

PSYCHOMETRIC PROPERTIES OF INDIGENOUS PATHOLOGICAL NARCISSISM SCALE

Mehjabeen Abid^{*1}, Dr. Humaira Naz², Shamsa Batool³, Syeda Kanza Fatima⁴

^{*1}Visiting Lecturer in Psychology at ISCS, Punjab University,

²Assistant Professor at Centre for Clinical Psychology, University of the Punjab

³Lecturer in Psychology at Al-Razi Institute Lahore

⁴Centre for Clinical Psychology, University of the Punjab

^{*1}mehjabeenabid452@gmail.com, ²Humaira.cpsy@pu.edu.pk, ³shamsabatool007@gmail.com, ⁴skanza19@gmail.com

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ABSTRACT

The primary aim of this study is to validate an indigenous scale for assessing pathological narcissism, developed by Fatima and Naz (2023), within a clinical population. A sample of 150 in-patients aged 19–40 years ($M = 28.38$, $SD = 6.09$) was recruited from government and semi-government hospitals in Lahore, all scoring high on the FFNI-SSF. The scale underwent comprehensive evaluation, including Confirmatory Factor Analysis (CFA), test-retest reliability, and criterion validity assessments. Findings suggest that this scale is a robust tool for evaluating pathological narcissism within Pakistan's clinical context. The CFA was conducted on a hypothesized model comprising 24 items across five factors identified in exploratory factor analysis. Incorporating covariance within the same factors significantly improved model fit, as evidenced by the Chi-square Goodness of Fit results. The model demonstrated strong statistical performance, with Goodness of Fit indices of $CFI = .92$, $TLI = .89$, $RMSEA = .07$, and $TLI = .79$. Additionally, all factors showed strong intercorrelations, confirming the scale's convergent and divergent validity. Reliability analyses further affirmed the scale's robustness, with both the overall scale and its subscales achieving high internal consistency (Cronbach's $\alpha > .8$). Test-retest reliability was also strong ($r = .85$). To enhance interpretability, percentile ranks were established, categorizing scores into low risk (25th percentile), moderate risk (50th percentile), and high risk (75th percentile). A cut-off score of 104, two standard deviations above the mean, was determined for identifying clinically significant pathological narcissism. This indigenous scale holds significant clinical utility, as it emphasizes the pathological dimensions of narcissism, particularly the vulnerable traits often observed in clinical populations. Its application can aid in diagnosis and intervention strategies within therapeutic settings.

INTRODUCTION

Understanding Narcissism: A Complex Personality Construct

Narcissism, rooted in the Greek myth of Narcissus and introduced by early theorists like Ellis (1898) and Freud (1914), has evolved into a cornerstone of personality theory. Classified as narcissistic personality

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disorder (NPD) in the DSM-III, its conceptualization has been shaped by psychoanalytic pioneers like Kernberg (1967) and Kohut (1968), who explored its interplay between self-perception and relationships.

Pathological vs. Adaptive Narcissism

Narcissism exists on a spectrum, from adaptive traits—such as self-confidence and emotional regulation—to pathological tendencies involving dysfunctional self-regulation and unmet psychological needs (Pincus et al., 2009). It encompasses two dimensions:

Grandiose Narcissism: Marked by inflated self-importance, dominance, and exhibitionism, it thrives on external validation but falters under failure (Morf & Rhodewalt, 2001).

Vulnerable Narcissism: Characterized by hypersensitivity to criticism, emotional reactivity, and reliance on external approval, it often complicates interpersonal relationships (Patton & Robbins, 1982).

Theoretical Perspectives

Pathological narcissism is often traced to developmental disruptions that undermine self-cohesion and self-esteem regulation. Kohut (1971) highlights early deficits in caregiver responsiveness, while Kernberg (1984) emphasizes defensive mechanisms like splitting, which create a grandiose self-image while disavowing inadequacies.

Narcissistic Personality Disorder (NPD)

Recognized in diagnostic frameworks like the DSM, ICD, and PDM, NPD criteria have evolved to incorporate both grandiose and vulnerable dimensions. The DSM-5 emphasizes self-esteem fluctuations and maladaptive traits, reflecting the disorder's complexity.

Challenges in Measuring Narcissism

Current tools for assessing narcissism often prioritize grandiose traits while neglecting vulnerable dimensions, creating challenges in capturing its full spectrum. In regions like Pakistan, the lack of culturally relevant and accessible measures further complicates diagnosis.

Cultural and Societal Context

Global societal trends, including the rise of social media platforms like TikTok, have amplified narcissistic traits, particularly grandiose behaviors. In Pakistan, research has highlighted the negative impacts of narcissistic leadership on employee satisfaction and mental health, underscoring the need for context-specific studies.

The Need for Indigenous Research

While some Indigenous research has explored narcissism in Pakistan, there is a gap in comprehensive studies addressing both grandiose and vulnerable dimensions within culturally relevant frameworks. This research seeks to bridge that gap, contributing to a nuanced understanding of narcissism in the local context.

While Indigenous research has provided valuable insights into narcissism within the local context, comprehensive studies addressing both grandiose and vulnerable dimensions in culturally relevant frameworks remain needed. This research aims to bridge this gap by contributing to a nuanced understanding of narcissism in Pakistan.

Literature review

Investigations into pathological narcissism were significantly restricted for an extended period due to various factors (Morey & Stagner, 2012). This section is devoted to reviewing the empirical research on the development and validation of pathological narcissism in a clinical population. A primary impediment to the development of a meaningful research initiative was the absence of a thoroughly validated instrument

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capable of comprehensively appraising the aspects of pathological narcissism (Cain et al. 2008; Ronningstam, 2009).

Constructs and measures on Narcissism

Measures and Psychometric Validation of Pathological Narcissism

Due to ongoing interest in differentiating between grandiose and vulnerable narcissism, several self-administered scales have been developed. Henttonen et al. (2022) examined the psychometric properties of four brief narcissism assessments: the G-Flux, SB-PNI, HSNS, and NPI-13. Confirmatory factor analyses confirmed the reliability of these tools, with the NPI-13, G-Flux, SB-PNI vulnerability, and two HSNS subcomponents (oversensitivity and egocentrism) performing consistently across genders and age groups. These findings support the notion that individuals with narcissistic traits may fluctuate between grandiose and vulnerable states (Pincus & Lukowitsky, 2010). However, existing measures often fail to capture this variability. Oltmanns and Widiger (2018) proposed three flux scales that assess shifts between indifference and anger, grandiosity and shame, and assertiveness and insecurity. These scales demonstrated convergent and discriminant validity and were condensed into a single nine-item G-Flux scale, which showed incremental validity over existing measures.

Morf et al. (2017) validated the German version of the Pathological Narcissism Inventory (PNI), confirming its concurrent validity through correlations with DSM criteria, emotions, personality traits, interpersonal behaviors, and well-being. The PNI exhibited negative correlations with self-esteem, consistent with prior research (Pincus et al., 2009), and moderate correlations with entitlement, suggesting its applicability to both grandiose and vulnerable narcissism. Similarly, the Five-Factor Narcissism Inventory (FFNI), developed by Miller et al. (2013), demonstrated strong convergent and discriminant validity about DSM criteria for narcissistic personality disorder (NPD), further distinguishing between grandiose and vulnerable narcissism.

Challenges in Narcissism Measurement

Narcissism scales often struggle to distinguish between narcissistic grandiosity and high self-esteem. To address this, Rosenthal et al. (2019) introduced the Narcissistic Grandiosity Scale (NGS), which provides a dedicated measure of narcissistic grandiosity and has shown strong convergent, discriminant, and concurrent validity. The NGS, when compared with self-esteem scales like the Rosenberg Self-Esteem Scale (RSES), effectively differentiates between grandiosity and positive self-perception.

Recent studies underscore the importance of considering both grandiosity and vulnerability in narcissism assessment. The NPI-13, for instance, proved to be a strong predictor of Narcissistic Personality Disorder (NPD) symptoms, while measures of vulnerable narcissism were better predictors of psychopathology. This highlights the importance of comprehensive assessments that capture both dimensions of narcissism.

Emerging Tools and Validation

As interest in narcissism grows, there is a need for concise, comprehensive tools. Shoenleber (2015) developed the Brief-Pathological Narcissism Inventory (BPNI), which retained 28 items from the original PNI and demonstrated solid reliability and criterion validity. Honrath et al. (2014) introduced the Single Item Narcissism Scale (SINS), which showed strong correlations with longer narcissism scales and high test-retest reliability. The SINS also tapped into more subtle aspects of narcissism, making it a valuable tool for research.

Pincus and Ansell (2009) further validated the PNI through Confirmatory Factor Analysis (CFA), finding that it correlates negatively with self-esteem and empathy, and positively with shame, interpersonal distress, and aggression. The study also highlighted the relational difficulties associated with grandiose and vulnerable narcissism, with grandiose traits linked to dominance and invasiveness, while vulnerable traits were associated with avoidance and emotional distress.

The NGS, when used alongside self-esteem scales, provided valuable insights into the distinct manifestations of narcissistic grandiosity and high self-esteem. It demonstrated stronger associations with behaviors related

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to narcissistic traits, such as overestimation of one's appeal and a lack of remorse. This tool aids in distinguishing between grandiosity and high self-esteem, offering new opportunities for both theoretical advancements and practical applications in clinical and research settings.

Indigenous Research on Pathological Narcissism

Studies on pathological narcissism in Pakistan remain limited, with few advanced indigenous scales. Zafar and Kausar (2016) investigated the role of logo consumption in mediating the link between narcissistic tendencies in women and consumer behavior. They translated the Narcissistic Personality Inventory-16 (Ames et al., 2006) into Urdu, but the psychometric properties of this scale remain controversial.

Fatima and Naz (2023) developed an indigenous scale for pathological narcissism using a sample of 346 university students. Through a deductive approach and Promax rotation in factor analysis, a five-factor model emerged. Confirmatory Factor Analysis (CFA) using AMOS 23 validated the final structure, which consisted of 24 items across five factors: beliefs in personal superiority, social manipulation, protecting one's vulnerable self, need for external validation, and obsession with success. The revised model, now consisting of 20 items, demonstrated good fit indices and psychometric properties, confirming its validity in clinical populations.

Cultural Context and the Expression of Narcissism

In Pakistani culture, which highly values collectivism, there is a significant emphasis on outward appearances, belonging, and indirect communication. These cultural norms may shape the expression of narcissism, particularly vulnerable narcissism, which is characterized by social insecurity and shame. Cultural factors, such as strong religious convictions, may suppress the outward expression of grandiose narcissism, leading to hidden manifestations and heightened feelings of guilt.

Research suggests that in societies like Pakistan, where organizational ideals are prioritized, individuals may engage in more tactical rather than overt self-enhancement. This aligns with societal norms that value discretion in expressing one's worth. In cultures with strong religious values, traits like arrogance and boasting are considered inappropriate. This study explores how subliminal entitlement and increased guilt contribute to the prevalence of vulnerable narcissism in such settings.

Additionally, Pakistan's socio-political unrest maybe linked to narcissistic traits like entitlement, which could be viewed as attempts to regulate self-perception. Vulnerable narcissists may also engage in collective narcissism, emphasizing the greatness of their in-group to fulfill their need for entitlement and compensate for a lack of personal control.

Aims of the Study

- To validate the previously identified factor structure of the indigenous pathological narcissism scale specifically on a clinical sample.
- To measure the test-retest reliability of the indigenous pathological narcissism scale.
- To assess the concurrent validity of the Indigenous scale with FFNI SSF.
- To test the divergent validity of the indigenous pathological narcissism scale with URSES and Mini scale of Modesty.
- To develop norms for the indigenous scale of pathological narcissism specifically on clinical samples.

Methodology

This study intended to standardize an indigenously developed scale of pathological narcissism and validate its structure in a clinical population. Phase I encompassed Confirmatory Factor Analysis, which was, cast off to sustain the factor model as distinct by Exploratory Factor Analyses (EFA) by Fatima and Naz (2023). Phase II of the current research was to measure the psychometric properties of the scale and the development of the norms on a clinical population of the indigenous scale of pathological narcissism.

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Phase I

Confirmatory Factor Analysis

Sample and Sampling Strategy

The clinical population including all psychological disorders except dementia, bipolar, psychotic (schizophrenic), and substance intoxication were included. Patients having dementia and other neurocognitive disorders were excluded. The sample included individuals of the age range 19-40 years (M= 28.38, SD= 6.09) 46% female and 54% male. Data was collected from government and semi-government hospitals in Lahore. Only in-patients were included.

Inclusion Criteria

- The sample included individuals of the age range 19-40 years.
- Sample included admitted in-patients of psychiatric wards of Government and semi-government hospitals of Lahore.
- Clinical population including all neurotic psychological disorders.

Exclusion Criteria

- The patients having Psychotic disorders (bipolar and schizophrenia), patients intoxicated with any of the substances, and patients having dementia and other neurocognitive disorders were excluded.

Table 3.1

Variables	Mean	SD	F	%
Age	28.38	6.09		
Gender				
Female			69	46
Male			81	54
Education				
Middle			8	5.3
Matric			13	8.7
Intermediate			13	8.7
Graduation			70	46.7
Masters			16	10.7
Others/Illiterate			30	20.0
Occupation				
Full time			68	45.3
Part-time			31	20.7
Only student			51	34.0
Family Monthly Income	32380	25709.7		
Marital Status				
Unmarried			89	59.3
Married			51	34.0
Divorced			9	6.0
Widowed			1	.7
Religion				
Islam			149	99.3
Christianity			1	.7
Psychiatric Diagnosis				

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Depression	18	12
Anxiety	16	10.7
OCD	21	14
Trauma and stressor-related	6	4
Conversion	13	8.7
Eating disorder	7	4.7
Sexual dysfunctions	12	8
Personality Disorders	35	23.3
Substance-related disorders	22	14.7
Duration in hospital		
Less than 1 month	74	49.3
More than 1 month	76	50.7

Note: M=Mean, SD=Standard Deviation, F=Frequency, %=Percentage

Assessment Measures

The measures used were the Indigenous Scale of Pathological Narcissism (Fatima & Naz, 2023) along with a demographic sheet.

Demographic Sheet

The demographic sheet was used to gather information regarding age, gender, education, marital status, monthly salary, clinical diagnosis, duration in the hospital, and service status. This sheet helped in screening the participants who did not meet the inclusion criteria.

Indigenous Scale of Pathological Narcissism

Fatima and Naz (2023) developed this scale. It consisted of 24 items, with every item on a 5-point Likert Scale vacillating never = 1; sometimes = 2; half of the times = 3; often = 4, and always = 5. 24 items constitute 5 factors. It was developed in Urdu and observed pathological narcissism in both domains, such as grandiose and vulnerable. Its Cronbach's alpha reliability is 0.87.

Procedure

Firstly, consent for the study was required from the Director of the Department and the Departmental Ethical Committee. Formerly, consent of the valuation scale obligatory to do current research was reserved from the original authors of the scales used, via e-mail. On paper consent letters were first issued and signed by the Department and then authorisation was pursued from the MS of the particular government and semi-government hospitals in the vicinity of Lahore for data collection. Members of the clinical sample were loomed in in-patient units and wards. Every member was given a consent form to make certain that they were willing to participate in the study. The participants received a guarantee concerning the privacy of their responses and the safeguarding of their identity's anonymity. They were explicitly informed that they had the liberty to inquire about any aspect related to the research, and they retained the right to discontinue their involvement in the study at any given moment. Nevertheless, they were motivated to engage actively, fostering their participation in advancing the completion of the research.

PHASE II

Validity and Reliability of the Indigenous Scale of Pathological Narcissism

Research Design

This phase of the study was conducted through correlational research design.

Sample and Sampling Strategy

The sample of concurrent validity was similar to the sample for CFA, the clinical population. 150 in-patients from government and semi-government hospitals were recruited. The test re-test reliability was established

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on 75 participants (50% of the total sample), who were again recruited to fill the questionnaire which emerged after factor analysis.

Assessment Measures

The scales employed for evaluating concurrent validity and test-retest reliability were as follows.

Five-Factor Narcissism Inventory Super Short Form (FFNI-SSF) (West et al., 2019)

The FFNI-SSF is a 15-item self-report measure to assess pathological narcissism on a 5-point rating scale. In the current study, it was used to measure the convergent validity of the indigenous scale of pathological narcissism. Its test re-test reliability ranges from 0.7 to 0.86. Total FFNI-SSF scores parallel the notion of narcissism intrinsic in the DSM origin of narcissistic personality disorder. Two conceptually determined combinations can also be shaped – Vulnerable and Grandiose. Factor Analyses indicate that this scale is underlain by three factors: Antagonism, Neuroticism, and Agentic Extraversion. This scale was translated to the Urdu Version through the forward and backward translation procedure. (See Appendix)

Urdu Rosenberg Self Esteem Scale (URSES) (Rizwan et al, 2017)

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) gauges overall self-esteem and consists of 10 items. In the current study, it used to measure divergent validity. Participants are required to assess their responses using a 4-point Likert scale (ranging from strongly disagree to strongly agree). An Urdu-translated version of URSES by Rizwan (2017) was used, revealing an internal consistency, as measured by Cronbach's alpha, of 0.87. This demonstrates the scale's strong internal consistency in Urdu, as indicated by the acronym URSES.

Mini Scale of Modesty (Brief multidimensional measure of modesty) (Gregg et al., 2015)

To assess modesty Gregg et al. (2015) used an 8-item mini-scale. In the current study, its translated Urdu version was used to assess the divergent validity. Members were requested to reply to every statement on a 5-point Likert scale stretching from strongly disagree to strongly agree. This scale was translated to Urdu Version through the forward and backward translation method. Its internal consistency ranges from 0.77 to 0.87.

Procedure

The study required consent from the Director of the Department and the Departmental Ethical Committee. Permission to use the evaluation scales was obtained from the original authors via email. Formal consent letters were issued and signed by the Department before obtaining authorization from the Medical Superintendent (MS) of selected government and semi-government hospitals in Lahore for data collection. Participants were recruited from inpatient units and wards. Each participant was given a consent form to confirm their willingness to participate. They were assured of the confidentiality of their responses and the anonymity of their identities. Participants were informed that they could ask any questions regarding the study and had the right to withdraw at any time. However, they were encouraged to participate actively to help complete the research.

The study included 150 participants who completed the FFNI-SSF, URSES, and Mini-scale of Modesty to assess the concurrent validity (convergent and divergent) of the measures. Additionally, 75 participants who agreed to retake the Indigenous Scale of Pathological Narcissism after two weeks helped assess the test-retest reliability of the scale.

Ethical Considerations

The study adhered to ethical codes and standards for research involving human subjects. Key ethical aspects included:

1. Obtaining permission to use the questionnaires from the respective authors.
2. Securing consent from the Director of the Department and the Departmental Ethical Committee.

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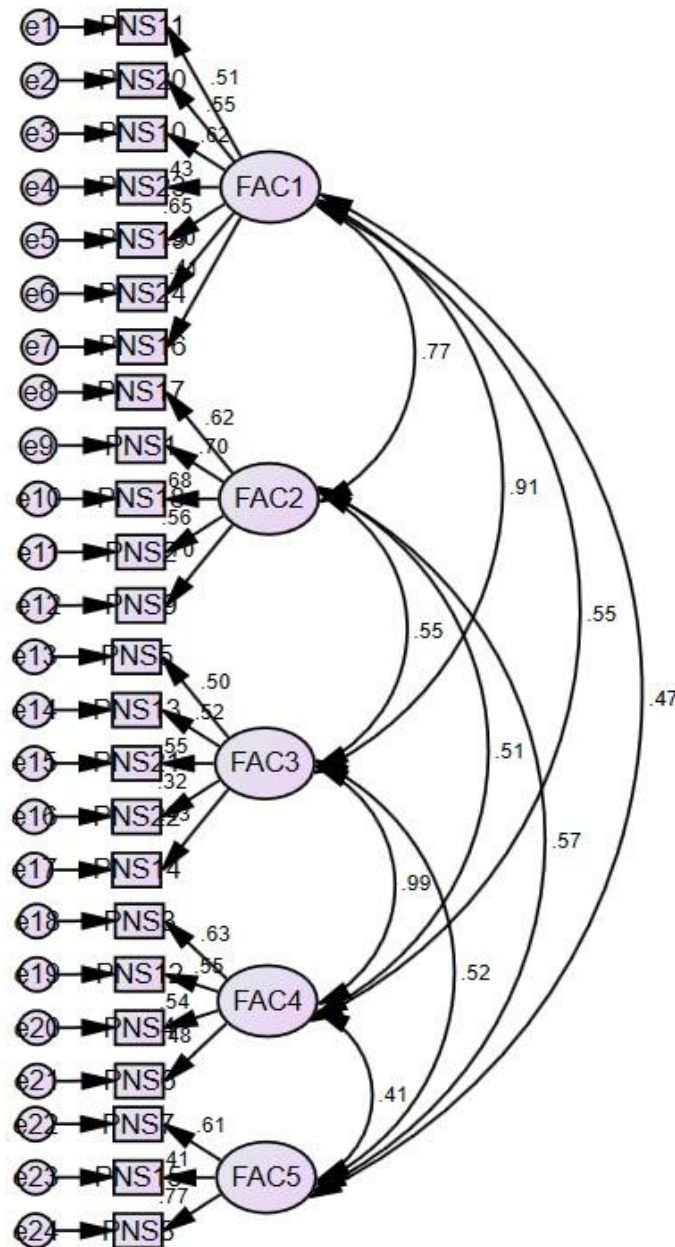
3. Providing participants with comprehensive information sheets outlining the research's nature, purpose, procedure, duration, and participant roles.
4. Obtaining informed consent from participants before starting the study.
5. Ensuring the confidentiality of data by entering it into a coded computer program, accessible only to the researcher and supervisor.

Result

Confirmatory Factor Analyses

Figure 4.1

The original Model produced during the CFA



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Figure 4.2

Re-specified Model produced after CFA



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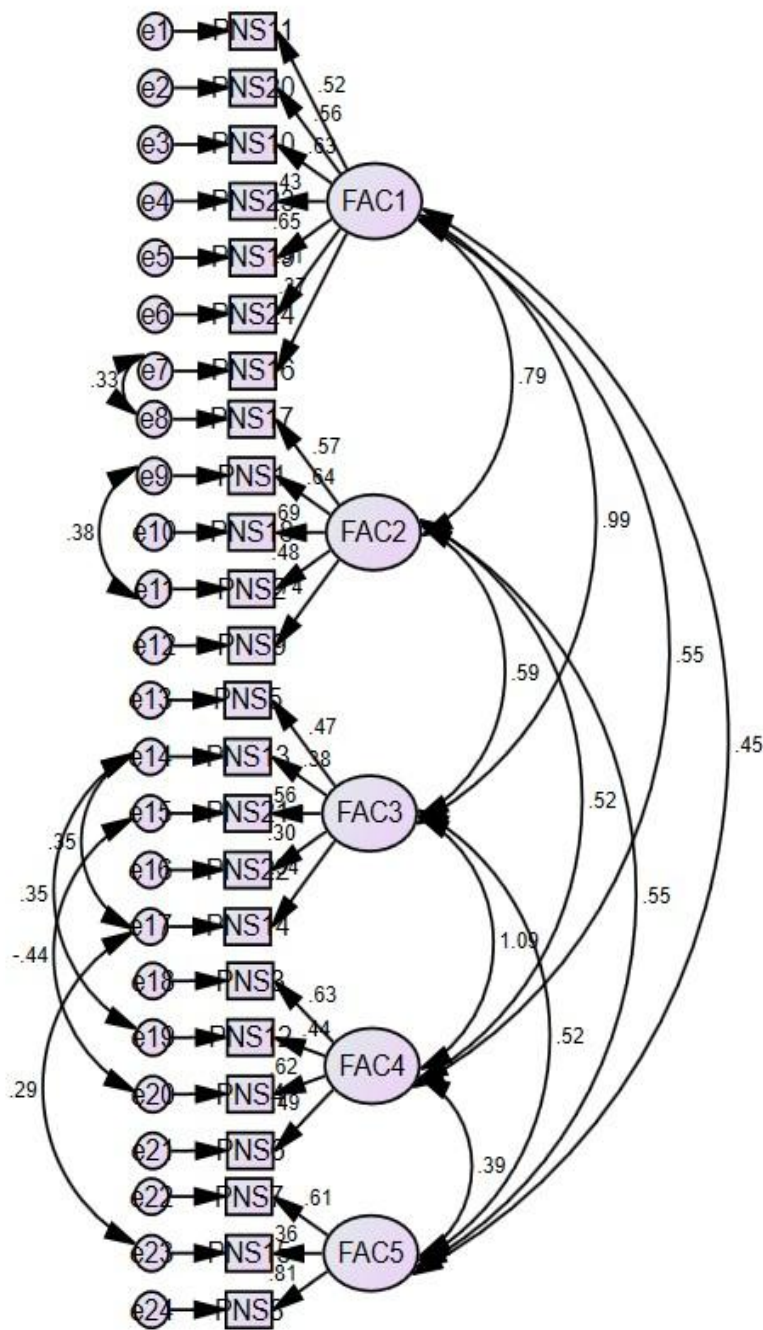


Table 4.2
Goodness of Fit Indices for tested models

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model	X ² /df	GFI	CFI	RMSEA	TAG
Model 1	2.14	.82	.72	.08	.72
Model 2	1.76	.89	.92	.07	.89

Table 4.3

Estimates of correlations among factors

	1	2	3	4	5
Beliefs of Superiority	1	.92**	.73**	.46**	.55**
Social Manipulation		1	.51**	.49**	.57**
Protection of Vulnerable Self			1	1.0**	.48**
Need for External Validation				1	.40**
Preoccupation with success					1

Summary of Findings

The emerged model with five factors and 24 items (Fatima & Naz, 2023) showed a good fit for the clinical population also (CFI=.82). Factors comprised Beliefs of Superiority (7 items), Social Manipulation (5 items), Protection of vulnerable self (5 items), Need for External Validation (4 items) and Preoccupation with Success (3 items). The total Items of the scale confirmed as 24 with these 5 factors. All these factors correlate highly with each other.

Phase II

This section of the research comprises diverse analyses to check the validity and reliability of the indigenous scale of pathological narcissism.

Convergent and Divergent Validity of the Scale

Table 4.4

	1	2	3	4	5	6
Indigenous Scale of Pathological Narcissism (Total)	1	.97**	.98**	.91**	-.82**	-.16**
Grandiose Narcissism		1	.93**	.83**	-.88**	-.14**
Vulnerable Narcissism			1	.94**	-.76**	-.17**
Five-Factor Narcissism Inventory Super Short Form (FFNI-SSF)				1	-.61**	-.26**
Mini Scale of Modesty					1	-.27**
Rosenberg Self-Esteem Scale						1

*Note: correlation is significant at the level (2-tailed), ***p<.001, **p<.01, *<.05*

The convergent and divergent validity of the Indigenous Scale of Pathological Narcissism Scale were measured by using FFNI-SSF, Mini Scale of Modesty, and Rosenberg Self Esteem Scale-Urdu version. Indigenous scale of Pathological Narcissism Scale had a strong positive correlation with convergent validity measure FFNI-SSF. Meanwhile, it had negative significant correlation with divergent validity measure Mini Scale of Modesty and Rosenberg Self Esteem Scale. Indigenous scale had two constructs i.e. grandiose and vulnerable narcissism. Separately both correlations were analysed and grandiose narcissism showed strong negative significant correlation with divergent scale mini scale of modesty and vulnerable narcissism showed weak negative correlation with Rosenberg Self Esteem Scale.

Cronbach Alpha Reliability of Scale and Sub-scales

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Table 4.5

Scales	α	k	M	SD	Range	
					Actual	Potential
Indigenous Scale of Pathological Narcissism	.87	24	72.56	15.58	24-120	26-108
Beliefs of Superiority	.82	7	14.39	5.87	7-35	7-32
Social Manipulation	.80	5	13.65	4.39	5-25	5-25
Protection of Vulnerable Self	.81	5	17.12	4.51	5-25	5-24
Need for External Validation	.80	4	9.49	3.40	4-20	4-20
Pre-occupation with Success	.81	3	10.83	4.02	3-15	3-15

Test Re-Test Reliability

Table 4.6

Test Re-test Reliability Correlation, Mean and Standard Deviation of Test Re-test Scores of Indigenous Scale of Pathological Narcissism (N=75)

Scale	Test			Re-test			
	M	SD	α	M	SD	α	r
Indigenous Scale of Pathological Narcissism	57.16	13.27	.87	67.86	17.50	.85	.85**

The test-retest reliability assessed the consistency of the test over time. This reliability of the scale was confirmed through factor analysis conducted on a sample of 75 participants, with the scale being administered again after a 2-week interval. Notably, a robust positive correlation emerged between the initial and subsequent administrations. Additionally, the Cronbach's alpha value consistently maintained its level of reliability across both instances of administration.

Summary of Findings

Convergent and divergent validity of the indigenous scale of Pathological Narcissism were measured by using FFNI-SSF, Mini Scale of Modesty, and Rosenberg Self Esteem Scale-Urdu Version. It came out significant positive correlation in the case of convergent validity and a significant negative correlation with the divergent scale of Modesty and Rosenberg Self Esteem Scale. Moreover, Test Re-Test Reliability was also established which resulted in a significant positive relationship between both administrations (before and after) and constant internal consistency.

Norms

Table 4.7

Scale	M	SD	Cut-off Scores	Percentile Ranks		
				25	50	75
Indigenous Scale of Pathological Narcissism	72.56	15.58	104	64.0	74.0	82.2

Note: M=Mean, SD=Standard Deviation

Summary of Findings

Results showed three percentile ranks of total score i.e. 25% (low risk), 50%, and 75% (high risk). Cut-off scores of the Indigenous scale of pathological narcissism came to 104 which is 2 SDs above the mean of the total score of the scale.

Discussion

The primary objective of the present study is to authenticate an indigenous scale of pathological narcissism by Fatima and Naz (2023) using a clinical sample. This assessment scale has undergone item generation,

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inter-rater reliability assessment, and evaluation of psychometric properties, thereby rendering it a promising instrument for gauging pathological narcissism within the Pakistani context. The psychometric attributes of this indigenous scale for pathological narcissism were established through its application to a clinical sample. This process of validation is crucial to ensure the applicability and reliability of any locally developed scale when utilized among the target population. Employing confirmatory factor analysis, this scale can contribute to the limited array of Indigenous measurements and be more effectively employed in clinical settings and future research endeavors. Consequently, a 24-item scale, comprising five subscales, was devised using exploratory and confirmatory factor analysis on a non-clinical sample (Fatima & Naz, 2023).

Confirmatory factor analysis was selected as the method to assess the construct validity of the scale by examining the fitness of the model. The hypothesized model, based on previous exploratory factor analysis, consisted of two constructs: grandiose narcissism and vulnerable narcissism. Upon conducting the model fit analysis, the confirmatory factor index fell within a questionable range. To address this, several covariances were added based on modification indices. As a result, the CFI value improved and reached an acceptable range for CFA. The finalized hypothesized model included six covariances within the same factor, as determined by the model fit analysis. Consequently, the indigenously developed scale for pathological narcissism was validated using CFI, TLI, and RMSEA. Additionally, norms for this scale were established based on a clinical population, making it suitable for screening purposes in the Pakistani context.

The component of Preoccupation with Success showed a moderate correlation with both subtypes, which aligned with theoretical reasoning. However, it had a slightly stronger correlation with the components of vulnerable narcissism, leading to its categorization as part of the vulnerable subtype. The initial finding after the completion of the CFA (Confirmatory Factor Analysis) was the verification of the Beliefs of Superiority construct, which consisted of seven specific items (arg2, arg3, con3, arr4, con2, per3, comp4). These items encompassed the domains of arrogance, contemptuousness, and a domineering interpersonal style. This finding aligns with the existing literature on grandiose narcissism and the conceptualization of this subtype in the development of measurement scales. The hypothesis posited that individuals with grandiose narcissism employ grandiose self-presentation and devaluation of others as a coping mechanism to address issues related to their unstable sense of self (Green & Charles, 2019; Ronningstam, 2011). Additionally, these items capture beliefs of superiority over others, such as considering oneself smarter, more attractive, and more capable than others. The ways in which grandiose narcissists maintain this belief are also represented by items such as arg2 and arg3, which indicate a tendency to engage in arguments or utilize a forceful interpersonal style to assert dominance or belittle others. This finding aligns with the theoretical understanding that antagonistic and hostile behaviors are common in this subtype, particularly when their perceived superiority is threatened. Overall, this factor reflects a comparative self-construal that is characteristic of grandiose narcissists. Green and Charles (2019) concluded that an underlying sense of superiority is prevalent in individuals with grandiose narcissism, which contributes to their overall feelings.

The second factor that was confirmed after the CFA is Social Manipulation, which consists of five items (sen3, sen1, man1, man2, man3). These items represent the skilled strategies and interpersonal style used by grandiose narcissists to enhance personal gain. On the other hand, man1, man2, and man3 demonstrate how grandiose narcissists manipulate their interpersonal situations (e.g., I can easily influence the opinions of others). It is possible that these behaviors are influenced by social desirability. While man1 openly acknowledges the manipulation of others' opinions for personal goals.

After the confirmation of the third factor through CFA, five items (sha1, sha2, sha3, hyp1, hyp2) were identified that pertain to the Protection of Vulnerable Self. This component encompasses aspects related to social withdrawal and hypersensitivity towards how others react. These examples effectively demonstrate how vulnerable narcissists may control their relationships with others. They might be overly concerned with receiving approval from others, experience shame for relying on or seeking validation from others, and choose to isolate themselves when dealing with disappointment in their relationships.

The fourth factor, confirmed through CFA (Confirmatory Factor Analysis), is the Need for External Validation, which encompasses four specific items (cse1, cse2, ins1, dep1). This component relates to emotional instability when lacking external validation and a reliance on others to regulate their sense of self.

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The items highlight a strong need for approval, emotional distress when interpersonal validation is absent (such as feeling sad or negative about oneself when others don't pay attention), sensitivity to criticism (feeling embarrassed when criticized by others), and having entitled expectations of others to help regulate their own emotions (such as expecting people close to them to prioritize their needs when they are feeling down). This component confirms the fragility associated with vulnerable narcissism and the constant need for approval, attention, or acceptance from others in order to maintain a sense of self-regulation. Ziegler-Hill and his colleagues (2008) presented empirical findings indicating that individuals with vulnerable narcissism have a tendency to seek validation and approval from others as a means to maintain and boost their self-esteem. The vulnerable self, in and of itself, lacks direction and relies on powerful individuals for a sense of security and purpose (Patton & Robbins, 1982). Numerous studies and theories have highlighted how narcissists experience fluctuations in their self-esteem on a day-to-day basis. This instability is closely linked to the quality of their social interactions (Rhodewalt et al., 1998; Rhodewalt et al., 2001). The quality of their social connections and the diploma of attractiveness they get decide how they sense about themselves on an ordinary basis. The concept of "popularity" implies that a narcissist's could be consistent as long as their social interactions do not pose a danger. This emphasizes how dependent the susceptible narcissists are on other human beings to decide them. They use the target audience as reflect to evaluate and spot themselves, and as a result, their temper and self-perception change in reaction to the comments they get (Morf & Rhodewalt, 2001). 3 covariances were delivered to elements 3 and four which will reap an appropriate model healthy. Specifically, covariances were added between items 13 and 14 (e14 and e17), items 21 and 4 (e15 and e20), and items 13 and 12 (e14 and e19). These elements address emotional issues, hypersensitivity, and social withdrawal—all factors of the touchy self and the general preference for validation from others. Research by way of Pincus et al. (2009) and Ziegler-Hill et al. (2008) lends credence to this knowledge.

Confirmatory component analysis (CFA) turned into used to validate the 5th element, that's referred to as "Preoccupation with success." This detail is made of 3 distinct components: per2, gf2, and gf3. This aspect essentially relates to a person's willpower to high requirements and their extreme preference to be diagnosed by others as a a hit character. This element's significance to both subtypes is indicated by way of the CFA confirmation of its life. This is steady with beliefs put out through Kernberg (1975) and Kohut (1978), who claim that narcissists have a strong desire for fulfillment. It is essential to take into account that the subtypes should technique satiating this urge in different approaches. Grandiose narcissists have a robust choice for prestige and fulfillment, and they may be organized to place within the required work to obtain their desires. Alternatively, folks that show inclined narcissism could have comparable goals in mind. However, while trying to actively pursue these objectives, people may sense misplaced and helpless (Pincus et al., 2014). Even at the same time as they have excessive expectations, they may not have the inducement to paintings toward them or the perseverance needed to see them through. This thing focuses totally on the desire for achievement and skips over the coping strategies used to manipulate these cravings. As such, it has a sturdy correlation with each grandiose and delicate traits. This element (object range 15) is correlated with factor three's 14th item (e17 and e23). These two matters are related due to the fact they each show a want for recognition as a successful man or woman and a sensitivity to rejection or failure. Kohut (1978) asserts that narcissists are defined by means of their overwhelming want and pressure for fulfilment in a variety of endeavours. The five element Narcissism stock (FFNI-SSF) (West et al., 2019), the Urdu Rosenberg Scale (URSES) (Rizwan, 2017), and the Mini Scale of Modesty (a brief multidimensional degree of modesty) (Gregg et al., 2015) had been used to assess the indigenous scale for assessing pathological narcissism within a clinical sample. The results showed a robust tremendous connection between the FFNI-SSF and the indigenous pathological narcissism scale. Alternatively, it showed a sizable inverse courting with the measures of divergent validity, the Rosenberg Scale and the Mini Scale of Modesty. Components made up the indigenous scale were grandiose and inclined narcissism. Separate study found out that prone narcissism had a much less terrible affiliation with the Rosenberg Scale, whereas grandiose narcissism had a stronger bad hyperlink with the divergent scale Mini Scale of Modesty.

These consequences are in step with studies with the aid of Morf et al. (2017), who validated the validity of the Pathological Narcissism stock (PNI). By way of examining the PNI's associations with a variety of

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variables, consisting of DSM criteria, emotions, persona traits, interpersonal behaviors, and well-being, their take a look at looked at the PNI's concurrent validity. Constant with earlier studies with the aid of Pincus et al. (2009), the PNI showed poor institutions with, while the FFNI-SF and the Narcissistic persona inventory (NPI) confirmed wonderful connections. Additionally, it changed into negatively correlated with someone's modesty (Gregg et al., 2016). As predicted, the PNI confirmed modest relationships with entitlement however minimal links with grandiosity. The healing idea placed out with the aid of Millon (1996, 1998) that grandiose and susceptible narcissism are associated by means of a sense of entitlement is supported with the aid of those records. Studies by way of Pincus and Ansell (2009), who used confirmatory issue analysis to evaluate the structure of the Pathological Narcissism stock (PNI), are consistent with the findings of approximately convergent and divergent validity. The PNI becomes favorably correlated with aggressiveness, interpersonal distress, shame, and borderline persona employer, but negatively correlated with empathy.

Conversely, distinctive research, which includes individuals with a prognosis of Narcissistic persona ailment (NPD), determined warning signs of "damage which is characterized using low specific alongside excessive implicit (Vater et al., 2013). This is consistent with the theory that more pathological forms of narcissism regularly show decreased expression (Hyatt et al., 2018). Zeigler-Hill's (2006) study supported the idea of discrepant self-esteem, although it did not necessarily connect it to a maladaptive form of narcissism. Individuals with high NPI scores were found to have high explicit self-esteem but low implicit self-esteem. Unfortunately, the mask model of self-esteem for vulnerable narcissism has not been explored in studies yet. Hyatt et al. (2018) deliberately excluded vulnerability as it is considered unrelated and less supported compared to grandiosity.

The indigenous scale of pathological narcissism was assessed for both validity and reliability. The results indicated promising consistency, particularly in terms of internal reliability. Indicating high and reliable measurements. Test-retest reliability, which measures the correlation between repeated administrations of the scale, was also evaluated after assessing the reliabilities of the scale and its subscales. The scale was administered twice to a sample with a two-week interval, resulting in consistent Cronbach's alpha reliability and a significant positive relationship between the administrations. In a study conducted by Sen et al. (2019), the test-retest reliability of the Pathological Narcissism Inventory in the Turkish language was examined over two weeks, showing high inter-rater consistency between the administrations.

Critics commonly point out the insufficiency of vulnerable NPD criteria in the DSM-V TR (American Psychiatric Association, 1994) (Gabbard, 2009; Miller, Widiger, & Campbell, 2010; Ronningstam, 2009). Its therapeutic value and efficacy are restrained using the DSM-V TR's genuine definition of pathological narcissism, which may additionally best permit therapists and diagnosticians to locate narcissistic patients when they are maximum inclined (Kealy & Rasmussen, 2012; Pincus et al., 2009). As such, practitioners who solely depend on the DSM-V TR criteria run the danger of failing to recognize pathological narcissism in their sufferers. The Pathological Narcissism stock (PNI; Pincus et al., 2009) changed created as a solution to this problem. The PNI serves as a comprehensive assessment tool that evaluates both overt and covert manifestations of narcissistic grandiosity and vulnerability. It establishes fundamental norms based on scores without stipulating specific cut-off points. Similarly, the current study developed norms and provided cut-off points based on 2 standard deviations for the indigenous scale of pathological narcissism. The findings revealed three percentile rankings for the overall score: 25% (indicating low risk), 50%, and 75% (indicating high risk). The cut-off score for the indigenous pathological narcissism scale was determined to be 104, which is 2 standard deviations above the mean total score on the scale. The total score on the scale can identify individuals who exhibit traits of pathological narcissism. A high score on the scale can help identify individuals who are highly susceptible to pathological narcissism. The subscales can provide insight into the predominant characteristics of these individuals and the strategies they employ to regulate their fluctuating self-esteem, both within themselves and in their interpersonal relationships.

Conclusion

The purpose of the research was to develop a multidimensional scale for measuring Pathological Narcissism, test its psychometric properties and to provide empirical evidence of this research and clinical utility. The original scale, consisting of 24 items divided into five factors as confirmed through Confirmatory Factor

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Analysis (CFA) on a clinical population. The internal reliability of the scale, as measured by Cronbach's alpha coefficient, was evident indicating high consistency. The test-retest reliability was also high, with a value of .85. Convergent and divergent validity were assessed and found indigenous scale of pathological narcissism as having strong construct base and discriminatory strength to screen pathological narcissism. Additionally, norms for the scale were developed based on the clinical population.

Strengths of the Study

The study had several strengths.

- Firstly, it successfully validated a multidimensional scale that measures pathological constructs, including both well-known types like grandiose narcissism and lesser-known types like vulnerable narcissism, within a clinical population. This means that the scale can accurately identify individuals with high levels of pathological narcissism, regardless of the specific type.
- Additionally, the scale was able to differentiate patients into three distinct percentile ranks, providing further insight into the severity of their narcissistic tendencies.
- Another strength of the study was that the scale was developed and validated in Urdu, making it applicable to the clinical population in Pakistan.

Limitations and Suggestions

- Future studies have the potential to establish a standardized test by creating a set of norms for both the general population and clinical population with wide age range.
- In this particular study, the age range was limited to individuals between 19 and 40 years old. This range was chosen due to the focus on clinical population and time constraints. Additionally, it is worth exploring patterns of pathological narcissism beyond these specific age brackets.
- Due to the time constructs, data was collected from one city only. It cannot be generalized throughout the country.

Future Implications

The scale can be utilized for various purposes:

- In the field of clinical settings and organizational psychology, there has been extensive research on narcissism. However, studies in Pakistan have often used scales focused on grandiose narcissism, western scale specifically such as the NPI. This scale, on the other hand, will offer more comprehensive results in future research as it examines both types of narcissism.
- Additionally, this scale has the potential to contribute to the advancement of research on pathological narcissism, particularly in terms of its clinical implications and interpersonal problems.
- Because of its capacity to emphasize the pathological additives of narcissism, specifically its susceptible tendencies that can be extra not unusual in clinical populations, the dimensions may also be used in therapeutic settings (Pincus et al., 2009).
- The size's standardization may also make it much more likely that those who are vulnerable to narcissism can be evaluated and given further help or remedy (although a diagnostic evaluation remains required for a formal analysis).
- Furthermore, this degree can help identify pathological traits in patients or customers who suffer from anxiety, melancholy, or interpersonal troubles that might in any other case not noted or be misdiagnosed.
- This scale may be greater useful in defining the trends of pathological narcissism because it became developed and verified in Urdu, which bills for the consequences of collectivistic subculture and religion in addition to social desirability.

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