Original Article

Dimensions of Adolescent Narcissism

A Variable-Centered Versus Person-Centered Approach

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Abstract: Research with adolescents has noted that narcissism dimensions (e.g., non-pathological, grandiose, vulnerable) are often interrelated but have differential associations with indicators of adjustment. The aim of the present study was to investigate both variable-centered and person-centered analyses of commonly used narcissism scales in adolescents. Participants were 282 at-risk male adolescents ages 16–19 attending a voluntary residential program. Variable-centered analyses revealed correlations for the narcissism dimensions that were consistent with prior research. Person-centered analyses resulted in three subgroups (i.e., high pathological narcissism; moderate pathological narcissism; low narcissism). Individuals in the high pathological narcissism subgroup reported lower self-esteem, higher anxiety, and higher aggression than the other groups. However, the utility of a person-centered approach in adolescents is questionable in that the subgroups simply differed incrementally based on pathological grandiose and vulnerable narcissism.

Keywords: adolescent, narcissism, person-centered

Narcissism, described broadly as concern with presenting oneself, and being regarded by others, as superior (Barry, Frick, & Killian, 2003) has been the focus of numerous studies in youth (e.g., Barry, Grafeman, Adler, & Pickard, 2007; Barry & Kauten, 2014; Stellwagen & Kerig, 2013; Thomaes, Bushman, Stegge, & Olthof, 2008). These investigations have been useful in considering overarching concerns about generational trends in narcissism (see Barry & Lee-Rowland, 2015), determining developmental precursors to a narcissistic personality style (Thomaes, Bushman, Orobio de Castro, & Stegge, 2009), and highlighting the interpersonal and behavioral correlates of narcissism in adolescents. Regarding the latter, dimensional measures of narcissism in adolescents have demonstrated associations with aggression (Barry et al., 2007; Thomaes et al., 2008), internalizing problems (e.g., Barry, Loflin, & Doucette, 2015), and strain in peer relationships (e.g., Grafeman, Barry, Marcus, & Leachman, 2015). Thus, further inquiry into the development and manifestation of narcissism in youth carries continued importance.

The present study is the first known attempt to investigate both variable- and person-centered approaches to understanding the manifestation and correlates of pathological and non-pathological narcissism prior to adulthood. The primary aim of this study was to determine whether person-centered analyses of narcissism would yield meaningful subgroups of at-risk adolescents that would be informative regarding indicators of adjustment beyond what could be gleaned from traditional, variable-centered approaches.

Like empirical research on other personality constructs, research on narcissism in adolescents has almost exclusively relied on variable-centered analyses, which consider the construct dimensionally. Such an approach allows examination of relative levels of narcissism in relation to each other and to meaningful criteria variables. Variable-centered analyses also avoid separating individuals into artificial categories that may inflate differences between category members. In contrast, person-centered approaches consider the likelihood that personality dimensions may co-occur in varying degrees and that the resulting categorization of individuals based on their scores across dimensions may be informative. This study attempted to discern the extent to which these approaches may be uniquely informative for how narcissism relates to adolescent adjustment.

Narcissism From a Variable-Centered Perspective

Dimensional analyses in adolescents have focused specifically on measures thought to reflect non-pathological and pathological narcissism. Non-pathological narcissism captures features that convey a strong sense of competence, preoccupation with status, and willingness to exploit others to achieve interpersonal goals (e.g., Barry et al., 2003;

Miller & Campbell, 2011). In essence, non-pathological narcissism focuses on grandiose self-views. Despite its label, non-pathological narcissism has been associated with youth conduct problems (Barry et al., 2003), youth aggression (e.g., Barry & Wallace, 2010; Thomaes et al., 2008), adolescent delinquency (Barry et al., 2007), and disciplinary citations in a residential setting (Herrington, Barry, & Loflin, 2014). Moreover, adolescents with high levels of non-pathological narcissism tend to elicit negative peer evaluations across various domains (e.g., Barry et al., 2017; Grafeman et al., 2015).

Conceptualizations of pathological narcissism attempt to account for both grandiose/overt and vulnerable/covert characteristics (e.g., Pincus et al., 2009; Zeigler-Hill, Clark, & Pickard, 2008). The former involves an inflated, grandiose sense of self, whereas the latter centers on hypersensitivity and a fragile self-perception susceptible to interpersonal threats (Morf & Rhodewalt, 2001; Wink, 1991). Measures of grandiose and vulnerable narcissism have demonstrated different correlates while being highly interrelated in at-risk adolescents (i.e., $r = .68–.78$; Barry et al., 2015, 2017). For example, from variable-centered analyses, grandiose narcissism tends to be weakly or unrelated to aggression and self-esteem, whereas vulnerable narcissism is associated with lower self-esteem and aggression, anxiety, and depressive symptoms in adolescents (Barry et al. 2015). Although variable-centered analyses underscore the relevance of non-pathological and pathological narcissism, they do not reconcile their statistical overlap or why they may differentially relate to important criteria variables. Therefore, person-centered analyses may promote better understanding of various manifestations of these narcissism dimensions.

Variable-centered approaches have been useful in demonstrating differences in how measures of non-pathological narcissism (assessed from the Narcissistic Personality Inventory for Children [NPIC]; Barry et al., 2003), as well as grandiose and vulnerable pathological narcissism (both assessed on the Pathological Narcissism Inventory [PNI]; Pincus et al., 2009) in adolescents relate to aggression, internalizing difficulties, and negative peer perceptions (e.g., Barry, Loflin, & Doucette, 2015; Barry, Lui, Lee-Rowland, & Moran, 2017). However, these studies also indicate strong interrelations between grandiose and vulnerable narcissism dimensions. Based on this overlap, it is likely that an individual who endorses high levels of PNI grandiose narcissism also reports characteristics consistent with vulnerable narcissism. In other words, a common typology (that would be evident from a person-centered perspective) may be the co-occurrence of high levels of vulnerable and grandiose narcissism, independent of non-pathological narcissism. Such a typology would be evident from person-centered analyses.

Narcissism From a Person-Centered Perspective

Person-centered analyses allow for individuals to be organized into groups based on their level of a personality trait and then to determine how those groups differ on constructs of interest (Swartout & Swartout, 2012). In essence, reliable person-centered conceptualizations of constructs such as narcissism could provide a more parsimonious understanding of how different features present together or independently in ways that are important for psychological functioning. Research on whether adolescents can be placed into meaningful categories based on scores on non-pathological, grandiose, and vulnerable narcissism is needed so that the developmental applicability of dimensional versus profile conceptualizations of narcissism can be determined (Thomaes et al., 2009). To date, it is unclear whether components of narcissism co-occur in youth; however, exploratory factor analyses have supported separation into pathological and non-pathological (i.e., NPI-based) dimensions (Barry & Kauten, 2014). The present study examined both variable-centered and person-centered analyses of three commonly investigated dimensions of narcissism in adolescents. This study utilized an at-risk sample of adolescents from a residential setting, as much of the prior empirical work on adolescents (e.g., Barry & Kauten, 2014; Barry & Wallace, 2010; Barry et al., 2007, 2015) included similar samples.

Hypotheses

The primary novel aspect of this study was the use of a person-centered approach to potentially delineate categories of adolescents based on grandiose, vulnerable, and non-pathological narcissism. Dimensional analyses were conducted to determine the extent to which the present findings on correlates of the three dimensions of narcissism were consistent with prior research.

Grandiose narcissism and vulnerable narcissism were hypothesized to be significantly interrelated and to demonstrate differential associations with self-esteem and aggression, with vulnerable narcissism being negatively related to self-esteem and positively related to aggression and grandiose narcissism not demonstrating these relations (Hypothesis 1). It was expected that non-pathological narcissism would be positively correlated with self-esteem, aggression, and disciplinary citations, as well as with grandiose narcissism (Hypothesis 2). Vulnerable narcissism was expected to be positively associated with anxiety and depression (Hypothesis 3). It was predicted that all three dimensions would be related to aggressive attitudes based on their connection to antagonistic relationships with peers (Hypothesis 4). Finally, from a person-centered perspective

and based on previous factor analyses of the NPIC and PNI in at-risk adolescents (Barry & Kauten, 2014), it was predicted that there would be three subgroups of participants: one high on PNI grandiose and vulnerable narcissism, one high on narcissism from the NPIC, and one low in narcissism, with the latter subgroup demonstrating lower aggression and lower internalizing problems than subgroups with relatively higher scores in PNI or NPIC narcissism.

Method

Participants

Participants were 282 male adolescents, ages 16–19 (M = 16.76, SD = 0.74), from three consecutive cohorts enrolled in a voluntary military-style residential program. Youth are eligible for this program if they have dropped out of school but are not presently involved in the court system. Enrollees may have dropped out for a variety of behavioral, academic, social, or familial reasons. Most participants (57.1%) were White/Caucasian, with 27.7% of participants identifying as Black/African American, 5.6% identifying as Other, and 9.6% declining to report race/ethnicity.

Measures

Narcissistic Personality Inventory for Children

The Narcissistic Personality Inventory for Children (NPIC; Barry et al., 2003) is a 40-item inventory that was developed from the Narcissistic Personality Inventory (NPI; Raskin & Terry, 1988) for use with children and adolescents. Because of its direct connection to the NPI, it is considered a measure of "normal" or non-pathological narcissism (Sedikides, Rudich, Gregg, Kumashiro, & Rusbult, 2004). For each item (e.g., "I am an outstanding person" vs. "I am just like everybody else"), respondents select one of the statements as more reflective of them and then rate the selected statement as "*sort of true*" or "*really true*" of them, resulting in a 4-point response scale. In the present sample, the internal consistency of NPIC scores was α = .88.

Pathological Narcissism Inventory

The Pathological Narcissism Inventory (PNI; Pincus et al., 2009) is a 52-item self-report measure that includes two broad dimensions: grandiose (e.g., "I often fantasize about being recognized for my accomplishments") and vulnerable (e.g., "I wouldn't disclose all my intimate thoughts and feelings to someone I didn't admire"). Item responses are made on 0 (= *not at all like me*) to 5 (= *very much like me*) scale. In the present study, the grandiose (α = .90) and vulnerable (α = .95) dimensions had excellent internal consistency.

Peer Conflict Scale

The Peer Conflict Scale (PCS; Marsee et al., 2011) is a 40-item self-report measure of youth aggression. Respondents rate each item on a 4-point scale (1 = *not at all true* to 4 = *definitely true*). The PCS has demonstrated a consistent factor structure for adolescents in community, residential, and detention settings, with factors evaluating overt and relational forms of aggression (Marsee et al., 2011). Internal consistency for the Overt Aggression Scale was α = .93 and was α = .95 for the Relational Aggression Scale in this sample.

Rosenberg Self-Esteem Scale

The 10-item Rosenberg Self-esteem Scale (RSES; Rosenberg, 1965) is a widely used measure of self-esteem (e.g., "I take a positive attitude toward myself") in adolescents and adults. Responses are made on a 4-point scale from 1 = *strongly disagree* to 4 = *strongly agree*. The internal consistency of RSES scores was α = .85 in the present sample.

Personality Assessment Inventory – Adolescent

The Personality Assessment Inventory – Adolescent (PAI-A; Morey, 2007) consists of 264 self-report items assessing numerous domains of adolescent functioning on a 0–3 scale, ranging from "*not at all true*" to "*very true*". The depression (18 items; e.g., "Much of the time, I am sad for no real reason"; α = .79), anxiety (18 items; e.g., "I'm often so worried or nervous that I can barely stand it"; α = .84), aggressive attitudes (6 items; e.g., "I have a bad temper"; α = .73), and grandiosity (6 items; e.g., "I have accomplished some remarkable things"; α = .63) scales were analyzed. The depression and anxiety subscales allowed consideration of relations with internalizing problems, the aggressive attitudes subscale provided a measure of interpersonal hostility, and the grandiosity scale enabled investigation of convergence/divergence of narcissism scales with a measure of a similar construct. PAI data were available for one cohort (n = 123).

Disciplinary Citations

Participants' number of disciplinary citations while in the residential program was collected after participants had graduated. These citations range from behaviors such as insubordination to fighting. Disciplinary citations were available for 125 participants.

Procedure

Institutional Review Board (IRB) approval was obtained from the third author's university through which data were collected. The director of the residential program provided consent for the participants to be contacted about the project. Adolescents attending the program were then given the opportunity to assent to or decline participation. Data

Table 1. Descriptive statistics for study variables

Variable (possible range)	Minimum	Maximum	*M*	*SD*	Skewness	Kurtosis
Non-pathological narcissism (0–120)	3	107	53.46	19.64	0.28	−0.22
Grandiose narcissism (0–5)	0	5	2.48	1.02	−0.13	−0.26
Vulnerable narcissism (0–5)	0	5	1.92	1.04	0.25	−0.45
Self-esteem (0–30)	1	30	17.65	6.15	0.03	−0.40
Overt aggression (0–60)	0	58	11.55	11.69	1.34	1.55
Relational aggression (0–60)	0	57	7.09	10.12	2.22	5.42
Anxiety[¥] (0–54)	2	42	16.92	9.36	0.59	−0.33
Depression[¥] (0–54)	5	42	18.13	8.41	0.78	0.22
Aggressive attitudes[¥] (0–18)	0	18	9.95	4.33	0.00	−0.60
Grandiosity[¥] (0–18)	0	18	8.71	3.96	0.12	−0.77
Citations[#]	0	84	12.54	15.12	2.39	6.71

Note. Grandiose narcissism and vulnerable narcissism are based on mean item ratings. [¥]Data for PAI scales were available for 123 participants. [#]Data for disciplinary citations were available for 125 participants.

collection took place over a two-week period shortly after program enrollment.

Results

Variable-Centered Analyses

Descriptive statistics for study variables are displayed in Table 1. Relational aggression and disciplinary citations demonstrated substantial positive skew and kurtosis, indicating that most participants scored low on these variables with some sample outliers. As a result, scores on these variables were winsorized such that individuals who scored > 3 *SD* above the mean on relational aggression ($n = 6$) and citations ($n = 3$) had their scores transformed to be one value greater than the highest score that was not transformed. Analyses were conducted with these transformed scores.

Correlations between study variables are shown in Table 2. Grandiose narcissism and vulnerable narcissism were highly interrelated, whereas only grandiose narcissism was significantly related to non-pathological narcissism. Consistent with Hypotheses 1 and 2, self-esteem was negatively associated with vulnerable narcissism and positively associated with non-pathological narcissism. All three narcissism dimensions were weakly to moderately related to overt and relational aggression (i.e., *r*s = .13–.30). Vulnerable narcissism was moderately related to anxiety, depression, and aggressive attitudes, consistent with Hypotheses 3 and 4, whereas non-pathological and grandiose narcissism were each correlated with the PAI Grandiosity subscale.

Person-Centered Analyses

A latent profile analysis (LPA) was conducted in Mplus, version 8 (Muthén & Muthén, 2017), to test Hypothesis 5 and to determine the suitability of a person-centered approach to conceptualizing adolescent narcissism. Specifically, models specifying one, two, three, four, and five profiles were tested. Results are shown in Table 3 with the Bayesian Information Criterion (BIC), Adjusted Bayesian Information Criterion (ABIC) adjusted for sample size, Lo-Mendell-Rubin likelihood ratio test (LMR LRT), and Bootstrap likelihood ratio test reported for each model based on the recommendations of Nylund, Asparouhov, and Muthén (2007). The lowest BIC value tends to indicate the best model, whereas the LRT statistics show a comparison of goodness of fit between the model in question and the next less complex model. Overall, based on these indices, a 3-profile model received the most support from the present data (i.e., lowest ABIC, better fit on both LRT statistics relative to a 2-profile model).

Multivariate analyses of variance (MANOVA) were conducted to test for profile differences on the narcissism indices and the other study variables. The first MANOVA included the narcissism dimensions (i.e., NPIC total scores, PNI grandiose narcissism, and PNI vulnerable narcissism) as dependent variables. The next MANOVA included self-esteem, relational aggression, overt aggression, NPIC total scores, PNI grandiose narcissism, and PNI vulnerable narcissism as dependent variables, whereas because of the smaller sample for the PAI-A, the four PAI-A subscales considered in this study were dependent variables in a separate MANOVA. Disciplinary citations were tested as the dependent variable in a separate analysis of variance (ANOVA) because of the smaller sample with citation data. The first MANOVA demonstrated a significant effect, Pillai's Trace = .91, $F(6, 556) = 77.28$, $p < .001$, indicating profile differences on at least some of the narcissism scales. The second MANOVA demonstrated a statistically significant effect, Pillai's Trace = .88, $F(12, 516) = 34.05$, $p < .001$. The next MANOVA with the PAI-A was also significant, Pillai's Trace = .16, $F(8, 222) = 2.49$, $p = .01$. The ANOVA for disciplinary citations did not yield a significant effect.

Table 2. Correlations between narcissism dimensions and study variables following a variable-centered approach

	2	3	4	5	6	7	8	9	10	11
1. Non-pathological narcissism	.19***	−.02	.20**	.23***	.28***	−.20*	−.21*	.00	.39***	.05
2. Grandiose narcissism	–	.71***	−.13*	.15*	.23***	.12	.07	−.01	.34***	−.03
3. Vulnerable narcissism		–	−.38***	.30***	.33***	.34***	.35***	.19*	.09	.01
4. Self-esteem			–	−.14*	−.15*	−.47***	−.44***	−.12	.23**	−.13
5. Overt aggression				–	.75***	.13	.08	.34***	.06	.11
6. Relational aggression					–	.05	−.02	.09	.16	.19*
7. Anxiety						–	.75***	.27**	−.18*	−.12
8. Depression							–	.30***	−.25**	−.15
9. Aggressive attitudes								–	−.09	.08
10. Grandiosity									–	−.05
11. Citations										–

Note. Data for PAI scales were available for 123 participants. Data for disciplinary citations were available for 125 participants. *$p < .05$; **$p < .01$; ***$p < .001$.

Table 3. Results of latent profile analyses (person-centered approach)

Number of profiles	BIC	ABIC	LMR LRT	Bootstrap LRT
1	2,213.55	2,172.33	–	–
2	2,146.02	2,060.40	144.69***	−10,70.11***
3	**2,179.25**	**2,049.24**	**45.18****	**−996.84*****
4	2,230.35	2,056.26	27.23	−973.97***
5	2,292.23	2,073.44	15.99	−959.57

Note. BIC = Bayesian Information Criterion; ABIC = Adjusted Bayesian Information Criterion for sample size; LMR LRT = Lo-Mendell-Rubin likelihood ratio test; Bootstrap LRT = Bootstrap likelihood ratio test. Both LRT statistics show goodness of fit of the model with the next less complex model (e.g., 4 profiles vs. 3 profiles). Therefore, LMR LRT and Bootstrap LRT are not calculated for a one-profile model. **$p < .01$; ***$p < .001$. Statistics for the 3-profile model are bolded, indicating that it was the best-supported model. This model was the focus of subsequent analyses.

Results of post hoc contrasts with Bonferroni correction between subgroups are displayed in Table 4. Based on profile differences in the narcissism scales, the first subgroup appears best described as high pathological narcissism, the second as moderate narcissism, and the third as low narcissism. These labels are based on differences in PNI grandiose and vulnerable narcissism, as none of the three subgroups differed on mean NPIC scores. As shown in Table 4, the high pathological narcissism subgroup was significantly lower on self-esteem and higher on both forms of aggression and anxiety and was higher on depression than the moderate pathological narcissism subgroup. The groups did not differ on aggressive attitudes or PAI-A Grandiosity.

Discussion

The important and unique contribution of this study was the person-centered analysis of three narcissism scales in an adolescent sample. Research on narcissism in youth has focused almost exclusively on variable-centered approaches which neglect whether and how different features of narcissism may co-occur and relate to behavioral, emotional, or social functioning. An LPA revealed three subgroups of adolescents defined as having high pathological narcissism, moderate pathological narcissism, and low narcissism, respectively. Consistent with prior findings that narcissism tends to be normally distributed in adolescents (Barry & Lee-Rowland, 2015), the moderate pathological subgroup was the largest in this sample. Because the groups differed incrementally in the vulnerable and grandiose dimensions, the relevance and utility of a person-centered approach based on the present sample are questionable. Of interest, however, is that the high pathological narcissism subgroup demonstrated poorer functioning concerning both internalizing issues and aggressive behavior. Nevertheless, it appears that variable-centered analyses were more informative and are aligned with both a renewed emphasis of dimensional approaches in considering pathological personality processes and a hesitation to ascribe diagnoses of personality disorders to youth (Krueger, Watson, & Barlow, 2005; White, Stahl, & Pratt, 2016).

The prevailing picture from variable-centered analyses in this study is of the self-assured, confident, and aggressive/hostile self-presentation previously described for non-pathological narcissism (e.g., Barry & Kauten, 2014; Miller & Campbell, 2011) and the host, entitled, yet fragile, self-perception thought to be characteristic of vulnerable narcissism. The PNI grandiose narcissism dimension was weakly related only to overt and relational aggression, suggesting that this dimension is not as clearly connected to maladjustment. Notably, in the adult literature, the term "grandiose narcissism" is often used to refer to NPI-measured narcissism, which was conceptualized as "non-pathological" narcissism here and previously for adults (e.g., Sedikides et al., 2004). Further advances in research on adolescent narcissism may need to address issues with such nomenclature and better determine the place of the PNI grandiose narcissism scale in this discussion.

Table 4. Means and standard deviations on self-esteem, aggression, PAI subscales, and disciplinary citations between identified narcissism subgroups (person-centered approach)

	High pathological narcissism (n = 90)	Moderate narcissism (n = 138)	Low narcissism (n = 54)
	M (*SD*)	*M* (*SD*)	*M* (*SD*)
Non-pathological narcissism	53.81 (20.84)	53.16 (18.31)	50.64 (21.23)
Grandiose narcissism	3.36 (0.62)[c]	2.48 (0.66)[b]	1.00 (0.49)[a]
Vulnerable narcissism	3.09 (0.61)[c]	1.66 (0.57)[b]	.64 (0.43)[a]
Self-esteem	15.13 (5.44)[a]	18.58 (6.39)[b]	19.52 (5.60)[b]
Overt aggression	14.95 (12.80)[b]	10.11 (10.74)[a]	9.64 (11.84)[a]
Relational aggression	9.76 (10.93)[b]	5.70 (8.25)[a]	5.09 (8.43)[a]
Anxiety[¥]	21.19 (9.46)[b]	16.00 (8.8)[a]	14.48 (9.14)[a]
Depression[¥]	21.39 (8.80)[b]	17.33 (7.80)[ab]	15.89 (8.88)[a]
Aggressive attitudes[¥]	11.32 (3.88)	9.40 (4.12)	9.41 (4.76)
Grandiosity[¥]	9.10 (4.45)	9.00 (3.65)	7.07 (3.99)
Citations[#]	11.47 (9.65)	12.05 (13.07)	13.39 (19.46)

Note. Mean values with different superscripts are significant at least at the $p < .05$ level. [¥]Data for PAI scales were available for 123 participants. [#]Data for disciplinary citations were available for 125 participants.

Limitations and Future Directions

There are clear limitations that must be considered and addressed in future research. First, the person-centered results may be idiosyncratic to this sample. The specificity of the present sample (i.e., male adolescents who have dropped out of school and are attending a residential program) also limits the generalizability of the findings. Much of the variable-centered research on adolescent narcissism has been conducted with similar samples, so consideration of our questions in the present sample made sense as an initial step. Nevertheless, continued research should utilize more diverse and broadly generalizable samples. Furthermore, the present study relied almost entirely on adolescents' self-report; thus, some observed relations might be partly due to shared source variance. Self-report methodology would not necessarily explain divergence in correlates of narcissism dimensions or the identified subgroups, but further research with other data (e.g., peer report, parent report) is needed. In addition, differences in data collection procedures across cohorts resulted in less data being available for the PAI and disciplinary citations. Therefore, limited power in analyses involving these measures may have been an issue.

It should also be noted that the narcissism features examined across the NPIC and PNI may have over-represented grandiosity. Although researchers have often conceptualized NPI-based narcissism as grandiose but also as non-pathological, there is no analogous measure of vulnerability that might also be considered non-pathological. An additional challenge for research in this area concerns applying personality pathology models (e.g., NPD) to adolescents. Given the transitions involved in adolescence, the developmental typicality of some self-centeredness (e.g., egocentrism; Greene, Krcmar, Walters, Rubin, & Hale, 2000), and the related call for caution in assigning personality pathology to youth, there should be reluctance in conceptualizing narcissism dimensions as stable prior to adulthood. On the other hand, it is important to consider developmental manifestations of narcissism, as it may emerge into stable patterns and also inform interventions to improve behavioral and interpersonal functioning.

From the present results, there may be some adolescents who endorse relatively high levels of pathological narcissism and who are relatively prone to maladjustment. The dimensions assessed herein attempt to capture some of the paradoxes of narcissism but have also presented challenges in their different approaches to assessment and conceptualization. If narcissism is determined to have clinical relevance for adolescents, person-centered approaches could become relevant, as prior work has suggested that profiles of youth on some constructs may assist in treatment planning (Gambin, Gambin, & Sharp, 2015). The person-centered analyses in this study indicate that adolescents who exhibit high pathological narcissism are most likely to exhibit maladjustment. However, variable-centered approaches have been indispensable in understanding the intrapersonal and interpersonal relevance of narcissism in youth. The present study is an initial step in continued efforts to describe the manifestation of narcissism prior to adulthood, including its co-occurrence of seemingly contrasting features and its implications for psychological adjustment.

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