



Narcissism, identification, and longitudinal change in psychological health: Dynamic predictions ^{☆,☆☆}

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ABSTRACT

The narcissist has been described as “dependent on others to provide confirmation of the grandiose ego ideal” (American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.). The present study shows how the combination of dependent identification and unhealthy narcissism leads to decreasing psychological health across 42 years of adulthood. Change in psychological health is studied in 156 participants of the Intergenerational Studies, Institute of Human Development, University of California, Berkeley. We predicted that longitudinal decline in psychological health, as assessed by longitudinal hierarchical linear modeling analyses of the California Personality Inventory v3 scale [Gough, H. G., & Bradley, P. (1996). *California Psychological Inventory*. Palo Alto, CA: Consulting Psychologists Press], would be predicted by the joint presence in early adulthood of maladaptive narcissism [Wink, P. (1992). Three narcissism scales for the California Q-set. *Journal of Personality Assessment*, 58, 51–66] and defensive identification [Cramer, P. (1991a). *The development of defense mechanisms: Theory, research and assessment*. New York: Springer-Verlag]. In contrast, we predicted healthy narcissism would be positively related to psychological health throughout adulthood. Predictions were confirmed via regression analyses including interaction terms, and are explained by the insoluble conflict that occurs when narcissistic gratification is dependent on the admiration of others, but the tie to others interferes with independent growth and accomplishment.

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1. Introduction

With increasing numbers of persons living longer lives, change in psychological health over the adult years becomes an increasingly important issue. Studies have found psychological health to increase (e.g., Mroczek & Spiro, 2003), to decrease (e.g., Aldwin, Spiro, Levenson, & Bossé, 1989), and to remain relatively stable with increasing age (e.g., Diener & Suh, 1998). A recent study, based on a more sensitive measure of individual longitudinal change, demonstrated all three types of change within a single adult sample. Using longitudinal hierarchical linear modeling Jones, Livson, and Peskin (2006) showed that

^{*} The data for this paper come from the Intergenerational Studies conducted by the Institute of Human Development at the University of California, Berkeley, and from the Intergenerational Studies data sets (made available in 1995, machine-readable data files). These data were collected by the Institute of Human Development and donated to the archives of the Henry A. Murray Research Center of Radcliffe College, 10 Garden Street, Cambridge, Massachusetts (Producer and Distributor).

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while psychological health increased from age 33 to age 75 on average, there was considerable variability across individuals; some increased in psychological health as they grew older, some decreased, and yet others remained stable. Given the importance of psychological health, we would like to understand the factors that contribute to, or impede, its growth over the adult years.

Research regarding these factors has tended to focus on concurrent relations between psychological health and selected personality factors, or on predictive factors that lead to group average change in psychological health. For example, both positive and negative concurrent relations between psychological health and narcissism (e.g., Raskin, Novacek, & Hogan, 1991; Sedikides, Rudich, Gregg, Kumashiro, & Rusbult, 2004; Wink, 1992), and between psychological health and defense mechanism use (e.g., Cramer, 1999; Vaillant, 1993) have been demonstrated. Also, predictive relations between defense use and group change in neuroticism and psychological health (e.g., Cramer, 2003; Vaillant, 1993) have been demonstrated.

What has not been investigated is whether narcissism and defense use might predict the magnitude and direction of *individual change* in psychological health. The purpose of the present study is to determine the role of these two factors in the adult longitudinal trajectory of psychological health. Both factors may be considered self-regulatory processes. Both are also related to the developmental process of separation/individuation.

Narcissism may contribute to positive psychological development (e.g., Sedikides et al., 2004; Smalley & Stake, 1996), or may impede psychological growth (e.g., Colvin, Block, & Funder, 1995), depending on whether the narcissism is adaptive or maladaptive (Raskin et al., 1991; Wink, 1992). In both cases, the function of narcissism is to protect the self and self-esteem. As such, narcissism is involved in self-esteem regulation (Morf & Rhodewalt, 2001), and thus may be understood as serving a defensive function.

The ego mechanisms of defense also serve the function of protecting the self—both self-esteem and self-coherence (Cramer, 2006; Kohut, 1977) and thus are processes of self-regulation (Shapiro, 2000). When the self is threatened, these mental operations are used to sustain a positive self-image and to reduce anxiety.

Theoretically, these two characteristics—narcissism and defense mechanisms—have been characterized as functioning in a reciprocal fashion. When narcissism functions to protect the self, defense mechanisms are less important. Conversely, when defenses are used for self-protection, narcissism recedes. This shifting reliance on narcissism and defense mechanisms has been described as characterizing the period of late adolescence (Blos, 1962), and has been demonstrated, empirically, to be related to identity development in college students (Cramer, 1995). Although this reciprocal relation has not been studied in adults, it is possible that defenses and narcissism might be similarly related to psychological health in adulthood.

1.1. Psychological health

Psychological health in adulthood has been described from a variety of perspectives (e.g., Allport, 1955; Helson & Wink, 1987; Rogers, 1961) and measured using a variety of assessment techniques (e.g., interview, projective tasks, self-report inventories). Important dimensions in the area of psychological health assessment include the distinctions between self-report versus clinician-report (e.g., Jones, Livson, & Peskin, 1995), theoretical versus atheoretical approaches (e.g., Gough & Bradley, 1996; Vaillant, 1977), and microbehavioral versus macrobehavioral foci (e.g., Crosnoe & Elder, 2002; Diener, Larsen, & Emmons, 1984). Researchers have also begun to explore the distinction between psychological health as indicated by conformance to societal rules and expectations versus the ability to show intrapsychic depth and complexity (e.g., Clausen, 1993; Helson & Srivastava, 2001; Vaillant, 1977).

Here we use a measure that can be classified as self-reported, atheoretical, and falling midway between a micro- and macrobehavioral focus. Additionally, our measure of psychological health is a reflection of an individual's ability to effectively negotiate the vicissitudes of life, and perform effectively within society, thus more in line with the measurement of conformance to societal rules rather than intrapsychic complexity. Our measure of psychological health (“v3”) is part of the California Psychological Inventory (CPI; Gough & Bradley, 1996), and is described in the literature as assessing either competence (Helson & Wink, 1987), ego integration or self-realization (Gough & Bradley, 1996), or overall psychological health (Jones et al., 2006). A strength of this particular measure is that it is completely separate from our Q-sort based measure of narcissism and a measure of identification obtained from narrative material.

1.2. Narcissism

Optimal self-esteem, or healthy narcissism, supports striving toward and achievement of goals and successful careers (Wink, 1991b), and this is likely to contribute to psychological health. However, when the self is diffuse or insecure, maladaptive narcissism, characterized by self-aggrandizement, power-seeking and condescension (Raskin et al., 1991), is brought into play to protect against feelings of inadequacy. Despite the surface grandiosity and braggadocio that characterize the narcissistic personality, clinical evidence indicates these individuals often have an underlying sense of low self-worth (Freud, 1914/1957; Kohut, 1977; Millon, 1981). This finding is also shown in experimental studies in which the most highly narcissistic individuals are those with high explicit self-esteem but low implicit self-esteem (e.g., Jordan, Spencer, Zanna, Hoshino-Browne, & Correll, 2003; Ziegler-Hill, 2006). It is against these negative self-feelings that maladaptive narcissism is directed.

Maladaptive narcissism may take the form of willful manipulation and exploitation of others, with an emphasis on power (e.g., Emmons, 1984). Or, because maladaptive narcissism requires admiration from others, it may produce a hypersensitivity

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