



Using self-esteem to disaggregate psychopathy, narcissism, and aggression

Diana M. Falkenbach*, Jacqueline R. Howe, Marielle Falki

John Jay College of Criminal Justice, United States

ARTICLE INFO

Article history:

Received 12 September 2012
Received in revised form 5 December 2012
Accepted 10 December 2012
Available online 23 January 2013

Keywords:

Narcissism
Psychopathy
Self-esteem
Aggression
Healthy
Pathological
Instability
Factors

ABSTRACT

Past research offers conflicting conclusions regarding the associations between self-esteem, psychopathy, narcissism, and aggression. The current study clarified these associations by examining self-esteem level and stability as it relates to the factors of psychopathy and narcissism predicting aggression. Self-report assessments were administered to 118 undergraduates. While self-esteem instability was not related to psychopathy or narcissism, it was positively correlated with aggression. Additionally, those with the healthier aspects of narcissism and Factor 1 features of psychopathy had high self-esteem and less aggression, while those with more pathological narcissism and Factor 2 features of psychopathy had lower self-esteem and more aggression. Specifically, the relationship between psychopathy Factor 1 and aggression was partially mediated by lower self-esteem.

© 2013 Published by Elsevier Ltd.

1. Introduction

1.1. Psychopathy and narcissism

Psychopathy is most commonly associated with aggressive behavior (see Porter & Woodworth, 2006). The construct is customarily divided into two factors (Benning, Patrick, Hicks, Blonigen, & Krueger, 2003; Hare, 2003), with Factor 1 encompassing the interpersonal-affective traits of superficial charm, absence of remorse, manipulation, and grandiosity, and Factor 2 reflecting the behavioral-lifestyle aspects of criminal versatility, conduct problems, irresponsibility, and impulsivity. While commonly studied in criminal populations, psychopathy can be conceptualized on a continuum (e.g., Edens, Marcus, Lilienfeld, & Poythress, 2006; Miller, Lynam, Widiger, & Leukefeld, 2001) and the construct, as well as the link with aggression, has been validated in college and community samples (e.g., Falkenbach, Poythress, & Creevy, 2008; Uzieblo, Verschuere, Van den Bussche, & Crombez, 2010).

Narcissism is a pervasive pattern of grandiosity, self-attention, and self-importance (DSM-IV-TR; American Psychiatric Association, 2000), depicted through entitlement and exploited interpersonal relationships. Recent discussions indicate that narcissism

may be better conceptualized as two distinct constructs; normal/healthy narcissism and pathological narcissism (Gabbard, 1989; Kernberg, 1975; Pincus & Lukowitsky, 2010; Raskin & Terry, 1988; Rhodewalt & Morf, 1995; Rose, 2002; Solomon, 1982; Watson, Hickman, & Morris, 1996). Individuals with healthy narcissism boast an ideal and arrogant sense of self, assert dominance in social situations, use self-enhancement in adaptive ways and are capable of dealing effectively with their environment. Conversely, pathological narcissism is characterized by superficial grandiosity and a sense of self-worth that is dependent on admiration and love from others. As such, pathological narcissists have developed a personality organization designed to protect them from threats against their psychological being (e.g., feeling unloved and ineffective). They are vulnerable, anxious, and defensive (Kernberg, 1975; Pincus & Lukowitsky, 2010; Wink, 1991).

Narcissism and psychopathy share a number of characteristics (e.g., grandiosity, lack of empathy, and exploitation in relationships). Healthy narcissism is specifically related to psychopathy Factor 1 whereas pathological narcissism is more closely akin to Factor 2 (Ackerman et al., 2011; Claes et al., 2009; Skeem, Poythress, Edens, Lilienfeld, & Cale, 2003; Witt & Donnellan, 2008). A significant body of research links narcissism with aggression (Baumeister, 2001; Hart & Joubert, 1996), and some have delineated psychopathy “as the most severe form of ‘pathological narcissism,’ a brand of narcissism particularly related to aggression and retaliation (see Kernberg, 1975, 1998; Meloy & Gacano, 1998)” (Cale & Lilienfeld, 2006, p. 54).

* Corresponding author. Address: John Jay College of Criminal Justice, 524 West 59th Street, New York, NY 10019, United States. Tel.: +1 212 237 8361; fax: +1 212 237 8930.

E-mail address: dfalkenbach@jjay.cuny.edu (D.M. Falkenbach).

1.2. Self-esteem and aggression

The “pathological egocentricity” and “grandiose sense of self-worth” criteria of psychopathy and narcissism definitions (APA, 2000; Cleckley, 1941; Hare, 2003) make self-esteem a central component of these constructs. Recent research implies that the heterogeneous constructs of psychopathy and narcissism may in fact be disaggregated by self-esteem; higher self-esteem is a defining characteristic of Factor 1 psychopathy and healthy narcissism, and lower self-esteem prompts the behavior of those with Factor 2 psychopathic and pathological narcissistic traits (Ackerman et al., 2011; Cale & Lilienfeld, 2006; Maxwell, Donnellan, Hopwood, & Ackerman, 2011; Rose, 2002; Rozenblatt, 2002; Sinek, 2003; Solomon, 1982; Watson et al., 1996; Witt & Donnellan, 2008).

There is an established link between low self-esteem and aggression (Vogal & Brown, 1983; Wallace, Barry, Zeigler-Hill, & Green, 2012), although Baumeister, Smart, and Boden (1996) argue that the research is less than consistent. Instability, or short-term fluctuations in a person’s self-view, is also speculated to be important in self-esteem, and is associated with an over-reliance on external sources of evaluation (Hoyle, Kernis, Leary, & Baldwin, 1999; Kernis, Cornell, Sun, Berry, & Harlow, 1993). When these evaluations are negative, this over-reliance ultimately leads to aggressive behavior as a way of minimizing the harmful impact of these events on self-esteem (Kernis, Grannemann, & Barclay, 1989). The pathological aspects of narcissism and psychopathy have been theoretically and empirically linked to self-esteem instability, suggesting that individuals with these traits may fail to take a realistic view of themselves and their abilities, leading to a distorted and unstable perception of their self worth, a hypersensitivity to criticism and rejection, and a related propensity towards aggression (Bushman & Baumeister, 1998; Cale & Lilienfeld, 2006; Kernberg, 1975; Paulhus & Williams, 2002; Ronningstam, 2005; Sinek, 2003).

2. Current study

Research supports an association between psychopathy, narcissism, and self-esteem instability, particularly the common vulnerability to negative evaluation as an instigator of aggressive behavior. However, as the two distinct factors of psychopathy and narcissism become more salient, it is necessary for research to determine how they are related to level and stability of self-esteem, and thus make a person more prone to aggressive behavior. The present study was designed to resolve some of the questions in the literature regarding these relationships in an effort to determine if these associations may be helpful in teasing apart the maladaptive and adaptive aspects of the constructs. The current study hypothesized positive correlations between healthy narcissism, Factor 1 psychopathy, and self-esteem. Pathological narcissism, Factor 2 psychopathy and aggression were expected to be positively correlated with each other but all were hypothesized to be negatively correlated with self-esteem. Self-esteem instability was expected to positively correlate with aggression, pathological narcissism, and given those relationships, Factor 2 of psychopathy. The final aim of this study was to determine the role of self-esteem level and stability in the relationship between the factors of psychopathy (i.e. Factors 1 and 2) and narcissism (i.e. healthy and pathological) with aggression.

3. Method

3.1. Participants and procedures

The sample was composed of 118 undergraduate students from a Northeastern, urban college who participated in the study for ex-

tra-credit in psychology classes. Consent was gained and questionnaires were completed in random order. Participants received a daily email reminding them to complete one additional RSES-MV every day for 5 days for additional credit. The ages ranged from 18 to 35 years-old ($M = 20$, $SD = 2.65$). The sample was composed of 31 males and 87 females and was racially diverse with 21.2% ($n = 25$) Caucasians, 25.4% ($n = 30$) African Americans, 46.6% ($n = 55$) from other racial backgrounds, and 6.8% ($n = 8$) did not indicate their racial group.

3.2. Measures¹

3.2.1. The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965)

The RSES was used to assess base levels of self-esteem. The scale contains 10 items answered on a 4-point Likert-scale (1 = strongly agree to 4 = strongly disagree). Studies show the RSES to be valid (Kernaleguen & Conrad, 1980) and reliable, with an internal consistency coefficient of .89 (Kernis et al., 1989) and test-retest reliability at .80 (Rosenberg, 1965).

The modified version of the RSES (RSES-MV; Kernis et al., 1989) measures self-esteem stability using daily assessments based on feelings at the time of completion. Responses are on a 10-point Likert-scale (1 = strongly disagree to 10 = strongly agree). The coefficient of stability of self-esteem was computed as the standard deviation from the mean of the multiple administrations of the RSES-MV (Kernis et al., 1989).

3.2.2. The Narcissistic Personality Inventory (NPI; Raskin & Terry, 1988)

The NPI contains 40 items based on criteria for narcissistic personality disorder (NPD). Despite ongoing debate about the factor structure of the NPI (Cain, Pincus, & Ansell, 2008), the current study utilized the reliable and valid (Emmons, 1984, 1987) seven-component solution identified by the NPI authors: Authority, Exhibitionism, Superiority, Entitlement, Exploitativeness, Self-Sufficiency, and Vanity.

While some maintain that the NPI is a measure of healthy narcissism (Pincus et al., 2009), it has also been argued that the NPI contains a “confusing mix of adaptive and maladaptive content” (Cain et al., 2008, p. 643) and can thus be used to measure levels of healthy and pathological narcissism (Ackerman et al., 2011). The current study used the advocated approach, where the pathological narcissism (NPI-P) score is obtained by adding the scores on the Entitlement and Exploitativeness subscales and the healthy narcissism (NPI-H) score is obtained by adding the scores on the Authority, Exhibitionism, Superiority, Self-Sufficiency, and Vanity subscales (e.g., Emmons, 1987; Rose, 2002; Rozenblatt, 2002; Sinek, 2003; Watson et al., 1996). The Entitlement and Exploitativeness subscales correlate most strongly with the newly developed pathological narcissism inventory (PNI; Maxwell et al., 2011; Pincus et al., 2009).

3.2.3. The Psychopathic Personality Inventory (PPI; Lilienfeld & Andrews, 1996)

The PPI is a 187 item, self-report measure designed to assess psychopathic traits using a 4-point Likert-scale (1 = false to 4 = true). Recent studies have demonstrated a two-factor structure of the PPI (PPI-I and PPI-II).² While a third factor (PPI-C) exists, it consists only of the coldheartedness subscale. It was not included in the analyses of the current study as the dominant two factors

¹ Table 1 displays means, Standard deviations, and Cronbach’s Alphas for the measures in the current study.

² There is some debate over alternative factor solutions for the PPI (Miller & Lynam, 2012; Neumann, Malterer, & Newman, 2008), however Lilienfeld et al. (2012) and Benning et al. (2003) maintain the validity of the two-factor solution.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات