

Narcissistic Features in Young Adolescents: Relations to Aggression and Internalizing Symptoms

Jason J. Washburn,¹ Susan D. McMahon,² Cheryl A. King,³
Mark A. Reinecke,⁴ and Carrie Silver⁵

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Recent research and theory suggest narcissistic features contribute to aggression in adults. The present study examined the association of narcissistic features with aggression and internalizing symptoms in 233 students of 5th–8th grade at three inner-city schools. A factor analysis of the Narcissistic Personality Inventory in this sample revealed three factors: Adaptive Narcissism, Exploitativeness, and Exhibitionism. Regression analyses were used to predict the association of these three narcissistic features with self-, teacher-, and peer-reported aggression and self-reported internalizing symptoms. Results indicate narcissistic exploitativeness positively predicted self-reported proactive aggression, and narcissistic exhibitionism positively predicted internalizing symptoms. Narcissism and self-esteem interacted to predict teacher-reported aggression and self-reported internalizing symptoms. Results are discussed in the context of existing theories of narcissism, threatened egotism, and self-perception bias.

KEY WORDS: narcissism; aggression; internalizing; urban African American adolescent.

INTRODUCTION

Threatened egotism theory (Baumeister *et al.*, 1996) challenges conventional notions about the positive association of low self-esteem and aggression. According to this theory, aggression is more likely among people with exceptionally high self-esteem than people with low self-

esteem, particularly if faced with a threat to their overly positive self-view. The threatened egotism theory does not apply to all people with high self-esteem, but is specific to individuals with fragile and unstable self-esteem, such as people with narcissism (Bushman and Baumeister, 1998). Morf and Rhodewalt's self-regulatory model (Morf and Rhodewalt, 2001) of narcissism posits that while the narcissistic sense of self is clearly inflated, it is also highly vulnerable. According to this model, people with narcissism are constantly concerned and motivated to maintain their inflated self-esteem through a variety of intrapersonal and interpersonal mechanisms. When faced with an ego threat, an individual with narcissism may use aggression as a mechanism to re-establish their self-esteem and/or to punish the specific source of the threat (Bushman and

¹Robert Wood Johnson Research Scholar, Psycholegal Studies Program, Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine. Received Ph.D. from DePaul University. Research interests include juvenile delinquency, juvenile aggression and violence, and juvenile intervention and prevention services research. To whom correspondence should be addressed at Department of Psychiatry and Behavioral Sciences, Psycholegal Studies Program, Northwestern University Feinberg School of Medicine, 710 N. Lake Shore Drive, Suite 900, Chicago, Illinois 60611-3078; e-mail: j-washburn@northwestern.edu.

²Associate Professor, Department of Psychology, DePaul University. Received Ph.D. from DePaul University. Research interests include program evaluation, preventive interventions for youth, and aggression.

³Associate Professor, Department of Psychiatry, University of Michigan Medical School. Received Ph.D. from Indiana University. Research interests include assessment and treatment of suicidal youth, early onset depression, and psychosocial interventions with children and families.

⁴Associate Professor, Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine. Received Ph.D. from Purdue University. Research interests include vulnerability for depression and cognitive-behavioral therapy with children and adolescents.

⁵Clinical Psychology Graduate Student, Suffolk University. Received B.A. from the University of Michigan. Research interests include clinical child psychology.

Baumeister, 1998). As such, aggressive narcissistic reactions may be viewed as an adaptive mechanism to regulate mood, motivation, and behavior.

Narcissism and Aggression in Adults

Numerous studies support the connections between high levels of narcissism and aggressive behavior in adults. Survey studies have found associations between high scores on the Narcissistic Personality Inventory (NPI; Raskin and Terry, 1988) and the experience and expression of anger (Papps and O'Carroll, 1998), hostility (Raskin *et al.*, 1991; Rhodewalt and Morf, 1995), and dominance (Emmons, 1984) in young adults. Rhodewalt and Morf (1998) found young adults who scored higher on the NPI and received failure feedback responded with significantly more anger than did young adults with lower scores. In an experimental study, Bushman and Baumeister (1998) found young adults with high scores on the NPI reacted to a negative evaluator with significantly more displaced aggression in comparison to participants with low scores on the NPI. As predicted by threatened egotism theory, the authors failed to find a significant relationship between displaced aggression and self-esteem.

The complexity of the narcissism concept has led many researchers to examine the association of aggression with specific components of narcissism. A factor analysis of the NPI identified seven factors: Authority, Exhibitionism, Superiority, Vanity, Exploitativeness, Entitlement, and Self-Sufficiency (Raskin and Terry, 1988). The Authority and Self-Sufficiency factors are referred to as "adaptive" narcissistic factors because of their association with desirable mental health variables, whereas the Exploitative and Entitlement factors are referred to as "maladaptive" factors because of their association with less desirable mental health variables (Emmons, 1984; Soyer *et al.*, 2001; Watson and Biderman, 1993; Watson and Morris, 1991). The maladaptive factors of the NPI appear to account for the associations of the NPI total score with hostility and anger (Rhodewalt and Morf, 1995; Wink, 1991).

Narcissism and Aggression in Adolescents

Few studies have examined narcissistic traits in adolescents. Research examining other forms of fragile self-esteem and externalizing symptoms suggests children and adolescents who overestimate their self-perception and competencies are more likely to be aggressive (Boivin *et al.*, 1989; David and Kistner, 2000; Hymel *et al.*, 1990; Patterson *et al.*, 1990). Salmivalli *et al.* (1999) found high defensive egotism, as measured by a need for attention,

positive self-evaluation, and difficulty with criticism, was associated with bullying and support for bullying among adolescent boys. Salmivalli (2001) hypothesized that narcissistic features are specifically related to proactive aggression, but not reactive aggression. *Proactive aggression* is defined as purposeful aggressive behavior that is enacted with the anticipation of some reward, whereas *reactive aggression* is defined as an automatic emotional reaction that results from a loss of self-control (Dodge, 1991). Salmivalli proposed that the narcissistic characteristics of exploitativeness and lack of empathy motivate people with narcissism to use aggression instrumentally to actively construct and/or reinforce a grandiose self-image.

A recent study directly examined the association of narcissism with conduct problems and callous-unemotional traits in a sample of 98 community adolescents, ages 9–15 years (Barry *et al.*, 2003). Using a modified version of the NPI, Barry and colleagues found an interaction between narcissism and self-esteem. Specifically, high scores on the NPI predicted greater conduct problems only when combined with low self-esteem. Additionally, young adolescents with higher NPI Adaptive composite scores and low self-esteem had significantly greater conduct problems, while young adolescents with high NPI Adaptive composite scores and high self-esteem had significantly fewer conduct problems. Finally, as predicted by research with adults, the Maladaptive composite of the modified NPI was positively and directly associated with conduct problems and callous-unemotional traits, and negatively associated with self-esteem.

Narcissism and Internalizing Symptoms

Barry *et al.*'s finding (Barry *et al.*, 2003) of an interaction between high narcissism and low self-esteem in predicting conduct problems is consistent with early theories concerning the role of internalizing symptoms in narcissism. Self-psychology theorists posit that depressive feelings and negative self-perceptions underlie the exaggerated and fragile sense of self in narcissism (Kernberg, 1975; Kohut, 1971). From this perspective, narcissistic reactions are conceptualized as a defense against depressive affect and cognition (Kohut, 1971). From a self-perception perspective, narcissistic reactions can be conceptualized as compensatory mechanisms for recurrent experiences of failure (Diener and Milich, 1997). In addition to a potentially causative factor in narcissistic reactions, internalizing symptoms may also result from narcissistic behavior. Morf and Rhodewalt (2001) propose that the risky and unempathic strategies employed by people with narcissism when seeking external affirmation may result in negative interpersonal interactions and emotions.

While empirical evidence consistently supports the association of low self-esteem and depressive symptoms (Brown *et al.*, 1990; Harter, 1989; Metalsky *et al.*, 1993), evidence for the association of narcissism and internalizing symptoms is less consistent in the adult literature. Research shows greater anxiety and lower self-esteem after failure (Rhodewalt and Morf, 1998), overreliance on and false perceptions of social support (Lakey *et al.*, 1999; Rhodewalt and Morf, 1995), and guilt (Wright *et al.*, 1989) are positively associated with narcissism in young adults. However, other research shows negative associations between narcissistic features and internalizing disorders or symptoms (Corruble *et al.*, 1996; Emmons, 1984; Raskin and Novacek, 1989) and positive associations between the NPI Adaptive composite and self-esteem and optimism in young adults (Watson *et al.*, 1995, 1996).

Only one study examined the association of narcissism and depressive symptoms in adolescents. Calhoun *et al.* (2000) evaluated the validity of a modified version of the NPI with a sample of 125 male adolescent offenders, ages 13–17 years. Using a principal-components factor analysis, Calhoun and colleagues (2000) provide preliminary support for the relative similarity of the factor structure of the NPI between adults and adolescent offenders. By cross-validating the NPI with the Self-Report of Personality version of the Behavioral Assessment System for Children (BASC-SRP; Reynolds and Kamphaus, 1992), Calhoun *et al.* (2000) also provide preliminary evidence for the construct validity of the NPI with adolescents. Specifically, Calhoun *et al.* (2000) found significant negative correlations between the NPI Authority/Superiority factor and social stress, anxiety, depression, sense of inadequacy, and an index of emotional symptoms.

This Study

This study sought to examine the associations of narcissism with aggression and internalizing symptoms among young adolescents in several ways. First, we examined the factor structure of the NPI with a sample of young community adolescents, as previous research has not established the factor structure of the NPI with this population. While Calhoun *et al.* (2000) examined the factor structure of the NPI with a sample of male adolescent offenders, they conducted the factor analysis assuming that the same number of factors established with adult samples was applicable to an adolescent sample. The current study first determined the optimal number of factors of the NPI and then factor analyzed the NPI with a community sample of young male and female adolescents.

Second, we sought to directly examine the associations of narcissism with self-, peer-, and teacher-reported

aggression in young adolescents. While Barry *et al.* (2003) provide preliminary evidence for the association between narcissism and conduct disorder, they did not directly assess the association between narcissism and aggression. We specifically hypothesized a positive association between the maladaptive factors of the NPI and aggression, as suggested by the adult literature and Barry *et al.*'s findings (Barry *et al.*, 2003). In addition, we examined Salmivalli's hypothesis (Salmivalli, 2001) that narcissism is specifically and positively associated with proactive aggression and unrelated to reactive aggression.

We also hypothesized a positive association between internalizing symptoms in young adolescents. On the basis of the adult literature and the findings from Calhoun *et al.*'s study (Calhoun *et al.*, 2000), we specifically hypothesized that the adaptive factors of the NPI are negatively associated with internalizing symptoms. Finally, we attempted to replicate Barry *et al.*'s finding (Barry *et al.*, 2003) of an interaction between narcissism and self-esteem by examining the interaction of these two factors in predicting aggression and internalizing symptoms.

We selected a population of low-income, primarily young African American urban adolescents to examine the associations of narcissism with aggression and internalizing symptoms. This population is especially relevant to the study of narcissism, since previous research suggests African American children are more likely than European American children to overestimate their self-perceptions (David and Kistner, 2000; Zakriski and Coie, 1996). In addition, the substantial risk factors faced by low-income, urban minorities (Marsella, 1998; Sampson, 1993) emphasize the need for understanding and intervening in the development of aggression and internalizing problems in this population.

METHOD

Participants

Participants were 233 students in the 5th–8th grade classrooms of three schools in a dense metropolitan area in Chicago.⁶ The schools are located within a public housing community that experiences extreme poverty and high rates of community crime, including violent crime (Chicago Police Department, n.d.). Participants were between the ages of 10 and 15 years, ($M = 12.52$, $SD = 1.15$). The sample was 62.9% female and predominantly African American (91.6%), with the remaining

⁶A total of 320 youth completed all or part of the measures administered for the pre-test. The current study focuses on the sample of youth that completed at least 85% of the NPI.

participants identifying as “mixed” (6%), Latino (0.8%), or “other” (1.6%).

Measures

Narcissistic Personality Inventory

The Narcissistic Personality Inventory (NPI) is a 40-item forced choice self-report questionnaire that requires respondents to select if a statement is true or false about them (Raskin and Hall, 1979). It was initially designed to assess features of narcissistic personality disorder in nonclinical adult samples (Raskin and Hall, 1979) and is considered a measure of overt narcissism (Soyer *et al.*, 2001; Wink, 1991). Several studies have supported the construct validity and reliability of the NPI with nonclinical adults (Emmons, 1984; Raskin and Novacek, 1989; Raskin and Terry, 1988). A recent study provides evidence of construct validity for a modified version of the NPI with a racially diverse sample of male adolescent offenders (Calhoun *et al.*, 2000).

The NPI was factor analyzed with the present sample. Missing data were replaced with an item’s median score for all participants completing that item. Missing data replacement was conducted on 61 participants who completed more than 85% but less than 100% of the items on the NPI. Analyses of the missing data using chi-square and *t* test procedures revealed no significant differences between participants with missing NPI data versus no missing NPI data on demographic, criterion, or predictor variables.

Horn’s parallel analysis strategy (Horn, 1965) with Glorfeld’s extension (Glorfeld, 1995) was used to determine the optimal number of components to retain in the final factor solution. This strategy was used instead of Kaiser’s “one eigenvalue rule” (Kaiser, 1960) for selecting factors to limit the potential of overselecting the number of factors to retain (Gorsuch, 1997). Parallel analysis is considered one of the most accurate methods for determining the dimensionality of a scale (Buja and Eyuboglu, 1992; Glorfeld, 1995; Zwick and Velicer, 1986). Parallel analysis compares empirical eigenvalues generated from a study’s raw data to criterion eigenvalues generated from correlation matrices in a simulated dataset. A parallel analysis program developed for SPSS by O’Connor (2000) was used. The critical eigenvalue was set at the 95th percentile and 100 datasets were generated using a Monte Carlo simulation with 233 cases and 40 random variables. Data from this study produced the following empirical eigenvalues: 4.38, 3.27, 1.82, 1.65, 1.52, 1.51, and 1.35. Simulated data produced the following criterion eigenvalues: 2.00, 1.84, 1.75, 1.68, 1.62, 1.57, and 1.51. Three factors with em-

pirical eigenvalues that exceeded the criterion eigenvalues were retained for the final Promax rotation ($\kappa = 4$) with Kaiser Normalization. An oblique rotation was used because of the likely correlation between factors. Five items did not meet the .30 criterion level and were deleted from further analyses.

The first factor was labeled “Adaptive Narcissism” since most of the items were derived from the Adaptive composite of the original NPI. The second factor was labeled “Exhibitionism” since most of the items were derived from the Exhibitionism subscale of the original NPI. The last factor was labeled “Exploitativeness” since all of the items from the Exploitativeness subscale of the original NPI loaded on this factor. Please refer to Table I for a listing of factor items. Internal consistency, as measured by Cronbach’s alpha, was .76 for the full NPI scale, .70 for the Adaptive Narcissism factor, .70 for the Exhibitionism factor, and .66 for the Exploitativeness factor. While the full NPI scale alpha was slightly lower than alphas reported for the original NPI (.80 and .86; Raskin and Terry, 1988) and the juvenile offender version (.81; Calhoun *et al.*, 2000), factor score alphas were comparable to results in the adult population (.68 to .81; Emmons, 1984) and typically stronger than the alphas reported with the adolescent male offender population (.44–.67; Calhoun *et al.*, 2000).

Teacher Checklist—Aggression Scale

Teacher-reported aggression was assessed with the Teacher Checklist (Coie *et al.*, 1990) for only 116 of the 233 participants since the teachers in one of the three schools did not complete this measure. The Teacher Checklist—Aggression scale consists of six items, with three items assessing reactive aggression and three items assessing proactive aggression. Teachers respond by indicating if each item is *never true of this child to always true of this child* for each of the students in their classroom. Previous research provides evidence of the construct validity of the Teacher Checklist with diverse students (Dodge and Coie, 1987) and the checklist was used in several studies of proactive and reactive aggression (Brendgen *et al.*, 2001; Crick and Dodge, 1996; Dodge and Coie, 1987). Internal consistency for the current study was .94 for the full scale, .89 for the Proactive subscale, and .85 for the Reactive subscale. It must be noted that the correlation between the proactive and reactive aggression scales was .76 in the current study. However, the within scale correlations were higher than the between scale correlations, providing support for the construct validity of the two types of aggression. Dodge and Coie (1987) conclude that teachers rely primarily on a single dimension for assessing aggressive

Table I. Factor Structure of the NPI With Youth

Factor (<i>n</i> = 233)	Item	Factor loadings
Adaptive narcissism (Sum of squared loading = 3.56)	18. I want to amount to something in the eyes of the world	0.559
	10. I see myself as a good leader	0.544
	9. I think I am a special person	0.516
	14. I insist upon getting the respect that is due to me	0.516
	8. I will be a success	0.500
	40. I am an extraordinary person	0.496
	37. I wish somebody would someday write my biography	0.435
	36. I am a born leader	0.420
	34. I am going to be a great person	0.401
	29. I like to look at myself in the mirror	0.363
	11. I am assertive	0.354
	33. I would prefer to be the leader	0.348
	26. I like to be complimented	0.343
	28. I like to start new fads and fashions	0.329
	17. I like to take responsibility for making decisions	0.316
	2. I'm a modest or humble person	-0.315
Exhibitionism (Sum of squared loading = 3.32)	7. I like to be the center of attention	0.656
	30. I really like to be the center of attention	0.604
	15. I like to display my body	0.541
	20. I would probably show off if I got the chance	0.505
	24. I expect a great deal from other people	0.487
	38. I get upset when people don't notice how I look when I go out in public	0.476
	3. I would do almost anything on a dare	0.457
Exploitative (Sum of squared loading = 3.34)	12. I like to have authority over other people	0.432
	25. I will never be satisfied until I get all that I deserve	0.423
	35. I can make anybody believe anything I want them to	0.661
	13. I find it easy to manipulate people	0.542
	6. I can usually talk my way out of anything	0.521
	32. People always seem to recognize my authority	0.509
	21. I always know what I am doing	0.497
	4. I know that I am good because everybody keeps telling me so	0.447
	23. Everybody likes to hear my stories	0.415
16. I can read people like a book	0.414	
22. I rarely depend on anyone else to get things done	0.329	
39. I am more capable than other people	0.347	

Note. NPI = Narcissistic Personality Inventory.

behavior, yet they can distinguish between these two subtypes of aggression.

Aggressive Behavior Scale

Self-reported aggression was assessed by the Aggressive Behavior Scale (ABS; Orpinas and Frankowski, 2001), an 11-item scale in which adolescents record the frequency (i.e., 0 to more than 6 times) of common aggressive behaviors during the previous week. Previous studies provide evidence of adequate reliability and construct validity with ethnically diverse, urban, middle school students (Orpinas and Frankowski, 2001). To evaluate self-reported reactive and proactive aggression, the ABS was divided into two scales based on the operational definition

of proactive and reactive aggression provided by Dodge (1991). The reactive scale consisted of four items describing aggressive reactions to anger and the proactive scale consisted of seven items describing purposeful and instrumental aggression. Internal consistency in the current study was .88 for the full scale, .86 for the proactive scale, and .69 for the reactive scale. The proactive and reactive scales were significantly correlated at .69.

Peer-Reported Aggression

Peer-reported aggression was assessed by sociometric ratings. Previous research has demonstrated the validity and reliability of similar sociometric ratings (Asher *et al.*,

1979; Hartup, 1983). Participants responded to the question "Does [NAME OF CHILD] act out when he/she gets mad? For example, does she hit, yell, do mean things?" to each student in the participant's classroom. Responses were made on a 5-point Likert scale from *never* to *all the time*. Peer responses for each student were summed and averaged within each classroom.

Self-Esteem Scale

Self-esteem was assessed by the Rosenberg Self-Esteem scale (Rosenberg, 1965) which consists of 10 items on a 4-point Likert-style scale from *strongly agree* to *strongly disagree*. The Rosenberg Self-Esteem scale is the most widely used self-esteem measure (Blascovich and Tomaka, 1991) and consistently demonstrates strong reliability and validity (see Gray-Little *et al.*, 1997 for a review). The alpha coefficient for the Self-Esteem scale was .74 in the current study.

Impulsivity Scale

Self-reported impulsivity was assessed with a 4-item scale that measures the frequency of impulsive behaviors on a 5-point Likert scale from *never* to *always*. Behaviors assessed include lack of self-control, difficulty sitting still, acting without thinking, and trouble finishing tasks (Bosworth and Espelage, 1995). Internal consistency for the current study was .61, which is consistent with a previously reported alpha for this measure (Bosworth *et al.*, 1999).

Empathy Scale

Self-reported empathy was assessed with a 5-item scale that measures the frequency of empathic behaviors on a 5-point Likert scale from *never* to *always*. Behaviors assessed include the student's ability to listen, care, and trust others (Bosworth and Espelage, 1995). Internal consistency for the current study was moderately low, with an alpha of .56.

Beliefs About Aggression

Beliefs about aggression were assessed through the Normative Beliefs About Aggression Scale (Huesmann *et al.*, 1992; Huesmann and Guerra, 1997) which consists of 20 items that measure beliefs about the appropriateness of physical and verbal aggression. Responses were made on a 4-point Likert scale from *it's perfectly ok* to *it's really wrong*. The scale consists of the Retaliatory Be-

liefs Subscale (12 items) and the General Beliefs Subscale (eight items), however only the total score was used in this study. Previous research indicates sufficient reliability and validity for this measure (Huesmann and Guerra, 1997). Internal consistency for the Total Approval of Aggression Scale was .88 in the current study.

Exposure to Violence

Exposure to community violence was assessed by the Children's Exposure to Community Violence Scale, a self-report scale adapted from a structured interview format (Richters and Martinez, 1990) for a publication produced by the Centers for Disease Control (Dahlberg *et al.*, 1998). The scale consists of 12 items that measure the amount of violence personally witnessed by participants. Responses were made on a 4-point Likert scale from *never* to *many times*. Research indicates self-report is the most accurate and representative mode for assessing exposure to violence (White *et al.*, 1998). Internal consistency in the current study was .79.

Youth Self-Report

Depressive and anxiety symptoms were assessed by the depression/anxiety subscale of the Youth Self-Report (YSR; Achenbach, 1991). The YSR is a widely used instrument, and reliability and validity data for the YSR are well documented (Achenbach, 1991). The depression/anxiety subscale consists of 16 items on a 3-point Likert scale from *not true* to *very true or often true*. Internal consistency for the depression/anxiety subscale in the current study was .86.

Procedure

Active participant assent and passive parental consent were obtained prior to data collection, as approved by both the university review board and participating schools. Trained graduate student research assistants administered the measures for this study in addition to a larger battery of measures used in the evaluation of a school-based violence prevention program (McMahon and Washburn, 2003). Approximately two-thirds ($n = 172$) of the students in the current study subsequently participated in the intervention component of the violence prevention program after the data collection for this study was completed.⁷

⁷Two of the schools received a pilot violence prevention intervention the year prior to this study. These data represent the baseline of a two-year intervention study.

Table II. Means and Standard Deviations of Dependent Variables by Gender

Variable	Female		Male	
	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>
NPI adaptive narcissism	0.78 (0.14)	147	0.71 (0.18)	86
NPI exhibitionism	0.35 (0.24)	147	0.39 (0.26)	86
NPI exploitative	0.48 (0.23)	147	0.46 (0.26)	86
ABS total	2.04 (1.51)	135	2.21 (1.50)	76
ABS proactive	1.81 (1.61)	135	2.26 (1.63)	76
ABS reactive	2.44 (1.63)	135	2.13 (1.52)	76
Teacher checklist total	3.21 (1.41)	77	3.81 (0.30)	39
Teacher checklist proactive	1.98 (0.96)	77	2.03 (0.10)	39
Teacher checklist reactive	2.79 (1.23)	77	2.86 (0.13)	39
Exposure to community violence	2.48 (0.49)	139	2.39 (0.52)	80
Impulsivity	11.10 (3.73)	140	11.03 (4.11)	78
Total approval of aggression	2.09 (0.54)	131	2.14 (0.58)	74
YSR anxiety/Depression subscale	7.52 (6.36)	128	6.59 (5.21)	78
Empathy	13.78 (3.98)	138	12.59 (3.31)	82
Global self-esteem (Rosenberg)	22.53 (4.32)	135	22.23 (5.00)	77

Note: Means and standard deviations for NPI, ABS, and TCL represent standardized scores. The remaining variables are represented by summed raw scores. ABS = Aggressive Behavior Scale ; NPI = Narcissistic Personality Inventory; YSR = Youth Self-Report.

Data Analysis Strategy

A hierarchical regression model was used in the analyses. Traditional predictor variables that are consistently related to aggression or internalizing symptoms in prior research were included in the analyses to provide a more stringent test of the narcissism predictor. To test the association of narcissism with aggression, narcissism was entered last in a hierarchical regression model with the following additional predictor variables: exposure to violence, impulsivity, and approval of aggression. To test the association of narcissism with internalizing symptoms, narcissism was entered last in a hierarchical regression

model with the following predictor variables: global self-esteem, exposure to violence, and empathy.

RESULTS

Descriptive Data

Means and standard deviations are presented in Table II, and total score intercorrelations are presented in Table III. In general, the intercorrelations of the predictor and criterion measures are consistent with prior theory and research. For instance, self-, peer-, and teacher-reported aggression measures, as well as exposure to violence and

Table III. Intercorrelations of Independent and Dependent Variables

	1	2	3	4	5	6	7	8	9	10	11
1. NPI adaptive narc.	—										
2. NPI exhibitionism	0.07	—									
3. NPI exploitative	0.20**	0.42***	—								
4. ABS total	0.01	0.26***	0.25***	—							
5. TCL total	-0.15	0.07	0.01	0.38***	—						
6. Peer-rating	-0.01	0.09	0.10	0.29**	0.63***	—					
7. Exposure to violence	0.04	0.12	0.13*	0.41***	0.25***	0.19*	—				
8. Approval of agg.	-0.01	0.11	0.20**	0.23***	0.07	0.11	0.12	—			
9. Impulsivity	0.07	0.24***	-0.01	0.27***	0.24**	0.28**	0.05	-0.01	—		
10. YSR anxiety/Dep.	-0.01	0.33***	0.02	0.05	0.00	0.05	0.16**	-0.19**	0.34***	—	
11. Self-esteem	0.35***	-0.17*	0.12	-0.09	-0.08	-0.03	-0.03	0.13	-0.20**	-0.39***	—
12. Empathy	0.05	0.04	0.06	-0.13**	-0.01	-0.05	-0.00	-0.23***	0.11	0.11	0.06

Note. ABS = Aggressive Behavior Checklist; NPI = Narcissistic Personality Inventory; TCL = Teacher Checklist; YSR = Youth Self-Report.
* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

impulsivity were all positively intercorrelated. However, only self-reported aggression was positively correlated with approval of aggression and negatively correlated with empathy. Global self-esteem was not significantly correlated with any of the aggression measures. Internalizing symptoms were correlated positively with exposure to violence and impulsivity, while negatively correlated with approval of aggression and global self-esteem. The three narcissistic factors were significantly and positively intercorrelated with the exception of the Exhibitionism factor, which was not significantly correlated with the Adaptive Narcissism factor.

Gender was examined for each of the measures with a univariate analysis of variance model since gender differences are often found for aggression and internalizing symptoms in adolescents. The analysis revealed a significant main effect of gender for the NPI Adaptive Narcissism factor, $F(1, 231) = 13.68, p = 0.000$, the Teacher Checklist—Aggression Scale, $F(1, 114) = 4.35, p = 0.039$, and the Empathy Scale, $F(1, 226) = 4.02, p = 0.046$. Females scored higher than males on the NPI Adaptive Narcissism factor and on the Empathy Scale, while males scored higher than females on the Teacher-Checklist—Aggression Scale. No significant main effects of gender were found for internalizing symptoms, self-esteem, self-reported aggression, or peer-reported aggression.

Self-Reported Aggression

Gender, traditional predictor variables, and the narcissism total score or factors were entered into hierarchical linear regressions with self-reported total aggression, reactive aggression, and proactive aggression. Traditional predictors of aggression were all predictive of self-reported total aggression, $R^2\Delta = 0.26, F\Delta(3, 181) = 21.29, p < 0.000$, including exposure to violence, $B = 12.49, t =$

5.93, $p < 0.000$, approval of aggression, $B = 4.86, t = 2.29, p = 0.013$, and impulsivity, $B = 0.94, t = 3.40, p = .001$. The addition of the NPI total score significantly increased the overall variance accounted for by the equation, $R^2\Delta = 0.02, F\Delta(1, 180) = 5.22, p < 0.023$, with the narcissism total score positively predicting self-reported total aggression, $B = 17.65, t = 2.29, p = 0.023$. However, the specific narcissism factors were not independently predictive of total aggression when entered into the equation.

For reactive aggression, traditional predictors of aggression were found to be significant predictors, $R^2\Delta = 0.18, F\Delta(3, 191) = 14.42, p < 0.000$, including exposure to violence, $B = 1.17, t = 5.51, p < 0.000$, approval of aggression, $B = 0.39, t = 2.01, p = 0.046$, and impulsivity, $B = 0.01, t = 2.27, p = 0.024$. The NPI total score and the narcissistic factors were not independently predictive of reactive aggression. Gender was predictive of self-reported reactive aggression, $B = 0.498, t = 2.05, p = 0.041$, with females demonstrating higher reactive aggression scores than males.

For proactive aggression, traditional predictors of aggression were predictive, as presented in Table IV. The addition of narcissistic factors significantly increased the overall variance accounted for by the equation, with the Exploitative factor significantly predictive.

Teacher-Reported Aggression

Traditional predictors of aggression were found to be significant predictors, $R^2\Delta = 0.11, F\Delta(1, 95) = 3.85, p = 0.012$, including exposure to community violence, $B = 4.03, t = 2.12, p = 0.036$ and impulsivity, $B = 0.56, t = 2.34, p = 0.021$. The addition of narcissistic factors did not significantly increase overall variance accounted for by the equation. For teacher-rated proactive aggression, the addition of gender, traditional predictors

Table IV. Regression Analyses Summary for Dependent Variables Predicting ABS Proactive

Step	Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	ΔR^2	<i>F</i> -change (<i>df</i>)
1	Gender	-0.41	2.50	-0.12	-0.165	0.01	0.10 (1, 187)
2	Prior predictors of aggression					0.23	18.70 (3, 181)***
	Exposure to violence	1.08	0.21	0.34	5.21***		
	Approval of aggression	0.54	0.19	0.18	2.84**		
	Impulsivity	0.11	0.03	0.26	4.00***		
3	Narcissistic factors					0.06	4.85 (3, 181)**
	NPI adaptive narcissism	-0.48	0.67	-0.05	-0.72		
	NPI exhibitionism	0.33	0.48	0.05	0.68		
	NPI exploitative	1.48	0.48	0.22	3.06**		

Note. ABS = Aggressive Behavior Scale; NPI = Narcissistic Personality Inventory.

* $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$.

Table V. Regression Analyses Summary for Dependent Variables Predicting YSR Anxiety/Depression Subscale

Step	Variable	B	SE B	β	t	ΔR^2	F-change (df)
1	Gender	1.23	0.89	0.10	1.37	0.01	1.88 (1, 191)
2	Prior predictors of depression					0.19	15.15 (3, 188)***
	Global self-esteem	-0.54	0.09	-0.40	-6.12***		
	Exposure to community violence	1.76	0.76	0.15	2.31*		
	Empathy	0.19	0.11	0.12	1.81		
3	Narcissistic factors					0.07	5.82 (3, 185)**
	NPI adaptive narcissism	-3.58	2.59	-0.09	-1.38		
	NPI exhibitionism	7.19	1.81	0.29	3.94***		
	NPI exploitative	-1.87	1.79	-0.08	-1.05		

Note. NPI = Narcissistic Personality Inventory; YSR = Youth Self-Report.

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$.

of aggression, and narcissism factors did not significantly increase overall variance accounted for by the equation. For reactive aggression, traditional predictors of aggression were found to be significant predictors, $R^2\Delta = 0.14$, $F\Delta(1, 97) = 5.50$, $p = 0.002$, including exposure to community violence, $B = 2.19$, $t = 2.84$, $p = 0.006$ and impulsivity, $B = 0.25$, $t = 2.55$, $p = 0.012$. The addition of narcissistic factors did not significantly increase overall variance accounted for by the equation.

Peer-Reported Aggression

Traditional predictors of aggression were significant predictors, $R^2\Delta = 0.14$, $F\Delta(1, 124) = 6.85$, $p < 0.000$, however only impulsivity, $B = 0.02$, $t = 3.84$, $p = 0.000$ was predictive. The addition of narcissistic factors did not significantly increase overall variance accounted for by the equation.

Internalizing Symptoms

As presented in Table V, traditional predictors of internalizing symptoms were significant predictors, with self-esteem as the strongest predictor and exposure to community violence predictive at the .05 level. Empathy was not found to be significantly predictive. The addition of narcissistic factors significantly increased the overall variance accounted for by the equation, with the Exhibitionism factor significantly predictive.

Interaction Between Self-Esteem and Narcissism

The previous hierarchical regressions were repeated with the product of the centered narcissism total score and centered self-esteem score included as predictors. The in-

teraction between the NPI total score and self-esteem was not significantly associated with self-reported total, reactive, or proactive aggression or peer-reported aggression. A nonsignificant trend was found for the interaction between the NPI total score and self-esteem with teacher-reported aggression, $B = -3.12$, $t = -1.98$, $p = 0.051$. To further explore this trend, the interactions between the specific narcissism factors with self-esteem were examined. The interaction between the Adaptive Narcissism factor and self-esteem was significant for teacher-reported aggression, $B = -3.38$, $t = -2.78$, $p = 0.007$. As presented in Fig. 1, adaptive narcissism moderates the association of self-esteem with aggression. Participants with higher adaptive narcissism evidence a greater decrease in

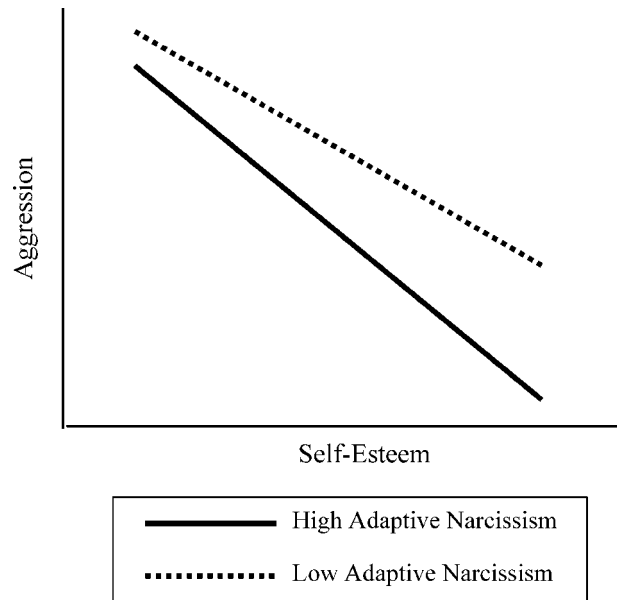


Fig. 1. The interaction between self-esteem and narcissism in predicting teacher-reported aggression.

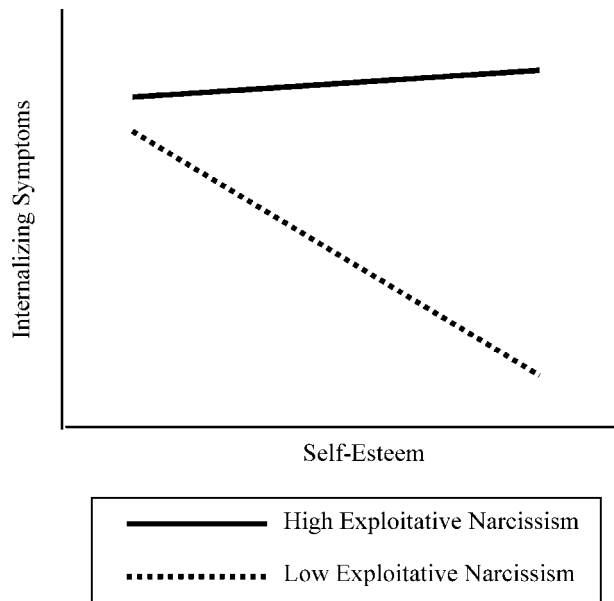


Fig. 2. The interaction between self-esteem and narcissism in predicting internalizing symptoms.

teacher-reported aggression as self-esteem increases than those with lower adaptive narcissism. Adaptive narcissism has little association with aggression at lower levels of self-esteem.

The interaction between the Exploitative narcissism factor and self-esteem was significant for internalizing symptoms, $B = 0.838, t = 2.31, p = 0.022$. As presented in Fig. 2, exploitative narcissism moderates the association of self-esteem and depression. Self-esteem is negatively associated with internalizing symptoms only in participants with lower exploitative narcissism. Self-esteem had little association with internalizing symptoms for participants with high exploitative narcissism.

DISCUSSION

In summary, this study was conducted to examine the associations of narcissistic features with aggression and internalizing symptoms in young adolescents. The results of hierarchical linear regressions indicate that the Exploitative factor of the Narcissistic Personality Inventory (NPI) positively predicted self-reported proactive aggression. The NPI factors were not significantly associated with teacher- or peer-reported aggression, or self-reported reactive aggression. The Exhibitionistic factor of the NPI positively predicted self-reported anxiety and depression symptoms. Narcissism and self-esteem interacted to significantly predict teacher-reported aggression and self-reported internalizing symptoms.

Aggression

Results support the hypothesis that narcissistic features are positively associated with self-reported proactive aggression in young adolescents. Specifically, exploitativeness, or a reported willingness and ability to exploit and manipulate other people, was positively associated with proactive aggressive behavior in this sample. This finding extends prior research with samples of adults (Bushman and Baumeister, 1998; Rhodewalt and Morf, 1995; Wink, 1991) and young adolescents (Barry *et al.*, 2003) by further demonstrating the connection between aggression and narcissistic exploitativeness. The present study also replicated Bushman and Baumeister's finding of no direct relation between global self-esteem and aggression (Bushman and Baumeister, 1998).

The current study partially replicated Barry *et al.*'s finding of an interaction between narcissism and self-esteem (Barry *et al.*, 2003). Consistent with the Barry *et al.* study, young adolescents with both higher adaptive narcissism and higher self-esteem scores evidenced the lowest levels of aggression. However, there was little difference between higher and lower adaptive narcissism scores on teacher-reported aggression for young adolescents with low self-esteem. Consequently, our findings suggest that adaptive narcissism is a protective factor against aggression, particularly among young adolescents with high self-esteem, but the findings do not support the hypothesis that adaptive narcissism is a risk factor for aggression when paired with low self-esteem.

Study findings also support the hypothesis that narcissistic traits are specifically related to proactive or purposeful aggression. Young adolescents with exploitative features were more likely to use aggression instrumentally, possibly in service of reinforcing their grandiose self-image (Salmivalli, 2001). This interpretation is consistent with Morf and Rhodewalt's self-regulatory processing model (Morf and Rhodewalt, 2001). Young adolescents with narcissistic traits may use proactive aggression to promote a superior construction of self through physical and psychological dominance of others.

As aggressive adolescents, particularly bullies (Salmivalli and Nieminen, 2002), tend to use high levels of both proactive and reactive aggression, it is possible that young adolescents with narcissistic features may be both proactively and reactively aggressive in different contexts. When opportunities arise for manipulating or exploiting others, young adolescents with narcissistic features may use proactive aggression to construct, promote and/or reinforce their grandiose self-image. Alternatively, young adolescents with narcissistic features may react angrily and aggressively in situations in which their

grandiose self-image is challenged, as suggested by the threatened egotism hypothesis (Baumeister *et al.*, 1996). This hypothesis remains to be examined in young adolescents since this study did not directly test the threatened egotism hypothesis through a manipulation of ego threat.

The direct positive association between narcissistic features and aggression was only found with self-reported aggression, and the interaction of narcissism and self-esteem was only found for teacher-reported aggression. It is important to consider the potential bias of a shared methodology on the self-reported aggression results. However, a lack of consistent findings across multiple reporters of aggressive behavior is consistent with previous research (e.g., Coie and Dodge, 1988; Huesmann *et al.*, 1994; Lancelotta and Vaughn, 1989). While inconsistencies between multiple raters continues to be a challenge for measurement development, it is also important to consider that the inconsistencies between multiple-raters of aggressive behavior may reflect meaningfully different perspectives (Pellegrini and Bartini, 2000; Youngstrom *et al.*, 2000). For instance, it is possible that young adolescents who report greater exploitative traits may be more skilled in concealing their aggressive behavior from adults and peers, or may overreport their aggressive behavior as a way of reinforcing their grandiose self-image. Continued development of measures of proactive and reactive aggression in young adolescents is necessary to better understand the role of multiple reporters of aggression in young adolescents with narcissistic features.

Internalizing Symptoms

Exhibitionism was positively associated with internalizing symptoms in this study. This relationship remained significant, even after accounting for the contributions of gender, self-esteem, exposure to violence, and empathy. This finding was unexpected, as previous research with adults has not reported a significant positive association between the exhibitionism factor of the NPI and internalizing symptoms (Rhodewalt and Morf, 1998). However, this finding may be understood within Morf and Rhodewalt's (2001) model. This model proposes that the self-regulatory strategies employed by people with narcissism are inherently risky, often socially inappropriate, and typically insensitive. Consequently, while exhibitionistic strategies may fulfill an immediate need for attention, the attention is likely to be negative, promote feelings of embarrassment, and ultimately prove unsatisfactory in validating a grandiose construction of self.

Exploitative narcissism moderated the negative association between self-esteem and internalizing symptoms.

Specifically, participants with higher Exploitative factor scores evidenced greater internalizing symptoms, regardless of self-esteem, while participants with lower Exploitative factor scores evidenced the expected negative association between self-esteem and internalizing symptoms. This finding suggests that the protective effect of high self-esteem against internalizing symptoms may be nullified in young adolescents with features of narcissistic exploitativeness. This finding provides further evidence of the maladaptive qualities of narcissistic exploitativeness.

Limitations

The generalizability of the findings may be limited in the present study. The lack of expected gender differences in aggressive and internalizing symptoms suggest this sample may have unique characteristics. It is further possible that the findings are specific to inner-city young African American adolescents. Ecological variables, such as group norms regarding aggression, may be important in understanding the relation between self-concept and aggressive behavior in different populations. Kaplan and Lin (2000) found that deviant identity moderated the relation between negative self-feelings and delinquent behavior in adolescents such that negative self-feelings had no effect on delinquent behavior in adolescents characterized by deviant identities.

The factor structure of the NPI may be different for young adolescents than for adults, at least for community samples of young inner-city African American adolescents. In contrast to previous research with the NPI (Emmons, 1984; Raskin and Terry, 1988), the factor analysis of the NPI in this study indicated a unitary Adaptive Narcissism factor, with separate maladaptive Exploitative and Exhibitionism factors. It is unclear if the different factor structure in this study is specific to the sample or if the application of Gorfeld's adaptation of Horn's Parallel Analysis strategy contributed to the difference. Further research is necessary to examine the factor structure of the NPI with other clinical, community, and forensic child and adolescent populations.

Additional development of measures for adolescent aggression is also necessary, particularly for differentiating between proactive and reactive aggression. While the total score of the self-reported measure of aggression (i.e., Aggressive Behavior Scale) used in this study has adequate psychometrics, further research is necessary to determine the validity and reliability of the proactive and reactive scales. It is also recommended that future research utilize peer ratings that incorporate proactive and reactive aggression, such as the ratings recently developed by Salmivalli and Nieminen (2002).

Finally, the ability to draw conclusions concerning developmental pathways is limited by the correlational design of this study. It is recommended that future research utilize controlled, prospective designs to examine the contribution of narcissistic features to aggression and internalizing symptoms. In addition, the varying number of data across measures limited statistical power in this study, adding to the difficulty in developing conclusions about multiple-informants of aggression.

Conclusions

Study findings suggest the narcissism construct provides a unique and meaningful contribution to the understanding to the conceptualization of self among young adolescents. Narcissistic features likely represent a sense of self as it relates to others, which is qualitatively different from global feelings of self-worth. For instance, while adaptive narcissism was positively correlated with self-esteem in this study, it was not associated with internalizing symptoms or correlated with the Exhibitionism factor. While other dimensions of the developing sense of self in children and adolescents are characterized by intrapersonal processes, such as global self-worth (Rosenberg, 1965) or perceptions of competence across domains (Harter, 1989), narcissism characterizes the interaction between intrapersonal and interpersonal aspects of the self (Morf and Rhodewalt, 2001).

The results of this study also suggest that narcissism in young adolescents may be best conceptualized as a multidimensional construct, a finding that is consistent with the adult literature (Morf and Rhodewalt, 2001; Soyer *et al.*, 2001). Our findings indicate that the three narcissism factors have different associations and interactions with mental health variables and global self-esteem. It is recommended that future research be cautious in the use of narcissism as a general construct or label and continue to explore the multiple dimensions of narcissism in young adolescents.

Understanding narcissistic features may be particularly important during early adolescence when young adolescents begin the central process of identity formation (Erikson, 1963). Social and interpersonal contexts become especially central to the development of self during this period, particularly as young adolescents become increasingly cognizant of their thoughts, feelings, and behavior in various social and interpersonal situations. How young adolescents perceive themselves in relation to others is likely to be important in establishing patterns that contribute to later identity and personality development. Prospective research is necessary to understand how feelings of superiority over others, be it exploitative, attention

seeking, and/or adaptive, contribute to an adolescent's developing sense of identity. The findings of this study suggest maladaptive narcissistic features may also be particularly important in understanding the development of mental health problems in young adolescents.

Implications

The early adolescent period provides an opportune window for addressing the multifaceted components of youth's sense of self before such components become entrenched in maladaptive emotional, behavioral and/or personality patterns. By moving beyond the simplistic objective of increasing youth's positive self-esteem, prevention and therapeutic interventions could assist youth in learning prosocial self-regulatory mechanisms for managing their sense of self in relation to others. Addressing maladaptive narcissistic features during early adolescence may also assist in the understanding and prevention of adult personality disorders. Recent research suggests early features of personality disorders (Crawford *et al.*, 2001) and depression (Kasen *et al.*, 2001) in adolescents may provide pathways to the development of personality disorders in adults. Identifying narcissistic features during early adolescence may help to identify such developmental pathways and assist in identifying young adolescents who could benefit from preventive interventions.

Assessing narcissistic features in young adolescents may assist in earlier and more accurate identification of youth at-risk for internalizing and externalizing problems. An increasing emphasis on how young adolescents conceptualize their self-image in relation to others may assist in identifying at-risk youth that would otherwise be missed by an exclusive focus on global self-esteem as an indicator of mental health. For instance, while self-esteem remains a strong predictor of depressive symptoms, the apparently outgoing nature of exhibitionistic behavior may distort the accurate identification of youth with internalizing symptoms. Additionally, young adolescents with higher exploitative narcissism may be at risk for depression even if they report high self-esteem. Further research is necessary to more fully realize the applications of the narcissistic construct with this population.

In summary, the results of this study suggest that narcissism is a potentially useful construct for developmental and clinical research with young adolescents. Further research is necessary to more fully understand the interaction of narcissism with other aspects of the developing adolescent self. Further research is also necessary to demonstrate the utility of the narcissism construct in the identification, prevention, and treatment of young adolescents with internalizing and externalizing symptoms.

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