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Origins of narcissism in children

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Narcissism levels have been increasing among Western youth, and contribute to societal problems such as aggression and violence. The origins of narcissism, however, are not well understood. Here, we report, to our knowledge, the first prospective longitudinal evidence on the origins of narcissism in children. We compared two perspectives: social learning theory (positing that narcissism is cultivated by parental overvaluation) and psychoanalytic theory (positing that narcissism is cultivated by lack of parental warmth). We timed the study in late childhood (ages 7–12), when individual differences in narcissism first emerge. In four 6-mo waves, 565 children and their parents reported child narcissism, child self-esteem, parental overvaluation, and parental warmth. Four-wave cross-lagged panel models were conducted. Results support social learning theory and contradict psychoanalytic theory: Narcissism was predicted by parental overvaluation, not by lack of parental warmth. Thus, children seem to acquire narcissism, in part, by internalizing parents’ inflated views of them (e.g., “I am superior to others” and “I am entitled to privileges”). Attesting to the specificity of this finding, self-esteem was predicted by parental warmth, not by parental overvaluation. These findings uncover early socialization experiences that cultivate narcissism, and may inform interventions to curtail narcissistic development at an early age.

Significance

Narcissistic individuals feel superior to others, fantasize about personal successes, and believe they deserve special treatment. When they feel humiliated, they often lash out aggressively or even violently. Unfortunately, little is known about the origins of narcissism. Such knowledge is important for designing interventions to curtail narcissistic development. We demonstrate that narcissism in children is cultivated by parental overvaluation: parents believing their child to be more special and more entitled than others. In contrast, high self-esteem in children is cultivated by parental warmth: parents expressing affection and appreciation toward their child. These findings show that narcissism is partly rooted in early socialization experiences, and suggest that parent-training interventions can help curtail narcissistic development and reduce its costs for society.

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7–12, a key developmental phase during which individual differences in narcissism first emerge (17, 18). Indeed, research finds that, from this age, narcissism can be assessed validly (17, 18). Children this age are able to form the global evaluations of themselves as a person (e.g., “I am a special person”) (20) that underlie narcissism. Additionally, they have typically outgrown the unrealistically positive, inflated self-views that are normative for younger children (20), making narcissistic self-views nonnormative.

Although narcissists feel superior to others and feel entitled to privileges, they are not necessarily satisfied with themselves as a person. That is, narcissism and self-esteem capture two different dimensions of the self (21, 22). As scholars put it, “High self-esteem means thinking well of oneself, whereas narcissism involves passionately wanting to think well of oneself” (2). Additionally, high self-esteem, unlike narcissism, predicts lower levels of anxiety and depression over time (23). An important question, therefore, is whether the socialization experiences that may cultivate narcissism (e.g., parental overvaluation, lack of parental warmth) also foster high self-esteem. We therefore compared the socialization of narcissism with the socialization of self-esteem.

Participants were 565 children (ages 7–11 at wave 1) and their parents, 415 mothers and 290 fathers. The study consisted of four 6-mo waves. In each wave, children completed well-established questionnaires to assess narcissism (e.g., “kids like me deserve something extra”) (17), self-esteem (e.g., “I am a special person”) (26) and parental warmth (e.g., “I let my child know I love him/her”) (20), that doth pass,

Parents reported paternal warmth predicted child self-esteem one wave later ($B = 0.108$, $\beta = 0.104–0.106$, $P < 0.001$), and child self-esteem predicted child-reported paternal warmth one wave later ($B = 0.072$, $\beta = 0.078–0.084$, $P = 0.001$). Similarly, child-reported maternal warmth predicted child self-esteem one wave later ($B = 0.064$, $\beta = 0.052–0.055$, $P = 0.019$), and child self-esteem predicted child-reported maternal warmth one wave later ($B = 0.046$, $\beta = 0.060–0.063$, $P = 0.010$). Thus, overvaluation specifically predicted narcissism, not self-esteem, whereas warmth specifically predicted self-esteem, not narcissism.

Discussion

What are the origins of narcissism? This question has a long history, both in the field of psychology and in popular culture, but conclusive evidence has been lacking. Our longitudinal findings support social learning theory and contradict psychoanalytic theory: Narcissism was predicted by parental overvaluation, not by lack of parental warmth. Attesting to the specificity of this finding, self-esteem was predicted by parental warmth, not by parental overvaluation. These findings are consistent with the view that children come to see themselves as they believe to be seen by significant others, as if they learn to see themselves through others’ eyes (29). “Each to each a looking-glass, reflects the other that doth pass,” as Charles Cooley (29) described it. When children are seen by their parents as being more special and more entitled than other children, they may internalize the view that they are superior individuals, a view that is at the core of narcissism. However, when children are treated by their parents with affection and appreciation, they may internalize the view that they are valuable individuals, a view that is at the core of self-esteem.

An alternative interpretation of our findings might be that parents who overvalue their children are likely to be narcissistic themselves: Parental overvaluation, then, might predict children’s narcissism merely because children mimic or inherit parents’ narcissistic self-views. Additional analyses, however, refute this
interpretation (SI Text). Parental narcissism and overvaluation were only weakly-to-moderately correlated. Additionally, even when controlling for parental narcissism, parental overvaluation still robustly and significantly predicted increased child narcissism over time. Thus, parental overvaluation contributes to the development of narcissism in children above and beyond parents’ own narcissism levels.

The findings also add to the literature showing that self-esteem is associated with perceived social acceptance (30–32). Our longitudinal findings show bidirectional associations between children’s self-esteem and one key form of perceived social acceptance: how much parental warmth children experience. An interesting possibility, then, is that self-esteem represents an internal gauge (or “sociometer”) of one’s social acceptance, and that it is not self-esteem itself but rather the underlying perception of being accepted by others that confers benefits to children (e.g., lower levels of anxiety and depression) (28).

The findings may also inform intervention efforts. As of yet, proof-effective interventions to promote or reduce narcissism in youth are lacking. A critical step toward such interventions is knowledge about the processes that lead up to narcissism (16). Given that narcissism is cultivated by parental overvaluation, parent-training interventions might be one effective means to curtail narcissistic development. Such interventions can help parents convey affection and appreciation to children without conveying to children that they are superior to others.

Of course, parental overvaluation is not the sole origin of narcissism. The prospective association between parental overvaluation and narcissism was modest in size. Like other personality traits, narcissism is moderately heritable and partly rooted in early emerging temperamental traits (33). Some children, because of their temperamental traits, might be more likely than others to become narcissistic when exposed to parental overvaluation (16, 21). An important task for future work is to identify these person-by-environment interactions.

Narcissism is a growing problem in Western society. Since the 1980s, Western society has become increasingly concerned with raising children’s self-esteem (34), and proof-effective self-esteem interventions have been developed (35). However, in their attempts to raise self-esteem, parents often intuitively rely on lavishing children with praise, telling them that they are special and that some kids like the kind of person they are; 0 = I am not like these kids at all, 3 = completely true (24).

The findings suggest that, rather than raising self-esteem, parents convey affection and appreciation to children without treating them gently and with kindness (e.g., parent report: “my father/mother lets me know he/she loves me” and “some kids like me deserve something extra”; 0 = not at all true, 3 = completely true) (17).

Collective efforts to reduce parental overvaluation, therefore, hold promise in curbing the societal rise in narcissism.

Materials and Methods

Participants. Participants were 565 children (7–11 y old at wave 1; mean = 9.56 y, SD = 0.93; 54% girls; 89% of Dutch origin) and their parents: 290 fathers (mean = 44.67 y, SD = 4.60; 94% of Dutch origin) and 415 mothers (mean = 42.24 y, SD = 4.97; 92% of Dutch origin). Participants were recruited from 17 elementary schools in the Netherlands serving lower-to-upper middle class neighborhoods. The school boards supported all procedures. Of all children who were approached, 75% received active parental consent and participated in the study. All children gave their assent. The study consisted of four 6-mo waves (T1–T4). The study was conducted under a protocol approved by the research ethics committee of Social and Behavioral Sciences of Utrecht University. Children completed questionnaires in their classes under the supervision of trained research assistants; parents completed questionnaires at home. Attrition entailed an average of 4% of children, 18% of fathers, and 16% of mothers per wave. Little’s Missing Completely at Random test produced a normed χ²(3,64) of 1.03, [χ²(2,847) = 2939.004, P = 0.112], suggesting that attrition was random (37). Missing data were handled in Mplus using the Full Information Maximum-Likelihood procedure (27).

Descriptive Data Analysis. Table S2 presents the zero-order correlations between study variables at the first wave. Demonstrating the independence of child narcissism and child self-esteem, within-wave correlations between these constructs were weak, ranging from 0.06 to 0.15. Demonstrating the independence of parental overvaluation and parental warmth, within wave correlations between these constructs were weak, both for fathers and for mothers, both for child-report and for parent-report, ranging from −0.11 to 0.08.

At each wave, self-esteem and narcissism were higher in boys than in girls, overvaluation was higher in fathers than in mothers, and warmth was higher in mothers than in fathers. However, controlling for children’s sex did not affect the study findings, and separate analyses were conducted for fathers and mothers. All constructs were relatively stable over time: Correlations between successive waves ranged from 0.61 to 0.77 for paternal overvaluation, from 0.72 to 0.78 for maternal overvaluation, from 0.59 to 0.61 for parent-reported paternal warmth, from 0.68 to 0.70 for parent-reported maternal warmth, from 0.53 to 0.58 for child-reported paternal warmth, from 0.52 to 0.57 for child-reported maternal warmth, from 0.54 to 0.67 for child narcissism, and from 0.47 to 0.61 for child self-esteem.

Longitudinal Data Analysis. We conducted four-wave cross-lagged panel models in Mplus v7.11 (27) using maximum-likelihood estimation with 5Es
and χ² to robust nonnormality (MLR estimator). We conducted separate analyses for fathers and mothers, for parental overvaluation and parental warmth, and for child narcissism and child self-esteem. We ran all analyses with and without children’s sex and age as covariates (i.e., as predictors of all variables across all waves) and with and without family as a clustering variable (i.e., removing variance because of some children being from the same family using the TYPE = COMPLEX command) (27). Because neither the covariates nor family clustering affected any of the cross-lagged paths, we reported the most parsimonious models (i.e., those without covariates and family clustering).

Cross-lagged panel models were examined in two steps. First, we examined whether the fully constrained baseline model demonstrated an adequate fit to the data. This model included all one-wave stability paths, all two-wave stability paths (i.e., from T1 to T3, and from T2 to T4), all within-wave correlations, and all one-wave cross-lagged paths. To create a parsimonious model, we constrained all conditional parameters to be time invariant (i.e., equal over time) (39). Second, for each model, we examined whether freeing all parameters of interest (i.e., the cross-lagged paths) improved model fit. Because it did not improve model fit for any model [χ²(40) = 6.7, ρ-values > 0.148], the longitudinal cross-lagged paths parameters were set to be time invariant (39).

Model fit was assessed with the comparative fit index (CFI), the root mean squared error of approximation (RMSEA) and 90% confidence interval (CI), and the standardized root mean square residual (SRMR). CFI values ≥ 0.90, RMSEA values ≤ 0.05, and SRMR values ≤ 0.08 indicate acceptable fit to data, whereas CFI values ≥ 0.95, RMSEA values ≤ 0.05, and SRMR values ≤ 0.08 indicate good model fit (39–41). The comparative fit between nested models was tested with the Satorra-Bentler (SB) scaled χ² difference test (42). All statistical tests were two-sided at the α = 0.05 significance level.

Parental overvaluation and child narcissism. The fully constrained baseline model for parental overvaluation and child narcissism demonstrated good fit to the data for both fathers [χ²(20) = 27.275, CFI = 0.991, RMSEA (90% CI) = 0.033 (0.000, 0.061), SRMR = 0.046] and mothers [χ²(20) = 27.942, CFI = 0.994, RMSEA (90% CI) = 0.029 (0.000, 0.052), SRMR = 0.035].

Parental warmth and child narcissism. The fully constrained baseline model for parental warmth and child narcissism demonstrated good fit to the data for child-reported paternal warmth [χ²(20) = 38.943, CFI = 0.981, RMSEA (90% CI) = 0.041 (0.021, 0.060), SRMR = 0.044], for child-reported maternal warmth [χ²(20) = 34.163, CFI = 0.986, RMSEA (90% CI) = 0.035 (0.013, 0.055), SRMR = 0.037], and for parent-reported paternal warmth [χ²(20) = 39.903, CFI = 0.976, RMSEA (90% CI) = 0.046 (0.016, 0.071), SRMR = 0.080]. Acceptable fit to the data for parent-reported maternal warmth [χ²(20) = 65.133, CFI = 0.956, RMSEA (90% CI) = 0.069 (0.051, 0.088), SRMR = 0.112].

Parental overvaluation and child self-esteem. The fully constrained baseline model for parental overvaluation and child self-esteem demonstrated good fit to the data for both fathers [χ²(20) = 26.019, CFI = 0.992, RMSEA (90% CI) = 0.030 (0.000, 0.059), SRMR = 0.043], and mothers [χ²(20) = 35.519, CFI = 0.981, RMSEA (90% CI) = 0.040 (0.017, 0.080), SRMR = 0.043].

Parental warmth and child self-esteem. The fully constrained baseline model for parental warmth and child self-esteem demonstrated good fit to the data for child-reported paternal warmth [χ²(20) = 42.038, CFI = 0.975, RMSEA (90% CI) = 0.034 (0.025, 0.053), SRMR = 0.048], and for child-reported maternal warmth [χ²(20) = 32.465, CFI = 0.986, RMSEA (90% CI) = 0.033 (0.008, 0.053), SRMR = 0.036], and acceptable fit to the data for parent-reported paternal warmth [χ²(20) = 26.466, CFI = 0.981, RMSEA (90% CI) = 0.025 (0.003, 0.082), SRMR = 0.084], and for parent-reported maternal warmth [χ²(20) = 66.858, CFI = 0.954, RMSEA (90% CI) = 0.070 (0.052, 0.089), SRMR = 0.113].

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