefore, social desirability may challenge the validity of self-report measures (Foster and Trimm IV, 2008). Future studies may benefit from using more implicit measures of mental health, such that it would be more difficult for people with high levels of narcissism to deny problems. Second, the sample consisted of nonclinical undergraduate college students, which may not be very representative of people suffering from the most severe clinical forms of vulnerable narcissism. Third, the time period between data collections was very short (8-10 weeks) and both occurred within the same school semester. Thus, the relationships among some variables that were obtained may

have been obscured by the narrow Time 1-Time 2 interval when controlling for Time 1 levels of variables.

Because this study relied solely on self-report questionnaires, future studies may want to include other methods of assessing these variables, such as structured clinical interviews or obtaining personality ratings from others (e.g., the students' roommates). In addition, it may also be worthwhile to replicate this study in a clinical sample so results can be more readily generalized to people suffering from more severe, clinically significant forms of vulnerable narcissism. While this study examined how narcissistic subtypes impact adjustment to college, it will be useful for future studies to examine narcissism's impact on health and adjustment outcomes during other stressful life events (e.g., after job loss or divorce). The current results supports the benefit of analyzing grandiose and vulnerable subtypes separately when studying narcissism, rather than treating this complex construct as a single factor. This extends to clinical situations as well. Because diagnosis of NPD depends on current DSM-IV-TR (APA, 2000) criteria that focus on grandiose aspects of narcissism while lacking items for vulnerable narcissism, the vulnerable themes found in clinical theory and research have been largely ignored while diagnosing NPD in clinical situations (Cain et al., 2008). A more complete understanding of narcissism and its influence on health may be realized if researchers and clinicians more consistently assess both forms of narcissism.

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APPENDIX

Participant #

Note: these questionnaires are the paper-based versions, but were modified for compute	eı
administration. However, the content of the questions remained the same.	

<u>Demographics</u>						
1) Please select the ethnic group(s) to which	1) Please select the ethnic group(s) to which you belong to:					
Black/African-American	Asian/Pacific Islander					
White/Caucasian (Non-Hispanic)	Other; Please specify:					
Hispanic						
2) What is your age?						
3) Please select your sex below:						
femalemale						

BECK DEPRESSION INVENTORY

HOW ARE YOU FEELING?

On this questionnaire are groups of statements. Please read each group of statement carefully. Then pick out the <u>one</u> statement in each group which best describes the way you have been feeling the PAST FOUR WEEKS, INCLUDING TODAY. Circle the number beside the statement you picked. If several statements in the group seem to apply equally, circle each one. <u>Be sure to read all the statements in each group before making your choice</u>.

Note: item 9 has been removed due to its suicidal content.

- 1. 0 I do not feel sad.
 - 1 I feel sad.
 - I am sad all the time and I can't snap out of it.
 - I am so sad or unhappy that I can't stand it.
- 2. 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - I feel that the future is hopeless and that things cannot improve.
- 3. 0 I do not feel like a failure.
 - I feel I have failed more than the average person.

- 2 As I look back on my life, all I can see is a lot of failures.
- 3 I feel I am a complete failure as a person.
- 4. 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
- 5. 0 I don't feel particularly guilty.
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I fell guilty all of the time.
- 6. 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
- 7. 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
- 8. 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
- 10. 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - I used to be able to cry, but now I can't cry even though I want to.
- 11. 0 I am no more irritated now than I ever am.
 - I get annoyed or irritated more easily than I used to.
 - 2 I feel irritated all the time now.
 - I don't get irritated at all by the things that used to irritate me.
- 12. 0 I have not lost interest in other people.
 - I am less interested in other people than I used to be.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all of my interest in other people.

13.	0 1 2	I make decisions about as well as I ever could. I put off making decisions more than I used to. I have greater difficulty in making decisions than before.
	3	I can't make decisions at all anymore.
14.	0	I don't feel I look any worse than I used to.
	1	I am worried that I am looking old or unattractive.
	2	I feel that there are permanent changes in my appearance that make me look unattractive.
	3	I believe that I look ugly.
15.	0	I can work about as well as before.
	1	It takes an extra effort to get started at doing something.
	2 3	I have to push myself very hard to do anything. I can't do any work at all.
16.	0	I can sleep as well as usual.
	1	I don't sleep as well as I used to.
	2	I wake up 2-3 hours earlier than usual and find it hard to get back to sleep
	3	I wake up several hours earlier than I used to and cannot get back to sleep.
17.	0	I don't get more tired than usual.
	1	I get tired more easily than I used to.
	2	I get tired from doing almost anything.
	3	I am too tired to do anything.
18.	0	My appetite is no worse than usual.
	1	My appetite is not as good as it used to be.
	2	My appetite is much worse now.
	3	I have no appetite at all anymore.
19.	0	I haven't lost much weight, if any lately.
	1	I have lost more than 5 pounds.
	2	I have lost more than 10 pounds.
	3	I have lost more than 15 pounds.
I am	purpos	sely trying to lose weight by eating lessyesno
20.	0	I am no more worried about my health than usual.
- 0,	1	I am worried about physical problems such as aches and pains; or upset
	•	stomach; or constipation.
	2	I am very worried about physical problems, and it's hard to think.

- I am so worried about my physical problems, that I cannot think about anything else.
- 21. 0 I have not noticed any recent change in my interest in sex.
 - I am less interested in sex than I used to be.
 - 2 I am much less interested in sex now.
 - 3 I have lost interest in sex completely.

Rosenberg Self-Esteem Scale

Please record the appropriate answer per item, depending on whether you agree, strongly agree, disagree, or strongly disagree with it.

	1 = Strongly Agree 2 = Agree 3 = Disagree 4 = Strongly Disagree
1.	On the whole, I am satisfied with myself.
2.	At times, I think I am no good at all.
3.	I feel that I have a number of good qualities.
4.	I am able to do things as well as most other people.
5.	I feel I do not have much to be proud of.
6.	I certainly feel useless at times.
7.	I feel that I'm a person of worth, at least on an equal plan with others.
	1 = Strongly Agree 2 = Agree 3 = Disagree 4 = Strongly Disagree
8.	I wish I could have more respect for myself.
9.	All in all, I am inclined to feel that I am a failure.
10.	I take a positive attitude toward myself.

Beck Anxiety Inventory

Below is a list of feelings that people may experience. Please read each item in the list carefully. Indicate how much you have been bothered by each feeling in the past two weeks, including today, by circling the appropriate number for each item.

numbness or tingling	Not at all	Mildly 1	Moderately 2	Severely 3
feeling hot	0	1	2	3
wobbliness in the legs	0	1	2	3
unable to relax	0	1	2	3
fear of the worst happening	0	1	2	3
dizzy or lightheaded	0	1	2	3
heart pounding or racing	0	1	2	3
unsteady	0	1	2	3
terrified	0	1	2	3
nervous	0	1	2	3
feelings of choking	0	1	2	3
hands trembling	0	1	2	3
shaky	0	1	2	3
fear of losing control	0	1	2	3
difficulty breathing	0	1	2	3
fear of dying	0	1	2	3
scared	0	1	2	3

indigestion/discomfort in the

abdomen	0	1	2	3
faint	0	1	2	3
face flushed	0	1	2	3
sweating (not due to heat)	0	1	2	3

HSNS

Please answer the following questions by deciding to what extent each item is characteristic of your feelings and behavior. Fill in the blank next to each item by choosing a number from the scale

printed below.

- 1 = very uncharacteristic or untrue, strongly disagree
- 2 = uncharacteristic

troubles,

- 3 = neutral
- 4 = characteristic
- 5 = very characteristic or true, strongly agree

	1. I can become entirely absorbed in thinking about my personal affairs, my health, my cares or my relations to others.
	2. My feelings are easily hurt by ridicule or the slighting remarks of others.
	3. When I enter a room I often become self-conscious and feel that the eyes of others are upon me.
	4. I dislike sharing the credit of an achievement with others.
	5. I feel that I have enough on my hands without worrying about other people's troubles.
***************************************	6. I feel that I am temperamentally different from most people.
	7. I often interpret the remarks of others in a personal way.
	8. I easily become wrapped up in my own interests and forget the existence of others.
	9. I dislike being with a group unless I know that I am appreciated by at least one of those present.
	10. I am secretly "put out" or annoyed when other people come to me with their

Narcissistic Personality Inventory

Instructions: read each statement and indicate whether this is true or false of your feelings or beliefs. Please indicate you response by circling T or F. Please do not skip any items

1. I have a natural talent for influencing people.	Т	F
2. I would do almost anything on a dare.	T	F
3. I would be willing to describe myself as a strong personality.	T	F
4. I know I'm good because everyone keeps telling me so.	T	F
5. If I ruled the world it would be a much better place.	T	F
6. People just naturally gravitate toward me.	T	F
7. I can usually talk my way out of anything.	T	F
8. When I play a game, I hate to lose.	T	F
9. I like to be the center of attention.	T	F
10. I think I am a special person.	T	F
11. I see myself as a good leader.	T	F
12. I am assertive,	T	F
13. I like having authority over people.	Т	F
14. I find it easy to manipulate people.	T	F
15. I insist upon getting the respect that is due me.	T	F
16. I like to display my body.	Т	F
17. I can read people like a book.	T	F
18. I like to take responsibility for making decisions.	T	F
19. I am at my best when the situation is at its worst.	T	F
20. I like to look at my body.	T	F
21. I am apt to show off if I get the chance.	T	F
22. I always know what I'm doing.	T	F
23. Everybody likes to hear my stories.	T	F
24. I expect a great deal from other people.	T	F
25. I will never be satisfied until I get all that I deserve.	T	F
26. I have a strong will to power.	T	F
27. I am envious of other people's good fortune.	T	F
28. I like to look at myself in the mirror.	T	F
29. I am witty and clever.	T	F
30. I really like to be the center of attention.	T	F
31. People always seem to recognize my authority.	T	F
32. I would prefer to be a leader.	T	F
33. I am going to be a great person.	T	F
34. I can make anybody believe anything.	T	F
35. I am a born leader.	T	F
36. I get upset when people don't notice how I look		
when I go out in public.	T	F

37. I am more capable than other people.	T	F
38. I am an extraordinary person	T	F

Eating Disorder Inventory

DIRECTIONS: Please answer the following questions about food, eating, and self-attitudes using the scale below:

		1 2	3	4	5	
	6					
	Never	Rarely	Sometimes	Frequently	Usually	Always
1.	,	Leat sweets and	Learbohydrates y	vithout feeling ner	vous	
2.		I think that my	stomach is too b	io	vous.	
3		I eat when I am	unset	·6·		
4.		I stuff myself w	ith food.			
5.		I think about di	eting.			
6.		I think that my	thighs are too la	rge.		
7.		I feel extremely	guilty after ove	reating.		
8.		I think that my	guilty after ove stomach is just t	he right size.		
9.		Only outstandin	ng performance i	s good enough in r	ny family.	
10.		I am terrified or	f gaining weight			
11.		I feel satisfied v	with the shape of	my body.		
12.		I exaggerate or	magnify the imp	ortance of weight.		
13.		I have gone on	eating binges wh	nere I have felt that	I could not stop.	
14.		As a child, l tri	ed very hard to a	void disappointing	my parents and	
		teachers.				
15.	***************************************	I like the shape	of my buttocks.			
			ed with the desir			
17.		I hate being les	s than best at thi	ngs.		
18.		l think about bi	ngeing (overeative expected exce	ng).		
19.		My parents hav	e expected exce	llence of me.		
20.		I think that my	hips are too big.	1	C 1 (1)	
21.		l eat moderatel	y in front of othe	ers and stuff myself	when they're go	ne.
22.		If I gain a poun	d, I worry that I	will keep gaining.	4 11	
23.		I feel that I mus	st do things perio	ectly, or not do the	m at all.	
24.		I have the thou	gni oi irying io v	omit to lose weight right size.	τ.	
25. 26		I think that my	buttocks are too	le right size.		
20.		I eat or drink in	secrecy	large.		
27. 28	*	I think that my	hips are just the	right size		
		I have extreme		right size.		
49.		I Have extreme	iy iligii goais.			

UPPS

The following questions ask about particular attitudes and behavioral tendencies. Answer based upon your own experiences and beliefs rather than those of other people. Use the number scale to find the answer that best represents how you generally tend to feel or act.

	1	2	3	4	5
	Not true of me				Very true of me
1.	I usually make u	n my mind thr	ough careful	reasoning	
	It is hard for me	- •	-	_	
2 3	I would like to g	-	-	.165.	
3 4.	My thinking is u		-	iul.	
5.	I don't like to sta	•			proceed.
6. —				-	n doing even though it is
·	making me f				W
7.	I am a cautious r				
8.	I tend to value as		tional, "sensil	ble" approach	to things.
9.	Before I get into				-
10.					ng when I am upset.
11.	I have trouble of				1
12.			-	hing.	
13.	I have trouble r	•		•	s, etc).
14.				_	rder to make myself feel
better				-	·
	now.				
15	Unfinished task	s really bothe	er me.		
16	I often get invo	lved in things	I later wish I	could get out	of.
17	I welcome new	and exciting	experiences a	ind sensations	, even if they are a little
	frightening and	unconvention	nal.		
18	Before making	up my mind,	I consider all	the advantage	es and disadvantages.
19	I would like to	learn to fly an	airplane.		
20	I finish what I s	start.			
21	In the heat of a	n argument, I	will often say	things I later	regret.
22	Sometimes I do	-	•	~	
23	I generally seel				ations.
24	I am always ab		feelings unde	er control.	
25	I'll try anything			_	
26		any little jobs	that need to b	be done that I	sometimes just ignore
them					
27	I quite enjoy ta	_			
28				to choose you	ur next move very quickly.
29	I would enjoy j		. •		
30	When I am upso				
31	I sometimes lik				
32	When I feel rej				
33.	I would enjoy t	the sensation of	ot skiing verv	tast down a b	nigh mountain slope.

34I would enjoy fast driving.			
35. I generally like to see things through	to the end.		
36. I am not one of those people who blu	art out things when thinking	3.	
37. I tend to give up easily.	-		
38. Once I get going on something I hate	e to stop.		
39. I concentrate easily.	1		
40. I have a reserved and cautious attitud	e towards life		
41. I would enjoy water skiing.	to wards into		
42. Once I start a project, I almost alway	za finish it		
		n tima	
43I am pretty good about pacing mysel		ii tiiiic.	
44I like to stop and think things over b			
45I am a productive person who alway	s gets the job done.		
Rutgers Alcohol	Problems Index		
Do you ever drink ALCOHOL? (please circle		No	
If yes, how old were you when you fir	st drank alcohol?		
On the average, how often do you drink ALC	OHOL? (please circle one)		
0. never	4. once to four times per		
1. less than 4 times in life	5. almost every day	••••	
2. once to eight times per year	6. once or more every da	y	
3. once or twice a month	·	-	
Havel Fragueray of Hay On the average has	w aften have ven drank ale	ahal in	the nest
<u>Usual Frequency of Use</u> : On the average, how month (please circle one).	w often have you drank are	31101 111	me past
0. once a month or less (including never)	5. 5 or 6 times a week		
1. 2 or 3 times a month	6. 7 or 8 times a week		
2. once a week	7. 9 - 13 times a week		
3. twice a week	8. 14 - 20 times a week		
4. 3 or 4 times a week	9. 21 or more times a we	ek	
Different things happen to people when they ALCOHOL use. Some of these things are list each has happened to you during the past more RESULT of your ALCOHOL USE. When many the past more people when they are the people when the people when they are the people when the people when they are the people when the people when the people when the people when they are the people when they are the people when t	ed below. Please indicate hath while you were drinking	ow mar g alcoho	ny times ol or AS A
	2 = 3-5 times		3
3 = 6-10 times $4 = $ more than			
i more man	10 times		
Not able to do your homework or study for a te	st 0	1	2
2. Got into fights, acted bad, or did mean things	0	1	2
3 4	v	-	_

 Missed out in other things because you spent too much money on alcohol 4 	0	1	2
4. Went to work or school drunk3 4	0	1	2
5. Caused shame or embarrassment to someone 3 4	0	i	2
6. Neglected your responsibilities 3 4	0	1	2
7. Relatives avoided you 3	0	4	2
8. Felt that you needed more alcohol than you used to use in order to 3 4 get the same effect	0	1	2
9. Tried to control your drinking by trying to drink only at certain times of 3 4 day or certain places	0	1	2
10. Had withdrawal symptoms, that is, felt sick because you stopped or 3 4 cut down on drinking	0	1	2
11. Noticed a change in your personality	0	1	2
12. Felt that you had a problem with school 3 4	0	1	2
13. Missed a day (or part of a day) of school or work 3 4	0	1	. 2
14. Tried to cut down on drinking 3 4	0	1	2
15. Suddenly found yourself in a place that you could not remember getting to 3 4	0	1	2
16. Passed out or fainted suddenly 3 4	0	1	2
17. Had a fight, argument or bad feelings with a friend 3 4	0	1	2
18. Had a fight, argument or bad feelings with a family member 3 4	0	1	2
19. Kept drinking when you promised yourself not to	0	1	2
20. Felt you were going crazy	0	1	2

22. Felt physically or physiologically dependent on alcohol 0 1 2 3 4	21. Had a bad time 3 4	0	1	2
3 4	22. Felt physically or physiologically dependent on alcohol	0	1	2
	3 4		***************************************	

BIS/BAS

Each item of this questionnaire is a statement that a person may either agree with or disagree with. For each item, indicate how much you agree or disagree with what the item says. Please respond to all the items; do not leave any blank. Choose only one response to each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don't worry about being "consistent" in your responses. Choose from the following four response options:

- 1 = very true for me
- 2 =somewhat true for me
- 3 = somewhat false for me
- 4 = very false for me
- 1. A person's family is the most important thing in life.
- 2. Even if something bad is about to happen to me, I rarely experience fear or nervousness.
- 3. I go out of my way to get things I want.
- 4. When I'm doing well at something I love to keep at it.
- 5. I'm always willing to try something new if I think it will be fun.
- 6. How I dress is important to me.
- 7. When I get something I want, I feel excited and energized.
- 8. Criticism or scolding hurts me quite a bit.
- 9. When I want something I usually go all-out to get it.
- 10. I will often do things for no other reason than that they might be fun.
- 11. It's hard for me to find the time to do things such as get a haircut.
- 12. If I see a chance to get something I want I move on it right away.
- 13. I feel pretty worried or upset when I think or know somebody is angry at me.
- 14. When I see an opportunity for something I like I get excited right away.
- 15. I often act on the spur of the moment.
- 16. If I think something unpleasant is going to happen I usually get pretty "worked up."
- 17. I often wonder why people act the way they do.
- 18. When good things happen to me, it affects me strongly.
- 19. I feel worried when I think I have done poorly at something important.
- 20. I crave excitement and new sensations.
- 21. When I go after something I use a "no holds barred" approach.
- 22. I have very few fears compared to my friends.
- 23. It would excite me to win a contest.
- 24. I worry about making mistakes.

Brief Fear of Negative Evaluation Scale Leary (1983)

Read each of the following statements carefully and indicate how characteristic it is of you according to the following scale:

- 1 = Not at all characteristic of me
- 2 = Slightly characteristic of me
- 3 = Moderately characteristic of me
- 4 = Very characteristic of me
- 5 = Extremely characteristic of me

make a		I worry about what other people will think of me even when I know it doesn't difference.
of me.		I am unconcerned even if I know people are forming an unfavorable impression
	3.	I am frequently afraid of other people noticing my shortcomings.
	4.	I rarely worry about what kind of impression I am making on someone.
***************************************	5.	I am afraid others will not approve of me.
	6.	I am afraid that people will find fault with me.
***	7.	Other people's opinions of me do not bother me.
me.	8.	When I am talking to someone, I worry about what they may be thinking about
-	9.	I am usually worried about what kind of impression I make.
	10.	. If I know someone is judging me, it has little effect on me.
	11	. Sometimes I think I am too concerned with what other people think of me.
	12	. I often worry that I will say or do the wrong things.

ISEL- College Version

Instructions:

This scale is made up of a list of statements each of which may or may not be true about you. For each statement we would like you to circle **probably TRUE (PT)** if the statement is true about you or **probably false (PF)** if the statement if not true about you.

You may find that many of the statements are neither clearly true nor clearly false. In these cases, try to decide quickly whether probably true or probably false is most descriptive of you. Although some questions will be difficult to answer, it is important that you pick one alternative or the other. Remember to circle only one go the alternatives for each statement.

Please read each item quickly but carefully before responding. Remember that this is not a test and there are no right or wrong answers.

Tangible scale

- 1. I know someone who would loan me \$50 so I could go away for the weekend.
- 2. I know someone who would give me some old dishes if I moved into my own apartment.
- 3. I know someone who would loan me \$100 to help pay my tuition.
- 4. If I needed it, my family would provide me with an allowance and spending money.
- 5. If I wanted a date for a party next weekend, I know someone at school or in town who would fix me up.
- 6. I know someone at school or in town who would bring my meals to my room or apartment if I were sick.
- 7. I don't know anyone who would loan me several hundred dollars to pay a doctor bill or dental bill.
- 8. I don't know anyone who would give me some old furniture if I moved into my own apartment.
- 9. Even if I needed it m family would (or could) not give me money for tuition and books.
- 10. I don't know anyone at school or in town who would help me study for an exam by spending several hours reading me questions.
- 11. I don't know anyone at school or in town who would loan me their car for a couple of hours.
- 12. I don't know anyone at school or in town who would get assignments for me from my teachers if I was sick.

Belonging scale

- 13. There are people at school or in town who I regularly run with, exercise with, or play sports with.
- 14. I hang out in a friend's room or apartment quite a lot.
- 15. I can get a date who I enjoy spending time with whenever I want.

- 16. If I decided at dinner time to take a study break this evening and go to a movie, I could easily find someone to go with me.
- 17. People hang out in my room or apartment during the day or in the evening.
- 18. I belong to a group at school or in town that meets regularly or does things together regularly.
- 19. I am not a member of any social groups (such as church groups, clubs, teams, etc.)
- 20. Lately, I often feel lonely, like I don't have anyone to reach out to.
- 21. I don't have friends at school or in town who would comfort me by showing some physical affection.
- 22. I don't often get invited to do things with other people.
- 23. I don't talk to a member of my family at least once a week.
- 24. I don't usually spend two evenings on the weekend doing something with others.

Appraisal Scale

- 25. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about problems I might have budgeting my time between school and my social life.
- 26. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about any problems I might have adjusting to college life.
- 27. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about sexually transmitted diseases.
- 28. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about any problems I might have meeting people.
- 29. I know someone who I see or talk to often with whom I would feel perfectly comfortable discussing any sexual problems I might have.
- 30. I know someone who I see or talk to often with whom I would feel perfectly comfortable talking about any problems I might have with drugs.
- 31. There isn't anyone at school or in town with whom I would feel perfectly comfortable talking about any problems I might have with making friends.
- 32. There isn't anyone at school or in town with whom I would feel perfectly comfortable talking about any problems I might have getting along with my parents.
- 33. There isn't anyone at school or in town with whom I would feel perfectly comfortable talking about difficulties with my social life.
- 34. There isn't anyone at school or in town with whom I would feel perfectly comfortable talking about my feelings of loneliness and depression.
- 35. I don't know anyone at school or in town who makes my problems clearer and easier to understand.
- 36. Lately, when I've been troubled, I keep things to myself.

Self Esteem Scale

- 37. Most people who know me well think highly of me.
- 38. Most of my friends think that I'm smart.
- 39. Most of my friends don't do as well as I do in school.
- 40. I will have a better future than most other people will.
- 41. Most of my friends have not adjusted to college as easily as I have.

- 42. Most people think I have a good sense of humor.
- 43. I don't feel friendly with any teaching assistants, professors, campus or student officials.
- 44. Most of my friends are more satisfied or happier with themselves than I am.
- 45. Most of my friend are more popular than I am.
- 46. Most of my friends are more interesting than I am.
- 47. Most of my friends have more control over what happens to them than I.
- 48. Most people are more attractive than I am.

Interaction Anxiousness Scale

Indicate how characteristic each of the following statements is of you according to the following scale:

1	=	Not	a	t all	characte	eri	stic	of	me.
_			-					^	

- 2 = Slightly characteristic of me.
- 3 = Moderately characteristic of me.
- 4 =Very characteristic of me.
- 5 = Extremely characteristic of me.

1. I often feel nervous even in casual get-togethers.	
2. I usually feel comfortable when I'm in a group of people I don't know.	
3. I am usually at ease when speaking to a member of the other sex.	
4. I get nervous when I must talk to a teacher or a boss.	
5. Parties often make me feel anxious and uncomfortable.	
6. I am probably less shy in social interactions than most people.	
7. I sometimes feel tense when talking to people of my own sex if I don't kr them very well.	iow
8. I would be nervous if I was being interviewed for a job.	
9. I wish I had more confidence in social situations.	
10. I seldom feel anxious in social situations.	
11. In general, I am a shy person.	

12. I often feel nervous	when talk	cing to an att	ractive n	nember o	of the opposite s	ex.
13. I often feel nervous v telephone.	when call	ling someone	e I don't	know ve	ry well on the	
14. I get nervous when I	speak to	someone in	a positio	on of aut	hority.	
15. I usually feel relaxed from me.	l around	other people	, even pe	eople wh	o are quite diffe	rent
Experiences The following statements concinterested in how you generally current relationship. Respond to disagree with it. Write the num	ern how y experience o each sta	you feel in ronce relations atement by it	omantic in the second s	relations t just in v g how m	hips. We are what is happenir uch you agree o	r
1 2	3	4	5	6	7	
Disagree Strongly		Neutral/ Mixed			Agree Strongly	
1. I prefer not to show a pa 2. I worry about being aba 3. I am very comfortable b 4. I worry a lot about my r 5. Just when my partner structure pulling away. 6. I worry that romantic paras I care about them. 7. I get uncomfortable where close. 8. I worry a fair amount ab 9. I don't feel comfortable 10. I often wish that my paras my feelings for him. 11. I want to get close to n 12. I often want to merge of and this sometimes scand this sometimes scand this sometimes scand 14. I worry about being alactic in the scand standard scandard sc	ndoned. reing close elationsh arts to get artners we contain the contain the contain the complete ares them artners get one.	se to romanticips. et close to me on't care about antic partner up to romanicelings for me er, but I keep ly with romanical away. It too close to	c partner e I find n ut me as wants to r. tic partne e were a pulling untic part me.	much be very ers. s strong back. tners,		

	with my partner.
	16. My desire to be very close sometimes scares people away.
	17. I try to avoid getting too close to my partner.
	18. I need a lot of reassurance that I am loved by my partner.
	19. I find it relatively easy to get close to my partner.
	20. Sometimes I feel that I force my partners to show more
	feeling, more commitment.
	21. I find it difficult to allow myself to depend on romantic
	partners.
	22. I do not often worry about being abandoned.
	23. I prefer not to be too close to romantic partners.
	24. If I can't get my partner to show interest in me, I get upset or
	angry.
***************************************	25. I tell my partner just about everything.
	26. I find that my partner(s) don't want to get as close as I
	would like.
***************************************	27. I usually discuss my problems and concerns with my partner.
	28. When I'm not involved in a relationship, I feel somewhat
	anxious and insecure.
	29. I feel comfortable depending on romantic partners.
	30. I get frustrated when my partner is not around as much as I
	would like.
-	31. I don't mind asking romantic partners for comfort, advice, or
	help.
	32. I get frustrated if romantic partners are not available when I
	need them.
	33. It helps to turn to my romantic partner in times of need.
	34. When romantic partners disapprove of me, I feel really bad
	about myself.
	_ 35. I turn to my partner for many things, including comfort and
	reassurance.
	_ 36. I resent it when my partner spends time away from me.

Pathological Narcissism Inventory

Please indicate the extent to which each description applies to you (1= not at all like me, 5= very much like me).

- 1.It's hard for me to feel good about myself unless I know other people like me.
- 2. It's hard to feel good about myself unless I know other people admire me.
- 3. When others don't notice me, I start to feel worthless.
- 4. When people don't notice me, I start to feel bad about myself.
- 5. I am disappointed when people don't notice me.
- 6. I need others to acknowledge me.

- 7. When others don't respond to me the way that I would like them to, it is hard for me to still feel ok with myself.
- 8. I am preoccupied with thoughts and concerns that most people are not interested in me.
- 9. I sometimes need important others in my life to reassure me of my self-worth.
- 10. I often find myself envying others' accomplishments.
- 11. It's hard to feel good about myself when I'm alone.
- 12. My self-esteem fluctuates a lot.
- 13. I can make anyone believe anything I want them to.
- 14. I find it easy to manipulate people.
- 15. I can usually talk my way out of anything.
- 16. I can read people like a book.
- 17. Everybody likes to hear my stories.
- 18. I try to show what a good person I am through my sacrifices.
- 19. I help others in order to prove I'm a good person.
- 20. I like to have friends who rely on me because it makes me feel important.
- 21. I feel important when others rely on me.
- 22. Sacrificing for others makes me the better person.
- 23. I can make myself feel good by caring for others.
- 24. When others get a glimpse of my needs, I feel anxious and ashamed.
- 25. I often hide my needs for fear that others will see me as needy and dependent.
- 26. It's hard to show others the weaknesses I fell inside.
- 27. I can't stand relying on other people because it makes me feel weak.
- 28. It's important to show people I can do it on my own, even if I have some doubts inside.
- 29. I hate asking for help.
- 30. I wouldn't disclose all my intimate thoughts and feelings to someone I didn't admire.
- 31. I often fantasize about being recognized for my accomplishments.
- 32. I often fantasize about being rewarded for my efforts.
- 33. I often fantasize about performing heroic deeds.
- 34. I often fantasize about being admired and respected.
- 35. I often fantasize about having a huge impact on the world around me.
- 36. I often fantasize about accomplishing things that are probably beyond my means.
- 37. I want to amount to something in the eyes of the world.
- 38. When others don't meet my expectations, I often feel ashamed about what I wanted.
- 39. Sometimes I avoid people because I'm concerned they won't acknowledge what I do for them.
- 40. When others disappoint me, I often get angry at myself.
- 41. Sometimes I avoid people because I'm concerned that they'll disappoint me.
- 42. Sometimes I avoid people because I'm afraid they won't do what I want them to.
- 43. I sometimes feel ashamed about my expectations of others when they disappoint me.
- 44. Sometimes it's easier to be alone than to face not getting everything I want from other people.
- 45. It irritates me when people don't notice how good a person I am.
- 46. I get mad when people don't notice all that I do for them.
- 47. I get annoyed by people who are not interested in what I say or do.
- 48. I typically get very angry when I'm unable to get what I want from others.

- 49. I will never be satisfied until I get all that I deserve.
- 50. When I do things for other people, I expect them to do things for me.
- 51. I get angry when criticized.
- 52. I can get pretty angry when others disagree with me.

The College Adjustment Test (CAT)

Use a 7-point scale to answer each of the following questions, where:

1234567

not at all somewhat a great deal

Within the LAST WEEK, to what degree have you:
1. Missed your friends from high school
2. Missed your home
3. Missed your parents and other family members
4. Worried about how you will perform academically at college
5. Worried about love or intimate relationships with others
6. Worried about the way you look
7. Worried about the impression you make on others
8. Worried about being in college in general
9. Liked your classes
10. Liked your roommate(s)
11. Liked being away from your parents
12. Liked your social life
13. Liked college in general
14. Felt angry
15. Felt lonely
16. Felt anxious or nervous
17. Felt depressed
18. Felt optimistic about your future at college
19. Felt good about yourself

TIPI

Here are a number of personality traits that may or may not apply to you. Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

- 1 = Disagree strongly

- 2 = Disagree moderately
 3 = Disagree a little
 4 = Neither agree nor disagree
 5 = Agree a little
- 6 =Agree moderately
- 7 =Agree strongly

<u>I se</u>	ee myseit as:	
1.	Extraverted, enthusiastic.	
2.	Critical, quarrelsome.	
3.	Dependable, self-disciplined.	
4.	Anxious, easily upset.	
5.	Open to new experiences, complex.	
6.	Reserved, quiet.	
7.	Sympathetic, warm.	
8.	Disorganized, careless.	
9.	Calm, emotionally stable.	
	10 Conventional, uncreative.	
Ag	ggression Questionnaire (Buss & Perry, 1992)	
Ins	structions:	
of	sing the 5 point scale shown below, indicate how uncharacteristic or characteristic	
2 = 3 = 4 =	extremely uncharacteristic of me somewhat uncharacteristic of me neither uncharacteristic nor characteristic of me somewhat characteristic of me extremely characteristic of me	
1. 2. 3.	If I have to resort to violence to protect my rights, I will.	□ A□ PA□ H
4.	I tell my friends openly when I disagree with them.	☐ VA
5. 6.		☐ PA☐ VA

7.	I wonder why sometimes I feel so bitter about things.	Н
8.	Once in a while, I can't control the urge to strike another person.	PA
9.*	I am an even-tempered person.	A
10.	I am suspicious of overly friendly strangers.	Н
11.	I have threatened people I know.	PA
12.	I flare up quickly but get over it quickly.	A
13.	Given enough provocation, I may hit another person.	PA
14.	When people annoy me, I may tell them what I think of them.	VA
15.	I am sometimes eaten up with jealousy.	Н
16.*	I can think of no good reason for ever hitting a person.	PA
17.	At times I feel I have gotten a raw deal out of life.	Н
18.	I have trouble controlling my temper.	A
19.	When frustrated, I let my irritation show.	A
20.	I sometimes feel that people are laughing at me behind my back.	Н
21.	I often find myself disagreeing with people.	VA
22.	If somebody hits me, I hit back.	PA
23.	I sometimes feel like a powder keg ready to explode.	Α
24.	Other people always seem to get the breaks.	Н
25.	There are people who pushed me so far that we came to blows.	PA
26.	I know that "friends" talk about me behind my back.	Н
27.	My friends say that I'm somewhat argumentative.	VA
28.	Sometimes I fly off the handle for no good reason.	A
29.	I get into fights a little more than the average person.	PA

Insomnia Severity Index

Please answer each of the questions below by circling the number that best describes your sleep patterns in the past 2 weeks. Please answer all questions.

1. Please rate the current (one past week) SEVERITY of your insomnia problem(s):

	None	Mild	Moderate	Severe	Very Severe
Difficulty falling asleep:	0	1	2	3	4
Difficulty staying asleep:	0	1	2	3	4
Problem waking up early:	0	1	2	3	4

2. How SATISFIED/DISSATISFIED are you with your current sleep pattern?

Very				Very
Satisfied				Dissatisfied
0	1	2	3	4

3. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g., daytime fatigue, ability to function at work/daily chores, concentration, memory, mood, etc.)?

Not at all	A little	Somewhat	Much	Very Much
Interfering				Interfering
0	1	2	3	4

4. How NOTICEABLE to others do you think your sleeping problem is in terms of impairing the quality of your life?

Not at all Noticeable	A little	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

5. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all	A little	Somewhat	Much	Very Much
0	1	2	3	4

Cohen- Hoberman Inventory of Physical Symptoms (CHIPS)

Mark the number for each statement that best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THAT PAST TWO WEEKS INCLUDING TODAY. Mark only one number for each item. At one extreme, 0 means that you have not been bothered by the problem. At the other extreme, 4 means that the problem has been an extreme bother.

HOW MUCH WERE YOU BOTHERED BY:

The state of the s					
1. Sleep problems (can't fall asleep, wake up in middle of night or early in morning)	0	1	2	3	4
2. Weight change (gain or loss of 5 libs. or more)	0	1	2	3	4
3. Back pain	0	1	2	3	4
4. Constipation	0	1	2	3	4
5. Dizziness	0	1	2	3	4
6. Diarrhea	0	1	2	3	4
7. Faintness	0	1	2	3	4
8. Constant fatigue	0	1	2	3	4

9. Headache	0	1	2	3	4
10. Migraine headache	0	1	2	3	4
11. Nausea and/or vomiting	0	1	2	3	4
12. Acid stomach or indigestion	0	1	2	3	4
13. Stomach pain (e.g., cramps)	0	1	2	3	4
14. Hot or cold spells	0	1	2	3	4
15. Hands trembling	0	1	2	3	4
16. Heart pounding or racing	0	1	2	3	4
17. Poor appetite	0	1	2	3	4
18. Shortness of breath when not exercising or working	0	1	2	3	4
hard	U	1	2	5	7
19. Numbness or tingling in parts of your body	0	1	2	3	4
20. Felt weak all over	0	1	2	3	4
21. Pains in heart or chest	0	1	2	3	4
22. Feeling low in energy	0	1	2	3	4
23. Stuffy head or nose	0	1	2	3	4
24. Blurred vision	0	1	2	3	4
25. Muscle tension or soreness	0	1	2	3	4
26. Muscle cramps	0	1	2	3	4
27. Severe aches and pains	0	1	2	3	4
28. Acne	0	1	2	3	4
29. Bruises	0	1	2	3	4
30. Nosebleed	0	1	2	3	4
31. Pulled (strained) muscles	0	1	2	3	4
32. Pulled (strained) ligaments	0	1	2	3	4
33. Cold or cough	0	1	2	3	4

COPE

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by blackening one number on your answer sheet for each, using the response choices listed just below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

- 1 = I usually don't do this at all
- 2 = I usually do this a little bit
- 3 = I usually do this a medium amount
- 4 = I usually do this a lot
- 1. I try to grow as a person as a result of the experience.
- 2. I turn to work or other substitute activities to take my mind off things.
- 3. I get upset and let my emotions out.
- 4. I try to get advice from someone about what to do.
- 5. I concentrate my efforts on doing something about it.
- 6. I say to myself "this isn't real."
- 7. I put my trust in God.
- 8. I laugh about the situation.
- 9. I admit to myself that I can't deal with it, and quit trying.
- 10. I restrain myself from doing anything too quickly.
- 11. I discuss my feelings with someone.
- 12. I use alcohol or drugs to make myself feel better.
- 13. I get used to the idea that it happened.
- 14. I talk to someone to find out more about the situation.
- 15. I keep myself from getting distracted by other thoughts or activities.
- 16. I daydream about things other than this.
- 17. I get upset, and am really aware of it.
- 18. I seek God's help.
- 19. I make a plan of action.
- 20. I make jokes about it.
- 21. I accept that this has happened and that it can't be changed.
- 22. I hold off doing anything about it until the situation permits.
- 23. I try to get emotional support from friends or relatives.
- 24. I just give up trying to reach my goal.
- 25. I take additional action to try to get rid of the problem.
- 26. I try to lose myself for a while by drinking alcohol or taking drugs.
- 27. I refuse to believe that it has happened.
- 28. I let my feelings out.
- 29. I try to see it in a different light, to make it seem more positive.
- 30. I talk to someone who could do something concrete about the problem.
- 31. I sleep more than usual.
- 32. I try to come up with a strategy about what to do.
- 33. I focus on dealing with this problem, and if necessary let other things slide a little.
- 34. I get sympathy and understanding from someone.
- 35. I drink alcohol or take drugs, in order to think about it less.
- 36. I kid around about it.
- 37. I give up the attempt to get what I want.

- 38. I look for something good in what is happening.
- 39. I think about how I might best handle the problem.
- 40. I pretend that it hasn't really happened.
- 41. I make sure not to make matters worse by acting too soon.
- 42. I try hard to prevent other things from interfering with my efforts at dealing with this.
- 43. I go to movies or watch TV, to think about it less.
- 44. I accept the reality of the fact that it happened.
- 45. I ask people who have had similar experiences what they did.
- 46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.
- 47. I take direct action to get around the problem.
- 48. I try to find comfort in my religion.
- 49. I force myself to wait for the right time to do something.
- 50. I make fun of the situation.
- 51. I reduce the amount of effort I'm putting into solving the problem.
- 52. I talk to someone about how I feel.
- 53. I use alcohol or drugs to help me get through it.
- 54. I learn to live with it.
- 55. I put aside other activities in order to concentrate on this.
- 56. I think hard about what steps to take.
- 57. I act as though it hasn't even happened.
- 58. I do what has to be done, one step at a time.
- 59. I learn something from the experience.
- 60. I pray more than usual.