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A Replication of "Using self-esteem to disaggregate psychopathy, narcissism, and aggression (2013)"

Guillaume Durand[a], ✉

[a]Department of Clinical Psychological Science, Maastricht University, Maastricht, Netherlands

Abstract ■ The present study is a replication of Falkenbach, Howe, and Falki (2013). Using self-esteem to disaggregate psychopathy, narcissism, and aggression. Personality and Individual Differences, 54(7), 815-820.

Keywords ■ replication study, psychopathy, narcissism, self-esteem, aggression.

✉ gdura061@uottawa.ca

GD: 0000-0002-5418-4429

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Introduction

Psychopathy is a personality-based condition that describes individuals possessing characteristics such as superficial charm, dishonesty, narcissism, lack of remorse or empathy, and impulsive behaviors (Cleckley, 1941). Psychopathy can be subdivided into two factors: Fearless Dominance (PPI-I), which reflects adaptive behaviors, and Self-Centered Impulsivity (PPI-II), which reflects maladaptive behaviors (Fowles & Dindo, 2009). Due to the negative aspects of psychopathy, several misconceptions have arisen, such as the positive correlation between psychopathy and violence (Berg et al., 2013). While psychopathy is a possible risk factor for aggressive behaviors, prior investigations have concluded that a significant percentage of psychopathic individuals are well-adapted to society and do not engage in any major criminal activities (Hall & Benning, 2006; Lynam & Miller, 2012; Widom, 1977).

In addition to aggressive behaviors, narcissism and self-esteem have also been investigated in connection with psychopathy. Narcissism is a pervasive personality pattern characterized by grandiosity, self-attention, and self-importance (DSM-IV-TR; American Psychiatric Association (2000)). Similar to psychopathy, narcissism is divided into two factors: healthy narcissism and pathological narcissism. The former includes individuals who are arrogant, self-dominant, and adapted to their environment, while the latter includes individuals who possess a superficial sense of greatness, but who also are vulnerable, anxious, and defensive (Pincus & Lukowitsky, 2010; Wink, 1991). Prior research suggests that psychopathy and narcissism are closely interrelated (Skeem, Poythress, Edens, Lilienfeld, & Cale, 2003). Unlike psychopathy and narcissism, self-esteem is not subdivided, although prior investigations have shown evidence that high self-esteem is related to Fearless Dominance and healthy narcissism, while low self-esteem is related to Self-Centered Impulsivity and pathological narcissism (Cale & Lilienfeld, 2006; Maxwell, Donnellan, Hopwood, & Ackerman, 2011; Rozenblatt, 2002).

In order to further investigate the relationship between psychopathy, aggression, narcissism, and self-esteem, Falkenbach, Howe, and Falki (2013) recruited 118 undergraduates for the purpose of assessing how self-esteem relates to psychopathy and narcissism, and to determine the predictive value of the two latter constructs on aggression. Their results suggested a positive correlation between high levels of PPI-I and healthy narcissism, alongside high self-esteem and low aggression. At the opposite end, individuals with high levels of PPI-II and pathological narcissism displayed lower self-esteem and higher aggression. The purpose of the present study is to replicate the previous findings to further confirm the relationship between psychopathy, narcissism, aggression, and self-esteem in a community sample.

Table 1 ■ Means, standard deviations (SD), and alpha coefficients.

Scale	Mean	SD	alpha
Psychopathic Personality Inventory			
PPISF Total	130.66	14.39	.76
PPISF-I	51.32	8.66	.75
PPISF-II	64.76	9.99	.78
Narcissistic Personality Inventory			
NPI Total	11.62	6.22	.82
NPI Healthy	8.33	4.79	.79
NPI Pathological	3.29	2.02	.52
State Self-Esteem Scale			
SSES Total	65.16	14.81	.91
SSES Performance	25.59	5.84	.85
SSES Social	22.26	6.17	.83
SSES Appearance	17.29	5.47	.86
Aggression Questionnaire			
AQ	65.89	12.69	.87

Note. Note. SSES = State Self-Esteem Scale; NPI = Narcissistic Personality Inventory; PPISF = Psychopathic Personality Inventory; AQ = Aggression Questionnaire

Method

Participants

A total of 127 participants from the community were recruited for the experiment. Participants were 29% female ($n = 37$) and 71% male ($n = 90$). The age range was between 18 and 51 years old ($M = 25, SD = 6.77$). Participants were primarily Caucasian (79%), Asian (13%), or other (8%). Participants were mostly located in Europe (60%), North America (18%), Asia (13%), or other (9%). Participants were mostly located in Europe (60%), North America (18%), Asia (13%) and other (9%). The primary language spoken by participants was English (38%), other (31%), German (10%), French (9%), Dutch (8%), and Spanish (4%). All participants provided informed consent prior to filling out the questionnaires.

Materials and Procedure

The procedure for this experiment was the same as the one used by Falkenbach et al. (2013), except for the following two differences. First, the Psychopathic Personality Inventory-Short Form (PPI-SF; Lilienfeld and Widows (2005)) was used instead of the standard version of the Psychopathic Personality Inventory (PPI; Lilienfeld and Andrews (1996)). The PPI-SF was developed by selecting the seven items with the highest loadings in factor analyses from each of the eight subscales, resulting in a 56-item version instead of the original 187-item version (Lilienfeld, Latzman, Watts, Smith, & Dutton, 2014). The PPI-SF correlates highly with the standard version ($r = .90$) and possesses good reliability ($\alpha = .81$) (Lilienfeld & Hess, 2001; Mullins-Nelson, Salekin, & Leistico, 2006). Second, instead of the initial Rosenberg Self-Esteem Scale (RSES; Rosenberg (1965)), an alternative measure was used. While the RSES is one of the most validated tools for assessing self-esteem, cross-cultural differences have been observed to affect measurements, including a preference among collectivist cultures for giving neutral responses (Schmitt & Allik, 2005). And since the current study is a worldwide community replication, an alternative measure for assessing self-esteem was needed. We used the State Self-Esteem Scale (SSES; Heatherton and Polivy (1991)). The SSES correlates well with the RSES ($r = .72$) and possesses good test-retest properties ($r = .72$) (Heatherton & Polivy, 1991). The measure is divided into three subscales: Performance (SSES-P), Social (SSES-S), and Appearance (SSES-A). Using a measure that assesses self-esteem at a given point instead of as a general condition can further illustrate the generalizability of its role in psychopathy, narcissism, and aggression. The measures of narcissism and aggression previously used by Falkenbach et al. (2013), the Narcissistic Personality Inventory (NPI; Raskin and Terry (1988)) and the Aggression Questionnaire (AQ; Buss and Perry (1992)), remained unchanged in the present replication.

Results

Table 2 shows the correlations between the questionnaires. The subscales of the PPI were significantly correlated with the PPI total score, but not with each other. The subscales of the NPI were also significantly correlated with the NPI total score, but were also strongly correlated with

Table 2 ■ Correlations Between Psychopathy, Narcissism, Self-esteem, and Aggression

Scale	PPI-T	PPI-I	PPI-II	NPI-T	NPI-H	NPI-P	SSES-T	SSES-P	SSES-S	AQ
PPI-T										.41**
PPI-I	.69**									−.02
PPI-II	.74**	.11								.62**
NPI-T	.39**	.47**	.08							.10
NPI-H	.31**	.46**	.00	.97**						.05
NPI-P	.44**	.37**	.24**	.79**	.60**					.20*
SSES-T	.18*	.50**	−.28**	.51**	.54**	.28**				−.28**
SSES-P	.16	.43**	−.21*	.46**	.49**	.26**	.86**			−.25**
SSES-S	.23**	.47**	−.22*	.39**	.41**	.22*	.88**	.65**		−.23*
SSES-A	.06	.37**	−.28**	.44**	.47**	.23*	.80**	.51**	.55**	−.24**

Note. * p < .05, ** p < .01.

Table 3 ■ Regression Model Predicting AQ

Scale	Standard error	β	t	Significance
PPISF-II	.10	.55	6.83	.00
NPI-P	.50	.11	1.36	.18
SSES-T	.07	-.15	-.15	.07

each other ($r = .60$). The same pattern was observed with the subscales of the SSES, which were significantly correlated with both the SSES total score and each other. A strong positive correlation was found between psychopathy and narcissism ($r = .39$), as well as between psychopathy and aggression ($r = .41$). The correlation between psychopathy and self-esteem was weaker, but remained significant ($r = .18$).

When analyzing the results by psychopathy subscales, the results showed that PPI-I was strongly positively correlated with the NPI and all of its subscales, as well as with the SSES and all of its subscales. No correlation was found between PPI-I and AQ. At the opposite end, PPI-II was not significantly correlated with either the NPI or NPI-H, but had a weak but still significant positive correlation with the NPI-P ($r = .24$). The PPI-II was also significantly negatively correlated with the SSES and all of its subscales, but showed a strong positive correlation with the AQ ($r = .62$). The NPI displayed a strong positive correlation with the SSES (r = .51) and all of its subscales, but no correlation with the AQ. When analyzed by subscales, the NPI-H and NPI-P were both positively correlated with self-esteem. However, only the NPI-P was positively correlated with the AQ ($r = .20$). Finally, the SSES and all of its subscales showed significant negative correlation with the AQ.

As shown in Table 3, the inclusion of PPISF-II, NPI-P, and SSES-T resulted in a significant prediction model ($F(3, 115) = 26.018, p < .001$). This model accounted for 63.6% of the variance in the AQ ($R^2 = .40$, adjusted $R^2 = .39$). The PPI-II ($\beta = .55, t = 6.83, p < .001$) was the only significant independent predictor of AQ.

Discussion

Overall, the current results replicated the previous findings of Falkenbach et al. (2013). Despite some differences in mean scores of the NPI and its subscales, the current results for PPI-I and NPI-H are similar to previous results, supporting a correlation between high PPI-I, high NPI-H, high self-esteem, and low aggression. While largely similar, a few differences emerged on the other scales. The PPI-II of the current study was negatively associated with self-esteem and positively associated with aggression, as in previous findings; however, in the current study, PPI-II was only correlated positively with the NPI-P subscale, while it has previously been correlated with every scale of the NPI. Another difference lies in the correlation between NPI-P and self-esteem. In the original study, the authors reported a partial negative correlation between NPI-P and RSES. In the current study, NPI-P and self-esteem on all scales were significantly positively correlated. Finally, the PPI-II of this study was once again the main component predicting aggression. While almost significant, the SSES was unable to replace the modified version of the RSES, which assesses the stability of self-esteem, in the regression model of the AQ. Despite these few differences, the current study was able to confirm the previous findings regarding the links between psychopathy, narcissism, self-esteem, and aggression.

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