



## Narcissism assessment in social–personality research: Does the association between narcissism and psychological health result from a confound with self-esteem?

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### ABSTRACT

Influential social and personality psychology research indicates that narcissism is related to psychological health. Such inferences are open to question, however, because they nearly all rely on the same self-report instrument—the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979, 1981)—to operationalize and measure narcissism. This is problematic because numerous NPI items do not appear to correspond to common definitions or manifestations of narcissism, and may instead be indicative of self-esteem. Two studies demonstrate that the NPI's confound with self-esteem accounts for the purported relationship between narcissism and psychological health. This suggests that inferences about narcissism and psychological health may need to be reinterpreted. Results also highlight the need for measures that correspond more directly to core components of narcissism.

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### 1. Introduction

Imagine hearing about two people who are both described as assertive and confident. Both also prefer leadership roles and enjoy receiving compliments. However, beyond these apparent similarities, the two are quite different from each other. The first is consistently full of bravado to overcompensate for core insecurities, insatiably in need of other people's admiration (e.g., Morf & Rhodewalt, 2001), and unreasonably pushy, overbearing, and demanding. You probably would not be surprised to hear this person referred to as a narcissist (e.g., American Psychiatric Association, 2000). In contrast, the second person is "happier than most, less socially anxious, . . . less depressed, . . . [and] higher [in] self-esteem" (see W. K. Campbell, 2001, p. 214). Is it possible that this normatively happy and healthy person is a narcissist as well? According to some perspectives in social and personality psychology research (e.g., W. K. Campbell, 2001; Miller & Campbell, 2008), the answer may be "yes." In fact, the psychologically healthy characteristics enumerated above are a partial description of a narcissist from one social–personality point of view.

The narcissist with these healthy traits lies at the center of a crucial question about the limits of the theoretical and operational definitions of narcissism. To what extent should high self-esteem, and normative traits related to it such as assertiveness and confidence, play a role in defining narcissism? The divergence between

normative social–personality perspectives on this question, and clinical perspectives, which generally emphasize narcissists' low or fragile self-esteem (e.g., APA, 2000; Kernberg, 1975; Kohut, 1971, 1977), has made it increasingly difficult to reconcile social–personality and clinical narcissism research (Cain, Pincus, & Ansell, 2008; Miller & Campbell, 2008; Pincus & Lukowitsky, 2010; Pincus et al., 2009). Moreover, and most germane to this article, disagreement over whether self-esteem and other normative traits should be considered narcissistic has created confusion about whether psychological health is truly a potential characteristic of people who are narcissistic.

Although it is clear that many social–personality psychologists include high self-esteem in their conceptions of narcissism whereas clinical psychologists generally do not (Fossati et al., 2005; Miller & Campbell, 2008; Pincus & Lukowitsky, 2010; Pincus et al., 2009), it is unlikely that this reflects fundamental theoretical differences between the two camps. Instead, we posit that the inclusion of high self-esteem and other normative characteristics in social–personality definitions of narcissism results primarily from the way narcissism is traditionally operationalized. The self-report scale that is used to measure narcissism in nearly all social–personality research (Cain et al., 2008; Mullins & Kopelman, 1988; Pincus et al., 2009) is the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979, 1981). The NPI contains items that appear to be confounded with self-esteem, a characteristic that they may measure at least as effectively as they measure narcissism. As a result, the NPI's correlates include not only the negative psychological states and outcomes that might be shared with typical

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clinical definitions of narcissism (e.g., aggression, Bushman & Baumeister, 1998; reduced romantic commitment, W. K. Campbell & Foster, 2002; pathological gambling, Lakey, Rose, Campbell, & Goodie, 2008), but also the positive psychological states that are more likely to be associated with high self-esteem, such as those noted in the description of the happy, healthy narcissist in example two.

Self-esteem is the normative characteristic with which the NPI appears to share its most robust empirical relationship (see Brown & Zeigler-Hill, 2004; Cain et al., 2008; Raskin, Novacek, & Hogan, 1991a, 1991b; Rhodewalt & Morf, 1995). One reason to closely examine the NPI's positive link with self-esteem, and the possibility that this link is largely a byproduct of confounded items contained within the NPI itself, is that there is accumulating evidence that the connection between the NPI and psychological health is *contingent* on the NPI's relationship with self-esteem. This is the case, for example, in research by Rose (2002), who reported that narcissism was related to multiple measures of happiness, and by Sedikides, Rudich, Gregg, Kumashiro, and Rusbult (2004), who reported that narcissism was related to numerous indicators of psychological health, such as lower depression, sadness, anxiety, and neuroticism, as well as higher levels of personal and couple well-being. In both sets of studies, the relationship between the NPI and each of its healthy psychological correlates was fully mediated by self-esteem (see also Brown, Budzek, & Tamborski, 2009). This led Sedikides and colleagues to conclude that self-esteem is the "key component of narcissism" (p. 401) through which narcissism predicts positive psychological outcomes (see also Sinha & Krueger, 1998). In contrast, self-esteem does not appear to mediate the association between the NPI and the kinds of negative outcomes more traditionally associated with narcissism. For example, controlling for self-esteem did not negate the relationship between the NPI and reduced romantic commitment (W. K. Campbell & Foster, 2002), pathological gambling (Lakey et al., 2008), or the greedy exploitation of natural resources (W. K. Campbell, Bush, Brunell, & Shelton, 2005). Taken together, it appears that a link between the NPI and psychological health (but not negative psychological outcomes) depends on a theory of narcissism that considers high self-esteem to be an inherent narcissistic trait (e.g., Baumeister, Campbell, Krueger, & Vohs, 2003).

To justify the inclusion of self-esteem and other normative characteristics within a social–personality theory of narcissism, some have called for revisiting historic clinical theories that provide the grounds doing so (see W. K. Campbell, 2001; Miller & Campbell, 2008). However, such an approach may be problematic for several reasons. First, it employs *post hoc* theoretical explanations for findings that might be more parsimoniously explained through an empirical critique of some of the NPI's items. Further, the clinical theories that did include high self-esteem in their definition of narcissism were either too nebulous and overinclusive (e.g., Freud, 1931/1950) or too multifaceted (e.g., Kohut, 1971, 1977) to be operationalized properly using any single measure (see Clark & Watson, 1995; Raskin & Terry, 1988).

Perhaps most problematically, these historical clinical theories are not aligned with the theoretical foundation that was used to develop the NPI. The NPI was not developed to correspond with a normative definition of narcissism. Instead, the scale's authors intended to provide a continuous, non-clinical measure (for use in normal populations) of the characteristics described by a specific clinical definition of narcissism, the diagnostic criteria for narcissistic personality disorder (NPD) in the then-current edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-III, APA, 1980; see Raskin & Terry, 1988). Accordingly, the NPI's authors developed items that they believed "sampled the domain of the narcissistic personality" (Raskin & Hall, 1979, p. 590) identified by the DSM-III criteria. These criteria included a grandiose

sense of self-importance, preoccupation with fantasies of unlimited success, exhibitionism, indifference or rage, and disturbances in interpersonal relationships such as entitlement, exploitativeness, splitting, and lack of empathy. The NPI was based on the assumption that "abnormality is continuous with normality, [and thus] behaviors descriptive of the Narcissistic Personality Disorder are ... extreme forms [of these narcissistic traits] which are manifested to a lesser extent in normal individuals" (Raskin & Hall, 1981, p. 159).

In other words, the scale's authors intended for the NPI to measure less extreme levels of characteristics associated with narcissism as described in the DSM-III (see Pincus & Lukowitsky, 2010; Pincus et al., 2009). They did not intend to expand the definition of the construct based on normative clinical or social–personality theories. By referring to historic theories that included high self-esteem in their definition of narcissism to justify NPI-based findings about psychological health, critics (e.g., W. K. Campbell, 2001; Miller & Campbell, 2008) implicitly suggest that the authors of the NPI got the measurement aspects of narcissism right, but got the theory on which they based their measure wrong. In contrast, we suggest that just the opposite may be the case; the NPI's authors appear to have created a scale that is not entirely consistent with the theory on which it was based. In fact, the NPD section of the DSM-III states that narcissistic self-esteem is "often fragile" (p. 316), rather than that narcissists have high self-esteem.

Using the DSM-III criteria as a theoretical "conceptual template" (Raskin & Terry, 1988, p. 892), it is easy to understand how items ranging from severe manifestations of narcissistic characteristics (e.g., "I insist on getting the respect that is due me;" "I know that I am good because everybody keeps telling me so") to more moderate manifestations (e.g., "I am apt to show off if I get a chance;" "I am more capable than other people") were included in the NPI. Unfortunately, other NPI items, such as "I am assertive" and "I see myself as a good leader" appear to fall outside of the NPI's authors' own DSM-III-based definition of narcissism. These more normative characteristics do not appear to lie on a clear continuum with those enumerated in the DSM-III. Rather, they most likely measure subjectively different constructs from the diagnostic criteria rather than less severe versions of the same constructs (see Pincus & Lukowitsky, 2010; Pincus et al., 2009).

A practical problem this causes is that the NPI's most normative items are not specific to narcissism—a narcissist *might* be described by them (if only superficially), as in the first example presented earlier. But the content of these items also might *not* be indicative of narcissism. In other words, the items do not necessarily differentiate well between narcissists and non-narcissists. Even if narcissists often exhibit these characteristics (see Lynam & Widiger, 2001; Miller, Gaughan, Pryor, Kamen, & Campbell, 2009; Samuel & Widiger, 2004), knowing that someone possesses these attributes does not necessarily help one discern how narcissistic that individual is, or even whether that individual is narcissistic at all. Further, such items may provide more information about whether a person has high self-esteem than about whether that person is narcissistic. And although such normative attributes are not measured by a majority of the NPI's items, the internal consistency strategy originally used to develop the NPI resulted in statistical overrepresentation of its most normative items in aggregated scores (Emmons, 1984; Kansi, 2003; Raskin & Terry, 1988). As a result, aggregated NPI scores are poorly proportioned (see Haynes, Richard, & Kubany, 1995), causing them to follow the scale's most normative items in correlating with variables indicative of psychological health.

In sum, the conclusion that narcissism is associated with healthy psychological states and outcomes may depend largely on the effects of a number of items in the NPI that appear to be more closely related to self-esteem than to narcissism. To investigate this possibility, in Study 1 we examined whether the NPI's

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