

2015

Implications of Adolescent Narcissism for Psychological Health in Late Adulthood

Haruka Notsu
hnotsu@wellesley.edu

Follow this and additional works at: <https://repository.wellesley.edu/thesiscollection>

Recommended Citation

Notsu, Haruka, "Implications of Adolescent Narcissism for Psychological Health in Late Adulthood" (2015). *Honors Thesis Collection*. 260.
<https://repository.wellesley.edu/thesiscollection/260>

This Dissertation/Thesis is brought to you for free and open access by Wellesley College Digital Scholarship and Archive. It has been accepted for inclusion in Honors Thesis Collection by an authorized administrator of Wellesley College Digital Scholarship and Archive. For more information, please contact ir@wellesley.edu.

Implications of Adolescent Narcissism for Psychological Health in Late Adulthood

Haruka Notsu

Submitted in Partial Fulfillment
of the
Prerequisite for Honors
in Psychology

May 2015

© 2015 Haruka Notsu

Acknowledgements

I would like first to thank internal members of my thesis committee Dr. Jonathan Cheek and Dr. Sally Theran of the Psychology Department for taking the time to read this thesis and provide invaluable feedback, and Dr. Catherine Wearing of the Philosophy Department for her willingness to be the external member of my thesis committee. I would also like to express my gratitude to my advisor, Dr. Paul Wink of the Psychology Department, for his patient guidance through this challenging and exciting endeavor.

I would like to extend my thanks to Dr. Cassandra Pattanayak who provided valuable advice on data analysis and Shehzeen Ahmad and several previous Wellesley College students who coded data for this study. I would also like to thank all my friends who supported me through this adventure and wish them all the good luck in writing their own thesis next year.

Abstract

Data from a long-term longitudinal study were used to investigate the relationship between grandiose narcissism in adolescence (ages 15-18) and psychological health in late adulthood (age 70s). Participants were born in 1920s in the San Francisco Bay Area and were assessed in adolescence and four times in adulthood (age 30s, 40s, 50s and 70s). Narcissism was assessed with the observer-based California Q-set and psychological health in late adulthood was measured with an index comprising of self-reported ratings of depression, life satisfaction, and mental health. Adolescent narcissism predicted poor psychological health in late adulthood even after accounting for socio-demographic characteristics, psychological health in late adolescence, and narcissism measured in adulthood. The association between adolescent narcissism and psychological health in late adulthood was moderated by the experience of stressful life events in early adulthood, especially those involving personal conflicts and death in the family. Poor psychological health in late adulthood was particularly characteristic of female adolescents who scored high on narcissism, and subsequently experienced personal conflicts in their 20s and early 30s.

Keywords: Narcissism, longitudinal implication, personality, stressful life events, adolescence

Implications of Adolescent Narcissism for Psychological Health in Late Adulthood

The concept of narcissism has continued to capture the imagination of academic psychologists and the general public at least since the time of Freud (1914). This fascination is due in part to the interpersonal problems posed by narcissistic self-absorption and its threat to successful aging (Kernberg, 1975), the tragedy of unfulfilled promise among grandiose yet vulnerable individuals (Kohut, 1977), and the perception that narcissism is particularly prevalent among gifted children who are exploited by their psychologically needy parents (Miller, 1981). More recently, the interest in narcissism has been fuelled, on the one hand, by the progress in psychological treatment of Narcissistic Personality Disorder (Kernberg, 1975; Kohut, 1971), and, on the other hand, the purported increase in narcissism among the millennial generation of Americans (Lunbeck, 2014; Twenge, Konrath, Foster, Campbell, Bushman, 2008).

Concept of Narcissism

Despite growth of interest in the construct, the conceptualization of narcissism continues to be a subject of controversy (Campbell & Miller, 2011). Freud (1914) portrayed a narcissistic individual as someone who is vulnerable, aggressive and unable to love or commit in close intimate relationships. Walder (1925) echoed Freud's assertion by characterizing narcissistic personality in terms of feelings of superiority, preoccupation with admiration, concern for the self, and marked lack of empathy. Writing in the 1950s and 60s, Winnicott (1960) emphasized the importance of the ability and willingness of primary caregivers to recognize and mirror a child's psychological needs for the development of the child's true sense of the self. A failure to do so, Winnicott argued, results in a false sense of self and narcissistic vulnerability. Miller (1981) presented a similar argument by associating the development of healthy and pathological narcissism with early interaction between children and their parents. According to Miller, healthy

self-esteem develops when parents allow themselves to be cathected narcissistically, or “made use of”, by their child who treats the parents as an extension of self. When the process is reversed with the parents making use of the child for their own psychological gratification (e.g. to fulfill dreams that they could not fulfill), the child loses a vital framework that is necessary to separate its feelings from the parents’ wishes and to experience feelings and emotions as its own, a pathological development resulting in a vain quest for the “true self” in adulthood. Influenced by Melanie Klein’s (1957) variant of object-relations theory, Rosenfeld (1964, 1971) emphasized envy and depreciative devaluation of others as central characteristics of narcissism. According to Rosenfeld, narcissistic individuals maintain a state of omnipotent superiority and avoid concomitant feelings of dependence and envy by denying the separateness between self and others.

Following Rosenfeld, Kernberg (1975, 1993) portrayed narcissism as a pathological internal refuge constructed by children whose parents held inconsistent attitude in interacting with them. Kernberg argues that in response to parents who provide warmth only sporadically, a child forms a self-representation that fuses idealized self, idealized parents and actual self. The tension between one’s expectations and the painful reality is eliminated by fusing in the self-concept reality and ego ideals and thus conflating the ideal with reality. However, the unacceptable self-image that is not fused into the idealized self-concept is repressed and projected onto external objects that are, in turn, devalued. The disavowed unacceptable self-image lingers in the child’s unconscious, resulting in feelings of shame, envy, and insecurity disrupting the narcissistic individual’s sense of grandiosity or specialness that comes from the idealized self-concept. Not only are narcissistic individuals disturbed by internal feelings of inferiority, they are also forced to devalue whatever external gratification they receive in order to

avoid experiencing envy toward the provider. The internal sense of inferiority and the tendency to devalue external gratification, in turn, leave narcissistic individuals with a sense of emptiness (Kernberg, 1975).

While Kernberg perceived narcissism as a pathological personality structure compensating for tragic childhood, Kohut (1971, 1977), and later Miller (1981), conceived of narcissism as a legitimate early developmental stage or line of development that is characteristic of all infants and toddlers. In Kohut's view, every child possesses a legitimate narcissistic need to be noticed and taken seriously by its primary care givers. The task of the parents is to allow the child to use and exploit them to fulfill its infantile grandiose needs (Kohut, 1977). In fact, a cohesive and separate sense of self, Kohut (1977) argued, is the result of the developmental transformation of narcissistic libido, in which external objects are first experienced as an extension of the self. In other words, all children begin their psychological lives by treating others as an extension of the self and thereby are not capable of conceiving of the self as separate from the other. Development of healthy narcissism and separate sense of self requires first satisfaction of the child's basic grandiose need. This occurs when the primary care giver, usually the mother, initially mirrors the child's needs and subsequently allows the child to maintain a sense of grandiosity and cohesion by merging with the idealized parent (usually the father). Such a merger allows the child to maintain high self-esteem by partaking in the perceived specialness of the idealized parent. Once the child's basic grandiose needs are met, a sense of ontological security develops, which, in turn, allows for the child to accept parental imperfections (the process of transmuting internalizations) and to develop a cohesive self and a clear sense of boundaries between the self and others. When the process goes awry, however, either because of under-parenting, in which the child's basic narcissistic needs fail to be satisfied, or over-

parenting, in which the child fails to experience necessary parental imperfections, the individual become arrested in the development and subsequently, as an adult, experiences feelings of emptiness, aimlessness and fragmentation that are symptomatic of pathological narcissism (Kohut, 1977). Further, the adult interpersonal relationships of the narcissistic individual tend to be characterized by a continued need for mirroring and/or idealization both as a means of regulating self-esteem and as the expression of an unconscious desire to grow as a person (Kohut, 1977; Mitchell, 1981; Lunbeck, 2014).

Reflecting the central position of narcissism among American psychoanalysts, many of whom received psychiatric training, narcissism was included in the 3rd edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM III; American Psychiatric Association [APA], 1980). Based on psychoanalytic theories, the earlier versions of DSM defined narcissism in terms of a grandiose sense of self-importance, an extreme vulnerability to criticism, a sense of entitlement and uniqueness, a lack of empathy, a strong preoccupation with fame and success, and a tendency to exploit others as well as to experience envy. However, more recent versions of the DSM, *DSM-IV TR* (APA, 2000) and *DSM 5* (APA, 2013), moved away from an emphasis on psychoanalytic theories in an attempt to increase diagnostic reliability, resulting in narrow and easily observable criteria that underemphasize some inner experience of the narcissistic personality disorder such as hypersensitivity to failures and criticisms (Russ, Shedler, Bradley & Westen, 2008).

Types of Narcissism

Psychoanalytic researchers have argued for the distinction between two types of narcissism reflecting the Janus faced nature of narcissistic individuals. Narcissistic individuals' self-esteem tends to fluctuate between grandiosity that is interspersed with feelings of

vulnerability and depletion that breaks through particularly in response to failure or narcissistic injury (Kernberg 1975, 1993; Kohut 1977). Alice Miller (1981), for example, proposed two inverse yet coexisting forms of narcissistic disturbance marked by grandiosity and depression. Similarly, Rosenfeld (1987) distinguished between “thick-skinned” and “thin-skinned” narcissism with the latter being characterized by underlying vulnerability or fragility of the self.

The first quantitative evidence for the distinction between two types of narcissism was provided by Wink (1991a) who found two orthogonal factors in his analysis of six MMPI narcissism scales. Whereas the Vulnerable-Sensitivity factor was associated with hypersensitivity, introversion and vulnerability to stress, the Grandiosity-Exhibitionism factor was related to willfulness, aggression and self-centeredness. Wink’s distinction between two types of narcissism was further validated and replicated by a number of subsequent studies using a variety of measures and populations (see Cain, Pincus, & Ansell, 2008 for review).

The establishment of a distinction between grandiose and vulnerable narcissism has stimulated development of many scales measuring each of the two constructs (Miller et al., 2014), including the Narcissistic Personality Inventory (Raskin & Terry, 1988), a popular measure of grandiose narcissism, and the Hypersensitive Narcissism Scale (Hendin & Cheek, 1997), a widely used scale assessing narcissistic vulnerability. A recent study by Miller et al. (2014) compared an array of self-report measures of grandiose and vulnerable narcissism with expert ratings. Overall, high scorers on measures of grandiose narcissism tended to be characterized by arrogance, conceit, deceitfulness, and exploitativeness. They also exhibited a domineering attitude toward others, tended to cope with self-esteem deregulation by creating a sense of entitlement, and felt impatient in response to external constraints. On the other hand, high scorers on vulnerable narcissism were characterized by feelings of self-consciousness,

vulnerability, anger, and emotional liability (Miller et al., 2014). They also tended to avoid interpersonal relationships. These findings support the earlier research of Wink (1991b) who found in a longitudinal study of women that narcissistic hypersensitivity or vulnerability was associated with heightened psychological distress, relational conflicts and decreased enjoyment at work. On the other hand, narcissistic willfulness or grandiosity was associated with high energy level and enjoyment at work but also drug dependence and friendship conflicts.

While it is now widely accepted that narcissism entails both feelings of grandeur and vulnerability, the status of vulnerable narcissism as a discreet subtype of narcissism is debated with some researchers arguing that the available measures of narcissistic vulnerability assess a general dimension of pathology rather than a distinct type of personality disorder (Miller et al., 2014). Following the DSM 5's emphasis on grandiosity as the key characteristic of narcissism (APA, 2013), the present study focused on grandiose or willful narcissism as assessed by Wink's (1992) observer-based scale for the California Adult Q-set (Block, 1961/1978). High scorers on the CAQ Willfulness scale tended to be rated by observers as self-indulgent, self-dramatizing, deceitful, eroticizing of situations, hostile, under-controlled and impulsive. Although Wink's measure places a greater emphasis on lack of conscientiousness as compared to most self-report scales that focus on the lack of agreeableness, all of the characteristics included in CAQ Narcissism scale are compatible with findings on grandiose narcissisms generated using self-report measures of the construct (Wink, 1992).

Consequence of Grandiose Narcissism for Functioning in Adulthood

Although the superficial confidence and poise of narcissistic individuals may be attractive at first sight, psychoanalytic writers have portrayed narcissists as deteriorating in middle adulthood, a time period in the life cycle where expansive fantasies encounter life's

inevitable limitations such as deteriorating physical functioning or plateau in professional progress. According to Kernberg (1975), healthy narcissistic gratification derived from positive self-appraisal and admiration from others increases self-esteem and empathy by making the individual self-satisfied and, as a consequence, appreciative of other's recognition. This process fails, however, in case of individuals with pathological narcissism. Because a pathologically narcissistic individual's self-concept and confidence arise from external admiration rather than internal self-esteem, the need for acclaim by others can never be fully satisfied, leaving the narcissistic individual chronically dissatisfied and hungry for praise. When middle-aged narcissistic individuals realize the limits of their ambitions and begin to contend with signs of physical aging as well as reduced external admiration, they become painfully envious of their past selves to the point where even their own past successes and achievements need to be devalued. In turn, the devaluation process, Kernberg (1975) argues, predisposes these individuals to a pervasive sense of emptiness and poor psychological health in later years.

Kernberg's (1975) view on narcissism at midlife is supported by findings generated by contemporary research in personality and clinical psychology. Hill and Roberts (2012) found, for example, a positive relationship between narcissism and life satisfaction in early adulthood but not later on in life. Heisel, Links, Conn, van Reekum and Flett (2007) provide evidence that narcissistic personality traits, both at clinical and subclinical level, increase vulnerability to suicidal ideations and attempts among day-hospital patients suffering from geriatric depression. Using longitudinal data, Carmer (2011) reported that as narcissistic individuals grew older, they tended to lose the characteristics that were appealing at an earlier age, such as confidence and positive self-opinion, while the association with empathy, never strong, declined even further. Other research has found impulsivity and low conscientiousness, personality characteristics that

are often associated with narcissism, to be related to increased risk for suicide, accidents and illness (Martin, Friedman & Schwartz, 2007; Neufeld & O'Rourke, 2009).

Interpersonally, narcissistic individual's abrasive, demanding and selfish style in decision makings and social interactions (Campbell, Bush & Shelton 2005; Campbell et al., 2002) is likely to result in rejections by others, leading to depression and loneliness in later life. This negative affect is likely potentiated by feelings of emptiness and boredom resulting from the tendency to devalue one's past accomplishments. Moreover, as narcissistic individuals gain insight from increased life experience, they may become sensitive to the suffering in others caused by their past actions and experience regret or guilt over the lost opportunities to partake in the give and take of intimate relationships (Kernberg, 1975).

Implication of Adolescence Narcissism for Psychological Health in Later Life

While available evidence suggests that middle-aged narcissistic individuals tend to have lower levels of psychosocial functioning, paucity of findings make it uncertain whether psychological functioning in later life can be predicted from narcissism in adolescence. Using data from a longitudinal study of men and women, Cramer and Jones (2008) found that grandiose narcissism, but not its vulnerable variant, assessed in early adulthood was negatively related to psychological health in middle adulthood (age 42 or 45). Moreover, when combined with the use of identification as defense mechanism, grandiose narcissism in early adulthood predicted a decrease in psychological health from early 30s to around age 70.

In support of the long-term implications of narcissism for psychosocial functioning, Wink (1991b) documented that college age women who exhibited characteristics of grandiose narcissism showed lower self-control and were more prone to have mood disturbance and poor impulse control in midlife (age early 40s). In addition, Wink (1996) also found that women who

were characterized by grandiose narcissism in their early 40s did not show the normative gains in impulse control by their early 50s. These studies suggest a long-term implication of early narcissism on psychological health in later life. However, few studies have looked at temporal interval of more than ten or twenty years. The present study took a step further and investigated the relationship between narcissism and psychological health over a period of close to 60 years spanning adolescence (ages 15-18) and late adulthood (age 70s).

Evidence for the relationship between adolescent narcissism and later psychological health is sparse, but abundant data demonstrates the presence of a general influence of psychological health in earlier years on later functioning. A number of studies have shown, for example, that poor peer adjustment in childhood is predictive of later life difficulties including dropping out of schools and subsequent criminality (see Parker & Asher, 1987 for review). A longitudinal study by Trzesniewski, Donnellan, Moffitt, Robins, Poulton and Caspi (2006) found that lower self-esteem in adolescence was predictive of poorer mental and physical health, worse economic prospects and greater likelihood to be convicted of a crime during adulthood. On a clinical level, experience of psychiatric hospitalization at age 14 has been found to be related to insecure attachment at age 25 (Allen, Hauser & Borman-Spurrell, 1996); suicidal ideation at age 15 was associated with substantially higher risk for Axis I psychiatric disorder, suicidal thoughts and suicidal attempts by age 30 (Reinherz, Tanner, Berger, Beardslee & Fitzmaurice, 2006). Furthermore, adolescents with personality disorders were found to be at increased risk of living in a more adverse environmental context and having reduced quality of life 17 years later (Chen, Cohen, Kasen, Johnson, Berenson & Gordon, 2009). While findings from these studies are compatible with the notion of a long-term relationship between narcissism and poor psychological health, it is hard to determine whether the effects are due to narcissism or general

psychopathology. In an attempt to disentangle these two possibilities, the present study used a measure of psychological health in late adolescence as a control variable.

Mechanisms Accounting for the Long-term Relationships Between Narcissism and Psychological Health

Recent investigations in developmental psychopathology have provided evidence in support of a cumulative development hypothesis (Sroufe, 2013) or the notion that development “builds upon itself” (Stiles, 2008) and that each developmental phase provides a foundation for future phases. In other words, it appears that early experiences initiate pathways that exert an influence on future development that results in the possibility of upward (healthy) or downward (unhealthy) spirals. Development in adolescence, where individuals prepare for their transitions into adulthood, is of particular importance in determining individuals’ subsequent quality of life. What are the possible mechanisms behind the long-term negative relationship between adolescent narcissism and psychological health in late adulthood?

Caspi, Elder and Bem (1987) provide an example of one way in which early personality can set path for a deteriorating life. Using data from the Berkeley Guidance Longitudinal Study, Caspi and his colleagues investigated the implications of childhood impulsivity and aggression on psychosocial functioning in early adulthood, a time interval of 30 years. They found that aggressive children were more likely to experience stressful life events, at least partially due to their own personality, that reinforced their problems in functioning. This cumulative consequence was most vividly illustrated by the effect of childhood tantrums on male’s occupational status at mid-life. High childhood tantrums predicted low educational attainment that, in turn, strongly predicted low occupational status in adulthood which contributed to erratic work life including dissatisfaction with work.

Similarly, a study by Moffitt et al. (2010) showed that adolescents with low self-control were more likely to make shortsighted mistakes that result in “snares” that trapped them in harmful lifestyles. The more snares the children encountered, the more likely they were to have poor health, less wealth and more criminal convictions as adults. In support of Moffitt et al. (2010), Pine, Cohen, Johnson and Brook (2002) found that number of stressful life events experienced in adolescence was predictive of risk for major depression in early adulthood. These findings, together with findings documenting the negative influence of narcissism on factors such as interpersonal relationships (Campbell, Foster & Finkel, 2002), decision making (Lakey, Rose, Campbell & Goodie, 2007) and goal setting (Robins & Beer, 2001), suggest that narcissistic adolescents are likely to experience a larger number of stressful life events that, in turn, may have a long-term negative effect on their mental health in late adulthood.

Another way in which adolescent narcissism can predispose individuals to poor psychological health in later life is not by increasing the number of stressful events but, rather, by making narcissistic individuals vulnerable to stressful events. In support of this conjecture, Gleason, Powers, and Oltmanns (2012) found that not only did individuals with borderline personality, a character structure sharing many features in common with narcissism, experience more stressful life events compared to others but they also tended to over-report the number of such events, reflecting a tendency for these individuals to experience life as stressful. While exaggerated sensitivity is more frequently associated with vulnerable narcissism (Russ, et al., 2008), Wink (1991a) reported that both vulnerable and grandiose narcissism were associated with undue sensitivity. The exaggerated emotional reactivity of narcissists was also reported in laboratory settings. In particular, Rhodewalt and Morf (1998) found that participants who scored

high on grandiose narcissism displayed more extreme emotional responses than participants who scored low on this personality characteristic, both after succeeding and failing a given task.

Rhodewalt, Madrian and Cheney (1998) investigated more specifically the effect of various daily experiences on self-esteem and affect variability. Using a measure of grandiose narcissism, the authors concluded that not only did narcissistic individuals display a greater emotional variability in general but their daily self-esteem was more closely associated with the quality of their social interactions compared to less narcissistic individuals. This finding suggests that the psychological well-being of narcissistic individuals is more easily influenced by events involving social interactions. It may be, therefore, that stressful life events, especially those involving interpersonal difficulties are more detrimental to narcissistic individuals than to other individuals.

Narcissism, Stress, and Gender

We did not expect to find overall gender differences in the relationship between adolescent narcissism and psychological health in late adulthood as there is no suggestion that men and women differ in their levels of narcissism or psychological health. Nor is there evidence suggesting that gender influences the rank order stability of the construct. Although a recent meta-analysis (Grijalva, Newman, Donnellan, Harms, Robins, & Yan, 2014) suggested higher levels of narcissism among men than women, this conclusion appears to be drawn erroneously based on men's propensity to be more domineering/assertive and at greater risk for psychopathy. The review found no gender differences on such key narcissistic characteristics as grandiosity or exhibitionism. In the present study, gender was hypothesized, however, to influence the role played by stressful life events in moderating the long-term relation between narcissism and psychological health in late adulthood.

Based on findings that women are more likely than men to experience interpersonal difficulties or relational conflicts as more stressful (Kendler, Thornton & Prescott, 2011; Rudolph, 2002), it was hypothesized that if interpersonal stress moderates the relationship between early narcissism and psychological health in late adulthood, the effect was more likely to be true of women than men. On the other hand, work and finance related problems were expected to have an effect on psychological health of men particularly in the context of the present study where men were expected to assume primary financial responsibility.

The Present Study

The data for the present study came from the Institute of Human Development longitudinal study originated at the University of California, Berkeley. The participants were men and women born either in the early or late 1920s who were studied intensively through interviews and self-report measures in adolescence and four times in adulthood. The last assessment was conducted in late adulthood when the participants were in their 70s. The aims of the present study were two-fold. First, it was hypothesized that adolescent narcissism would be negatively related to psychological health in late adulthood, a time interval of over 50 years. Assuming this was the case, we then wanted to establish whether this relationship was due to the high rank order stability of narcissism, in which case the relationship between adolescent narcissism and late adulthood psychological health would become not significant after controlling for narcissism at subsequent time periods, or whether there was something special about adolescent narcissism that predisposed individuals to poor psychological health in old age. Similarly, we were interested in testing whether the long-term relationship between adolescent narcissism and psychological health in old age could be accounted for by the overlap between narcissism and psychological health in adolescence. In other words, we wanted

to test whether adolescent narcissism was a significant negative predictor of psychological health at age 70s even after controlling for its overlap with adolescent psychological health.

Second, we investigated some potential mechanisms explaining the long-term relationship between adolescent narcissism and psychological health in late adulthood. Based on previous findings, we hypothesized that poor psychological health in late adulthood would be particularly characteristic of adolescent narcissists who as young adults experienced stressful life events such as personal conflict, death in family, illness and /or work/financial strain. If this was the case, we expected a significant interaction between narcissism and stressful life events in predicting psychological health. We further hypothesized that there would be a gender difference in the moderating effect of stressful life events on the narcissism – psychological nexus. In particular, we tested whether there was a significant interaction between narcissism and stress associated with personal conflict for women and an interaction between narcissism and work/financial strain for men.

Method

Participants

Data were drawn from two longitudinal studies begun by the Institute of Human Development (IHD) at the University of California, Berkeley. The Guidance Study (GS) was originally designed to analyze development from birth through early adulthood and consisted of a representative sample of children born in 1928/29 in Berkeley, California. The Oakland Growth Study (OGS) was designed to investigate adolescent development and consisted of a representative sample of preadolescents (ages 10-12) from Oakland, California born in 1920/21. The studies were combined in the 1960s to form the current IHD sample (Eichorn,

1981). Sample bias due to attrition was very small, with a slight tendency for lower participation from participants with low education levels (Clausen, 1993).

Data for the present study came from assessments conducted in early adolescence (ages 12-14), late adolescence (ages 15-18), early adulthood (ages 30-38), early middle adulthood (ages 41-50), late middle adulthood (ages 53-62) and late adulthood (ages 69-77). Of all participants, 90% ($N = 184$) were interviewed in late adulthood. The number of participants interviewed in late adulthood constitutes 58% of those who took part in the study in late adolescence.

This study used a subsample of 121 participants from the 184 individuals interviewed in late adulthood for whom data were available in late adolescence. The 63 participants who were interviewed in late adulthood but for whom we did not have data in late adolescence did not differ from the 121 participants who took part in this study on major demographic characteristics including gender, age cohort, and socio-economic status.

In the current sample, 52% were women and 48% men; 36% were born in the early 1920s and 64% were born in the late 1920s. Just over half of the study's participants were from upper middle class and the majority of the sample grew up in Protestant families and, at the time of assessment in late adulthood, was still living in California with their spouse or partner.

Measures

Narcissism. Grandiose Narcissism was assessed with a narcissism scale developed for the California Adult/Adolescent Q-set (CAQ; Block, 1961/1978). The CAQ consists of a number of statements sampling the broad domain of personality. Each of the statements is sorted by a rater into a fixed nine-step normal distribution, according to its salience in the person being described. In the IHD study, between 2 and 4 raters used in-depth interview material to provide

CAQ ratings for each of the study participants at each of the assessments. Subsequently the ratings were combined into single composites showing adequate (all alphas $> .70$) level of reliability. The adult CAQ consists of 100 items and its adolescent version includes 104 items with 90 overlapping items. The CAQ Grandiose or Willful Narcissism scale (Wink, 1992) consists of 10 items, two of which are reverse scored (see Table 1). All of the items came from the 90 items shared in common by the adult and adolescent CAQs. The scale was developed through a factor analysis of the most characteristic items of the previously developed CAQ Narcissism prototype. The alpha reliability of the CAQ Narcissism scale ranged from .87 in early adolescence to .73 in late adulthood.

Psychological Health. **Psychological health in late adolescence** was assessed by two trained raters on a 4-point scale. The ratings were based on transcripts of interviews and observer as well as self-report data collected by the IHD investigators when the study participants were in high school (ages 15-18). Poor psychological health was operationalized in terms of either the presence of externalizing behavioral problems (e.g., impulsivity, aggression, non-compliance with norms governing behaviors in school and/or home) and/or internalizing problems (e.g., anxiety, shyness, depression). A score of 2 (22% of the sample) or 1 (3%) indicated clear evidence of poor psychological health with 1 reserved for cases warranting a clear psychiatric diagnosis. A score of 4 (36%) indicated absence of psychological problems and a score of 3 (39%) suggested evidence of some problems that did not deviate markedly from behaviors and feelings expected in adolescence. The alpha reliability of the two ratings was .85. The ratings of the two coders were averaged to create a single composite measure of psychological health.

Because adolescent narcissism and psychological health were the two key predictors in the study, in order to better understand their interrelationship, we correlated them with the Big

Five personality scales. Participants' Big Five personality characteristics were measured with CAQ scales developed from prototypes generated by Block (1961/1978) with alpha ranging from .77 for extraversion to .91 for agreeableness. As shown in Table 2, the main difference between the two measures was a stronger relationship of poor psychological health with neuroticism and lack of agreeableness, and a stronger relationship of narcissism with extraversion and lack of conscientiousness.

Psychological health in late adulthood was assessed with a composite measure consisting of the sum of scores on three self-report scales. The *Satisfaction With Life Scale* (SWLS; Diener, Emmons, Larsen & Griffin, 1985) is a 5-item self-report measure assessing life satisfaction on a 7-point scale (alpha = .90). The *CES-D Scale* (Radloff, 1977) is a 20-item self-report scale designed to measure depressive symptomatology for the past week in the general population on a 4-point scale (e.g., "I was bothered by things that usually don't bother me"; "I felt that I was just as good as other people"). The alpha reliability for the *CES-D Scale* was .82. The SF-36's *Mental Health* (Ware & Sherbourne, 1992) scale consists of 9 items assessing mental functioning over the past four weeks (e.g. "How much of the time during the past 4 weeks... have you been a very nervous person"; "Have you felt so down in the dumps that nothing could cheer you up?") (alpha = .76). As shown in Table 3, the average intercorrelation between the three self-report psychological health scales was .67.

Stress. Stressful life events were coded from complete transcripts of the interview conducted in early adulthood. A team of trained raters coded for the presence of 35 life events (e.g., marriage, conflict with spouse or children, major illness, financial strain, problems at work, and use of psychotherapy) that occurred between graduation from high school and age 30s. The list of events was generated based on the widely used Social Readjustment Rating Scale (Holmes

& Rahe, 1967). Each transcript was coded by two raters using a dummy 0/1 code with a third rater used to resolve disagreements (15% of cases). Based on these ratings, we developed four indices of stressful events. The four indices measured significant events in the family and/or the participant's life including *death in family* (5 items; e.g. Mother's/Father's death; Death of spouse/partner; Death of child), *illness* (4 items, e.g., Illness/accident of self; Illness/accident of spouse; Aged parents became dependent), *personal conflict* (5 items reporting conflict with spouse, children and parent(s), and involvement in psychotherapy) and *work/financial problems* (5 items, e.g., dissatisfaction with work; financial strain; unemployment). In addition, we computed a *global measure of stress* by combining scores for the four discreet domains of stress.

Socio-demographic Characteristics. Gender and cohort were coded using a 1/2 dummy code (1 = male, 2 = female; 1 = born in 1920-21, 2=born in between 1927 and 1929). Mother's and Father's Educational Attainment were coded on a 7-point scale (e.g. 1 = professional degree, 2 = college graduate, 5 = some high school, 7 = professional training) indicating the levels of education. Father's Social Class were coded on the Hollingshead Social Class Index (Hollingshead & Redlich 1958) that is based on the sum of the weights given to the individual's occupational status and educational level (Class I = professional with graduate training; Class V = unskilled employee with grade school education).

Plan of Analysis

Zero order correlations were used to investigate stability of narcissism overtime and the relationships among narcissism, psychological health, and socio-demographic characteristics in adolescence, stressful life events in early adulthood, and psychological health in late adulthood. Regression analyses were used to test for the interactions among the various measures in

predicting psychological health in late adulthood. Where appropriate, the analyses were broken down by gender.

Results

Correlation between Narcissism and Socio-demographic Factors

As shown in Table 4, late adolescent narcissism was not related to gender or whether the participant belonged to the older or younger age cohort. In addition, narcissism was unrelated to mother's or father's level of education or father's social class background.

Stability of Narcissism over Time

Table 5 displays intercorrelations among the CAQ Narcissism scales over six time periods ranging from early adolescence (ages 12-14) and late adulthood (age 70s) spanning a time period of close to 60 years. Measures of narcissism in early and late adolescence were strongly correlated with each other but exhibited relatively low correlations with narcissism in late adulthood. In adulthood, narcissism appeared to stabilize from early middle adulthood onwards (age 40; $r_s > .50$). Finally, narcissism in early adulthood exhibited a stronger correlation with narcissism in late adolescence than with narcissism at any subsequent time period in adulthood.

Narcissism and Psychological Health

Narcissism in late adolescence was negatively related to psychological health in both late adolescence (concurrent relationship) and late adulthood (longitudinal relationship) (see Table 6). As expected, late adolescent narcissism (ages 15-18) was not only negatively correlated with the global self-report measure of psychological health in late adulthood (as displayed in Table 6) but was also significantly related to each of its three component scales ($r = -.27$ for satisfaction with life, $r = -.35$ for mental health, and $r = .23$ with depression; $N = 121$, $p_s < .05$). In the

reduced sample of participants for which we had data, psychological health in late adulthood was also positively related to narcissism in early adolescence (ages 12-14). Because of the small sample size available for early adolescent narcissism, this variable was dropped from further analyses.

Narcissism in early adulthood correlated negatively with psychological health in late adulthood but was unrelated to psychological health in late adolescence. Psychological health in either late adolescence or late adulthood was unrelated to measures of narcissism assessed past the age of 30s (early middle adulthood onwards). Particularly surprising was the absence of a concurrent relationship between psychological health in late adulthood and narcissism in late adulthood. Because of the not significant correlation between psychological health in late adulthood and narcissism assessed after early adulthood, these narcissism measures were excluded from further analysis. For the same reason, mother's and father's education and father's social class were omitted from the regression equations.

Predicting Psychological Health in Late Adulthood from Adolescent Narcissism

We further investigated the relationship between adolescent narcissism and psychological health in late adulthood using regression analyses that allowed us to control for gender, cohort and psychological health in late adolescence as background variables. We entered different sets of predictors in separate blocks to test their incremental contribution to the explained variance in late adulthood psychological health.

As shown in Table 7, not unexpectedly, psychological health in adolescence positively predicted late adulthood psychological health. Late adolescent narcissism was, however, a significant predictor of poor psychological health in late adulthood even after controlling for psychological health in late adolescence and narcissism in early adulthood. The significant zero-

order relationship between early adulthood narcissism and psychological health in late adulthood was no longer significant after controlling for late adolescent narcissism and other background variables. The model accounted for 17 percent of cumulative variance in late adulthood psychological health.

Narcissism and Stress

As shown in Table 8, adolescent narcissism correlated with the study's global measure of stressful life events experienced between graduation from high school (age 18) and age 30s. Among the stress subscales, there was a positive correlation between adolescent narcissism and personal conflict in early adulthood but not with stress associated with death or illness in the family, and the experience of work/financial problems. The experience of stressful life events was not significantly correlated with either late adolescent psychological health or late adulthood psychological health, except for a relatively small in magnitude correlation between death in family subscale and psychological health in late adulthood.

To test the hypothesized moderating effect of stressful life events on the relationship between adolescence narcissism and psychological health in late adulthood, we conducted a series of regression analyses using as predictors narcissism in late adolescence, stressful live events occurring between graduation from high school and early adulthood (ages 30s) and their interaction. We computed the interaction term by multiplying centered scores for adolescent narcissism and stressful live events.

As shown in Table 9, narcissism in late adolescence and the interaction between narcissism and stress were both significant predictors of psychological health in late adulthood. Consistent with the not significant zero-order correlation between stressful events and psychological health in late adulthood, there was no main effect of stressful life events in the

regression model. Follow-up simple slope tests revealed that, the significant interaction was due to the fact that psychological health in late adulthood was unaffected by the experience of stress among adolescents who were low in narcissism. Among the high narcissism group, individuals who experienced stress scored lower on psychological health in later adulthood than their low stress counterparts who, in turn, did not differ from the two low stress groups (see Figure 1). The entire regression model accounted for a total of 16% of the cumulative variance with adolescent narcissism accounting for 11% and the interaction between narcissism and stress accounting for a further 3% of the variance, respectively. As shown in Figure 2, the plot of the residuals indicated that the regression analysis met the necessary statistical assumptions.

To test the more specific hypothesis that poor psychological health in late adulthood was particularly affected by the joint effect of adolescent narcissism and stress associated with personal conflict, we replicated the regression analyses by substituting the personal conflict subscale for the global measure of stressful life events used in the preceding analyses. As shown in Table 10, narcissism in late adolescence was again a significant predictor of psychological health in late adulthood. The interaction term between narcissism and personal conflict was significance at a trend level only ($p = .09$). As shown in Figure 3, the interaction appeared to be the result of the opposite effect of stress for individuals low and high on narcissism, with the former group experiencing long-term benefits from interpersonal stress and the latter group experiencing poorer psychological health in response to interpersonal stress.

Contrary to our initial hypothesis, we did not find a significant interaction between narcissism and work/financial stress or illness (data not shown but available from the author). Unexpectedly, however, death in the family had a significant moderating effect on the relationship between adolescent narcissism and psychological health in late adulthood (see Table

11). The interaction between narcissism in late adolescence and deaths in family added a significant 3% to the overall variance explained by the model. As shown in Figure 4, the interaction effect was the result of particularly low psychological health in late adulthood among narcissistic adolescents who as young adults experienced an untimely death in the family.

Narcissism, Psychological Health, Stress, and Gender

Finally, we replicated our regression analyses predicting psychological health in late adulthood from adolescent narcissism, various types of stress in early adulthood and their interactions separately for men and women. As hypothesized, the previously reported finding that poor psychological health in late adulthood was particularly true for individuals high in narcissism who subsequently experienced stress, and personal conflict in particular, proved to be true for females but not males (see Table 12, Table 13 and Figure 5, Figure 6). In particular, personal conflict in early adulthood appeared to have a positive effect on psychological health in late adulthood for adolescent girls who were low in narcissism and the opposite effect for their high narcissism counterparts. Gender did not have a moderating effect on the interaction between adolescent narcissism and death in family experienced in early adulthood (data not shown). Contrary to expectation, the interaction between narcissism and stress associated with work/financial problems was not significant for men (data not shown).

Discussion

Although the concept of narcissism has captured the imagination of contemporary personality and clinical psychologists, there exists a paucity of data regarding the long-term implications of early narcissism for psychological health in late adulthood. The present study used longitudinal data to investigate the implications of adolescent narcissism for psychological health at age 70s. It also explored some of the mechanism behind this association.

Adolescent Narcissism and Psychological Health in Late Adulthood

The first hypothesis of the present study was that adolescent narcissism would be associated with poor psychological health in late adulthood. In support of this hypothesis, grandiose narcissism measured using a CAQ-based scale scored from data collected in high school years (late adolescence, ages 15-18) was negatively correlated with psychological health in late adulthood (age 70s). This means that adolescents who, based on interview and behavioral data, were rated by experts as self-indulgent and self-dramatizing, condescending, opportunistic, pushing limits, eroticizing situations, and unable to delay gratification tended to rate themselves, after 55 years, as more depressed, less satisfied with life, and having poorer mental health than their peers. This relationship held after controlling for gender, age cohort and psychological health in late adolescence and was evident in a subsample of participants for whom we had data from their junior high years (ages 12-14). In sum, adolescent narcissism appears to be a robust predictor of poor psychological health at age 70s.

In addition, psychological health in late adulthood was also negatively related to narcissism in early adulthood (age 30s) that, in turn, was highly correlated with narcissism in early and late adolescence. Somewhat unexpectedly, psychological health in late adulthood was unrelated to measures of the narcissism scored from assessments conducted past early adulthood (ages 40s, 50s, and 70s). Particularly surprising was the absence of a concurrent relationship between psychological health and narcissism scored in late adulthood. These findings suggest, therefore, that there is something particularly salient about exhibiting narcissistic characteristics early in life, up to the fourth decade of life, in determining how individuals feel about themselves in old age. This effect of narcissism in adolescence and early adulthood appears to hold even if later on in life others no longer perceived the individual as narcissistic. Further analysis showed

that the long-term relationship between narcissism in early adulthood and subsequent psychological health became not significant after controlling for narcissism coded using late adolescent data, suggesting that it is ultimately narcissistic personality structure in adolescence that accounted for the correlation between early adulthood narcissism and psychological health in late adulthood.

What might explain the absence of the relationship between narcissism scored past the age of 30s and psychological health in the 70s? From a psychological perspective, it might be the case that career and marital choices made in early adulthood are more important for how an individual feels about the self in late adulthood than choices made in middle adulthood. This explanation might be of particular relevance to participants in the IHD studies who entered adulthood in the 1930s and 1940s, a time when Americans tended to marry in their early 20s and when there was less occupational mobility. From a methodological perspective, it may be the case that the relatively low rank order stability between measures of narcissism in adolescence and narcissism in subsequent time periods is an artifact of the different types of interview data available for the CAQ ratings used to score the construct. In other words, it is possible that the nature of the interviews conducted with the IHD participants in their 40s, 50s, and 70s made the assessment of narcissism difficult compared to adolescence and early adulthood, or that older adults are better at disguising some of their less desirable personality attributes. In either case, more research employing longitudinal data is needed to fully understand the implications of narcissism for psychological health over the life course.

In addition to being related to adolescent narcissism, psychological health in late adulthood was also predicted from ratings of psychological health in adolescence. The longitudinal relationship between the two measures of psychological health remained significant

even after the overlapping variance between adolescent narcissism and adolescent psychological health was statistically controlled. Conversely, as already noted, adolescent narcissism was also a significant predictor of poor psychological health in later adulthood after controlling for psychological health in late adolescence. These findings suggest the presence of two distinct adolescent personality constellations that predispose individuals to poor self-reported psychological health at age 70s. The first constellation is associated with grandiose narcissism and, in terms of the Big Five, involves an adolescent personality structure characterized by a combination of low conscientiousness (e.g., impulsivity and lack of dependability) and high extraversion. High levels of neuroticism (anxiety and negative affect in general) and low levels of agreeableness and warmth marks the second constellation. This second personality pattern may be a manifestation of vulnerable narcissism.

Interaction between Narcissism and Stress in Predicting Psychological Health

The second aim of the study was to explore potential mechanism accounting for the longitudinal relationship between narcissism and psychological health. Specifically, the study aimed to establish whether poor psychological health at age 70s could be predicted by the interaction between adolescent narcissism and stressful life events experienced between graduation from high school and age 30s (early 30s for the Guidance sample and late 30s for the Oakland Growth cohort). As expected, there was a positive association between adolescent narcissism and stressful life events in early adulthood. In particular, adolescent narcissism correlated positively with the study's global measure of stressful life events and its subscale assessing the experience of personal conflict (i.e., conflict in the family or intra-psyche turmoil associated with use of psychotherapy). There was no relationship between ratings of adolescent narcissism and subsequent experience of stress associated with death in family, illness or

work/financial problem. There was also no relationship between stressful events reported at age 30s and psychological health at age 70s (other than the unexpected negative correlation between experience of death in the family and psychological health in late adulthood).

Our findings supported the assumption that adolescent narcissism and stress experienced in early adulthood interacted in predicting poor psychological health in later adulthood. Consistent with our hypothesis, the significant interaction was true for global measures of stress and significant at trend level for its personal conflict subscale. A follow-up analysis indicated that the moderating effect of overall stress and personal conflicts was true for women but not for men. This result means that poor psychological health (self-reported depression, low life satisfaction and poor mental health) at age 70s is particularly true of adolescent girls who in high school tended to be condescending, self-indulgent and dramatizing, hostile, impulsive, and prone to eroticize situations and who subsequently, as young adults, experienced high number of personal conflict with family (partner, parents, and/or children) that may have resulted in seeking out of psychotherapy. Conversely, the presence of significant interactions, even though they accounted for a small percentage of the cumulative variance, indicated that adolescent narcissism did not have a long-term detrimental effect on psychological health of individuals who avoided stressful events in early adulthood. The possibility that stress in early adulthood may have the opposite effect on psychological health in late adulthood for adolescent girls high versus low in narcissism needs to be further investigated.

Why are narcissistic adolescents more likely to suffer from poor psychological health in late adulthood? The fact that adolescent narcissism was positively correlated with number of stressful life events experienced in early adulthood suggests that narcissistic individuals experience more stress in general, and stress associated with personal conflict in particular.

However, the lack of a relationship between stressful life events in early adulthood and psychological health in late adulthood argues against stress as a mediator of the narcissism – psychological health connection. Our findings are, however, compatible with the possibility that narcissism results in a greater personal vulnerability to the experience of stress or that narcissistic adolescence are both more vulnerable to stress and experience more of it as young adults. The fact that that the interaction between adolescent narcissism and personal conflict in predicting poor psychological health in later adulthood was true of women but not men confirms the presence of gender differences in the role played by personal fulfillment in interpersonal relationships for one's sense of well-being (e.g., Gottman, 1994).

Unexpectedly, the interaction between adolescent narcissism and death in family was also significant. This finding highlights the potentially life-long negative consequences of an untimely death of a spouse, child or parent for the sense of well-being among psychologically vulnerable individuals, irrespective of gender. The interaction between narcissism and stressful life events subscales measuring illness and work/financial problems were not significant.

Case Study

The real life meaning and implications of the finding that adolescent narcissism interacts with stress in general, and personal conflict in particular, in predicting poor psychological health in late adulthood is illustrated by the case of Victoria Daaé. Victoria grew up in an economically well-off family with a father who was rarely home, a mother who was rigid and lacking in understanding of her daughter, and an older brother with poor physical health who was envious of his sister. During her childhood, Victoria was described as “cute looking, animated, a fine child to show off.” Victoria's mother treated her as if she was a doll and as a result Victoria developed a feeling that she was “not a person.” Victoria was the center of attention in her

neighborhood and family until she fell from grace at the age of six when her mother caught Victoria being undressed by her 13-year old brother. Blaming the 6-year old daughter for what happened, the mother drastically changed her previous indulgent attitude and said that Victoria “was a filthy little girl—that she was ashamed of [her]”. As a result, Victoria built considerable hatred toward her mother.

In adolescence, Victoria was described by IHD staff and teachers as “unashamedly narcissistic”, “envious”, “gets satisfaction from prestige of boyfriend”, and “pleased more by appraise than success.” At this stage, Victoria’s mother became concerned about her daughter’s persistent tendency to tell lies to impress others. On the other hand, Victoria described her interaction with parents as lacking in any “love or understanding”.

Right after graduation from high school, Victoria married against her parent’s advice a glamorous big band leader who later turned out to be gay and who treated his young wife with sadism. After three years of marriage, Victoria’s husband filed for divorce on grounds of adultery; a fact Victoria did not admit to until interviewed in her 70s. Victoria’s father died of a heart attack during the court proceeding and Victoria lost temporarily the custody of her daughter. Five years after the divorce, Victoria married a police officer, who soon after the marriage began to show paranoid tendency and who refused to engage in sexual relationship with Victoria after the birth of their son. Although scared of her husband’s homicidal rage, Victoria did not actively attempt to improve her situation, partly out of fear and partly because she was nourished by the fantasy that she was an indispensable support to her husband and stepdaughter.

After 23 years of marriage, urged by her now adolescent son whom she had been using for emotional support and “adult” advice, Victoria escaped from her husband’s escalating abuse. Now in her late 40s, lacking in work experience, Victoria made a living by managing the

apartment where she lived. She also entered into a romantic relationship with a restaurant manager who, shortly after the couple started living together, developed a chronic illness that resulted in him becoming bankrupt and confined to a wheel chair. Despite obvious problems, Victoria was able to gain emotional pleasure from the relationship and, in her 60s, started to gain solace from spirituality. Although when interviewed at age 70s, Victoria reported high life satisfaction, she scored in the lowest quartile of the study participants on self-reported measures of satisfaction with life and mental health. When asked in the interview at age 70 whether there has been much pain and suffering in her life, Victoria answered “Oh god, yes. I should [say] yes. More than my share. But I brought it on myself, a lot of it. Of course I did.”

Strengths and Limitations

Clear strengths of the present study are the availability of long-term longitudinal data and the use of observer based rating of narcissism, a construct that is difficult to measure via self-report because of poor insight and an inflated sense of self. The generalizability of the study's findings is limited by the lack of geographic and socio-demographic variability among its participants. The fact that the participants entered adulthood in the 1930s and 40s may limit the applicability of its results to present generations of young adults, particularly in the case of women many of whose lives were revolutionized by social changes of the last few decades. Further research is needed to understand the relationship between the CAQ grandiose narcissism scales and other measures of the construct and the Big Five personality dimensions and to disentangle more fully the moderating effect of stress on the longitudinal relationship between narcissism and psychosocial functioning.

Conclusion

The findings of the present study support a growing body of evidence regarding the lasting role of early experience for adult development and functioning (Sroufe, Coffino & Carlson, 2010). More specifically, the study's results confirm the central function played by narcissism in how individuals feel about themselves and process daily experiences. While the common conception of narcissism as part of "being adolescence" might lead people to overlook the importance of sub-clinical narcissism in adolescents, this study suggests that narcissism in adolescence is an important factor in how individuals feel about their life 50-60 years later. If in fact narcissism is becoming more prevalent among the recent generations of Americans (Lunbeck, 2014; Twenge et al., 2008), our findings may have practical use for attempting to mitigate narcissism's long-term negative consequences for depression and low life satisfaction in older age. In addition, the interaction between adolescent narcissism and stress in early adulthood in predicting psychological health in adulthood argues against any simple and linear connection between personality and life outcomes. Rather the route of an adult life is a circuitous one that is shaped by our own internal strengths and vulnerabilities and how these interact with an external reality that is sometimes imposed on us and, at other times, is of our own creation.

References

- Allen, J. P., Hauser, S. T., & Borman-Spurrell, E. (1996). Attachment theory as a framework for understanding sequelae of severe adolescent psychopathology: an 11-year follow-up study. *Journal of consulting and clinical psychology, 64*(2), 254-283. doi:10.1037/0022-006X.64.2.254
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (text revision). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Block, J. (1961/1978). *The Q-sort method in personality assessment and psychiatric research*. Springfield, IL: Thomas.
- Cain, N. M., Pincus, A. L., & Ansell, E. B. (2008). Narcissism at the crossroads: phenotypic description of pathological narcissism across clinical theory, social/personality psychology, and psychiatric diagnosis. *Clinical Psychology Review, 28*(4), 638-656. doi:10.1016/j.cpr.2007.09.006
- Campbell, W. K., Bush, C. P., Brunell, A. B., & Shelton, J. (2005). Understanding the social costs of narcissism: the case of the tragedy of the commons. *Personality and Social Psychology Bulletin, 31*(10), 1358-1368. doi:10.1177/0146167205274855
- Campbell, W. K., Foster, C. A., & Finkel, E. J. (2002). Does self-love lead to love for others? A story of narcissistic game playing. *Journal of Personality and Social Psychology, 83*(2), 340-354. doi:10.1037//0022-3514.83.2.340

- Campbell, W. K., & Miller, J. D. (Eds.) (2011). *The handbook of narcissism and narcissistic personality disorder: Theoretical approaches, empirical findings, and treatments*. Hoboken, NJ: John Wiley & Sons.
- Carmer, P. (2011). Narcissism through the ages: what happens when narcissists grow older? *Journal of Research in Personality, 45*(5), 479-492. doi:10.1016/j.jrp.2011.06.003
- Caspi, A., Elder, G. H., & Bem, D. J. (1987). Moving against the world: life-course patterns of explosive children. *Developmental Psychology, 23*(2), 308-313.
- Chen, H., Cohen, P., Crawford, T. N., Kasen, S., Guan, B., & Gordon, K. (2009). Impact of early adolescent psychiatric and personality disorder on long-term physical health: A 20-year longitudinal follow-up study. *Psychological medicine, 39*(05), 865-874.
doi:10.1017/S0033291708004182
- Clausen, J. (1993). *American lives: looking back at the children of the Great Depression*. New York: Free Press.
- Cramer, P., & Jones, C. J. (2008). Narcissism, identification, and longitudinal change in psychological health: Dynamic predictions. *Journal of Research in Personality, 42*(5), 1148-1159. doi:10.1016/j.jrp.2008.02.008
- Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of personality assessment, 49*(1), 71-75.
doi:10.1207/s15327752jpa4901_13
- Eichorn, D.H. (1981). Samples and procedures. In D.H. Eichorn, J.A. Clausen, N. Haan, M.P. Honzik, & P. H. Mussen, (Eds.), *Present and past in middle life* (pp. 33-51). New York: Academic Press.

- Freud, S. (1914). On Narcissism. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works*, 67-102.
- Gleason, M. E., Powers, A. D., & Oltmanns, T. F. (2012). The enduring impact of borderline personality pathology: Risk for threatening life events in later middle-age. *Journal of abnormal psychology, 121*(2), 447-457. doi:10.1037/a0025564
- Gottman, J. M. (1995). *Why marriages succeed or fail: And how you can make yours last*. Simon and Schuster.
- Grijalva, E., Newman, D. A., Tay, L., Donnellan, M. B., Harms, P. D., Robins, R. W., & Yan, T. (2014). Gender differences in narcissism: A meta-analytic review. *Psychological Bulletin, 141*, 261-310. doi: 10.1037/a0038231
- Heisel, M. J., Links, P. S., Conn, D., van Reekum, R., & Flett, G.L. (2007). Narcissistic personality and vulnerability to late-life suicidality. *The American Journal of Geriatric Psychiatry, 15*(9), 734-741. doi:10.1097/01.JGP.0000260853.63533.7d
- Hendin, H.M., & Cheek, J.M. (1997). Assessing Hypersensitive Narcissism: A Re-examination of Murray's Narcissism Scale. *Journal of Research in Personality, 31*, 588-599.
- Hill, P. L., & Roberts, B. W. (2012). Narcissism, well-being, and observer-rated personality across the lifespan. *Social Psychological and Personality Science, 3*(2), 216-223. doi:10.1177/194855061141586
- Hollingshead, A. B., & Redlich, F. C. (1958). *Social class and mental illness: Community study*. New York, Wiley.
- Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale. *Journal of psychosomatic research, 11*(2), 213-218.

- Kendler, K. S., Thornton, L. M., & Prescott, C. A. (2001). Gender differences in the rates of exposure to stressful life events and sensitivity to their depressogenic effects. *American Journal of Psychiatry*, *158*(4), 587-593. doi:10.1176/appi.ajp.158.4.587
- Kerberg, O. F.(1975). *Borderline conditions and pathological narcissism*. New York, NY: Jason Aronson.
- Kernberg, O. F. (1993). *Severe personality disorders: Psychotherapeutic strategies*. Yale University Press.
- Klein, M. (1957). Envy and gratitude. In M. Klein, *Envy and gratitude and other works 1946-1953*. New York, NY: Macmillan.
- Kohut, H. (1971). *The analysis of the self*. New York, NY: International Universities Press.
- Kohut, H. (1977). *The restoration of the self*. New York, NY: International Universities Press.
- Lakey, C. E., Rose, P., Campbell, W. K., & Goodie, A. S. (2007). Probing the link between narcissism and gambling: the mediating role of judgment and decision-making biases. *Journal of Behavioral Decision Making*, *21*(2), 113-137. doi:10.1002/bdm.582
- Lunbeck, E. (2014) *The Americanization of narcissism*. Cambridge, MA: Harvard University Press.
- Martin, L. R., Friedman, H. S., & Schwartz, J. E. (2007). Personality and mortality risk across the life span: the importance of conscientiousness as a biopsychosocial attribute. *Health Psychology*, *26*(4), 428-436. doi:10.1037/0278-6133.26.4.428
- Miller, A. (1981). *The drama of the gifted child*. New York, NY: Basic Books.
- Miller, J. D., McCain, J., Lynam, D. R., Few, L. R., Gentile, B., & MacKillop, J., et al. (2014). A comparison of the criterion validity of popular measures of narcissism and narcissistic

- personality disorder via the use of expert ratings. *Psychological Assessment*, 26(3), 958-969. doi:10.1037/a0036613
- Mitchell, S. A. (1981). Heinz Kohut's theory of narcissism. *The American Journal of Psychoanalysis* 41(4). 317-326.
- Moffitt, T. E., Arseneault, L., Belsky, D., Dickson, N., Hancox, R. J., Harrington, H., et al. (2010). A gradient of childhood self-control predicts health, wealth, and public safety. *Proceedings of the National Academy of Sciences*, 108(7), 2693-2698. doi:10.1073/pnas.101007610
- Morris, M. C., Ciesla, J. A., & Garber, J. (2010). A prospective study of stress autonomy versus stress sensitization in adolescents at varied risk for depression. *Journal of abnormal psychology*, 119(2), 341-354. doi: 10.1037/a0019036
- Neufeld, E., & O'Rourke, N. (2009). Impulsivity and hopelessness as predictors of suicide-related ideation among older adults. *Canadian Journal of Psychiatry*, 54 (10), 684.
- Parker, J. G., & Asher, S. R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological bulletin*, 102(3), 357. doi:10.1037/0033-2909.102.3.357
- Pine, D. S., Cohen, P., Johnson, J. G., & Brook, J. S. (2002). Adolescent life events as predictors of adult depression. *Journal of affective disorders*, 68(1), 49-57. doi:10.1016/S0165-0327(00)00331-1
- Radloff, L. S. (1977). The CES-D scale a self-report depression scale for research in the general population. *Applied psychological measurement*, 1(3), 385-401. doi: 10.1177/014662167700100306

- Raskin, R., & Terry, H. (1988). A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of personality and social psychology*, *54*(5), 890-902. doi:10.1037/0022-3514.54.5.890
- Reinherz, H., Tanner, J., Berger, S., Beardslee, W., & Fitzmaurice, G. (2006). Adolescent suicidal ideation as predictive of psychopathology, suicidal behavior, and compromised functioning at age 30. *American Journal of Psychiatry*, *163*(7), 1226-1232. doi:0.1176/appi.ajp.163.7.1226
- Rhodewalt, F., Madrian, J. C., & Cheney, S. (1998). Narcissism, self-knowledge organization, and emotional reactivity: The effect of daily experiences on self-esteem and affect. *Personality and Social Psychology Bulletin*, *24*(1), 75-87. doi:10.1177/0146167298241006
- Rhodewalt, F., & Morf, C. C. (1998). On self-aggrandizement and anger: a temporal analysis of narcissism and affective reactions to success and failure. *Journal of personality and social psychology*, *74*(3), 672-685. doi:10.1037/0022-3514.74.3.672
- Robins, R. W., & Beer, J. S. (2001). Positive illusions about the self: short-term benefits and long-term costs. *Journal of personality and social psychology*, *80*(2), 340-352. doi:10.1037/0022-3514.80.2.340
- Rosenfeld, H. (1964). On the psychopathology of narcissism: a clinical approach. *International Journal of Psychoanalysis*, *45*, 332-337.
- Rosenfeld, H. (1971). A clinical approach to the psychoanalytic theory of the life and death instincts: an investigation into the aggressive aspects of narcissism. *International Journal of Psychoanalysis*, *52*, 169-178.
- Rosenfeld, H. (1987). *Impasse and interpretation*. London :Free Association Press.

- Rudolph, K. D. (2002). Gender differences in emotional responses to interpersonal stress during adolescence. *Journal of Adolescent Health, 30*(2), 3-13. doi:10.1016/S1054-139X(01)00383-4
- Russ, E., Shedler, J., Bradley, R., & Westen, D. (2008). Refining the construct of narcissistic personality disorder: diagnostic criteria and subtypes. *The American Journal of Psychiatry, 165*(11), 1473-1481. doi:10.1176/appi.ajp.2008.07030376
- Sroufe, L. A. (2013). The promise of developmental psychopathology: past and present. *Development and Psychopathology, 25*, 1215-1224.
- Sroufe, L. A., Coffino, B., & Carlson, E. A. (2010). Conceptualizing the role of early experience: Lessons from the Minnesota Longitudinal Study. *Developmental Review, 30*(1), 36-51.
- Stiles, J. (2008). *The fundamentals of brain development: Integrating nature and nurture*. Cambridge, MA: Harvard University Press.
- Trzesniewski, K. H., Donnellan, M. B., Moffitt, T. E., Robins, R. W., Poulton, R., & Caspi, A. (2006). Low self-esteem during adolescence predicts poor health, criminal behavior, and limited economic prospects during adulthood. *Developmental psychology, 42*(2), 381-390. doi:10.1037/0012-1649.42.2.381
- Twenge, J. M., Konrath, S., Foster J. D., Campbell, W. K., & Bushman, B. J. (2008). Egos inflating over time: a cross-temporal meta-analysis of the Narcissistic Personality Inventory. *Journal of personality, 76*(4), 875-902. doi:10.1111/j.1467-6494.2008.00507.x
- Wälder, R. (1925). The psychoses: their mechanisms and accessibility to influence. *International Journal of Psychoanalysis, 6*, 259-28.
- Ware Jr, J. E., & Sherbourne, C. D. (1992). The MOS 36-item short-form health survey (SF-36): I. Conceptual framework and item selection. *Medical care, 473-483*.

- Wink, P. (1991a). Two faces of narcissism. *Journal of Personality and Social Psychology*, 61(4), 590-597. doi:10.1037/0022-3514.61.4.590
- Wink, P. (1991b). Self- and object-directedness in adult women. *Journal of Personality*. 59(4), 769-791. doi: 10.1111/j.1467-6494.1991.tb00931.x
- Wink, P. (1992). Three narcissism scales for the California Q-set. *Journal of Personality Assessment*, 58, 51-66. doi:10.1207/s15327752jpa5801_5
- Wink, P. (1996). Transition from the Early 40s to the Early 50s in Self-Directed Women. *Journal of personality*, 64(1), 49-69. doi: 10.1111/j.1467-6494.1996.tb00814.
- Winnicott, D. W. (1960). Ego distortions in terms of true and false self. In *The maturational processes and the facilitating environment* (pp. 140-152). New York, NY: International Universities Press, 1965.

Table 1

Items for the Observer-Based CAQ Grandiose Narcissism Scale

Item and item numbers

Indicative items

53. Various needs tend toward relatively direct and uncontrolled expression; unable to delay gratification.
67. Is self-indulgent.
99. Is self-dramatizing; histrionic.
65. Characteristically pushes and tries to stretch limits; sees what he can get away with.
73. Tends to perceive many different contexts in sexual terms; eroticizes situations.
37. Is guileful and deceitful, manipulative, opportunistic.
94. Expresses hostile feelings directly.
27. Shows condescending behavior in relations with others.

Contraindicative items

25. Tends toward overcontrol of needs and impulses; binds tension excessively; delays gratification unnecessarily.
47. Has a readiness to feel guilt.
-

Table 2

Correlation between Narcissism and Psychological Health in Late Adolescence and the Big Five Personality Characteristics in Late Adolescence

Big Five	Narcissism	Poor Psychological Health
Openness	-.31*	-.23*
Conscientiousness	-.78*	-.45*
Extraversion	.54*	-.15
Agreeableness	-.40*	-.65*
Neuroticism	.11	.63*

Note. N=121. * $p < .01$.

Table 3

Intercorrelations between the Study's Global Psychological Health Scale and its Three Subcomponents

Psychological Health	1	2	3	4
1. Global Psychological Health Scale	-	.93	-.67	.82
<u>Subcomponent Scales</u>				
2. Satisfaction With Life		-	-.43	.57
3. CES Depression			-	-.65
4. MOS Mental Health				-

Note. N=121. All *p* value smaller than .001.

Table 4

Correlation Between Narcissism and Socio-demographic Characteristics

Socio-demographics	N	Narcissism in Late Adolescence
Gender	121	-.03
Cohort	121	.07
Mother Educational Attainment	115	.06
Father Educational Attainment	121	.02
Father Social Class	117	-.01

Table 5

Intercorrelations among Measures of Narcissism at Six Time Periods

Narcissism	1	2	3	4	5	6
1. Early Adolescence	-	.65	.37	.37	.43	.25
2. Late Adolescence		-	.55	.35	.41	.38
3. Early Adulthood			-	.45	.38	.44
4. Early Middle Adulthood				-	.58	.53
5. Late Middle Adulthood					-	.62
6. Late Adulthood						-

Note. *N* ranges from 107 to 119 except for early adolescence where *N* ranges from 78 to 81. All *p* values smaller than .05.

Table 6

Concurrent and Longitudinal Correlation between Narcissism and Psychological Health

Narcissism	N	Psychological Health	
		Late Adolescence	Late Adulthood
1. Early Adolescence	81	-.40***	-.43***
2. Late Adolescence	121	-.34**	-.34**
3. Early Adulthood	110	-.13	-.21*
4. Early Middle Adulthood	117	-.18*	-.05
5. Late Middle Adulthood	117	-.11	-.15
6. Late Adulthood	119	-.08	-.03

Note. * $p < .05$. ** $p < .01$. *** $p < .001$

Table 7

Hierarchical Multiple Regression Analyses Predicting Psychological Health in Late Adulthood from Adolescent Narcissism and Psychological Health, Narcissism in Early Adulthood, and Background Variables

Predictors	β		
	Step 1	Step 2	Step 3
Gender	-.09	-.09	-.08
Cohort	.02	.00	.03
Psychological Health in Late Adolescence	.33**	.30**	.24*
Narcissism in Early Adulthood		-.17 ^t	-.05
Narcissism in Late Adolescence			-.23*
ΔR^2	.11**	.03 ^t	.03*
R^2	.11**	.13**	.17**

Note. $N=110$. ^t $p < .10$. * $p < .05$. ** $p < .01$.

Table 8

Correlation Between Stressful Life Events, Narcissism, and Psychological Health

Stressful Life Events	Narcissism in Late Adolescence	Psychological Health	
		Late Adolescence	Late Adulthood
Global Stress scale	.24**	-.05	-.17
<u>Stress subscales</u>			
Personal Conflict	.27**	-.07	-.03
Work/Financial problem	.14	-.09	-.13
Death in family	.09	.03	-.18*
Illness	.00	.01	-.11

Note. $N=115$. * $p<.05$. ** $p<.01$.

Table 9

Hierarchical Multiple Regression Analyses Predicting Psychological Health in Late Adulthood from Adolescent Narcissism, Stressful Life Events (Global Measure) in Early Adulthood, and their Interaction

Predictors	β		
	Step 1	Step 2	Step 3
Narcissism in Late Adolescence	-.34***	-.32**	-.31**
Stressful Life Events in Early Adulthood		-.09	-.09
Narcissism × Stressful Life Events			-.19*
ΔR^2	.11***	.01	.03*
R^2	.11***	.13**	.16***

Note. N=115. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 10

Hierarchical Multiple Regression Analyses Predicting Psychological Health in Late Adulthood from Adolescent Narcissism, Personal Conflict in Early Adulthood, and their Interaction

Predictors	β		
	Step 1	Step 2	Step 3
Narcissism in Late Adolescence	-.34***	-.36***	-.33***
Personal Conflict in Early Adulthood		.07	.07
Narcissism \times Personal Conflict			-.15 ^t
ΔR^2	.11***	.01	.02 ^t
R^2	.11***	.12**	.15**

Note. $N=115$. ^t $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 11

Hierarchical Multiple Regression Analyses Predicting Psychological Health in Late Adulthood from Adolescent Narcissism, Death in Family Experienced in Early Adulthood, and their Interaction.

Predictor	β		
	Step 1	Step 2	Step 3
Narcissism in Late Adolescence	-.34***	-.33***	-.33***
Death in Family in Early Adulthood		-.15 ^t	-.13
Narcissism × Death in Family			-.18*
ΔR^2	.11***	.02 ^t	.03*
R^2	.11***	.14***	.17***

Note. N=115. ^t $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 12

Hierarchical Multiple Regression Analyses Predicting Psychological Health in Late Adulthood from Adolescent Narcissism, Stressful Life Events (Global Measure) in Early Adulthood, and their Interaction by Gender

Predictors	β					
	Male			Female		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Narcissism in Late Adolescence	-.33*	-.29*	-.31*	-.36**	-.35**	-.29*
Stressful Life Events in Early Adulthood		-.15	-.09		-.05	-.11
Narcissism \times Stressful Life Events			-.16			-.23 ^t
ΔR^2	.11*	.02	.02	.13**	.00	.05 ^t
R^2	.11*	.13*	.15*	.13**	.13*	.17*

Note. N=55 for male, 60 for female. ^t $p < .10$. * $p < .05$. ** $p < .01$.

Table 13

Hierarchical Multiple Regression Analyses Predicting Psychological Health in Late Adulthood from Adolescent Narcissism, Personal Conflict in Early Adulthood, and their Interaction by Gender

Predictors	β					
	Male			Female		
	Step 1	Step 2	Step 3	Step 1	Step 2	Step 3
Narcissism in Late Adolescence	-.33*	-.36*	-.35*	-.36**	-.37**	-.29*
Personal Conflict in Early Adulthood		.11	.12		.05	-.02
Narcissism \times Personal Conflict			-.06			-.30*
ΔR^2	.11*	.01	.00	.13**	.00	.08*
R^2	.11*	.11*	.12 ^t	.13**	.13*	.21**

Note. N=55 for male, 60 for female. ^t $p < .10$. * $p < .05$. ** $p < .01$.

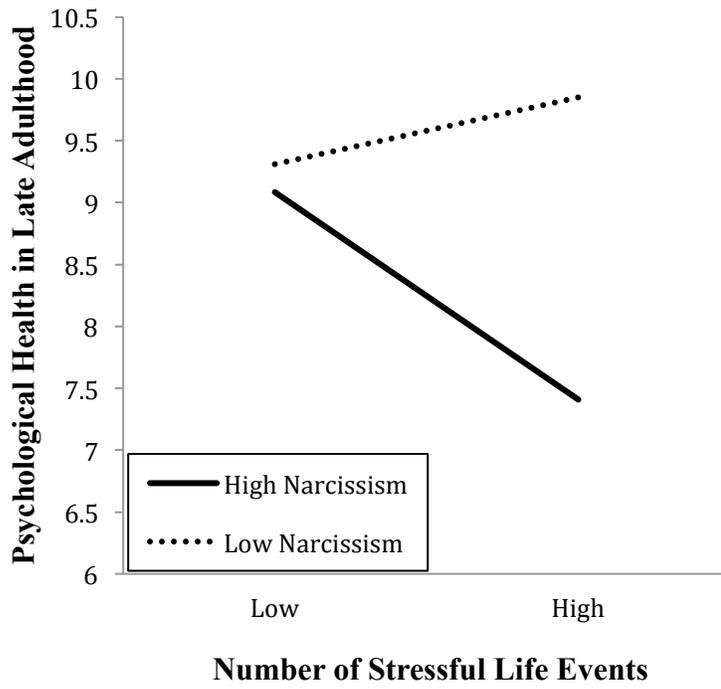


Figure 1. Interaction between narcissism in late adolescence and stressful life events in early adulthood in predicting psychological health in late adulthood.

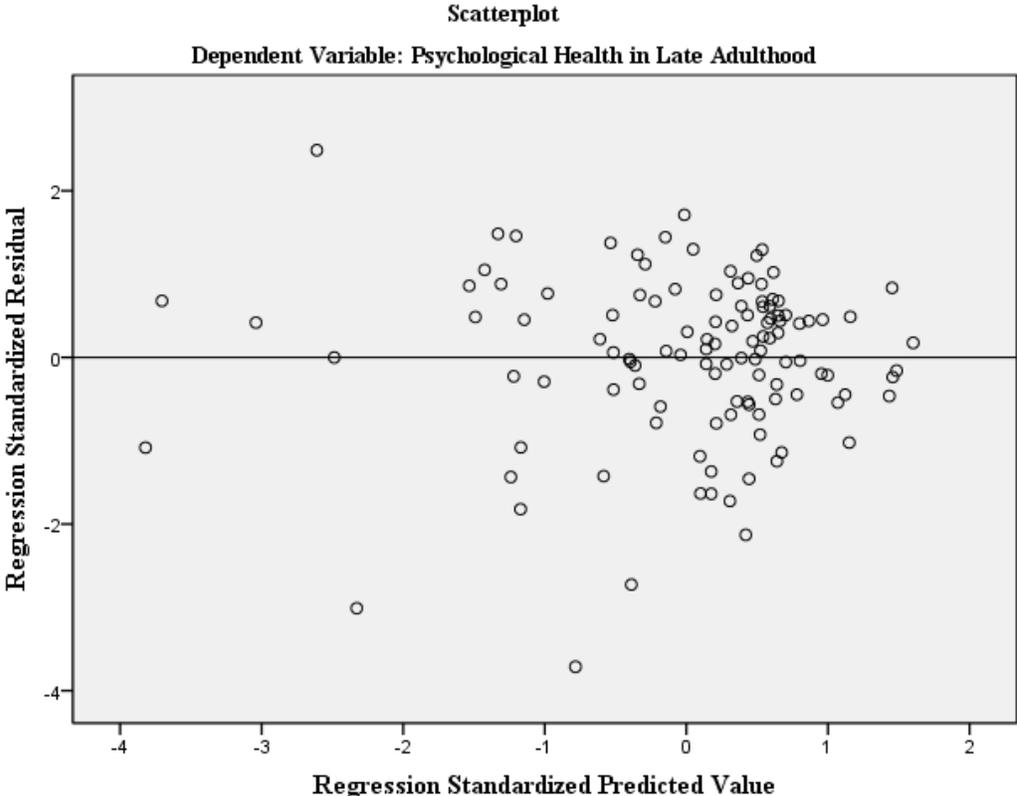


Figure 2. Residual plot for regression model described in Table 9.

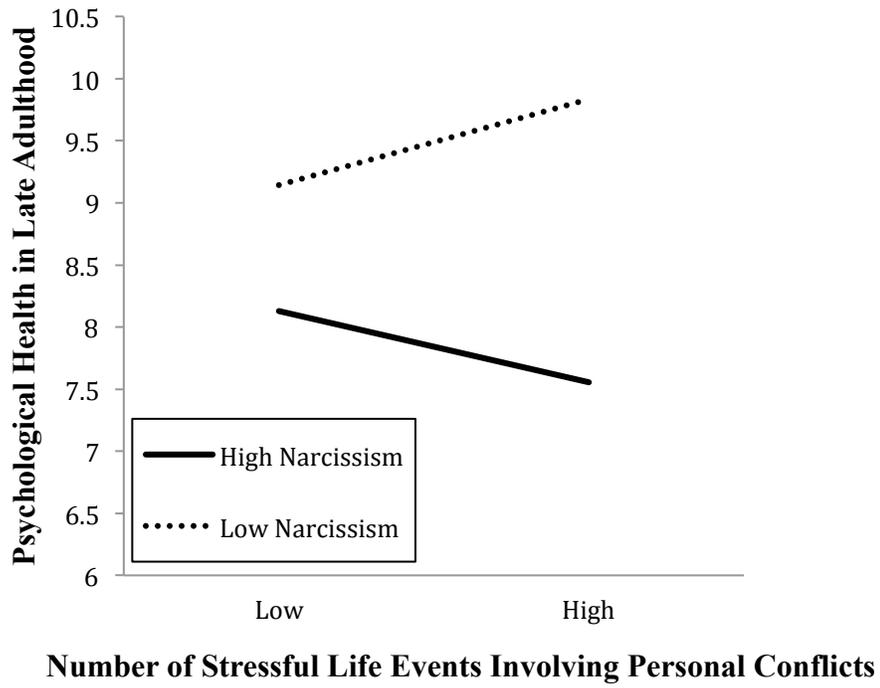


Figure 3. Interaction between narcissism in late adolescence and personal conflicts in early adulthood in predicting psychological health in late adulthood.

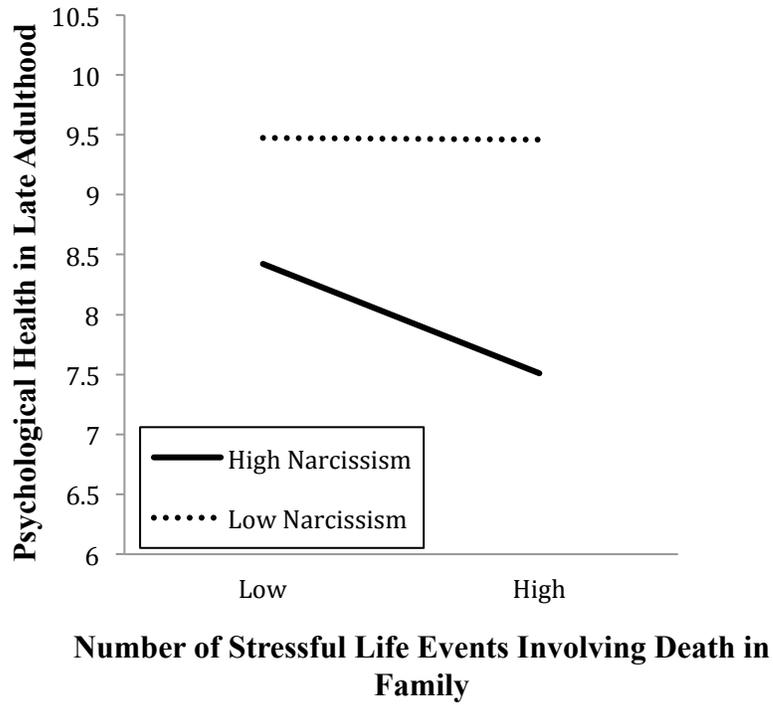


Figure 4. Interaction between narcissism in late adolescence and death in family in early adulthood in predicting psychological health in late adulthood.

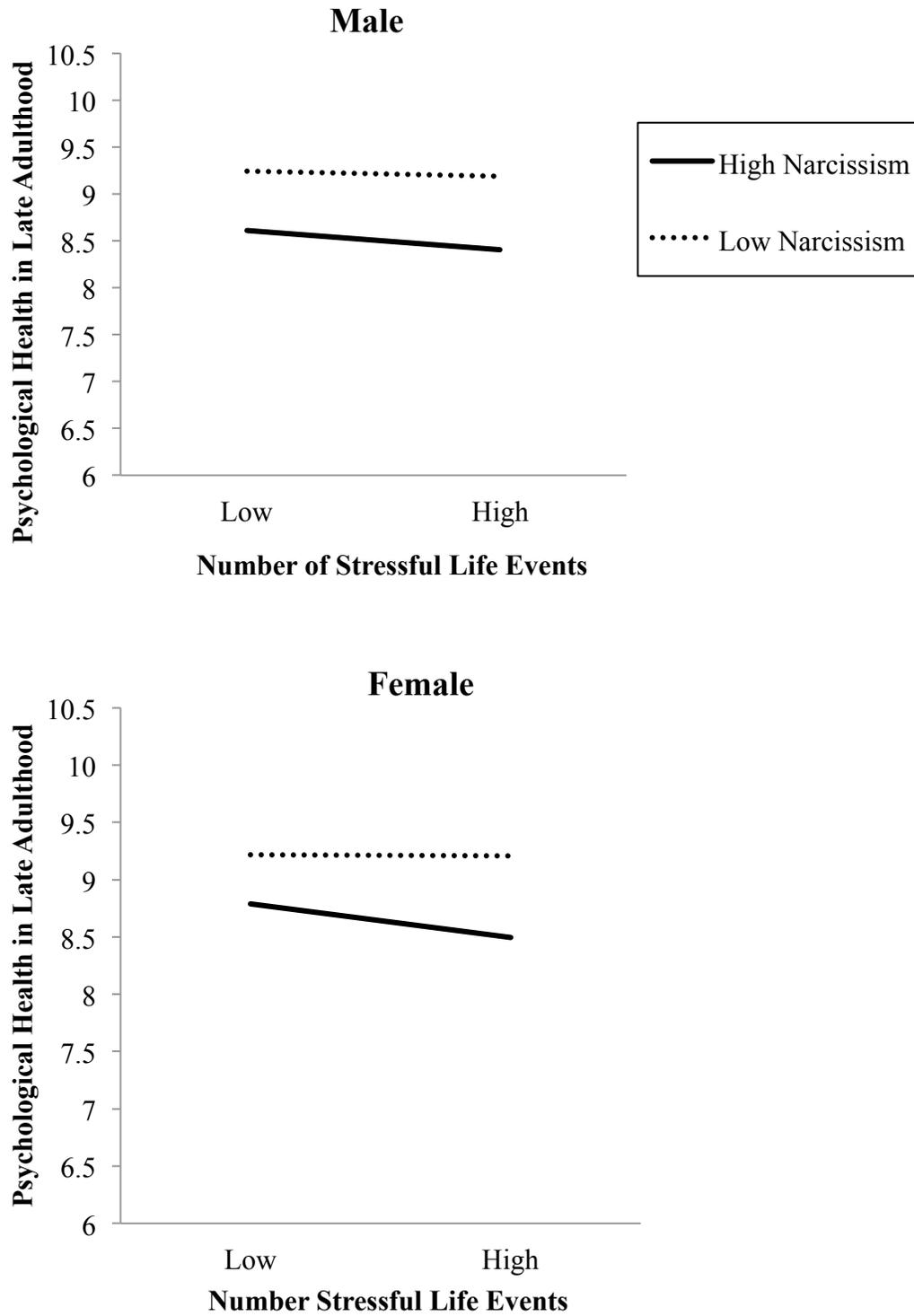


Figure 5. Interaction between narcissism in late adolescence and number of stressful life events in early adulthood in predicting psychological health in late adulthood by gender.

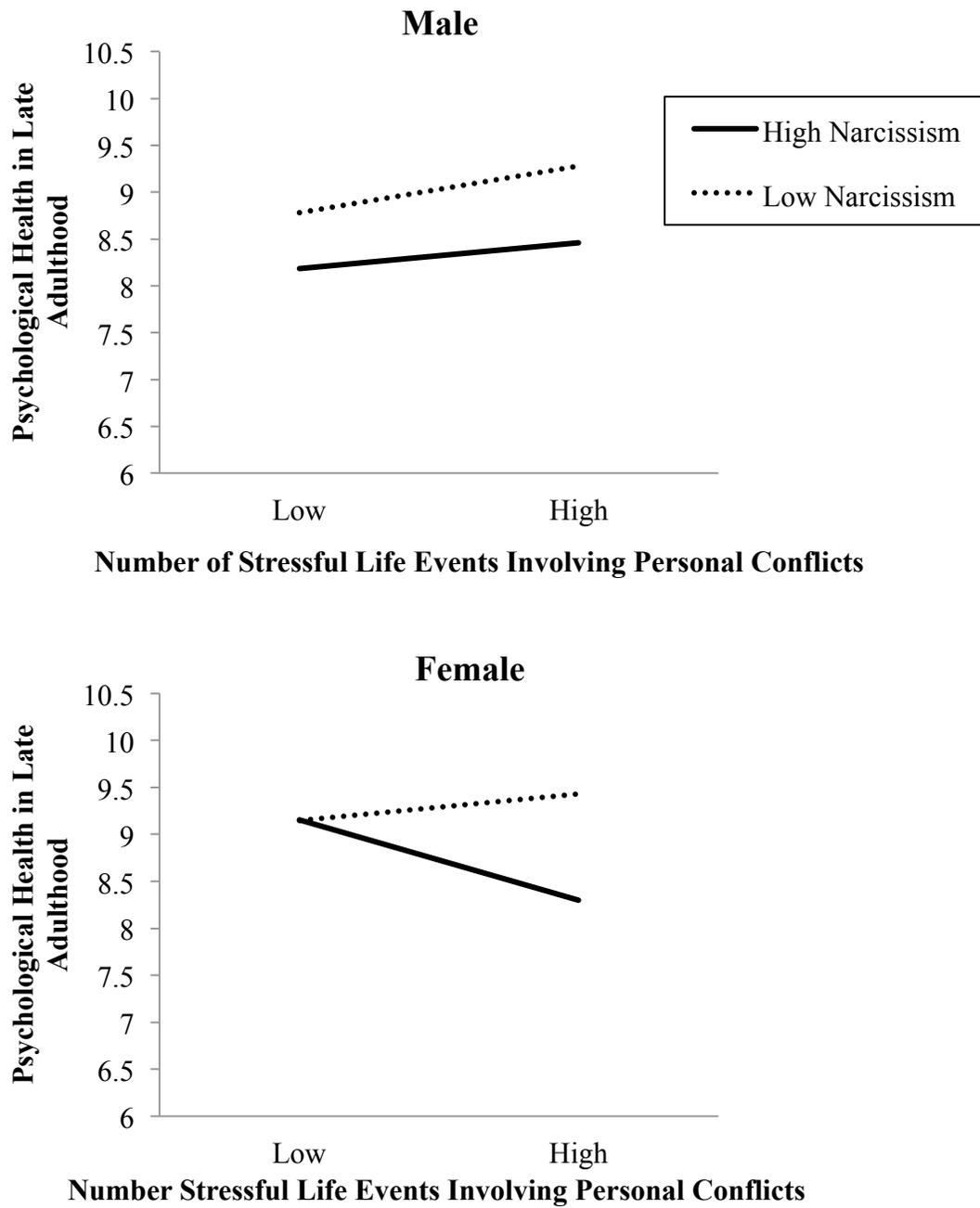


Figure 6. Interaction between narcissism in late adolescence and personal conflicts in early adulthood as predictors of psychological health in early adulthood by gender.