



# The interplay between vulnerable and grandiose narcissism, emotion dysregulation, and distress tolerance in adolescents

Joshua J. Underwood<sup>a</sup>, Christopher T. Barry<sup>a,\*</sup>, Nora E. Charles<sup>b</sup>

<sup>a</sup> Washington State University, United States of America

<sup>b</sup> The University of Southern Mississippi, United States of America

## ARTICLE INFO

### Keywords:

Narcissism  
Emotion regulation  
Distress tolerance  
Adolescence

## ABSTRACT

This study investigated the relations of grandiose and vulnerable narcissism with emotion dysregulation and distress tolerance in a sample of at-risk adolescents. Data were collected from 329 participants (ages 16–19), who were attending a residential military-style intervention program. Vulnerable narcissism showed a negative correlation with distress tolerance and was positively correlated with emotion dysregulation. In contrast, grandiose narcissism was negatively related to emotion dysregulation and was not associated with distress tolerance. Furthermore, emotion dysregulation heightened the relation between grandiose narcissism and aggression. These findings indicate that the theorized difficulty with self-regulation applies particularly to vulnerable, rather than grandiose, narcissism in adolescents. The findings are discussed in the context of potential regulatory processes in adolescent narcissism.

## 1. Introduction

The primary aim of this study was to investigate whether self-regulatory abilities (i.e., emotion regulation, distress tolerance) moderate the established associations between narcissism and behavioral and emotional functioning in adolescents, an issue not yet addressed in prior work in this area. Among other features, narcissism includes self-absorption, aggression, and exploitation of others (Brown, Freis, Carroll, & Arkin, 2016). According to the dynamic self-regulation model of narcissism proposed by Morf and Rhodewalt (2001), the antagonistic behavior associated with narcissism is thought to be an attempt to regulate self-esteem, particularly in the face of threatening social events. Moreover, from this perspective, individuals high in narcissism are described as emotionally labile and as having strong emotional reactions to self-referent feedback, particularly if the feedback is negative or distressing. To the extent that attempts at regulating emotional responses and one's self-perception are ineffective, narcissism may demonstrate associations with various forms of maladjustment such as aggression, internalizing problems, or impaired relationships.

Narcissism is often conceptualized along two separate facets: vulnerable and grandiose (A.L. Pincus & Lukowitsky, 2010). Vulnerable narcissism is characterized by hypersensitivity to others' opinions and clear distress, whereas grandiose narcissism involves attention-seeking

behaviors, arrogance, and little observable distress (Caligory, Levy, & Yeomans, 2015). Both dimensions of narcissism involve impaired empathy (Baskin-Sommers, Krusemark, & Ronningstam, 2014), are oriented toward attaining superiority over others and being admired (Brown et al., 2016), and have shown associations with behavioral and emotional maladjustment in adolescents (e.g., C.T. Barry, Frick, Adler, & Grafeman, 2007; C.T. Barry & Lee-Rowland, 2015; Thomaes, Bushman, Stegge, & Olthof, 2008). Regulatory processes have been extensively discussed as an important for narcissism in adults. However, despite associations between narcissism and various areas of adolescent functioning, such constructs have not been examined in adolescents.

In adults, vulnerable narcissism has a stronger relation with acute depressive symptoms and suicidal ideation than does grandiose narcissism (Jaksic, Marcinko, Skocic Hanzek, Rebernjak, & Ogrodniczuk, 2017; Marcinko et al., 2014) and is also related to psychological distress, introversion, and feelings of inferiority (Kaufman, Weiss, Miller, & Campbell, 2018). Grandiose and vulnerable narcissism are linked to multiple aspects of adolescent adjustment but in somewhat different ways (e.g., C.T. Barry, Loflin, & Doucette, 2015; C.T. Barry, Anderson, & Charles, 2019). Both facets relate to anxiety (C.T. Barry et al., 2015) and aggression in adolescence. Grandiose narcissism is associated with self-reported aggression and peer-nominated relational aggression (i.e., aggression that targets another's social status; Golmaryami & Barry,

\* Corresponding author at: Washington State University, PO Box 644820, Pullman, WA 99164-4820, United States of America.

E-mail address: [chris.barry@wsu.edu](mailto:chris.barry@wsu.edu) (C.T. Barry).

<https://doi.org/10.1016/j.paid.2021.110901>

Received 10 January 2021; Received in revised form 20 March 2021; Accepted 25 March 2021

Available online 8 April 2021

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2009) in adolescents. However, vulnerable narcissism is also related to adolescent reactive aggression (i.e., aggression in response to a perceived threat; C.T. Barry et al., 2015). In short, research demonstrates clear connections between adolescent narcissism and adjustment with those relations being most consistent for aggression and anxiety. The mechanisms by which narcissism is associated with aggression and anxiety may point to maladaptive or impaired regulatory processes, particularly in the face of threatening social situations (Besser & Priel, 2010). Factors such as emotion regulation and distress tolerance may provide further context for understanding these relations, particularly insofar as each is connected to a host of behavioral and emotional impairments in late adolescence and early adulthood (Van Eck, Warren, & Flory, 2017).

Emotion regulation is conceptualized as “the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (Thompson, 1994, p. 28). Morf and Rhodewalt (2001) described self-regulation in general as a concept relevant for both grandiose and vulnerable narcissism, as the narcissistic self is fragile and as such needs to be constantly reinforced by external self-affirmation. Poor emotion regulation specifically may hinder these social goals. Prior research with adults has found a positive relation between vulnerable narcissism and dysregulation, but results pertaining to grandiose narcissism are mixed (Cheshure, Zeigler-Hill, Sauls, Vrabel, & Lehtman, 2020; Given-Wilson, McIlwain, & Warburton, 2011; Jonason & Krause, 2013; H. Zhang, Luo, Zhao, Zhang, & Wang, 2017; H. Zhang, Wang, You, Lü, & Luo, 2015). Emotion regulation is important for adolescent social functioning (e.g., peer relationships, prosocial behaviors, social competence), and dysregulation is implicated in the development and maintenance of psychopathology (i.e., anxiety, depression, aggression; McLaughlin, Hatzenbuehler, Mennin, & Nolen-Hoeksema, 2011). Therefore, the consideration in the present study of emotion regulation in the context of narcissism, aggression, and internalizing problems in adolescents has potential utility in delineating what factors might heighten the associations between narcissism and maladjustment. This further understanding could, in turn, point to important targets of intervention for adolescents with narcissistic features.

Distress tolerance may also be relevant for the associations of narcissism with emotional and behavioral functioning. Distress tolerance has two broad conceptualizations: the perceived ability to withstand negative emotion and the behavioral act of combatting distressing internal states brought on by some stressor (Zvolensky, Vujanovic, Bernstein, & Leyro, 2010). Compared to emotion regulation, distress tolerance is thought to be more specific in its connection to how one experiences and responds to negative affect with emotion regulation referring to a broader approach to managing emotions (Van Eck et al., 2017). In essence, distress tolerance describes a capacity to withstand negative emotions and avoid being absorbed by negative emotional experiences, whereas emotion regulation involves processes by which an individual monitors and manages the full range of emotional responses to various situations (Simons & Gaher, 2005). Distress tolerance is connected to emotion regulation in that those with poor distress tolerance skills often seek to avoid negative emotions and may attempt to rapidly alleviate these emotions through maladaptive regulatory processes (Batson, Fultz, & Schoenrade, 1987; Jeffries, McLeish, Kraemer, Avallone, & Fleming, 2016). In regards to narcissism, distress tolerance might reduce problematic responses (e.g., aggression) to specific stressful events such as ego threats. Effective emotion regulation, on the other hand, may assist someone with narcissism in managing and coping with more persistent concerns over social status.

Thus, given the established associations of adolescent narcissism with externalizing and internalizing problems, examination of moderating factors such as emotion regulation and distress tolerance will expand understanding of the association between narcissism and maladjustment in adolescents. In short, emotion dysregulation has been identified as a risk factor for psychological maladjustment and is

associated with aggression, depression, anxiety, and borderline personality disorder (Bender, Reinholdt-Dunne, Esbjorn, & Pons, 2012; Feng et al., 2009; Roberton, Daffern, & Bucks, 2012; Stepp et al., 2014; H. Zhang et al., 2015). Similarly, lower levels of distress tolerance have been linked to higher rates of borderline personality disorder, depression, and anxiety sensitivity, as well as increased substance use and higher rates of antisocial personality disorder (Anestis, Selby, Fink, & Joiner, 2007; Buckner, Keough, & Schmidt, 2007; Daughters et al., 2009). Given the associations between these self-regulatory variables and other areas of maladjustment, their moderating effects may be relevant to the relations of narcissism with aggression and internalizing problems.

In light of the lack of research on adolescent narcissism in relation to distress tolerance, we sought to address this issue and specifically whether distress tolerance might mitigate the relation between narcissism and maladaptive functioning (e.g., aggression, anxiety). Insofar as distress tolerance may help adolescents cope with social stressors (e.g., ego threats), poor distress tolerance may exacerbate the connection of narcissism with aggression and internalizing problems. Lower levels of distress tolerance have been related to externalizing behaviors such as substance use and delinquent behavior, as well as internalizing symptoms such as anxiety and depression in adolescents (Daughters et al., 2009). Van Eck et al. (2017) found that internalizing symptom severity and suicidal ideation were significantly higher in individuals with lower levels of emotion regulation and distress tolerance. Thus, distress tolerance may be important in mitigating areas of maladjustment in adolescents that have been tied to narcissism.

In summary, further examination of emotion regulation and distress tolerance may be beneficial in improving our overall understanding of narcissism in adolescents, particularly regarding factors that may reduce the risk of maladjustment. Given the associations established by prior literature, we hypothesized that (1) vulnerable narcissism and emotion dysregulation would be positively correlated, (2) vulnerable narcissism and distress tolerance would be negatively correlated, (3) vulnerable narcissism would be positively correlated with anxiety, depression, suicidal ideation, and borderline symptoms, and that (4) emotion dysregulation and distress tolerance would exacerbate and mitigate, respectively, the relations of narcissism with aggression and anxiety. The above relations were also tested for grandiose narcissism, yet no a priori hypotheses were made given the mixed picture concerning grandiose narcissism with the moderators and adjustment variables of interest in this study.

## 2. Method

### 2.1. Participants

Participants were 329 adolescents between the ages of 16 and 19 ( $M = 16.80$ ,  $SD = 0.74$ ), with 253 identifying as male, 64 as female, and 12 choosing not to answer. The majority of participants (58.7%) identified as White/Caucasian, 28% identified as Black/African American, 2.4% identified as Hispanic/Latino/a, 0.6% identified as Asian/Pacific Islander, 2.7% identified as American Indian/Alaskan Native, 2.1% identified as multiracial, and 0.3% identified as other, with 17 participants opting not to self-identify. At the time of the study, adolescents were enrolled in a 22-week quasi-military residential program for youth who have dropped out, or are at-risk of dropping out, of school. More specifically, the program is highly structured with youth living and attending all activities together and is primarily staffed by former military personnel. Adolescents are referred to the program for a variety of reasons, including court-mandated probation, as an option for furthering their education (i.e., earning their GED), to improve their behavioral and social adjustment, or to prepare for military careers.

## 2.2. Measures

### 2.2.1. Narcissistic Personality Inventory for Children (NPIC; C.T. Barry, Frick, & Killian, 2003)

The NPIC is an extension of the original Narcissistic Personality Inventory (Raskin & Terry, 1988) for use with a child/adolescent sample and is considered a measure of grandiose narcissism (Miller et al., 2011). It consists of 40-items, each consisting of two parts. The initial part asks the participants to pick between two statements (e.g., “I would rather be a leader” or “I don’t care if I’m a leader or not”). Then, participants are asked to rate whether the chosen statement is ‘sort of true’ for them or ‘really true’ for them. The internal consistency for NPIC scores in this sample was  $\alpha = 0.89$ .

### 2.2.2. Pathological Narcissism Inventory (PNI; A.L. Pincus et al., 2009)

The PNI is designed to measure pathological narcissism, with a primary emphasis on characteristics of vulnerable narcissism. It is composed of 52 items (e.g., “My self-esteem fluctuates a lot”) measured on a 5-point scale from ‘not at all like me’ to ‘very much like me.’ The Vulnerable Narcissism subscale was of interest. The internal consistency of scores on this subscale was  $\alpha = 0.93$ , in the present sample.

### 2.2.3. Difficulties in Emotion Regulation (DERS; Gratz & Roemer, 2004)

The DERS is a self-report measure designed to assess emotion dysregulation across 36 items (e.g., “When I’m upset, I become out of control”). Responses are coded on a 7-point scale from ‘Almost never’ to ‘Almost always.’ There are six DERS subscales: lack of emotional awareness (Awareness;  $\alpha = 0.74$  in the present study); lack of emotional clarity (Clarity;  $\alpha = 0.71$ ); difficulty regulating behavior when distressed (Impulse;  $\alpha = 0.81$ ); difficulty engaging in goal-directed cognition and behavior when distressed (Goals;  $\alpha = 0.80$ ); unwillingness to accept certain emotional responses (Non-Acceptance;  $\alpha = 0.88$ ); and lack of access to strategies for feeling better when distressed (Strategies;  $\alpha = 0.85$ ). The DERS total score had an internal consistency of  $\alpha = 0.89$  in the present sample.

### 2.2.4. Distress Tolerance Scale (DTS; Simons & Gaher, 2005)

The DTS is designed to examine one’s perceived ability to endure psychological or physical distress with higher scores meaning higher tolerance of such distress. The scale consists of 15 items (e.g., ‘Feeling distressed or upset is unbearable to me’) and is measured on a 4-point scale from ‘Strongly agree’ to ‘Strongly disagree.’ There are four DTS subscales: the ability to tolerate emotions (Tolerance;  $\alpha = 0.83$  in the present study); the assessment of emotional situations as acceptable (Appraisal;  $\alpha = 0.70$ ); the level of attention absorbed by the negative emotion and relevant interference with functioning (Absorption;  $\alpha = 0.84$ ); and the ability to regulate emotion (Regulation;  $\alpha = 0.80$ ). In this study, total scores on the DTS had an internal consistency of  $\alpha = 0.90$ .

### 2.2.5. Personality assessment inventory-adolescent (PAI-A; Morey, 2007)

The PAI-A is a self-report measure designed to provide assessment information in the context of personality, psychopathology, and general functioning for adolescents age 12–18. It is composed of 264-items (i.e., “I often have trouble concentrating because I’m nervous”), divided into 22 non-overlapping scales, consisting of 11 clinical scales, 4 validity scales, 5 treatment consideration scales, and 2 interpersonal scales and is measured on a 4-point Likert scale from ‘False’ to ‘Very true.’ Most of the subscales analyzed in this study involve internalizing issues (i.e., Anxiety;  $\alpha = 0.81$  in the present study, Depression;  $\alpha = 0.77$ , Suicidal Ideation;  $\alpha = 0.79$ ). Scores on the Borderline Symptoms ( $\alpha = 0.79$ ) and Aggression ( $\alpha = 0.84$ ) subscales were also analyzed.

## 2.3. Procedure

This study was approved by the Institutional Review Board at the third author’s affiliated university prior to data collection. The director

of the program serves as guardian ad litem for participating youths and provided informed consent for adolescents to be invited to participate in research. Adolescent participants were approached after acclimation into the program for assent (if under 18)/consent (if 18 or older) to participate prior to data collection. Participation in this study did not impact adolescents’ status in the program. Adolescents completed their measures on-line via Qualtrics across four 45-min sessions.

## 3. Results

Descriptive statistics are displayed in Table 1. In general, the variables appeared to fall along a normal distribution in the present sample with PAI-A Suicidal Ideation being slightly positively skewed. Correlations between main study variables are shown in Table 2. In support of Hypotheses 1 and 2, vulnerable narcissism was positively correlated with emotion dysregulation and negatively correlated with distress tolerance. Grandiose narcissism demonstrated a negative correlation with emotion dysregulation but was not related to distress tolerance. In addition, vulnerable narcissism was positively correlated with the Anxiety, Depression, Borderline Symptoms, and Aggression PAI-A subscales, consistent with Hypothesis 3. Grandiose narcissism was positively correlated with the Aggression subscale of the PAI-A and negatively correlated with the Anxiety and Suicidal Ideation subscales of the PAI-A.

To test Hypothesis 4, moderated multiple regression analyses were conducted with grandiose and vulnerable narcissism as predictors and emotion dysregulation and distress tolerance as moderators in separate models. The dependent variables were aggression and anxiety. Thus, 8 models were analyzed. In the first step of each model, the narcissism predictor (grandiose or vulnerable) was entered with the moderator (emotion dysregulation or distress tolerance), and the interaction between the two variables was added in the subsequent step. For aggression, there was a significant interaction between grandiose narcissism and emotion dysregulation,  $b = 0.003$ ,  $se = 0.002$ ,  $p = .03$ ,  $R^2$  for the model = 0.08,  $p = .003$ . This interaction is depicted in Fig. 1. Specifically, higher levels of grandiose narcissism and emotion dysregulation were related to higher levels of aggression, whereas lower dysregulation mitigated the relation between grandiose narcissism and aggression, consistent with Hypothesis 4. However, no other interactions from these models were significant.

Additional correlational analyses were conducted to explore the relations of grandiose and vulnerable narcissism with DERS and DTS subscales (see Tables 3 and 4). Vulnerable narcissism was negatively correlated with the DTS subscales of Tolerance, Appraisal, and Absorption and positively correlated with all DERS subscales except for Regulation. Grandiose narcissism was negatively correlated with only the Goals subscale of the DERS scale, suggesting that its negative correlation with the total DERS scale was driven mainly by the items on this subscale. None of the DTS subscales were significantly related to grandiose narcissism.

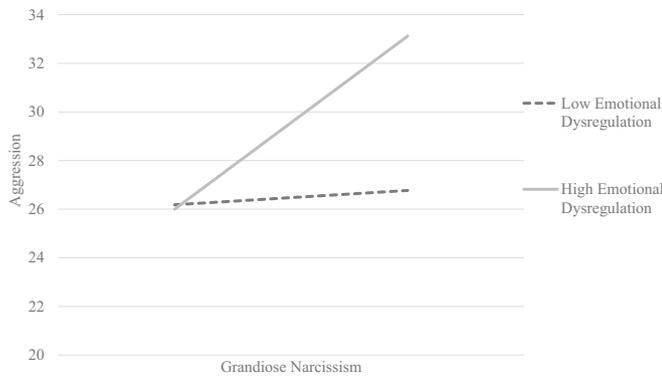
**Table 1**  
Descriptive statistics.

	Mean	Standard deviation	Range	Skewness
Vulnerable narcissism	1.71	1.04	0–4	0.33
Grandiose narcissism	97.20	20.10	50–148	0.10
Emotion dysregulation	90.21	22.48	42–159	0.46
Distress tolerance	46.59	13.50	19–74	0.05
Suicidal ideation	4.60	4.46	0–22	1.60
Anxiety	16.53	8.64	0–47	0.96
Depression	17.22	8.06	0–48	0.76
Borderline symptoms	24.29	9.72	3–51	0.44
Aggression	27.34	10.24	2–53	0.21

**Table 2**  
Correlations between narcissism, emotional regulation, distress tolerance, and PAI-A subscales.

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. Vulnerable narcissism	–									
2. Grandiose narcissism	0.05	–								
3. Distress tolerance	–0.27***	0.13	–							
4. Emotional dysregulation	0.37***	–0.17*	–0.49***	–						
5. Suicidal ideation	0.12	–0.13*	–0.23***	0.17**	–					
6. Anxiety	0.18**	–0.23***	–0.23***	0.34***	0.47***	–				
7. Depression	0.18**	–0.12	–0.25***	0.29***	0.57***	0.65***	–			
8. Borderline symptoms	0.17**	–0.13*	–0.17**	0.29***	0.49***	0.62***	0.60***	–		
9. Aggression	0.14*	0.18**	–0.04	0.13	0.09	0.10	0.23***	0.53***	–	

\*  $p < .05$ .  
\*\*  $p < .01$ .  
\*\*\*  $p < .001$ .



**Fig. 1.** Interaction between grandiose narcissism and emotional dysregulation in predicting variance in adolescent aggression. Note. Low emotion dysregulation:  $b (se) = 0.01 (0.05)$ ,  $p = .79$ ; High emotion dysregulation:  $b (se) = 0.17 (0.05)$ ,  $p < .001$ .

**4. Discussion**

This study was the first known investigation of the interplay between adolescent narcissism and self-regulatory variables (i.e., distress tolerance, emotion regulation) in relation to behavioral and emotional functioning. Our findings indicate that the theorized difficulty with regulation applies particularly to vulnerable, rather than grandiose, narcissism in adolescents. These findings are valuable in furthering our understanding of the processes by which vulnerable and grandiose narcissism may be related to other indicators of adolescent adjustment. Distress tolerance and emotion dysregulation may be especially important in adolescence, given the related cognitive, social, and emotional skills that are continuing to develop during that time.

As expected, vulnerable narcissism was positively associated with emotion dysregulation and negatively related to distress tolerance. These results indicate that individuals with high levels of vulnerable

**Table 3**  
Correlations between Narcissism and the DERS subscales.

	1.	2.	3.	4.	5.	6.	7.	8.
1. Vulnerable narcissism	–							
2. Grandiose narcissism	0.05	–						
3. Non-acceptance	0.37***	–0.11	–					
4. Goals	0.26***	–0.15*	0.40***	–				
5. Impulse	0.21**	0.05	0.39***	0.50***	–			
6. Awareness	–0.05	–0.07	–0.07	–0.05	0.03	–		
7. Strategies	0.38***	–0.10	0.71***	0.58***	0.53***	–0.04	–	
8. Clarity	0.28***	–0.11	0.43***	0.37***	0.29***	0.31***	0.40***	–

\*  $p < .05$ .  
\*\*  $p < .01$ .  
\*\*\*  $p < .001$ .

narcissism are more likely to have trouble regulating their emotions, which may be due, in part, to their lower ability to tolerate distress. However, grandiose narcissism was negatively correlated with emotion dysregulation. This latter result supports past findings that grandiose narcissism relates to fewer regulatory difficulties than vulnerable narcissism (Czarna, Zajenkowski, & Dufner, 2018). These results may reflect a desire on the part of adolescents with high levels of grandiose narcissism to appear in control of their emotions which may then have positive consequences in their social environment. This possibility is congruent with the broader self-regulatory model proposed by Morf and Rhodewalt (2001), in that grandiose narcissists may engage in aggression as a means of regulating their self-esteem and emotional reactivity to restore a sense of superior social status.

This potential process was supported by the moderating effect of emotion dysregulation on the relation between grandiose narcissism and aggression, such that adolescents with high levels of grandiose narcissism reported particularly high levels of aggression if they also reported greater dysregulation. Most directly, these results point to how dysregulation may heighten the risk of aggression for individuals with grandiose narcissism, but they also suggest that better emotion regulation acts as a protective factor against aggression for such individuals. Thus,

**Table 4**  
Correlations between narcissism and the DTS subscales.

	1.	2.	3.	4.	5.	6.
1. Vulnerable narcissism	–					
2. Grandiose narcissism	0.05*	–				
3. Tolerance	–0.23***	0.11	–			
4. Absorption	–0.33***	0.12	0.77***	–		
5. Appraisal	–0.23***	0.09	0.68***	0.74***	–	
6. Regulation	–0.08**	0.05	0.45***	0.42***	0.52***	–

\*  $p < .05$ .  
\*\*  $p < .01$ .  
\*\*\*  $p < .001$ .

some adolescents may have a capacity to engage in positive impression management through maintaining control over emotional responses, particularly in potentially upsetting social situations. Difficulty managing these responses to ego threats may result in aggression, a pattern evident in previous adult (Bushman & Baumeister, 1998) and youth (Thomaes et al., 2008) studies.

As would be expected, vulnerable narcissism was positively correlated with the PAI-A Anxiety, Depression, Borderline Symptoms, and Aggression subscales, whereas grandiose narcissism was only positively correlated with the Aggression subscale and was negatively correlated with the Anxiety and Suicidal Ideation subscales. Thus, vulnerable narcissism traits may be more clearly related to various indicators of maladjustment, including those that speak to regulatory difficulties (Malkin, Barry, & Zeigler-Hill, 2011; H. Zhang et al., 2015), such as borderline features and internalizing problems.

### 3. Limitations and future directions

This study had several limitations that must be considered. The at-risk sample affords an opportunity to consider narcissism and regulatory abilities in a unique group of youth but one that may not generalize to the larger population of adolescents. Like many studies in this area, the predominantly male sample also limits potential generalizability. An additional limitation of this study is the reliance on adolescent self-report; thus, shared source variance may have inflated some of the reported relations. Future research should utilize additional assessment tools, such as teacher- or peer-report and objective indicators of functioning (e.g., academic/behavioral records). Lastly, the cross-sectional design prevented consideration of the developmental and temporal relations among the variables of interest.

Despite these limitations, examining self-regulatory constructs, such as emotion regulation and distress tolerance, is an important step in improving our understanding of adolescent narcissism. Future research should consider additional externalizing variables beyond aggression in relation to narcissism, emotion regulation, and distress tolerance. Research on other self-regulatory abilities, such as impulse control, may also aid in furthering our understanding of protective factors related to adolescent narcissism. Additionally, future research should consider examining these variables in a more generalizable adolescent sample.

### CRedit authorship contribution statement

**Joshua Underwood:** Conceptualization, Writing- Original Draft Preparation, Methodology, Formal Analysis; **Christopher Barry:** Conceptualization, Writing- Reviewing and Editing, Formal Analysis; **Nora Charles:** Data Curation, Methodology, Writing- Reviewing and Editing.

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