



Contents lists available at ScienceDirect

Personality and Individual Differences

journal homepage: www.elsevier.com/locate/paid

Adolescent self-compassion: Associations with narcissism, self-esteem, aggression, and internalizing symptoms in at-risk males



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ARTICLE INFO

Article history:

Received 29 August 2014

Received in revised form 11 December 2014

Accepted 19 December 2014

Available online 14 January 2015

Keywords:

Self-compassion

Narcissism

Self-esteem

Adolescence

Aggression

ABSTRACT

Self-compassion is an attitude toward oneself that involves perceiving one's experiences as an opportunity for self-awareness and improvement, as well as limited self-judgment after failure. Self-compassion has not been extensively studied in adolescence, a time when self-perception and self-appraisals regarding success and failure take on notable importance. This study considered the connection between self-compassion, narcissism, self-esteem, aggression, and internalizing problems in a sample of 251 male adolescents, ages 16–18, attending a residential program. Self-compassion was negatively correlated with aggression and vulnerable narcissism and positively correlated with self-esteem. In general, self-compassion did not exhibit the hypothesized protective effect on the relation between narcissism and aggression. Findings indicate that, as expected, self-compassion is indicative of a relatively secure, positive sense of self in adolescents.

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1. Introduction

There have been claims that narcissism has increased in recent generations (Twenge & Campbell, 2008), raising concerns regarding the fallout of a culture of self-perceived superiority. However, some evidence suggests that narcissism is normally distributed in adolescents (Barry, Pickard, & Ansel, 2009), highlighting the importance of individual differences. Self-compassion, a construct that involves how an individual views successes and failures (Neff, 2003b), may have relevance for unraveling the potentially harmful paradox of a society that promotes individualism and positive self-regard despite clear behavioral and social drawbacks.

The purpose of the present study was to explore the relations among self-compassion, narcissism, and self-esteem in a sample of at-risk adolescents and to consider the potential mitigating influence of self-compassion on the associations of specific dimensions of narcissism with aggression and internalizing problems. This investigation could have potential intervention implications insofar as fostering a self-compassionate attitude in adolescents might lower the risk of aggression that is tied to narcissism (e.g., Barry, Grafeman, Adler, & Pickard, 2007; Thomaes, Bushman, Stegge, & Olthof, 2008) or of internalizing problems (e.g., anxiety,

depression) that have been associated with elements of narcissism involving a fragile sense of self-worth (Barry & Kauten, 2014). This study represents the first known study to address self-compassion in terms of dimensions of adolescent narcissism.

1.1. Narcissism

Self-perception constructs typically include, in part, an appraisal of one's worth. Narcissism includes the presentation of an extremely positive self-view and hypersensitivity concerning feedback from others; however, the core self-view of individuals with narcissistic features may be fragile or even negative (e.g., Barry & Kauten, 2014; Morf & Rhodewalt, 2001). Narcissism is often conceptualized as either non-pathological or pathological. Non-pathological narcissism is characterized as possessing feelings of superiority, exploitativeness, vanity, and the need to be the center of attention (Miller & Campbell, 2011). Meanwhile, pathological narcissism consists of dimensions of grandiose and vulnerable narcissism. Grandiose narcissism involves a willingness to exploit others for personal gain and beliefs about one's superiority and unique abilities. Vulnerable narcissism includes self-worth that is contingent on others' feedback, reactivity to threats from others, a sense of entitlement toward receiving positive appraisals, and a diminished need for connections to others (Besser & Priel, 2010).

Narcissism has been related to aggression, particularly following an ego threat (e.g., Thomaes et al., 2008). This function of aggression, termed "reactive," involves responses to real or

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perceived threats so as to rectify perceived slights (Dodge & Coie, 1987). “Proactive” aggression, or aggression that is enacted for personal gain and without clear provocation (Dodge & Coie, 1987), has also been associated with adolescent narcissism (e.g., Barry et al., 2007). Research has indicated moderate correlations between pathological narcissism and self-reported anxiety, depression, aggression, and fragile self-esteem (Barry & Kauten, 2014). In particular, vulnerable aspects of narcissism (e.g., contingent self-esteem, self-protection from negative feedback) are more indicative of internalizing issues than grandiose facets of narcissism that portray a supreme sense of confidence (Miller, Gentile, & Campbell, 2013). Non-pathological narcissism (e.g., feelings of superiority, exploitativeness, vanity) has been positively associated with both proactive and reactive aggression in adolescents (Barry et al., 2007) and inversely associated with anxiety and depression (Barry & Kauten, 2014; Barry & Wallace, 2010).

1.2. Self-compassion

In contrast to narcissism, self-compassion is an element of self-perception that is not inherently self-evaluative (Neff & Vonk, 2009). Instead, it includes viewing failure experiences not as an indicator of one’s worth but as an opportunity for growth and improvement. Furthermore, self-compassion promotes greater resilience in the face of disappointment and relatively accurate self-appraisals (Neff & Vonk, 2009). Existing research suggests that self-compassion is not tied to self-consciousness or other maladaptive emotional or behavioral reactions to negative feedback (Neff & Vonk, 2009). Proactive aggression, then, appears to involve an approach to interpersonal relationships (i.e., personal gain through coercive actions) that is incompatible with self-compassion.

The work of Neff and colleagues has also highlighted components of self-compassion that may clarify their connection to other aspects of self-perception, as well as illustrate their potential role in adolescents’ appraisal of success and failure. The three central elements of self-compassion have been described as kindness toward oneself, a sense of common humanity, and mindfulness (Neff & McGehee, 2010). Self-kindness embodies a patient, non-shameful response to upsetting or threatening events. A sense of common humanity involves seeing one’s experiences as connected to those of others rather than unique or isolating, and mindfulness involves keeping a balanced perspective on one’s experiences, including negative or threatening events (Neff, 2003b).

Neff and colleagues have also described processes (i.e., over-identification, isolation, self-judgment) that, from an assessment perspective, are indicative of low levels of self-compassion. Over-identification involves a keen focus on one’s own current emotional state in the face of failure at the expense of recognizing other potential emotional resources that he or she has available (Neff, 2003b). Experiencing feelings of isolation presumably reflects less overall self-compassion based on one’s view that his or her experiences are not shared with others (Neff, 2003b). Finally, self-judgment (i.e., harsh self-criticism particularly after failure) is thought to impede the development and experience of self-compassion. The correlates of these individual aspects of self-compassion were also examined in the present study.

1.3. Self-compassion, narcissism, and adolescence

Self-compassion may hold particular relevance in adolescence. Developmentally, adolescents become increasingly self-conscious of their successes and setbacks and incorporate them into their self-appraisals (e.g., Rankin, Lane, Gibbons, & Gerrard, 2004). The extent to which an adolescent holds a self-compassionate attitude may have direct implications for how he or she copes with personally relevant negative events. Furthermore, Neff and McGehee

(2010) note that “negative self-judgments are strongly implicated in the high rates of anxiety, depression, and attempted suicide during” adolescence (p. 225).

Neff and McGehee (2010) speculate that to the extent that adolescents hold a personal fable, they may also have a diminished sense of self-compassion. More specifically, when they interpret their own experiences as being unusual or not relatable in the context of other adolescents’ experiences, they are more self-critical, feel more alone regarding negative experiences, and “over-dramatize their personal problems” (p. 228). This relative lack of self-compassion may, in turn, contribute to feelings of depression, anxiety, and isolation among adolescents in particular. Interestingly, despite the aspects of the adolescent experience (e.g., personal fable) that might be predictive of lower self-compassion, in a previous study, adolescents did not demonstrate a difference in self-compassion relative to young adults (Neff & McGehee, 2010). Therefore, there may be individual differences in self-perception that are relevant for one’s self-compassion and its purported benefits.

Research is also suggestive of how the dimensions of narcissism may be related to self-compassion. The characteristics of grandiose narcissism are clearly in opposition to the concern for others and acknowledgment of shared experiences that are byproducts of self-compassion (Neff, 2003b). Similarly, the features of vulnerable narcissism also imply a personality style indicative of feelings (e.g., isolation; overidentification; Neff, 2003b) tied to low self-compassion. Lastly, non-pathological narcissism also seems suggestive of low self-compassion based on its inclusion of feelings of superiority over others. However, as noted above, some elements of self-compassion (e.g., self-kindness) may have elements of self-confidence and feelings of authority that are positively associated with some aspects of narcissism. As such, the present study aimed to explore the bivariate relations between dimensions of narcissism and self-compassion, as well as the potential mitigating role of self-compassion in the connection between narcissism and adolescent maladjustment (i.e., aggression, internalizing problems).

Furthermore, Neff and Vonk (2009) found that self-compassion and non-pathological narcissism were actually positively correlated in a sample of adults. This finding suggests that although some elements of self-compassion imply a negative relation with narcissism (e.g., self-judgment being tied to more fragile self-views), it may be that self-compassionate attitudes are not necessarily devoid of grandiosity (e.g., self-kindness that translates to overly positive self-appraisals) or confident displays. It is also possible that developmental factors influence how self-compassion, narcissism, and self-esteem relate to each other over time. Therefore, the patterns of interrelations could differ somewhat for adolescents from those shown for adults. With self-compassion providing an avenue for accepting negative experiences and personal failures that might otherwise result in harsh or negative self-judgment, bolstering self-compassion might prove to be a useful therapeutic tool for combating the negative consequences of those experiences that are particularly prevalent in adolescence.

Whereas narcissism involves an intense social comparison orientation (e.g., Krizan & Bushman, 2011), individuals with high levels of self-compassion eschew such comparisons and favor shared experiences with others rather than superiority over them (Neff & Vonk, 2009). One way in which an individual may seek to express that superiority is through aggression. However, if an adolescent who endorses narcissism also reports high levels of self-compassion, the risk of aggression may be reduced. Alternatively, self-compassion has demonstrated an inverse relation with internalizing problems (i.e., anxiety, depression, low connectedness) in adolescents (Neff & McGehee, 2010), further emphasizing its potential benefits for general adjustment. Therefore, an additional focus of the present study was on how self-compassion might mitigate

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