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NARCISSISM AND TYPE A BEHAVIOR:
COPING STRATEGIES IN THE MAINTENANCE
OF SELF-CONCEPT

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Susan Lynn Saccaro

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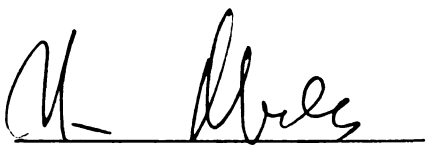

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NARCISSISM AND TYPE A BEHAVIOR:

COPING STRATEGIES IN THE

MAINTENANCE OF SELF-CONCEPT

By

Susan Lynn Saccaro

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ABSTRACT

NARCISSISM AND TYPE A BEHAVIOR: COPING STRATEGIES IN THE MAINTENANCE OF SELF-CONCEPT

By

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Narcissism and Type A configurations seem to reflect culturally-reinforced patterns that relate to the maintenance of positive self-image. Manifestations of narcissism and Pattern A appear to share a primary characteristic: exaggerated, boundless drive to achieve unlimited accomplishments coupled with disregard for self and others. One hundred and sixty nine undergraduate students completed the Tennessee Self-Concept Scale, the Narcissistic Personality Inventory and the Jenkins Activity Survey, Student Version. T-tests, and multiple correlational analyses were conducted to explore interrelationships between seven dependent variables. As predicted, the narcissism variable significantly positively correlated with Pattern A measures. Female narcissism scores positively related to each measure of self-concept. Alternately, the relationship between Type A and aspects of female self-concept appears nominal. Pattern A negatively

correlated with self-esteem, self-satisfaction and perceived personal adequacy. Narcissism scores demonstrated nonsignificant correlations with each measure of self-concept among the male cohort. Several plausible interpretations are discussed.

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Historical Evolution of Narcissism: The Term and Concept

Contemporary psychoanalytic theoreticians have devoted increasing attention to understanding narcissism at both cultural (Lasch, 1979; Lowen, 1983) and psychodynamic levels (Kernberg, 1975; Kohut, 1971; Pulvar, 1970). Theoretical and therapeutic conceptualizations of narcissism have undergone many transformations during the past seventy-five years. Clinicians and researchers alike have attempted to clarify the definition and dynamics characterizing one of the most valuable, yet controversial, concepts introduced by psychoanalysis.

Freud borrowed the term narcissism from the myth of Narcissus which recounts the tragic life of the beautiful youth. The gods deemed that Narcissus, the handsome lad who heartlessly rebuffed women, would be punished by falling in love with his own image. Absorbed and enamored in his own figure, Narcissus gazed into the reflecting pool until he eventually pined away and died of langour. The myth epitomizes the tragic existence characterized by investment in the

external image and concomitant estrangement from meaningful object relationships.

Havelock Ellis (1898) was the first to use the woeful tale of Narcissus to illustrate clinical phenomena characterized by self-absorption and auto-eroticism. The term "narcissistic" first appeared in a 1910 footnote to "Three Essays on the Theory of Sexuality" (Freud, 1905). Freud's original use of the term narcissism referred to the direction and distribution of libido in congruence with his economic theory. Narcissism constituted a sexual perversion where one's libido was cathected to one's self (Freud, 1911). Sadger (1910) elaborated on Freud's initial conceptualization, suggesting that narcissism represented a normal, developmental phase.

The concept of narcissism was amplified after its original presentation. Otto Rank (1911) published the first psychoanalytic document solely devoted to narcissism. Rank primarily defined narcissism as sensual self-love. However, Rank extended his conceptualization to include vanity and self-admiration (nonsexual narcissistic features).

Freud's refined ideas about narcissism were published in his paper entitled "On Narcissism" (1914). Freud included several narcissistic dynamics previously

unexplained. Narcissism was related to issues involving self-esteem, touched on in his discussion of the ego ideal. Freud also pointed to the disturbances in object relations that resulted as the individual gradually withdrew libidinal cathexis from objects, redirecting libido into the ego (secondary narcissism). Primary narcissism, the libidinal cathexis to the self prior to object-related investment, was distinguished from secondary narcissism; primary narcissism was viewed as a normal, infantile stage of development. Freud's postulates served as a vital catalyst for further psychodynamic elaborations on narcissism, the term and the concept.

Freud's disciples and critics have expanded and modified his terminology and ideas. Our understanding of archetypal definitions of narcissistic and object libido has been altered; the conceptual shift has tended to emphasize the quality of one's relation to the object versus the aim of libidinal energy (Mitchell, 1981).

Kohut (1971) uses the Freudian distinction between object and self-directed libido as a springboard for his revised theoretical perspective, the psychology of the self. Kohut maintains that narcissistic and object libido represent independent energy sources which undergo separate progressions and transfigurations; the

development of the self predates the development of true object relations. Kohut believes that mirroring and idealization represent the primary components of normal narcissism which, in turn, determine the development of the self. Psychopathology is ascribed to "narcissistic injuries," incurred when self-objects fail to allow mirroring and/or idealization. Kohut emphasizes the quality of the relationship of self to self-objects, criticizing the metapsychology of classical drive theory and its central focus on drive gratification (Mitchell, 1981). Instead Kohut purports that the self seeks attachment and meaningful connection with others versus tension reduction of instinctual impulses.

However, Kohut does not discard the drive theory. He incorporates drive theory with the psychology of the self by introducing the "principle of complementarity." Although the principle of complementarity may appear to be a conceptual resolution, it appears that Kohut is attempting to preserve a classic paradigm that is incongruent with his new ideology (i.e., emphasis on frustration reduction versus attachment) (Mitchell, 1981).

Kernberg integrates Freudian ideas with those of Klein, Mahler, Jacobson and other neo-analysts

(Tuttman, 1981). Kernberg views narcissism as a defensive retreat from anxiety-producing object relations that cause threatening impulses (i.e., oral envy, intense dependency needs) to surface. Pathological narcissism is characterized by the deterioration of relations between the self and objects; the relationship is transmuted into the association between the self and the pathologic grandiose self. "Normal narcissism," or "the libidinal investment of the self," cannot be sustained because a realistic sense of self is abandoned in severe narcissistic disturbance. Pathological narcissism is characterized by: excessive emphasis on external admiration and approval; an intense chronic drive toward "success" (i.e., wealth, acclaim, beauty); insensitivity toward others; and disengagement from meaningful object relations (Kernberg, 1971). Kernberg's theory represents an attempt to intermingle classical drive theory with object-relations theory. Kernberg achieves this theoretical coexistence by altering the definition of "drives" per se to include the influence of early relationships in normal and pathological personality development.

Neo-analytic theory represents the clearest departure from classic Freudian theory. Fromm, Sullivan and Horney jettison the notion of "libido" and destructive

drives, focusing on the inherent, creative potentialities of man developing within a cultural milieu. Horney (1950) maintains that the healthy development of self-concept unfolds spontaneously. The individual naturally develops meaningful attachments and security, preserving the freedom to make choices in congruence with his or her potentialities. This "real self," the essence of a person, houses the creative energy that motivates the individual toward self-actualization.

Horney (1950) suggests that developmental distortions occur when the self becomes pitted against stress and external demands to fill a prescribed mode of being (i.e., the "successful" child). Parents and significant others may unintentionally restrict a child's natural growth by forcing idealized expectations upon the child, creating "basic anxiety," as the child fights to meet external dictates while sustaining his or her psychic existence. Discouraged from being his or her true self, the individual begins to create a new image that functions to meet external, idealized expectations. Self-esteem, the sense of valuing, accepting and liking the actual self, may be threatened if the idealized image and the true self are dissociated. This process contains an inherent paradox: attempts to live up to idealized expectations represent efforts to hold on to

the "real me" yet the dynamic functions to promote further disjunction between the true self and the image.

Horney (1950) asserts that narcissistic personality disturbance appears to be characterized by this psychic dilemma. The narcissistic individual increasingly becomes ensnared in "basic anxiety" because he or she learns disregard for the self. Consequently, the person begins to misuse and misunderstand his or her efforts at "self-realization," gradually losing a stable sense of self. Horney describes self-idealization as a "strategy" that functions as an illusory means of warding off anxiety (Derois, 1981).

Horney (1950) adds that the narcissistic person, who experiences greater separation between the image and the real self, fails to set limits; the sense of the absolute plays a primary motivational role in perpetuating narcissistic disorder. The narcissist is driven to prove his or her greatness by accruing admiration and successes as a means of inflating a vulnerable self-image. A compulsive movement toward self-idealization is manifest in the narcissist's "neurotic ambition" toward accumulating "successes" (i.e., wealth, attraction and admiration). However, these motives and attainments represent narcissistic gleanings which illusively compensate for basic inferior feelings. Horney explains that external achievements

temporarily reinforce the idealized image but fail to affect the actual self.

Alexander Lowen (1983) incorporates Horney's conceptualizations with those of Kernberg. In his contemporary work, Narcissism: Denial of the True Self, Lowen delineates dynamics and features that characterize narcissistic individuals and culture. Lowen's description closely resembles the portrait of narcissism illustrated by Kernberg and Horney. Lowen depicts narcissistic features: "a grandiose ego image" (p. 17); feelings of inferiority; intense aspirations; disregard for others' feelings; dissociation from the true self; an inability to set limits; and denial of feeling.

Lowen (1983), Horney (1950) and Kernberg (1975) maintain that the narcissistic character represents a developmental disturbance. All three theorists stress the impact of early relationships in the development of narcissism; the primary etiological dynamic underlying the development of narcissism stems from parental attempts to mold the child according to their expectations coupled with disregard for the child's individuality. Lowen explains that identity with the true self, defined as "the feeling aspect of the body. . which includes the mind," is denied in favor of gaining external admiration and confirmation; the body and

feelings become an instrument of will and are used to actualize the image. Lowen's orientation is congenial with Kernberg's emphasis on narcissist preoccupation with an ideal image (1975), as well as Horney's concept of alienation from the real self coupled with a compulsive drive to attain socially-reinforced ideals (1950).

All three theorists purport that narcissistic individuals experience depreciated levels of self-esteem because the person harbors an underlying sense of disregard for the imperfect, actual self; the true self becomes denied in favor of the "successful" image. External achievements appear to represent goals ascribed to the imaged self, failing to influence regard for the true self.

Psychotheoreticians have demonstrated significant interest in conceptually defining narcissism in recent years (Horney, 1950; Pulvar, 1970; Kohut, 1971; Kernberg, 1975; Lasch, 1979; Lowen, 1983). However, little attention has been devoted to <u>operationally</u> define narcissism.

The Narcissistic Personality Inventory (NPI) (Raskin & Hall, 1979) represents the first and only psychometric technique designed to operationally define and assess narcissism. Raskin and Hall define narcissism based on the diagnostic criteria for Narcissistic Personality Disorder, a classification recently

included in The Diagnostic and Statistical Manual for Mental Disorders, Third Edition (1980) (see Appendix A). Since its introduction, several studies support the use of the NPI for testing narcissism and its corollaries (Raskin & Hall, 1979, 1980, 1981; Emmons, 1981). Further empirical research is needed to augment our understanding of narcissism. The present study is designed, in part, to examine the relationship between narcissism and aspects of self-concept.

Cultural Promotion of the Image

Narcissism has been referred to as an individual configuration characterized by overinvestment in an idealized image. Taken as a whole, contemporary Western society appears to possess narcissistic qualities (Lasch, 1979; Lowen, 1983). In our upwardly-mobile, industrialized culture, humankind appears to place a high premium on advancements toward power, status and wealth while depreciating individual needs and values. Modern mankind, demonstrating an excessive preoccupation with "successful" images, seems to endorse narcissistic development. We encourage striving, winning, competition, the accumulation of material possessions, "eternal" youth, external beauty and acclaim, as measures of personal worth. Contemporary values reinforce the persistent drive toward such aims.

Lowen (1983) addresses our contemporary value system, implicating its impact on interpersonal development and directedness:

> When wealth occupies a higher position than wisdom, when notoriety is admired more than dignity, when success is more important than self-respect, the culture itself overvalues "image" and must be regarded as narcissistic (p. ix).

Horney (1950) also addresses contemporary man's estranged plight within an insensitive milieu:

> If he had a sense of belonging, his inferior feelings to others wouldn't be so serious a handicap. But living in a competitive society, and feeling at the bottom--as he does--isolated and hostile, he can only develop an urgent need to lift himself above others (p. 21).

In summary, narcissism appears to reflect numerous culturally-reinforced features: excessive striving for power and control; the subordination of feelings to the attainment of success; insensitivity to the needs of others; exploitation; manipulation; and a sense of time urgency.

Introduction to the Type A Behavior Pattern

The Type A[1] configuration and narcissism appear to share many culturally-promoted features. The Type A behavior pattern represents a conglomerate of specific

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[1]The terms "Type A," "Pattern A" and "Type A behavior pattern" are used interchangeably.

emotional reactions. Friedman (1969) describes the Type A pattern as "a characteristic action-emotion complex which is exhibited by those individuals who are engaged in a relatively chronic struggle to obtain an unlimited number of poorly defined things from their environment in the shortest period of time, and, if necessary, against the opposing efforts of other things or persons in this same environment" (p. 84).

The Type A behavioral disposition is characterized by: impatience; hyperaggression; an exaggerated sense of time urgency; insensitivity to others' feelings; constricted perceptions; hypercontrol over self coupled with intense desires to control others; and excessive drive and ambition associated with occupational activities to the extent of neglecting other spheres of life. Free-floating hostility, irritability and aggressivity characterize Type A emotional reactions. Specific behaviors include: hand clenching; rapid, explosive speech styles; tense musculature; and interrupting or rushing the speech of others. In general, the Type A individual appears to be involved in a chronic, ineffective struggle with themselves and others (Friedman & Rosenman, 1974).

The notion of the Type A behavior pattern has emerged from research on causal variables in heart disease. The dramatic rise in coronary-related disease

during the past sixty years has stimulated researchers and clinicians to identify and explore risk factors involved in cardiovascular disease.

As early as 1897, Sir William Osler noted the relationship between stress and maladaptive, psychological responses. Research conducted over the past several decades has bolstered Osler's inference; clinical and experimental findings collectively have supported the positive correlation between socio-psychological variables (i.e., compulsive drivenness and aggression) and coronary heart disease in humans (Lyons, 1931; Menningers, 1936; Dunbar, 1943; Kemple, 1945; Myasnikoff, 1958; Cleveland & Johnson, 1962). In addition, controlled animal studies have indicated an association between psychosocial stressors and impaired cardiovascular functioning (Henry, Stephens, & Santisteban, 1974).

Because traditional risk factors (i.e., smoking, diet and exercise) have failed to account for the majority of heart disease cases, cardiologists Meyer Friedman and Ray Rosenman have been motivated to search for undetected, related variables associated with coronary heart disease (CHD) risks (Friedman & Rosenman, 1959). Friedman and Rosenman have introduced the notion of the Type A behavior pattern after observing the habitual response pattern of young patients already

suffering from clinical CHD. Since its preface, the notion of the "coronary-prone behavior pattern" has received wide-spread acceptance among interdisciplinary professionals (Glass, 1977).

The concept of the Type A behavior pattern has represented the primary corollary resulting from research conducted at the Harold Brunn Institute during the past twenty years. Friedman and Rosenman have been instrumental in initiating and executing the Western Collaborative Group Study (WCGS) (Rosenman, Friedman, Straus, Wurm, Jenkins & Messinger, 1964). The WCGS, a large scale, double-blind experiment, has focused on increased CHD risks in relation to person-environment interactions. Researchers involved in the WCGS, a prospective longitudinal study, have collected medical, psychosocial and behavioral measures using a sample of 3,154 employed men ranging in age from 39-59 years; the data have been collected annually over a period of 8.5 years.

After 2.5 and 4.5 year intervals, the results have supported a positive relationship between Pattern A and CHD. CHD (either angina pectoris or myocardial infarction) has occurred 1.6-7 times more frequently among Type A individuals than persons displaying the Type B pattern (Rosenman et al., 1966, 1970). In addition, twice as many men classified as Type A at intake have

developed CHD by the end of the nine year follow-up. Even after partialling out traditional risk factors (i.e., smoking and dietary habits), a significant positive correlation is evident between Type A behavior and increased incidence of cardiovascular disease. Findings from the WCGS clearly have indicated the independent, pathogenic role that Pattern A plays in the development of coronary dysfunction.

The Type A individual represents a personality type characterized by a habitual manner of responding to the environment. The Type A individual is identified according to the relative number of Type A features he or she displays. The presence of the Type A configuration is judged on a behavioral continuum; Type A and Type B persons are divided into subcategories depending on the degree to which their behavior patterns are manifest fully or incompletely. A subject displaying subdued Pattern A traits is classified as A2. The B4 personality is entirely free of all Type A characteristics. An individual designated "X" possesses an admixture of Type A and Type B features.

Researchers have pursued several different channels to augment their understanding of Pattern A characteristics and developmental variables. Empirical studies of Type A behavior may be organized into two broad categories according to their research emphases:

studies which focus on psychophysiological manifestations of Type A and their relation to CHD; and psychosocial variables correlated with the Type A pattern and its development.

Epidemic proportions of CHD have motivated psychobiological researchers to explore the physiological mechanisms associated with the coronary-prone behavior pattern. Several significant correlations have been discovered relating Type A patterns to increased CHD risks. Type A individuals tend to exhibit consistently greater levels of sympathetic arousal (i.e., heart rate and systolic blood pressure) in response to psychosocial stimulation (Dembroski, MacDougall & Shields, 1977; Glass et al., 1980; Rosenman, 1981; VanEgeren, 1983). Higher levels of sympathetic activity appear to be related to increased endocrine secretion (i.e., catecholamines) (Weiss, Stone & Herell, 1970; Dembroski et al., 1977). Findings suggest that hyperadrenergic secretion positively correlates with cardiovascular impairment, such as atherosclerosis and myocardial lesions (Haft, 1974; Eliot, 1979). Type A individuals also seem to display greater sympathetic-parasympathetic lability (Engel, 1970; Dembroski et al., 1977; Glass, 1977) which may be implicated in the development of cardiovascular disease.

Jenkins, Zyzanski and Rosenman (1978) have suggested that different features of the Type A behavior configuration may be related to specific types of cardiovascular dysfunction. An item analysis of the Jenkins Activity Survey (JAS) has revealed discriminant response patterns among cardiac patients in a prospective study. "Future angina" types have exhibited a markedly rapid pace in all life activities (i.e., vocation, eating and speaking). Future silent myocardial infarction patients appear to be less preoccupied with hurrying others, showing less competitive zeal. Those subjects who have later developed clinical CHD have exhibited high levels of self-control, dedication to consistent, hard work and strong tempers. Results from the 10,000-subject prospective Israeli Heart Study (Medalie & Goldbourt, 1976) also have supported the distinction between features of future angina patients (i.e., exaggerated reactivity to psychosocial stressors) relative to prospective myocardial patients.

Although this body of research suggests a link between Type A behavior, hyperarousal and CHD, the neurophysiological mechanisms implicated in CHD remain equivocal and controversial. Moreover, the role played by the central nervous system in CHD is poorly-understood (Dembroski et al., 1977). Because both Type A behavior and CHD are assumed to be multidimensional,

extracting parameters with which physiological correlations can be made remains an unresolved issue (Weiner, Singer & Reiser, 1961).

Inconclusive physiological data have stimulated many researchers to investigate socio-psychological factors implicated in Type A behavior and CHD risks. Many studies have discovered positive correlations between psychosocial stressors (i.e., competitive situations) and the presence of the Type A pattern (Liljefors & Rahe, 1970; Friedman & Rosenman, 1966, 1974; Glass, 1977; Gentry & Williams, 1979; VanEgeren, 1979; VanEgeren, Fabrego & Thornton, 1983).

VanEgeren (1979) has used a socioeconomic technique (the "mixed-motive game") to assay empirically levels of competition and sympathetic arousal during challenging social interactions. VanEgeren has found that Type A individuals have been significantly more distrustful, competitive and domineering than their Type B counterparts during simulated social interactions. VanEgeren et al. (1983) also have found that Type A subjects cooperate and reward less, and thwart communication more frequently. Issues of perceived control have appeared highly-salient for Pattern A individuals.

Friedman and Rosenman (1966) experimentally have explored additional facets of the Type A pattern. Type

A's have displayed significantly more body movements, respiratory deformities and hand clenches with exposure to provocative stimuli. Friedman and Rosenman have emphasized the import of examining characteristic Type A psychological responses to environmental stimuli.

In summary, the origin and subsequent progression of the Type A behavior pattern appears to be multifactorial and interactive (Levi, 1981). Extensive research efforts are directed at identifying and conceptualizing physiological mechanisms and behaviors associated with Type A behavior (i.e., beta-blockade) (Rosenman, 1981). However, only a limited number of studies have been designed to examine the relationship between Pattern A and its psychological corollaries.

The Type A Behavior Pattern and Its Relationship to Self-Concept

Experimental work conducted by Glass and his colleagues (1977) represents the most comprehensive approach to conceptualizing the multifactorial nature of Pattern A. Glass et al. accent the interaction between uncontrollable stress and the Type A response pattern. Type A characteristics appear to represent active coping mechanisms that function as an aegis against uncontrollable stress. Adopting Lazarus' (1966, 1975) definition of stress, the Type A person is attempting to defend himself or herself against

perceived/anticipated physical or psychological injury (i.e., events which threaten self-esteem).

Glass et al. (1977) consistently underscore the significance of incidents which threaten self-esteem (i.e., loss of an important other, chronic stress). Glass and his colleagues suggest that the Type A pattern represents a means of maintaining self-esteem in the face of perceived threats to the self-image. Glass et al. explain that the Type A person, struggling to exercise control over perceived stressors, appears competitive, impatient, aggressive and irritable.

Friedman and Rosenman (1974) highlight Pattern A features that relate to aspects of self-concept: "deep-seated insecurity" (p. 14); excessive drive; chronic, high levels of stress; and apparent denial of the bodily self. Type A individuals seem callous to physical symptoms that normally signify disruption of the body's homeostasis mechanisms (i.e., stress and fatigue). Disregard for the bodily self appears to be coupled with compulsive drive. Rosenman (1981) describes the Type A behavior pattern as "a response style that leads to chronic performance at near maximum capacity" (p. 11). Suls et al. (1981) also find that Type A individuals set extraordinarily high standards.

Matthews (1982) strongly advocates that researchers dedicate increased attention to explore

empirically the relationship between Type A behavior and psychological variables. The present study includes measures designed to explore the relationship between Pattern A and aspects of self-concept.

Rationale

As has been noted previously in this document, Type A and narcissistic configurations seem to represent culturally-reinforced, prevalent patterns. Type A and narcissistic individuals seem to share similar characteristics related to self-concept: relentless striving toward achievements; impatience; feelings of insecurity; insensitivity to the needs of others'; exploitiveness; preoccupation with control over self and others; and the subordination of the body and feelings to the attainment of success. In sum, both Type A and narcissistic persons seem to exhibit excessive drive and exaggerated, active attempts toward achievement; these individuals appear to be highly-invested in striving toward an idealized image.

However, the attainment of goals does not appear to influence self-concept or excessive drive in persons exhibiting narcissistic and Type A patterns due to chronic failure to meet increasingly demanding expectations. Although they appear highly-competent and successful, it seems plausible that these individuals experience a depreciated sense of self-acceptance and

esteem. Deflated levels of positive self-regard may generate an urgent need to develop alternative coping strategies, represented in Type A and narcissistic patterns.

Psychological theoreticians and experimenters encourage further research on the psychological variables associated with Pattern A (Friedman & Rosenman, 1966; Glass et al., 1977; Scherwitz, Leventhal, Cleary & Laman, 1978; Matthews, 1982; Scherwitz, 1985) and narcissism (Lasch, 1979; Raskin, 1979; Raskin & Hall, 1980, 1981; Emmons, 1981; Lowen, 1983). The present study represents the first experiment designed to investigate intercorrelations between narcissism, Pattern A and aspects of self-concept.

Hypotheses

Three instruments are used to assess the following dimensions: narcissism; Type A behavior; overall level of self-esteem (Total P); Self-Satisfaction; Physical Self; Personal Self; and Social Self. It is proposed that both Type A and narcissism scores will be significantly negatively related to each measure of self-concept. The only exception is that narcissism scores are predicted to correlate positively with the Physical Self measure.

It is hypothesized that overall self-esteem (Total P) will relate negatively to narcissism and Type A

scores due to the apparent disregard for the self coupled with feelings of inadequacy. Individuals with significantly lower Total P scores tend to be significantly more doubtful of their self-worth; low Total P subjects view themselves as less desirable, and often experience concomitant feelings of anxiety and unhappiness (Fitts, 1965).

The Self-Satisfaction index represents a subclassification comprised of items pooled from the 90-item Total P scale. Self-Satisfaction includes 30 response items which were selected to reflect an individual's level of self-acceptance. Subjects that receive deflated Self-Satisfaction scores tend to set very high standards and expectations for themselves (Fitts, 1965). It is projected that high Type A and narcissism scores will be associated with significantly lower Self-Satisfaction scores because idealized self-standards appear characteristic of narcissistic and Type A configurations.

Since narcissistic persons are inclined to be overly-invested in body image (Lowen, 1983), narcissism scores are predicted to be correlated significantly and positively with Physical Self scores. A major part of narcissistic personal identity seems to be based on this external, physical image (Lowen, 1983).

Conversely, the Type A individual seems to be prone to increased individual health risks (i.e., increased blood fat levels and hormonal abnormalities) (Friedman & Rosenman, 1977; Rosenman, 1981). In addition, researchers implicate that Type A's tend to neglect other life aspects in their drive toward ambitious pursuits (Friedman & Rosenman, 1974; Glass, 1977; Mathews, 1981). It seems that lack of attention to the bodily self is characteristic of Type A individuals. Subjects that receive inflated Type A scores are expected to receive significantly lower Physical Self scores.

The Personal Self Index is designed to measure an individual's sense of adequacy apart from his or her body and interpersonal relationships (Fitts, 1965). Individuals who display Type A and narcissistic features appear to strive chronically to meet stringent self-standards. It is hypothesized that repeated failure to "measure up" to idealized standards will correspond with self-perceptions of increased personal inadequacy, reflected in significantly lower Personal Self scores.

Lastly, both narcissistic and Type A persons appear to experience greater disruption in interpersonal relationships. Friedman and Rosenman (1974) highlight the Type A's characteristic free-floating

hostility, aggression and impatience; Type A individuals appear to be chronically "engaged in a struggle against other persons (. . .)" (p. 95). Other researchers suggest that Type A's are significantly more competitive, impatient and punishing (Friedman & Rosenman, 1974; VanEgeren, 1979). These characteristics seem to interfere with positive interpersonal affiliation. A significant negative association between Pattern A and Social Self is expected.

Similarly, narcissistic individuals "tend to be seductive and manipulative, striving for power and control" (Lowen, 1983). The narcissist's characteristic approach to social interaction appears to be associated with disruptions in interpersonal relationships. A significant negative correlation is predicted between Social Self and narcissism measures.

The proposed investigation will test the following hypotheses to explore the association between dimensions of self-concept in relation to Type A and narcissistic constellations:

Hypothesis 1: Narcissism scores will be significantly positively correlated with Type A behavior measures.

Hypothesis 2: Narcissism will be significantly negatively related to overall levels of self-esteem (Total P).

Hypothesis 3: Type A individuals will show significantly lower levels of overall self-esteem than their Type B counterparts.

Hypothesis 4: High narcissism scores will be positively associated with significantly lower Self-Satisfaction measures.

Hypothesis 5: Type A scores will be significantly negatively correlated with Self-Satisfaction scores.

Hypothesis 6: High narcissism scores will be related significantly to high scores on the Physical Self scale.

Hypothesis 7: Physical Self measures will show a significant negative relationship with Type A scores.

Hypothesis 8: Narcissism will demonstrate a significant negative association with Personal Self scores.

Hypothesis 9: Personal Self scores will be significantly negatively correlated with Type A scores.

Hypothesis 10: Narcissism scores will be significantly negatively correlated with Social Self measures.

Hypothesis 11: Presence of the Type A pattern will be significantly associated with lower Social Self scores.

METHODS

Subjects

The subjects were one hundred and sixty-nine undergraduate students (66 males and 103 females; age range between 16 and 31 years) enrolled in introductory psychology classes at Michigan State University. Participants were solicited through the Human Subject Pool. Appendix B presents the proposal submitted before the approval of data collection began. Subjects received extra credit points in exchange for voluntary participation.

Instruments

(1) The Tennessee Self-Concept Scale (TSCS) (Fitts, 1965). The TSCS is a well-established, widely-used measure of self-concept (Appendix C). The multi-dimensional scale is comprised of 100 self-descriptive statements to which the subject responds on a five-point scale (1 = completely false; 5 = completely true). Items have been developed to assess three basic areas of self-concept. "What I *am*; how I *feel*; and what I *do*." A "Total Positive score" (Total P) integrates outcome measures from eight subscales.

A rectangular 3 x 5 matrix is formed from a 90-item pool; the remaining 10 items comprise a Self-Criticism variable. The 3 x 5 scheme provides eight related subscales developed to assess an internal frame of reference (rows: Identity; Self-Satisfaction and Behavior) and an external frame of reference (columns: Physical, Moral-Ethical, Personal, Family and Social Self). The present study includes four relevant submeasures in its design: Self-Satisfaction, Physical, Personal and Social Self.

Since its publication (Fitts, 1965), the TSCS has been used in over 1,000 research studies. The TSCS represents the most well-standardized psychometric technique for measuring self-concept (Stanwyck & Garrison, 1982). Normative data are represented primarily by Caucasian college students; studies do not indicate a need to establish separate norms by age, race, sex or other variables (Fitts, 1965).

Most studies have addressed issues of clinical application and validity (i.e., assessing the correspondence between TSCS scores and other measures for which correlations should be predicted). In addition, research efforts have demonstrated that the Total P score effectively discriminates between experimental groups (i.e., individuals with healthy versus deficient levels of self-esteem) (Chase, 1957).

Fitts (1965) reports test-retest reliabilities of .92 for the Total P score. Reliability coefficients for each subscale used in this study are presented:

Self-Satisfaction: .88
Physical Self: .87
Personal Self: .85
Social Self: .90

Roffe (1981), using a factor analysis procedure, reports generally high correlations for the self-concept variables. Roffe suggests that TSCS subscales reliably measure conceptually distinct dimensions of self-concept. In addition, intra-scale item content appears strongly homogeneous.

(2) The Narcissistic Personality Inventory (NPI) (Raskin & Hall, 1979). The Narcissistic Personality Inventory represents the first and only instrument developed to provide psychometric assessment of narcissism (Appendix D). Standard scores are derived from a data base comprised primarily of white college students. The scale consists of 54 paired self-descriptive statements. Subjects choose the statement which most closely describes themselves.

A total NPI score reflects the sum of narcissistic responses. The overall mean and standard deviation are 20.92 and 8.23, respectively. The 54 items have an alpha reliability coefficient of .86 (Raskin & Hall, 1979).

The first 27 items (Form A) are comparable to the last 27 items (Form B). Both Form A and Form B are employed in this study. The means and standard deviations for Form A and Form B are equivalent; 10.54 and 10.38, 4.58 and 4.15, respectively. Raskin and Hall (1980) report a Spearman-Brown split-half reliability coefficient of .83 for the two forms.

Several studies have examined the reliability and construct validity of the NPI. Raskin and Hall (1981) have reported a reliability coefficient of .72 between Form A and Form B (over an eight week period), strongly suggesting that the inventory gauges a relatively stable personality dimension. Experimental data from this study have supported the construct validity of the NPI.

Research conducted by Emmons (1981) has supported the construct validity of the NPI. Emmons has tested empirically the relationship between narcissism and sensation seeking. His research findings point to narcissism as a measure of personality.

(3) <u>The Jenkins Activity Survey for Health Prediction (JAS)</u> (Jenkins, 1965). The Jenkins Activity Survey is a self-administered, computer-scored inventory. Developed as part of the Western Collaborative Group Study, it is designed to identify and assess the Type A behavior pattern as described by Friedman and Rosenman (1974).

Form T, a student version of the JAS, is used in this study (Appendix E). Form T is a 44 item questionnaire. Form T item content is equivalent to items included in the original version of the JAS (Krantz, Glass & Snyder, 1974; Glass, 1977; Matthews, 1981) except that items concerning job involvement are excluded. For example, in the question: "Do you ever set deadlines or quotas for yourself at work or at home?," "at work or at home" is replaced by "in courses or other things." Form T completely eliminates only one original JAS item: "In the past three years have you ever taken less than your allotted number of vacation days?," substituting the following item: "Do you maintain a regular study schedule during vacations such as Thanksgiving, Christmas and Easter?"

Subjects select one of 2-5 responses for each item; each inventory item response assesses the relative absence or presence of specific behaviors and attitudes characteristic of Pattern A. For example, participants complete the sentence: "Do most people consider you to be. . .," with one of four responses: "definitely hard-driving and competitive; probably hard-driving and competitive; probably more relaxed and easy going; or definitely more relaxed and easy going."

Form T, like the original JAS, is scored using unit-weighting methods; "A" responses receive 1 point whereas "B" responses are scored as zero.

Procedures

The testing battery (TSCS, NPI and JAS, Form T) was given on eight separate occasions. Each group administration involved approximately twenty students. Subjects met in a spacious university classroom at a predetermined time (usually in the evenings).

The experimenter proceeded to explain the nature of the task involved in the study. Participants were informed that three questionnaires were selected to explore issues related to self-concept. Explicit testing instructions were presented at the beginning of each testing session. Appendix F presents the standard verbal instructions presented at the beginning of each group administration. The tester answered only technical questions and clarified experimental directions as needed. Subjects completed a consent form (see Appendix G) before testing began.

Each testing session lasted approximately 1.5 hours. Participants were asked to pick up a "debriefing" sheet (see Appendix H) after turning in all testing materials, computer recording cards and consent forms. All data were recorded on standard computer scoring sheets. The tester served as a proctor

during each group administration to ensure that subjects followed directions.

Testing order was counterbalanced to reduce potential artifacts due to fatigue effect. The testing sequence was prearranged in the following order:

Subject number: 1-56: NPI, TSCS, JAS
Subject number: 57-103: TSCS, JAS, NPI
Subject number: 104-169: JAS, NPI, TSCS

Subjects were instructed to complete the testing battery in the same order that the questionnaires were arranged in their individual testing packets. Participants also agreed to complete each test before proceeding to the next scale in the testing battery.

RESULTS

Overview

A number of analyses were conducted to test the hypotheses of the study. In reporting the results, the first section examines overall means and standard deviations. Subsequently, t-tests were used to compare means and standard deviations for each measure according to sex.

Part two presents results based on Pearson-product moment correlation analyses; both pooled and sex-specific correlational analyses were performed based on results found in part one. Intercorrelations between Tennessee Self-Concept measures are also reported in the second section.

In the final section, partial correlation analyses are performed to assay the nature of the underlying relationship between experimental variables. Limitations of multiple regression analyses are discussed due to the nature of actual results relative to research predictions.

Preliminary Analysis

Condescriptive Indices

Overall means and standard deviations for each scale are presented in Table 1. Table 1 also includes means and standard deviations separated by gender (103 females, 66 males). Cumulative frequency distributions for narcissism, Type A and Total P scores are included in Appendix I.

T-tests were used to compare male versus female scores for each measure. Results of t-test analyses are presented in Table 2. Table 2 shows that only mean narcissism scores showed significant sex differences ($t(168) = 3.43$, $p < .001$); mean NPI scores for male subjects were significantly higher than mean female narcissism scores (23.77 and 20.08, respectively). Standard deviations for male and female narcissism scores did not differ significantly (6.74 and 6.83, respectively). Experimental hypotheses did not predict between sex differences on any single measure.

Hypothesis Testing

Correlational Results

Pearson product moment correlation was the primary statistical procedure used to assay interrelationships among scores on seven dependent variables:

Table 1

Means and Standard Deviations for Dependent Measures

Variable	Mean	Standard Deviation
NPI		
Overall	21.53	6.99
Male	23.77	6.74
Female	20.08	6.83
JAS, Form T		
Overall	13.01	5.33
Males	13.26	5.05
Female	12.91	5.51
Total P		
Overall	338.14	31.82
Male	334.92	30.35
Female	340.17	32.85
Self-Satisfaction		
Overall	105.37	14.49
Male	104.28	14.32
Female	106.05	14.69
Physical Self		
Overall	66.66	8.31
Male	67.18	7.90
Female	66.37	8.61
Personal Self		
Overall	65.86	7.78
Male	65.49	7.17
Female	66.08	8.21
Social Self		
Overall	68.35	7.96
Male	67.17	7.94
Female	69.06	7.96

NOTE: NPI = Narcissistic Personality Inventory
JAS, Form T = Jenkins Activity Survey Student Version.

Table 2

T-Tests Comparing Means and Standard Deviations for Male and Female Scores

Variable	Sex	Mean	T-Value	P	SD	F-Value	P
N	M	23.77	3.43	*.001	6.74	1.03	.924
	F	20.08			6.83		
Type A	M	13.26	.41	.680	5.05	1.19	.462
	F	12.91			5.51		
Total P	M	334.92	-1.04	.300	30.35	1.17	.497
	F	340.17			32.85		
SS	M	104.28	- .77	.443	14.32	1.05	.832
	F	106.05			14.69		
HS	M	67.18	.62	.538	7.90	1.19	.461
	F	66.37			8.61		
ES	M	65.49	- .47	.637	7.17	1.31	.246
	F	66.08			8.28		
OS	M	67.17	-1.50	.135	7.94	1.00	.999
	F	69.06			7.96		

NOTE: All tests use two-tail probabilities = P
(* = significant relationship found)
SD = Standard Deviation
M = Male, F = Female
N = Narcissism
SS = Self-Satisfaction
HS = Physical Self
ES = Personal Self
OS = Social Self

1. Narcissism Personality Inventory (NPI)
2. Jenkins Activity Survey, Student Version (JAS, Form T)
3. Tennessee Self-Concept Scale (TSCS)
   a. Total Self-Esteem (Total P)
   b. Self-Satisfaction (SS)
   c. Physical Self (HS)
   d. Personal Self (ES)
   e. Social Self (OS)

Table 3 presents Pearson correlation coefficients based on pooled scale scores. Since mean narcissism scores differed significantly, correlation matrices were computed separately by gender to examine further interrelationships among the seven dependent variables. Table 4 and Table 5 include correlational matrices based on male and female scores, respectively.

Hypothesis one predicted that narcissism and Type A scores would be related significantly and positively. The first hypothesis was supported by analysis of the pooled data. A significant positive correlation was found between narcissism (N) and Type A (TA) scores ($r = .23$, $p < .001$).

However, correlational analyses performed separately by sex altered the interpretation based on pooled research findings. Male narcissism and Type A scores were not correlated significantly ($r = .19$, NS) whereas female N and TA measures demonstrated a significant association ($r = .26$, $p < .004$).

Hypothesis two predicted that narcissism scores would be significantly negatively correlated with over-

Table 3

Intercorrelations between the Dependent Variables: Pooled Correlations

Variables	1	2	3	4	5	6	7
1. N	---						
2. Type A	**.23 <.001	---					
3. Total P	.08 <.15	-.11 <.08	---				
4. SS	.03 <.33	*-.18 <.01	**.89 <.001	---			
5. HS	*.14 <.03	-.11 <.07	**.75 <.001	**.63 <.001	---		
6. ES	*.13 <.05	*-.12 <.05	**.87 <.001	**.77 <.001	**.58 <.001	---	
7. OS	*.14 <.03	-.06 <.21	**.83 <.001	**.73 <.001	**.52 <.001	**.67 <.001	---

NOTE: Number of cases = 169
(P values): *p < .05, **p < .001
N = Narcissism, Type A = Type A behavior pattern, Total P = Overall self-esteem, SS = Self-Satisfaction, HS = Physical Self, ES = Personal Self, OS = Social Self.

Table 4

Intercorrelations between the Dependent Variables: Males

Variables	1	2	3	4	5	6	7
1. N	---						
2. Type A	.19 <.06	---					
3. Total P	-.17 <.09	-.21 *<.04	---				
4. SS	-.17 <.09	-.31 *<.007	.88 **<.001	---			
5. HS	-.09 <.24	-.18 <.08	.75 **<.001	.62 **<.001	---		
6. ES	-.05 <.34	-.25 *<.02	.84 **<.001	.73 **<.001	.56 **<.001	---	
7. OS	-.03 <.41	-.13 <.16	.84 **<.001	.76 **<.001	.54 **<.001	.65 **<.001	---

NOTE: Number of cases = 169
(P values): *p<.05, **p<.001
N = Narcissism, Type A = Type A behavior pattern, Total P = Overall self-esteem, SS = Self-Satisfaction, HS = Physical Self, ES = Personal Self, OS = Social Self.

Table 5

Correlation Matrix for Dependent Factors: Females

Variables	1	2	3	4	5	6	7
1. N	---						
2. Type A	.26 *<.004	---					
3. Total P	.26 *<.004	-.04 *<.34	---				
4. SS	.18 *<.03	-.10 *<.15	.90 **<.001	---			
5. HS	.26 *<.004	-.09 <.18	.75 **<.001	.65 **<.001	---		
6. ES	.24 *<.007	-.06 <.27	.88 **<.001	.79 **<.001	.60 **<.001	---	
7. OS	.30 *<.001	-.01 <.45	.82 **<.001	.71 **<.001	.53 **<.001	.69 **<.001	---

NOTE: Number of cases = 103
(P values): *p<.05, **p<.001
N = Narcissism, Type A = Type A behavior pattern, Total P = Overall self-esteem, SS = Self-Satisfaction, HS = Physical Self, ES = Personal Self, OS = Social Self.

all self-esteem (Total P). The pooled data did not support these experimental predictions ($r = .08$, NS). In separate analyses, female narcissism scores correlated positively and significantly with Total P ($r = .26$, $p < .004$); overall self-esteem and N did not show a significant association for male subjects ($r = -.17$, NS).

The third hypothesis was that Type A and Total P scores would show a significant negative association. Grouping male and female scores, the correlation was not significant at the .05 level ($r = -.10$, NS). Contrary to experimental predictions, pooled N related positively to overall self-esteem although the correlation between N and Total P scores was not significant at the .05 level ($r = .08$, NS).

Using correlational data segregated by sex, significant positive relationships were found between female narcissism scores and each measure of self-concept (see Table 5). Male narcissism scores were not related significantly to any measure of self-concept; albeit the direction of associations between N and self-concept indices were in the predicted direction for male subjects.

Hypotheses five and nine were supported by the data. The fifth hypothesis predicted a significant

negative relationship between Type A scores and measures of Self-Satisfaction (SS). This prediction was supported by the pooled data ($r = -.18$, $p < .01$) and separately for male subjects ($r = -.31$, $p < .007$). Personal Self (ES) scores significantly negatively correlated with pooled Type A scores ($r = -.12$, $p < .05$) and male TA scores ($r = -.25$, $p < .02$), lending partial support to hypothesis nine. For female subjects, Type A scores were not associated with Self-Satisfaction ($r = -.04$, NS) or Personal Self ($r = -.06$, NS) measures in a significant manner.

The sixth hypothesis predicted a significant positive relationship between narcissism and Physical Self (HS) measures. The correlation between N and HS was significant ($r = .14$, $p < .04$) for pooled narcissism measures. Female scores related significantly and negatively with HS ($r = .26$, $p < .004$) whereas male narcissism measures appeared unrelated to the Physical Self index ($r = -.09$, NS).

Several research predictions were not supported by the results of this study. Hypothesis seven pertained to the expected negative relationship between measures of Type A behavior and Physical Self (HS). Correlations between Type A and HS scores were not significant at the .05 level in any correlational analysis; neither grouped scores ($r = -.11$, NS), male scores

(r = -.18, NS) or female measures (r = -.09, NS) demonstrated significant TA and HS intercorrelations.

Hypothesis eleven was not confirmed by analytic results. No significant relationships were found between Social Self (OS) and the Type A variable for aggregate scores (r = -.06, NS), or among female and male subjects (r = -.01, NS; r = -.13, NS, respectively).

The most discrepant results concerned the direction of relationship between N and several measures of self-concept. Total P, Self-Satisfaction, Personal Self and Social Self scores were expected to be related significantly and negatively with narcissism scores. Contrary to predictions, these variables demonstrated positive associations with the pooled narcissism variable. Hypotheses two, four, eight and ten were not supported.

Diametrically opposed to experimental expectations, two variables related significantly at the .05 level (based on pooled measures). Personal Self (ES) scores showed a significant positive correlation with N ($r = .13$, $p < .05$). In addition, narcissism significantly positively related to the Social Self variable (OS) ($r = .14$, $p < .03$). The correlation between Self-Satisfaction (SS) and narcissism scores was nonsignificant (r = .03, NS).

Further analysis of the data (via sex-specific correlational analyses) helped to clarify conclusions extracted from pooled results. Based on separate analyses, female narcissism scores related significantly and positively to each measure of self-concept; male N scores failed to demonstrate significant relationships with any measure of self-concept (see Table 5 and Table 4, respectively). However, male narcissism scores followed the predicted negative direction in relation to self-concept indices.

Correlations Between Self-Esteem Variables

Intercorrelations between each variable of self-concept were computed (see Table 6). As expected, each measure of self-concept significantly positively correlated with every other TSCS variable used in the present study. Significant correlations ranged from .52 to .89 ($p < .001$).

The data seemed to approximate standard means and standard deviations for each measure of self-concept used in the present study (Fitts, 1965). Thus the experimental sample appeared to yield normal scores on each measure of self-concept.

Testing Underlying Models

Further analyses were conducted to examine the relationships between primary experimental variables and underlying conceptual models. Specifically,

Table 6

Sample Means and Standard Deviations for TSCS Variables Relative to Standard Condescriptive TSCS Measures

	Total P	SS	HS	ES	OS
Mean, Actual	338.14	105.37	66.66	65.86	68.35
Mean, Standard	345.57	103.67	71.78	64.55	68.14
Standard deviation, Actual	31.82	14.49	8.31	7.78	7.96
Standard deviation, Standard	30.70	13.79	7.67	7.41	7.86
Range	213-419	44-135	39-86	31-84	39-85

NOTE: TSCS = Tennessee Self-Concept Scale, Total P = Total Self-Esteem, SS = Self-Satisfaction, HS = Physical Self, ES = Personal Self, OS = Social Self.

exploratory analyses were performed to further assay the interrelationships between Type A, narcissism and Total P (overall self-esteem) scores.

Model 1 predicted that narcissism and self-esteem variables would demonstrate independent, parallel effects on the manifestation of Pattern A (see Figure 1). Partial correlational analyses were conducted to test the first model.

A second paradigm estimated that general self-esteem (Total P) would influence directly the level of narcissism which, in turn, directly would exert a significant effect on Pattern A. That is, narcissism represents a critical, intervening variable in the interrelationship between Type A and Total P measures.

Model 1 was supported by the data. Figure 2 presents zero-order partial correlations, as well as the correlation coefficients that result when controlling separately for each variable (N, TA and Total P). The partial correlations between N and Type A scores when controlling for P ($r = .24$, $p < .001$), and between Total P and Type A measures when controlling for N ($r = -.13$, $p < .05$), were significant. Partialling out the Type A variable produces a nonsignificant relationship between narcissism and Total P measures ($r = .11$, NS). The results of partial correlation analyses suggest

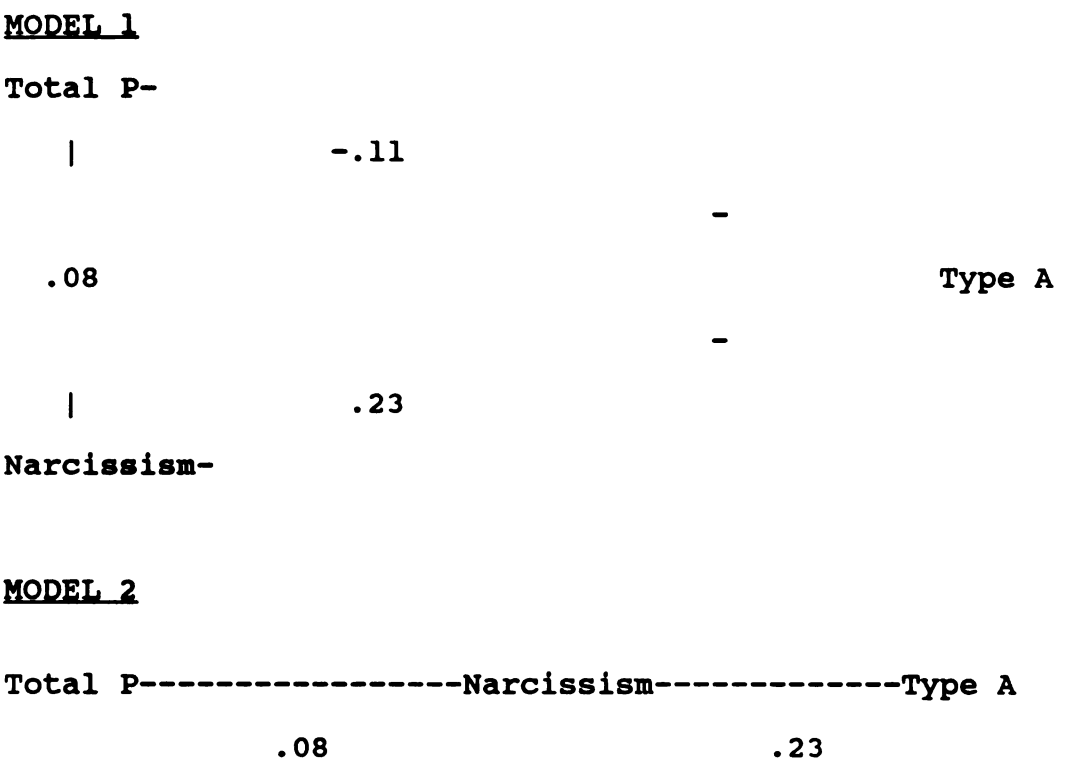

Figure 1: Exploratory Models

Zero Order Partial Correlations:

Variable	1	2	3
1. N	---		
2. TA	.23 **(p<.001)	---	
3. P	.08 **(p<.15)	-.11 (p<.09)	---

Controlling for P:

Variable	1	2
1. N	---	
2. TA	.24 **(p<.001)	---

Controlling for TA:

Variable	1	2
1. N	---	
2. P	.11 (p<.08)	---

Controlling for N:

Variable	1	2
1. TA	---	
2. P	-.13 *(p<.05)	---

Combined Results

Total P-

|

|

-.13
*(p<.05)

.11
(p<.08) - Type A

|

-

|

.24
**(p<.001)

Narcissism

NOTE: N = Narcissism
TA = Type A behavior pattern
P = Overall self-esteem
**p<.001, *p<.05.

Figure 2: Testing Conceptual Model 1: Results of Partial Correlation Analyses

that narcissism and self-esteem variables exert independent, parallel influences on Pattern A. However, the magnitude of r values was quite small, providing tentative support for the first exploratory model.

Although alternate multiple regression analyses were planned, further statistical analyses were discontinued at this level due to the contrary nature of actual versus predicted results. Multiple regression analyses inevitably would have led to spurious findings because the general relationships between narcissism and Total P, SS, ES and OS directly contradicted predictions.

Although the introduction of Total P and TSCS subscale variables would have explained a greater percentage of variance relative to the Type A measure, the data interpretation would be confounded due to item overlap. In summary, the experimenter would not have been able to explain increased amounts of variance by conducting further regression analyses based on the results of the current study.

DISCUSSION

General Conclusions

Overall, the data support the presence of a significant positive relationship between narcissism and Type A behavior variables. Several general conclusions can be extracted from the results of the study.

Although narcissism and Type A scores appear to covary significantly, the data do not appear to support the basic experimental hypothesis that narcissism and Type A patterns represent similar strategies in the maintenance of self-concept. Few significant relationships were found between various self-concept indices and either Type A or narcissism scores when pooled data were used in the analyses. Contrary to experimental predictions, pooled narcissism scores related to measures of self-esteem in a positive direction. Based on exploratory analyses, the nature of interrelationship between narcissism, Type A and self-esteem tentatively suggests that narcissism and self-esteem represent independent, parallel factors relative to Pattern A. Separate-sex analyses revealed striking discrepancies

between male and female subjects. Self-concept measures appear to be related systematically and differentially to narcissistic and the Type A constellations according to gender.

Separate-sex analyses provided important additional information, increasing the number of meaningful assertions one is able to extract from the results. Female narcissism scores were related systematically and significantly to measures of self-concept, following a positive direction. Alternately, the relationship between Type A and aspects of female self-concept appeared to be nominal.

The trend was reversed for male participants. The narcissism measure failed to demonstrate meaningful associations with any aspect of self-concept addressed in the present study. The correlation between male narcissism and Type A scores fell just below the accepted significance level.

Several interpretations are considered: although Type A and narcissistic characteristics tend to covary, these patterns do not appear to be similar strategies in the maintenance of positive self-regard; narcissism and Type A variables seem to demonstrate significant between-sex differences in the quality of relatedness to aspects of self-concept; NPI content validity and

the operational definition of narcissism are scrutinized; and the use of self-report measurements is discussed. Lastly, limitations of the present study are addressed.

Narcissism, Pattern A and Self-Concept: Sex Differences

The first hypothesis is supported when one looks at the findings based on pooled data. The presence of Type A behaviors significantly positively correlates with self-reported narcissistic characteristics. That is, Type A individuals tend to evidence significantly more narcissistic characteristics than their Type B counterparts. T-test results indicate that males tend to score higher on the NPI than their female counterparts. Further analyses reveal that the association between narcissism, Pattern A and self-concept variables are related in a markedly discrepant manner depending on subject gender.

The Type A factor does not appear to be a significant factor in relation to aspects of self-concept for female subjects although female subjects receive equivalent scores on the JAS, Form T. However, female narcissism scores exhibit positive significant relationships with every measure of self-concept, as well as with the Type A variable. It seems that females who exhibit narcissistic features perceive themselves as

significantly more worthwhile, adequate and satisfied in relationship to self and others.

Two plausible interpretations arise from the interrelationships among primary research variables for female subjects. Separate-sex correlational results suggest that narcissistic characteristics versus Type A features significantly influence aspects of self-concept in female subjects. The questions: "What am I?" and "Do I have a favorable self-presentation?" (versus "What have I accomplished?") appear to be salient issues for women.

Although traditional sex role demands and expectations are changing in contemporary Western culture, Price (1982) highlights that: "women have undergone a considerably different socialization than men, whether or not they are currently in similar roles" (p. 222). In addition, "women tend to attribute personal success to outside circumstances" (p. 233) which may correspond to the narcissist's characteristic need for constant attention and approval.

Price (1982) purports that females and males are socialized to develop different criteria for self-validation. It seems plausible to assert that the sex differences found in the present study may have implications for self-reported Type A behaviors and narcissism. For example, men and women may have different

criteria by which they know whether or not they have succeeded. Although each sex appears to report feeling "driven" to be the best in his or her undertakings (Price, 1982), social, physical and psychological factors must be examined further to ascertain meaningful sex differences rather than assuming that male and female subjects who receive equivalent scores entertain the same core beliefs and standards for the self.

Another reasonable assertion is that women are subjected to intense pressures in a society that is "bewitched by images" (Lowen, p. 221). Albeit men live under pressures, women continue to be prime targets for stressors and expectations associated with external appearance. For example, unwieldy stress is placed on being (or striving to become) the svelte, attractive and ever-youthful image that is esteemed and fostered through societal values and media inundations. The goal of diet and exercise regiments often is to look, not feel, better. It seems plausible that self-absorption and promotion of a narcissistic ideal represent potentially influential, even socially-adaptive, variables that affect female self-concept.

In addition, contemporary culture seems to substitute superficial values (i.e., power and status) for important realities (i.e., love, family and community). Women appear to be presenting an image of strength and

power, reflected in the equivalent frequencies of the Type A pattern found among both male and female subjects in the present study. The presence of Pattern A characteristics does not appear to influence substantially aspects of female self-concept whereas narcissistic features appear to demonstrate meaningful associations with self-image in women.

Alternatively, the positive relationship between narcissism and self-concept scores may reflect a form of misconception among female subjects. Emmons (1981) finds that high scorers on the Narcissistic Personality Inventory tend to misinterpret what the scale is measuring: "high scorers believe it is a measure of self-concept or self-esteem while low scorers believe it to be a measure of 'conceit' or self-love" (p. 250).

Emmon's finding is congenial with Lasch's viewpoint that the narcissist typically lacks insight into his or her own self. Lasch (1979) proposes that limited insight serves as an emotional "aegis" that deflects criticism, and serves as a means of disowning responsibility for narcissistic behaviors. However, further research is needed to empirically validate this assertion. Although possible, it seems likely that this interpretation is tenuous as a meanful explanation of sex differences.

Type A Behavior and Measures of Self-Concept in Male Subjects

Lowen purports that "it is a mistake to believe that the psychology and the behavior of men and women are congruent" (p. 90). In male subjects, the quality of association between narcissism and self-concept seems to be reversed. The presence of Type A features is related significantly and negatively to reported levels of self-esteem, personal adequacy and self-satisfaction in male subjects. Type A manifestations appear to be related to increased personal and interpersonal interference, even in the young-adult male sample. Although male subjects demonstrate significantly more narcissistic characteristics than female subjects (as measured by the Narcissistic Personality Inventory), the Type A variable appears to be the pertinent factor associated with components of male self-concept; the narcissism variable shows a general, negative nonsignificant association with self-concept variables.

Based on sex-specific correlational analyses, the data have supported several hypotheses pertaining to the predicted relationship between Pattern A and dimensions of self-concept among male participants.

Self-satisfaction appears to decrease significantly as the number of Type A behaviors increases in

the male sample. The Self-Satisfaction submeasure is designed to assay "how the individual feels about the self he perceives," representing the "degree of self-acceptance" (Fitts, 1965). Fitts explains that a subject may receive lower Self-Satisfaction scores "because of the very high standards and expectations he sets for himself" (p. 2). This finding is congenial with the Type A's tendency to be hypercritical and demanding (Friedman & Rosenman, 1974). In addition, Price explains that "boys in our society typically learn that their success as men will be chiefly a function of succeeding in their work . . . As a consequence, he may develop the following personal construct to guide his behavior: I must succeed in my work, no matter what the cost" (p. 213).

It seems plausible that depreciated levels of self-satisfaction and self-acceptance may reflect the Type A's continued failure to measure up to idealized self-standards in his characteristic drive toward achievement and "success." Other studies have implicated a positive relationship between the manifestation of Type A behaviors and dissatisfaction (Liljefors & Rahe, 1970; Jenkins, 1971, 1976; Glass, 1977; Rosenman, 1978; Matthews, 1982).

In addition, several studies support the positive relationship between life dissatisfaction (a

psychological stressor) and incidence of coronary-related disease (Wolf, 1969; Liljefors & Rahe, 1970; Jenkins, 1976). Liljefors' work provides cross-cultural validation. However, a note of caution must be added. These studies are retrospective, restricting one's ability to draw causal inferences.

Lower Personal Self (ES) scores also relate significantly to increased manifestation of Pattern A in the male cohort. The Personal Self measure "reflects the individual's sense of personal worth, his feeling of adequacy as a person and his evaluation of his personality apart from his body or his relationships to others" (Fitts, 1965). This finding appears to add merit to the proposed assertion that male self-regard is often measured by how much he has achieved; the Type A tendency to set lofty self-standards coupled with repeated failure to live up to self-expectations appears to be a more salient factor related to male versus female identity. Friedman and Rosenman (1974) explain:

> Robert Browning once wrote that "a man's reach should exceed his grasp." Almost all Type A individuals would agree most enthusiastically with this concept . . he is forever trying -- and failing, except briefly--to appease a gnawing sense of insecurity with an ever-increasing number of socioeconomic victories or conquests (p. 216).

Significantly lower Personal Self scores may reflect this sense of perceived inadequacy, or "falling short" of demanding self-expectations. In summary, experimental support for hypotheses five and nine in male subjects lends credibility to the assertion that self-appraisal in Pattern A tends to be colored by feelings of inadequacy and dissatisfaction.

The seventh hypothesis is not supported by the data. Pattern A does not appear to be associated significantly with Physical Self scores in male subjects. Interpretation of this finding requires closer inspection of item content. The Physical Self scale (HS) is designed to measure "how the individual is presenting his view of his body, his state of health, his physical appearance, skills and sexuality." HS item content seems to assess global perceptions of appearance, coordination and health versus the range of physiological variables traditionally associated with the Type A constellation. For example, HS does not assess levels of stress, hypertension or sympathetic arousal (Dembroski, MacDougall & Shields, 1977). Alternately, the lack of meaningful association between HS and Pattern A or narcissism variables appears to bolster the forementioned proposition that physical self-presentation is less salient for males.

Hypothesis eleven predicted a significant negative relationship between Type A and Social Self scores. Evidence of Pattern A among male participants does not appear to relate significantly to a perceived sense of social inadequacy. This finding may reflect Type A priorities coupled with socialization influences on men; individuals who exhibit the Pattern A seem to be concerned with vocational or economic pursuits versus developing the quality of interpersonal relationships (Friedman & Rosenman, 1974; Price, 1982).

In sum, narcissism appears to be a significant factor influencing females' self-perception but a non-significant variable in the way that males perceive themselves. Conversely, Type A characteristics significantly negatively correlate with males' perceptions of personal adequacy and satisfaction while Pattern A has little association with female self-identity (recall that males and females score approximately the same on the JAS measure).

This finding may reflect greater achievement pressures on males to succeed, especially in occupational arenas. Although this trend is gradually changing in contemporary Western society, it seems that self-worth and achievement continue to be connected more intimately to male self-worth and satisfaction.

The conclusions that one is able to extract beyond the aforementioned findings are limited. Due to unpredicted results, one is not able to identify specific features that may relate significantly to both narcissistic and Type A patterns, as well as between sex differences. For example, do these individuals manage stress in a similar manner? What is the relationship between perceived vocational success and self-worth in relationship to gender? The parameters of the present study do not enable one to isolate additional variables that appear to relate significantly with Type A and narcissistic patterns. In general, contemporary researchers and theoreticians collectively point to characteristic excessive drive toward "success" exhibited both by Type A and narcissistic individuals (Horney, 1950; Friedman, 1969; Friedman & Rosenman, 1966, 1974; Jenkins et al., 1967, 1971, 1978; Jenkins, 1976; Glass et al., 1977, 1980; Lowen, 1983).

Further research is needed to explore how each sex defines "success" and personal worth. Results from the current study insinuate that critical sex differences exist in the way in which self-concept is influenced and construed. Previous studies employing the Narcissistic Personality Inventory have failed to report or address significant sex differences (Raskin & Hall, 1979, 1981; Emmons, 1981).

Lastly, a serious deficit exists in the compilation of studies on Pattern A. Until 1982, research efforts have been focused almost exclusively on a single population--the white, middle-class, middle-aged, working American male. Research that includes a variety of populations is needed to augment our understanding of the differential influences that biological, environmental and socialization factors have on the development and maintenance of the Type A behavior pattern and narcissism in relation to self-concept.

Implications for Future Research

The results of the present study require further scrutiny. Several considerations are discussed to examine alternate interpretations of the experimental results.

Operational Definition of Narcissism: Issues and Limitations

The Narcissistic Personality Inventory (Raskin & Hall, 1979) represents the only available psychometric assessment instrument designed to assess narcissism. Raskin and Hall derive definitional criteria from the description of Narcissistic Personality Disorder, a diagnostic category recently included in The Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) (1980) (Raskin & Hall, 1981). Raskin

and Hall (1979) conceptualize narcissism in terms of a stable personality dimension. These researchers add that "the inventory is not necessarily a measure of a personality disorder". However, Raskin and Hall base the development of the Narcissistic Personality Inventory on DSM-III criteria, which are used to detect and identify pathological conditions.

There appears to be a contradiction in the assumptions underlying the development of the NPI, which may limit the conclusions one is able to draw when relying solely on the NPI as a measure of narcissism. Yet the contemporary psychological researcher is caught in a dilemma: to date, no other psychometric technique is available to assess narcissism and its related features. Is narcissism necessarily maladaptive? The results of this study suggest that the presence of narcissistic behaviors and cognitions follows a positive direction; that is, the more narcissistic characteristics evidenced, the more likely one will find significantly higher levels of perceived personal, social and physical self-regard.

In addition, defining narcissism remains controversial at both theoretical and operational levels. It seems reasonable to assume that researchers and clinicians ascribe to different operational definitions of

narcissism. For example, Kernberg (1975), Horney (1950), Lowen (1983) and the collective authors of The Diagnostic and Statistical Manual, Third Edition (1980) appear to differentially conceptualize narcissism and its manifestations.

Lowen (1983) indicates a need to demark different types of narcissistic disturbance (although all sub-classifications are viewed as disorders). Lowen's definition is based on the assumption that abnormality is continuous with normality, a perspective that is congenial with Raskin and Hall's viewpoint (1981). Lowen emphasizes a broad spectrum of narcissistic disorder in which qualitative and quantitative differences exist. This distinction appears to be helpful. If narcissism is defined as a dichotomous variable (as it is in the Narcissistic Personality Inventory), identifying "narcissism" may be too broad to be useful. In consequence, construct validity may be threatened.

In summary, one plausible explanation for the generally weak interrelationship between experimental variables may be explained, in part, by the lack of an <u>accurate, consensually-accepted</u> definition of narcissism, the term and the concept.

Let us momentarily entertain this perspective to explore how a different operational definition of

narcissism could significantly influence the interpretation of research results. First we need to look at the content of NPI item responses which presumedly test the underlying construct--narcissism. The following example includes responses that are scored as narcissistic (non-narcissistic responses are included parenthetically):

6. I would be willing to describe myself as a strong personality.
(I would be reluctant to describe myself as a strong personality.)

13. I will be a success.
(I'm not too concerned about success.)

15. I see myself as a good leader.
(I am not sure if I would make a good leader.)

16. I am assertive.
(I wish I were more assertive.)

26. I like to look at my body.
(My body is nothing special.)

47. I would prefer to be a leader.
(It makes little difference to me whether I am a leader or not.)

It seems unlikely that these self-perceptions are indicative of personality <u>disorder</u> or <u>disturbance</u>. That is, personality features that reflect assertiveness, leadership abilities, the desire to take responsibility, and a desire to better one's self, may reflect characteristics that represent positive self-regard versus personality features that indicate personality <u>disorder</u>.

NPI item content appears to be most similar to Lowen's description of the "phallic-narcissistic" character, a term originally coined by Wilhelm Reich (1926). The following passage delineates phallic-narcissistic features:

> They often show strong attachments to people and things; exaggerated display of self-confidence, dignity, superiority; preoccupation with his/her sexual image; but in relatively unneurotic representatives of this type, social achievement. . ., is strong, impulsive, energetic and unusually productive (Lowen, 1983).

Narcissistic Personality Inventory items appear to reflect phallic-narcissistic features. In addition, theorists have purported that the phallic-narcissist can be a relatively healthy character type (Reich, 1926; Lowen, 1983).

In summary, this section has emphasized problematic conceptual and definitional issues that may confound accurate interpretation of the data. The foregoing discussion implicates that further research is needed to develop additional psychometric techniques to assess narcissism and its dimensions. Issues of construct and discriminate validity appear to be significant domains for future study.

The Use of Self-Report Measurements

Each scale used in the present research design represents the most well-established, reliable

assessment tool to test the construct it has been designed to measure. However, two general classifications of inherent problems characterize self-report measures: subject biases and insufficient evidence that the instrument tests the characteristic of interest (Kazdin, 1980). In the first case, a "social desirability" factor may distort subject responses; individuals tend to misrepresent themselves, that is, to present themselves in a more favorable manner. In consequence, NPI, JAS, and TSCS scores may be inflated deceptively.

However, this alternate explanation of discrepant findings is tenuous assuming that confounds introduced by a social desirability artifact would positively skew scores on each scale in a similar manner.

Limitations of the Study

There are a number of limitations to the present study. Research conclusions are restricted in their generalizability due to the confined age range. The sample is also limited by its locale, socioeconomic status and style of living. For example, it would be instructive to conduct studies that sample individuals of the same age who are not college students, or randomly to select participants from among a professional group whose members are assumed to be

"successful." Methological shortcomings are addressed in previous sections.

APPENDICES

APPENDIX A:

Narcissistic Personality Disorder, 301.81 Diagnostic and Statistical Manual of Mental Disorder, Third Edition

301.81 Narcissistic Personality Disorder

The essential feature is a Personality Disorder in which there are a grandiose sense of self-importance or uniqueness; preoccupation with fantasies of unlimited success; exhibitionistic need of constant attention and admiration; characteristic responses to threats to self-esteem; and characteristic disturbances in interpersonal relationships, such as feelings of entitlement, interpersonal exploitativeness, relationships that alternate between the extremes of overidealization and devaluation, and lack of empathy.

The exaggerated sense of self-importance may be manifested as extreme self-centeredness and self-absorption. Abilities and achievements tend to be unrealistically overestimated. Frequently the sense of self-importance alternates with feelings of special unworthiness. For example, a student who ordinarily expects an A and receives an A minus may at that moment express the view the he or she, more than any other student, is revealed to all as a failure.

Fantasies involving unrealistic goals may involve achieving unlimited ability, power, wealth, brilliance, beauty, or ideal love. Although these fantasies frequently substitute for realistic activity, when these

goals are actually pursued, it is often with a "driven," pleasureless quality, and an ambition that cannot be satisfied.

Individuals with this disorder are constantly seeking admiration and attention, and are more concerned with appearances than with substance. For example, there might be more concern about being seen with the "right" people than having close friends.

Self-esteem is often fragile; the individual may be preoccupied with how well he or she is doing and how well he or she is regarded by others. In response to criticism, defeat, or disappointment, there is either a cool indifference or marked feelings of rage, inferiority, shame, humiliation, or emptiness.

Interpersonal relationships are invariably disturbed. A lack of empathy (inability to recognize and experience how others feel) is common. For example, annoyance and surprise may be expressed when a friend who is seriously ill has to cancel a date.

Entitlement, the expectation of special favors without assuming reciprocal responsibilities, is usually present. For example, surprise and anger are felt because others will not do what is wanted; more is expected from people than is reasonable.

Interpersonal exploitativeness, in which others are taken advantage of in order to indulge one's own

desires or for self-aggrandizement, is common; and the personal integrity and rights of others are disregarded. For example, a writer might plagiarize the ideas of someone befriended for that purpose.

Relations with others lack sustained, positive regard. Close relationships tend to alternate between idealization and devaluation ("splitting"). For example, a man repeatedly becomes involved with women whom he alternately adores and despises.

Associated features. Frequently many of the features of Histrionic, Borderline, and Antisocial Personality Disorders are present; in some cases more than one diagnosis may be warranted.

During periods of severe stress transient psychotic symptoms of insufficient severity or duration to warrant an additional diagnosis are sometimes seen.

Depressed mood is extremely common. Frequently there is painful self-consciousness, preoccupation with grooming and remaining youthful, and chronic, intense envy of others. Preoccupation with aches and pains and other physical symptoms may also be present. Personal deficits, defeats, or irresponsible behavior may be justified by rationalization, prevarication, or outright lying. Feelings may be faked in order to impress others.

Impairment. By definition, some impairment in interpersonal relations always exists. Occupational functioning may be unimpaired, or may be interfered with by depressed mood, interpersonal difficulties, or the pursuit of unrealistic goals.

Complications. Dysthymic Disorder, Major Depression and psychotic disorders such as Brief Reactive Psychosis are possible complications.

Prevalence. This disorder appears to be more common recently than in the past, although this may only be due to greater professional interest in the category.

Predisposing factors, sex ratio, and familial pattern. No information.

Differential diagnosis. Borderline and Histrionic Personality Disorders are often also present; in such instances, multiple diagnoses should be given.

Diagnostic Criteria for Narcissistic Personality Disorder

The following are characteristic of the individual's current and long-term functioning, are not limited to episodes of illness, and cause either significant impairment in social or occupational functioning or subjective distress:

A. Grandiose sense of self-importance or uniqueness, e.g., exaggeration of achievements and talents, focus on the special nature of one's problems.

B. Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love.

C. Exhibitionism: the person requires constant attention and admiration.

D. Cool indifference or marked feelings of rage, inferiority, shame, humiliation, or emptiness in response to criticism, indifference of others, or defeat.

E. At least two of the following characteristic disturbances in interpersonal relationships:

   (1) entitlement: expectation of special favors without assuming reciprocal responsibilities, e.g., surprise and anger that people will not do what is wanted

   (2) interpersonal exploitativeness: taking advantage of others to indulge

own desires or for self-aggrandizement; disregard for the personal integrity and rights of others

(3) relationships that characteristically alternate between the extremes of overidealization and devaluation

(4) lack of empathy: inability to recognize how others feel, e.g., unable to appreciate the distress of someone who is seriously ill.

APPENDIX B:

Proposal for the Use of Human Subjects

ABSTRACT

NARCISSISM AND TYPE A BEHAVIOR: NEUROTIC SOLUTIONS IN THE MAINTENANCE OF SELF-ESTEEM

By

Susan L. Saccaro

This study is designed to assay the relationships between self-concept, the Type A configuration and narcissism. Both narcissistic and Type A individuals appear to exhibit many common, culturally-reinforced features. Most significantly, Type A and narcissistic dynamics/behaviors appear to serve as solutions to maintain an impoverished sense of self, resulting from denial of the actual self coupled with overinvestment in an idealized image. One hundred forty undergraduate students completed a testing battery comprised of the: Tennessee Self-Concept Scale; Narcissistic Personality Inventory; and Jenkins Activity Survey (Student Edition). Correlational and multiple regression analyses are performed to specify the relationships between narcissism, Type A and Type B behavior patterns, and specific components of self-esteem.

SELF-CONCEPT, NARCISSISM AND THE TYPE A BEHAVIOR PATTERN

Research Proposal for UCRIHS Committee Review

2. The subject population will be comprised of one hundred forty undergraduate students enrolled in introductory psychology classes at Michigan State University. Subjects will be recruited through sign-up sheets posted in the psychology department. Volunteers will also be located through the Human Subject Pool. Participants will subsequently be contacted via telephone to confirm the date, time and place of testing.

3A. No potential risks exist for subjects participating in this study. Subjects will complete a testing battery that contains the: Tennessee Self-Concept Scale; Jenkins Activity Survey (Student Edition); and Narcissistic Personality Inventory. The three questionnaires pose no risk to participants' physical, legal, psychological, etc. well-being. Testing sessions will last approximately 1.5 hours.

3B. Subjects will be randomly assigned a number (0-140) corresponding to the test battery to be completed. All performance records will remain anonymous. Participants will record only their sex and age on the computer-scored test forms. In addition, participants will be informed that all performance results will be held in strict confidence.

3C. Subjects' participation does not guarantee any beneficial results for the individual student per se. Societal benefits may accrue via increased understanding of prevalent, contemporary psychosocial configurations--Type A behavior (identified as an independent, pathogenic factor in cardiovascular disease) and narcissistic personality disturbance.

4. The consent form represents the standard, approved form issued by the Department of Psychology at Michigan State University. Consent forms will be included in the testing battery. Participants will endorse the following consent form before testing commences.

APPENDIX C:

Tennessee Self-Concept Scale

INSTRUCTIONS

Please fill in your student number in place of your name at the side of your answer sheet. Leave the remaining ID information blank.

The statements in this booklet are to help you describe yourself as you see yourself. Please respond to them as if you were describing yourself to yourself. Do not omit any item. Read each statement carefully; then select one of the five responses listed below. On your answer sheet, put a circle around the response you choose. If you want to change an answer after you have circled it, do not erase it but put an X mark through the response and then circle the response you want.

PLEASE NOTE WELL: The questions in this booklet do not appear in numerical order. Check and you will see that after question #1 comes #3, #5 and #19. This means you must be very careful when circling your choices on the answer sheet. Work in the order the questions appear in the test booklet and be sure that the item number you are circling on the answer sheet is the same as the item number in your booklet. You can line up the numbers along the right edge of your booklet with the numbers on the answer sheet.

RESPONSES:

completely false	mostly false	partly false and partly true	mostly true	completely true
1	2	3	4	5

You will find these responses repeated at the bottom of each page to help you remember them.

		Item No.
1.	I have a healthy body.....	1
3.	I am an attractive person.....	3
5.	I consider myself a sloppy person.....	5
19.	I am a decent sort of person.....	19
21.	I am an honest person.....	21
23.	I am a bad person.....	23
37.	I am a cheerful person.....	37
39.	I am a calm and easy going person.....	39
41.	I am a nobody.....	41
55.	I have a family that would always help me in any kind of trouble.....	55
57.	I am a member of a happy family.....	57
59.	My friends have no confidence in me.....	59
73.	I am a friendly person.....	73
75.	I am popular with men.....	75
77.	I am not interested in what other people do..	77
91.	I do not always tell the truth.....	91
93.	I get angry sometimes.....	93

RESPONSES:

completely false	mostly false	partly false and partly true	mostly true	completely true
1	2	3	4	5

		Item No.
2.	I like to look nice and neat all the time....	2
4.	I am full of aches and pains.....	4
6.	I am a sick person.....	6
20.	I am a religious person.....	20
22.	I am a moral failure.....	22
24.	I am a morally weak person.....	24
38.	I have a lot of self-control.....	38
40.	I am a hateful person.....	40
42.	I am losing my mind.....	42
56.	I am an important person to my friends and family.....	56
58.	I am not loved by my family.....	58
60.	I feel that my family doesn't trust me.....	60
74.	I am popular with women.....	74
76.	I am mad at the whole world.....	76
78.	I am hard to be friendly with.....	78
92.	Once in a while I think of things too bad to talk about.....	92
94.	Sometimes, when I am not feeling well, I am cross.....	94

RESPONSES:

completely false	mostly false	partly false and partly true	mostly true	completely true
1	2	3	4	5

		Item No.
7.	I am neither too fat nor too thin.....	7
9.	I like my looks just the way they are.....	9
11.	I would like to change some parts of my body.	11
25.	I am satisfied with my moral behavior.....	25
27.	I am satisfied with my relationship to God...	27
29.	I ought to go to church more.....	29
43.	I am satisfied to be just what I am.....	43
45.	I am just as nice as I should be.....	45
47.	I despise myself.....	47
61.	I am satisfied with my family relationships..	61
63.	I understand my family as well as I should...	63
65.	I should trust my family more.....	65
79.	I am as sociable as I want to be.....	79
81.	I try to please others, but I don't overdo it	81
83.	I am no good at all from a social standpoint.	83
95.	I do not like everyone I know.....	95
97.	Once in a while, I laugh at a dirty joke.....	97

RESPONSES:

completely false	mostly false	partly false and partly true	mostly true	completely true
1	2	3	4	5

		Item No.
8.	I am neither too tall nor too short.....	8
10.	I don't feel as well as I should.....	10
12.	I should have more sex appeal.....	12
26.	I am as religious as I want to be.....	26
28.	I wish I could be more trustworthy.....	28
30.	I shouldn't tell so many lies.....	30
44.	I am as smart as I want to be.....	44
46.	I am not the person I would like to be.....	46
48.	I wish I didn't give up as easily as I do....	48
62.	I treat my parents as well as I should (Use past tense if parents are not living).....	62
64.	I am too sensitive to things my family say...	64
66.	I should love my family more.....	66
80.	I am satisfied with the way I treat other people.....	80
82.	I should be more polite to others.....	82
84.	I ought to get along better with other people	84
96.	I gossip a little at times.....	96
98.	At times I feel like swearing.....	98

RESPONSES:

completely false	mostly false	partly false and partly true	mostly true	completely true
1	2	3	4	5

		Item No.
13.	I take good care of myself physically.....	13
15.	I try to be careful about my appearance.....	15
17.	I often act like I am "all thumbs".....	17
31.	I am true to my religion in my everyday life.	31
33.	I try to change when I know I'm doing things that are wrong.....	33
35.	I sometimes do very bad things.....	35
49.	I can always take care of myself in any situation.....	49
51.	I take the blame for things without getting mad.....	51
53.	I do things without thinking about them first	53
67.	I try to play fair with my friends and family	67
69.	I take a real interest in my family.....	69
71.	I give in to my parents. (Use past tense if parents are not living).....	71
85.	I try to understand the other fellow's point of view.....	85
87.	I get along well with other people.....	87
89.	I do not forgive others easily.....	89
99.	I would rather win than lose in a game.....	99

RESPONSES:

completely false	mostly false	partly false and partly true	mostly true	completely true
1	2	3	4	5

		Item No.
14.	I feel good most of the time.....	14
16.	I do poorly in sports and games.....	16
18.	I am a poor sleeper.....	18
32.	I do what is right most of the time.....	32
34.	I sometimes use unfair means to get ahead....	34
36.	I have trouble doing the things that are right.....	36
50.	I solve my problems quite easily.....	50
52.	I change my mind a lot.....	52
54.	I try to run away from my problems.....	54
68.	I do my share of work at home.....	68
70.	I quarrel with my family.....	70
72.	I do not act like my family thinks I should..	72
86.	I see good points in all the people I meet...	86
88.	I do not feel at ease with other people.....	88
90.	I find it hard to talk with strangers.....	90
100.	Once in a while I put off until tomorrow what I ought to do today.....	100

RESPONSES:

completely false	mostly false	partly false and partly true	mostly true	completely true
1	2	3	4	5

APPENDIX D:

Narcissistic Personality Inventory

NPI

Name_____ Date_____

Sex_____ Age_____ Education_____

Occupation_____

Instructions: The NPI consists of a number of pairs of statements with which you may or may not identify. Consider this example: (A) "I like having authority over people," versus (B) "I don't mind following orders." Which of these two statements is closer to your own feelings about yourself? If you identify more with "liking to have authority over other people" than with "not minding following orders," then you would choose option A.

You may identify with both "A" and "B". In this case you should choose the statement which seems closer to your personal feelings about yourself. Or, if you do not identify with either statement, select the one which is least objectionable or remote. In other words, read each pair of statements and then choose the one that is closer to your own feelings. Indicate your answer by drawing a circle around the letter ("A" or "B") that precedes that statement. Do not skip any items.

1. A I am fairly sensitive person.
   B I am more sensitive than most other people.

2. A I have a natural talent for influencing people.
   B I am not good at influencing people.

3. A Modesty doesn't become me.
   B I am essentially a modest person.

4. A Superiority is something that you acquire with experience.
   B Superiority is something you are born with.

5. A I would do almost anything on a dare.
   B I tend to be a fairly cautious person.

6. A I would be willing to describe myself as a strong personality.
   B I would be reluctant to describe myself as a strong personality.

7. A When people compliment me I sometimes get embarrassed.
   B I know that I am good because everybody keeps telling me so.

8. A The thought of ruling the world frightens the hell out of me.
   B If I ruled the world it would be a much better place.

9. A People just naturally gravitate towards me.
   B Some people like me.

10. A I can usually talk my way out of anything.
    B I try to accept the consequences of my behavior.

11. A When I play a game I don't mind losing once in a while.
    B When I play a game I hate to lose.

12. A I prefer to blend in with the crowd.
    B I like to be the center of attention.

13. A I will be a success.
    B I'm not too concerned about success.

14. A I am no better or no worse than most people.
    B I think I am a special person.

15. A I am not sure if I would make a good leader.
    B I see myself as a good leader.

16. A I am assertive.
    B I wish I were more assertive.

17. A I like having authority over other people.
    B I don't mind following orders.

18. A There is a lot that I can learn from other people.
    B People can learn a great deal from me.

19. A I find it easy to manipulate people.
    B I don't like it when I find myself manipulating people.

20. A I insist upon getting the respect that is due me.
    B I usually get the respect that I deserve.

21. A I don't particularly like to show off my body.
    B I like to display my body.

22. A I can read people like a book.
    B People are sometimes hard to understand.

23. A If I feel competent I am willing to take responsibility for making decisions.
    B I like to take the responsibility for making decisions.

24. A I am at my best when the situation is at its worst.
    B Sometimes I don't handle difficult situations too well.

25. A I just want to be reasonably happy.
    B I want to amount to something in the eyes of the world.

26. A My body is nothing special.
    B I like to look at my body.

27. A Beauty is in the eyes of the beholder.
    B I have good taste when it comes to beauty.

28. A I try not to be a show off.
    B I am apt to show off if I get the chance.

29. A I always know what I am doing.
    B Sometimes I'm not sure of what I am doing.

30. A I sometimes depend on people to get things done.
    B I rarely depend on anyone else to get things done.

31. A I'm always in perfect health.
    B Sometimes I get sick.

32. A Sometimes I tell good stories.
    B Everybody likes to hear my stories.

33. A I usually dominate any conversation.
    B At times I am capable of dominating a conversation.

34. A I expect a great deal from other people.
    B I like to do things for other people.

35. A I will never be satisfied until I get all that I deserve.
    B I take my satisfactions as they come.

36. A Compliments embarrass me.
    B I like to be complimented.

37. A My basic responsibility is to be aware of the needs of others.
    B My basic responsibility is to be aware of my own needs.

38. A I have a strong will to power.
    B Power for its own sake doesn't interest me.

39. A I don't very much care about new fads and fashions.
    B I like to start new fads and fashions.

40. A I am envious of other people's good fortune.
    B I enjoy seeing other people have good fortune.

41. A I am loved because I am lovable.
    B I am loved because I give love.

42. A I like to look at myself in the mirror.
    B I am not particularly interested in looking at myself in the mirror.

43. A I am not especially witty or clever.
    B I am witty and clever.

44. A I really like to be the center of attention.
    B It makes me uncomfortable to be the center of attention.

45. A I can live my life in any way I want to.
    B People can't always live their lives in terms of what they want.

46. A Being an authority doesn't mean that much to me.
    B People always seem to recognize my authority.

47. A I would prefer to be a leader.
    B It makes little difference to me whether I am a leader or not.

48. A I am going to be a great person.
    B I hope I am going to be successful.

49. A People sometimes believe what I tell them.
    B I can make anybody believe anything I want them to.

50. A I am a born leader.
    B Leadership is a quality that takes a long time to develop.

51. A I wish someone would someday write my biography.
    B I don't like people to pry into my life for any reason.

52. A I get upset when people don't notice how I look when I go out in public.
    B I don't mind blending into the crowd when I go out in public.

53. A I am more capable than other people.
    B There is a lot that I can learn from other people.

54. A I am much like everybody else.
    B I am an extraordinary person.

APPENDIX E:

Jenkins Activity Survey for Health Prediction, Student Version

FORM T

Medical research is trying to track down the causes of several diseases which are attacking increasing numbers of people. This survey is part of such a research effort.

Please answer the questions on the following pages by marking the answers that are most appropriate for you. Each person is different, so there are no "right" or "wrong" answers. Of course, all you tell us is strictly confidential -- to be seen only by the experimenter. Do not ask anyone else about how to reply to the items. It is your personal opinion that we want.

Do not write on this survey form; record all answers on the computer form attached to this questionnaire.

Your assistance will be greatly appreciated.

For each of the following items, please circle the number of the ONE best answer:

1. Do you ever have trouble finding time to get your hair cut or styled?

   1. Never
   2. Occasionally
   3. Almost always

2. Does college "stir you into action?"

   1. Less often than most college students
   2. About average
   3. More often than most college students

3. Is your everyday life filled mostly by

   1. Problems needing solution
   2. Challenges needing to be met
   3. A rather predictable routine of events.
   4. Not enough things to keep me interested or busy.

4. Some people live a calm, predictable life. Others find themselves often facing unexpected changes, frequent interruptions, inconveniences or "things going wrong." How often are you faced with these minor (or major) annoyances or frustrations?

    1. Several times a day.
    2. About once a day.
    3. A few times a week.
    4. Once a week.
    5. Once a month or less.

5. When you are under pressure or stress, do you usually:

    1. Do something about it immediately.
    2. Plan carefully before taking any action.

6. Ordinarily, how rapidly do you eat?

    1. I'm usually the first one finished.
    2. I eat a little faster than average.
    3. I eat at about the same speed as most people.
    4. I eat more slowly than most people.

7. Has your spouse or some friend ever told you that you eat too fast?

    1. Yes, often.
    2. Yes, once or twice.
    3. No, no one has told me this.

8. How often do you find yourself doing more than one thing at a time, such as working while eating, reading while dressing, figuring out problems while driving?

    1. I do two things at once whenever practical.
    2. I do this only when I'm short of time.
    3. I rarely or never do more than one thing at a time.

9. When you listen to someone talking, and this person takes too long to come to the point, do you feel like hurrying him/her along?

    1. Frequently.
    2. Occasionally.
    3. Almost never.

10. How often do you actually "put words in his/her mouth" in order to speed things up?

    1. Frequently.
    2. Occasionally.
    3. Almost never.

11. If you tell your spouse or a friend that you will meet them somewhere at a definite time, how often do you arrive late?

    1. Once in a while.
    2. Rarely.
    3. I am never late.

12. Do you find yourself hurrying to get places even when there is plenty of time?

    1. Often.
    2. Occasionally.
    3. Rarely or never.

13. Suppose you are to meet someone at a public place (street corner, building lobby, restaurant) and the other person is already 10 minutes late. Will you

    1. Sit and wait?
    2. Walk about while waiting?
    3. Usually carry some reading matter or writing paper so you can get something done while waiting?

14. When you have to "wait in line," such as at a restaurant, a store, or the post office, do you

    1. Accept it calmly?
    2. Feel impatient but do not show it?
    3. Feel so impatient that someone watching could tell you were restless?
    4. Refuse to wait in line, and find ways to avoid such delays?

15. When you play games with young children about 10 years old, how often do you purposely let them win?

    1. Most of the time.
    2. Half the time.
    3. Only occasionally.
    4. Never.

16. Do most people consider you to be

    1. Definitely hard-driving and competitive?
    2. Probably hard-driving and competitive?
    3. Probably more relaxed and easy going?
    4. Definitely more relaxed and easy going?

17. Nowadays, do you consider yourself to be?

    1. Definitely hard-driving and competitive?
    2. Probably hard-driving and competitive?
    3. Probably more relaxed and easy going?
    4. Definitely more relaxed and easy going?

18. How would your spouse (or closest friend) rate you?

    1. Definitely hard-driving and competitive?
    2. Probably hard-driving and competitive?
    3. Probably relaxed and easy going?
    4. Definitely relaxed and easy going?

19. How would your spouse (or best friend) rate your general level of activity?

    1. Too slow. Should be more active.
    2. About average. Is busy much of the time.
    3. Too active. Needs to slow down.

20. Would people who know you well agree that you take your work too seriously?

    1. Definitely Yes.
    2. Probably Yes.
    3. Probably No.
    4. Definitely No.

21. Would people who know you well agree that you have less energy than most people?

    1. Definitely Yes.
    2. Probably Yes.
    3. Probably No.
    4. Definitely No.

22. Would people who know you well agree that you tend to get irritated easily?

    1. Definitely Yes.
    2. Probably Yes.
    3. Probably No.
    4. Definitely No.

23. Would people who know you well agree that you tend to do most things in a hurry?

    1. Definitely Yes.
    2. Probably Yes.
    3. Probably No.
    4. Definitely No.

24. Would people who know you well agree that you enjoy "a contest" (competition) and try hard to win?

    1. Definitely Yes.
    2. Probably Yes.
    3. Probably No.
    4. Definitely No.

25. Would people who know you well agree that you get a lot of fun out of your life?

    1. Definitely Yes.
    2. Probably Yes.
    3. Probably No.
    4. Definitely No.

26. How was your "temper" when you were younger?

    1. Fiery and hard to control.
    2. Strong, but controllable.
    3. No problem.
    4. I almost never got angry.

27. How is your "temper" nowadays?

    1. Fiery and hard to control.
    2. Strong, but controllable.
    3. No problem.
    4. I almost never get angry.

28. When you are in the midst of studying and someone interrupts you, how do you usually feel inside?

    1. I feel O.K. because I work better after an occasional break.
    2. I feel only mildly annoyed.
    3. I really feel irritated because most such interruptions are unnecessary.

29. How often are there deadlines in your courses? (If deadlines occur irregularly, please circle the closest answer below).

    1. Daily or more often.
    2. Weekly.
    3. Monthly.
    4. Never.

30. Do these deadlines usually

    1. Carry minor pressure because of their routine nature?
    2. Carry considerable pressure, since delay would upset things a great deal?

31. Do you ever set deadlines or quotas for yourself in courses or other things?

    1. No.
    2. Yes, but only occasionally.
    3. Yes, once per week or more often.

32. When you have to work against a deadline, is the quality of your work

    1. Better?
    2. Worse?
    3. The same? (Pressure makes no difference)

33. In school do you ever keep two projects moving forward at the same time by shifting back and forth rapidly from one to the other?

    1. No, never.
    2. Yes, but only in emergencies.
    3. Yes, regularly.

34. Do you maintain a regular study schedule during vacations such as Thanksgiving, Christmas and Easter?

    1. Yes.
    2. No.
    3. Sometimes.

35. How often do you bring your work home with you at night or study materials related to your courses?

    1. Rarely or never.
    2. Once a week or less often.
    3. More than once a week.

36. How often do you go to the university when it is officially closed (such as nights or weekends)? If this is not possible, fill in response #4 on your answer sheet.

    1. Rarely or never.
    2. Occasionally (less than once a week)
    3. Once or more a week.

37. When you find yourself getting tired while studying, do you usually

    1. Slow down for a while until your strength comes back.
    2. Keep pushing yourself at the same pace in spite of your tiredness?

38. When you are in a group, do the other people tend to look to you to provide leadership?

    1. Rarely.
    2. About as often as they look to others.
    3. More often than they look to others.

39. Do you make yourself written lists of "things to do" to help you remember what needs to be done?

    1. Never.
    2. Occasionally.
    3. Frequently.

IN EACH OF THE FOLLOWING QUESTIONS, PLEASE COMPARE YOURSELF WITH THE AVERAGE STUDENT AT YOUR UNIVERSITY. PLEASE CHOOSE THE MOST ACCURATE DESCRIPTION.

40. In amount of effort put forth, I give

1. Much more effort.
2. A little more effort.
3. A little less effort.
4. Much less effort.

41. In sense of responsibility, I am

1. Much more responsible.
2. A little more responsible
3. A little less responsible.
4. Much less responsible.

42. I find it necessary to hurry

1. Much more of the time.
2. A little more of the time.
3. A little less of the time.
4. Much less of the time.

43. In being precise (careful about detail), I am

1. Much more precise.
2. A little more precise.
3. A little less precise.
4. Much less precise.

44. I approach life in general

1. Much more seriously.
2. A little more seriously.
3. A little less seriously.
4. Much less seriously.

Thank you for your cooperation.

APPENDIX F:

Testing Instructions

Testing Instructions

1. My name is Susan Saccaro. I am a third year graduate student in the department of psychology. I am conducting an experiment designed to explore issues related to self-concept.

2. The testing session will last approximately 1 to 1-1/2 hours.

3. You are free to discontinue your participation in the study at any time without penalty.

4. You understand that your participation in the study does not guarantee any beneficial results to you.

5. You have volunteered to complete three different questionnaires that are designed to test different behaviors and attitudes.

6. Each subject will receive a testing battery that includes: a computer credit scoring sheet; a consent form; three separate questionnaires; and three computer recording sheets.

7. All subject data will remain anonymous. The results of the study will be treated in strict confidence.

8. The only information to be recorded is your age and sex; you agree to record this information on each computer form in the testing packet you have received (point to diagram).

9. You have been randomly assigned a subject number between 1 and 169; 169 subjects will be tested during the course of this experiment. Your subject number has been prerecorded on each computer recording sheet in your testing packet. Please check now check the computer sheets to make sure that the same number appears on each answer form. Please bring any problems to my attention.

10. I understand that this is an individual activity. I am not competing with other participants (i.e., there are no right or wrong answers, and completing the testing booklet quickly is not related to my performance).

11. You agree to answer every question on each test. I agree to choose the best response when none of the options appear to be completely appropriate.

12. Please fill in the appropriate circle completely. Please make sure that your markings are dark. I have supplied number two pencils for you to use to complete the questionnaires. USE THESE PENCILS TO WRITE WITH--NOT A WRITING IMPLEMENT YOU BROUGHT TO THE TESTING SESSION. When changing responses, erase thoroughly. On the "long" test, the directions say to place an "X" over an initial response you wish to change. IGNORE THIS PART OF THE DIRECTIONS; erase as normal.

13. It is crucial to complete the testing battery in the same order that they appear in your testing packet. Completely finish each questionnaire and recheck your answers before proceeding to the next test in your booklet.

14. The first page in your booklet is a consent form. Please read this form carefully and endorse it with your signature if you wish to participate in this study.

15. Next you will find a credit scoring sheet. Please put your name, student name, date, and class as in the diagram on the board behind me. After you have completed this form, please put it aside.

16. Please read the directions on each questionnaire carefully and completely before proceeding to answer the test questions.

17. DO NOT MAKE ANY MARKS ON THE QUESTIONNAIRE FORMS; RECORD ALL RESPONSES ON THE COMPUTER SCORING SHEETS ONLY.

18. Make sure to check that question numbers match your response number. ON THE "LONG TEST," QUESTIONS ARE NOT IN CHRONOLOGICAL ORDER. Please be careful when answering questions on this test.

19. Each questionnaire has a separate computer answer sheet. Please use the computer form attached to the survey you are completing.

20. Please recheck your answer sheets after you have completed the testing packet. Check to make sure that you have answered every question and every test, and that each mark is a full, dark circle.

21. After you have completed and rechecked your answer sheets, quietly turn in your entire testing package to the experimenter. I will check each part of the packet to ensure that you have followed all directions. Then I will stamp and endorse your subject credit card (I have extra cards if you forgot to bring your card to the testing session). Please pick up a summary sheet before you leave; this will explain the purpose of the experiment in more detail. Please leave the room quietly so that students who are still working will not be distracted or disturbed.

22. At your request, you can receive additional explanations of the study after all data has been collected.

23. If questions arise during the testing session, please speak with me. I can only answer technical questions; I cannot answer questions that pertain to clarifying test questions.

24. Thank you very much for your participation in this study. If you have any additional questions, or want more information, I can be contacted at 355-1682 (also written on the board).

25. If there are no further questions, you may begin.

APPENDIX G:

Consent Form

MICHIGAN STATE UNIVERSITY
Department of Psychology

DEPARTMENTAL RESEARCH CONSENT FORM

1. I have freely consented to take part in a scientific study being conducted by: Susan Saccaro

   under the supervision of: Dr. Norm Abeles

   Academic Title: Third year graduate student, Clinical Psychology

2. The study has been explained to me; the experiment is designed to explore issues related to self-concept. I agree to complete three questionnaires. The testing session lasts approximately one hour. I understand the explanation that has been given and what my participation will involve.

3. I understand that I am free to discontinue my participation in the study at any time without penalty.

4. I understand that the results of the study will be treated in strict confidence and that I will remain anonymous. Within these restrictions, results of the study will be made available to me at my request.

5. I understand that my participation in the study does not guarantee any beneficial results to me.

6. I understand that, at my request, I can receive additional explanation of the study after all data have been collected.

Signed:_____

Date:_____

Title of Experiment: Coping Strategies

APPENDIX H:

Debriefing Sheet

COPING STRATEGIES:
Feedback to Subjects

The study is designed to explore issues related to self-concept. I am interested in three aspects of self-image: the relative presence/absence of Type A/B and narcissistic behaviors, and self-esteem.

Contemporary researchers have directed increasing attention toward understanding the psychosocial variables characterizing the Type A behavior pattern. The Type A individual tends to exhibit: intense aspirations; a sense of time urgency; high levels of stress; and increased risk for heart disease. Alternatively, narcissistic behaviors are characterized by: a chronic "drive" toward success; emphasis on external approval and admiration; and difficulties setting limits.

Both narcissistic and Type A behavior patterns appear to reflect many common, culturally-reinforced features. Most importantly, these patterns seem to share a basic feature: energies are directed toward "actualizing" an ideal image. In addition, Type A and narcissistic behaviors appear to serve as coping strategies used to maintain self-esteem.

To test my hypotheses concerning the relationship between these factors, 150 undergraduate students completed the three questionnaires you used during the experiment. The questionnaires are reliable psychometric instruments that have proved helpful in previous research. The results of the study have not been completely analyzed, so I do not know whether or not my hypotheses have been confirmed.

Please keep the experimental hypotheses confidential. As you can imagine, uncontrolled variables bias the data and invalidate results when individuals are aware of the hypotheses before participating in the study.

Thank you for your participation in helping me gather information that has both theoretical and practical significance.

Susan Saccaro-Department of Psychology
135 Snyder Hall, Michigan State University
Phone: 355-1682

APPENDIX I:

Cumulative Frequency Distributions:

Narcissism, Type A Behavior and Total P

Table 7

Cumulative Frequency Distribution: Narcissism

No. of Narcissism Responses	Frequency	Cumulative Percent
4	1	1
6	2	2
7	1	2
8	2	4
9	1	4
10	4	7
11	2	8
12	5	11
13	6	14
14	4	17
15	5	20
16	6	23
17	4	25
18	9	31
19	12	38
20	8	43
21	12	50
22	5	53
23	16	62
24	14	70
25	7	75
26	6	78
27	7	82
28	3	84
29	4	86
30	4	89
31	3	91
32	7	95
33	3	96
34	1	97
35	2	98
39	1	99
40	1	99
41	1	100

Table 8

Cumulative Frequency Distribution: Type A Behaviors

No. of Type A Responses	Relative Frequency	Cumulative %
2	1.2	1.2
3	1.8	3.0
4	3.6	6.5
5	.6	7.1
6	3.0	10.1
7	4.7	14.8
8	5.3	20.1
9	7.7	27.8
10	6.5	34.3
11	7.7	42.0
12	7.7	49.7
13	5.3	55.0
14	4.7	59.8
15	8.9	68.6
16	5.3	74.0
17	7.1	81.1
18	1.8	82.8
19	4.1	87.0
20	4.1	91.1
21	1.8	92.9
22	3.0	95.9
23	2.4	98.2
25	.6	98.8
26	.6	99.4
28	.6	100.0

Table 9

Cumulative Frequency Distribution: Total P, TSCS

No. Total P Responses	Frequency	Cumulative %
213	1	1
235	1	1
250	1	2
262	1	2
272	1	3
274	1	4
278	1	4
280	1	5
281	2	6
285	1	7
286	1	7
288	1	8
292	1	8
297	1	9
299	1	9
300	3	11
301	2	12
303	1	13
305	2	14
306	1	15
309	2	16
312	2	17
315	3	19
316	1	20
318	3	21
319	1	22
320	2	23
321	2	24
322	2	25
323	6	29
324	1	30
325	1	30
326	4	33
327	3	34
328	2	36
329	3	37
330	2	38
331	1	39
332	3	41
333	1	41
335	4	44
336	3	46

Table 9 (Continued)

No. Total P Responses	Frequency	Cumulative %
337	2	47
338	6	50
339	1	51
340	2	52
341	1	53
342	3	54
343	2	56
344	3	57
345	2	59
346	1	59
347	3	61
348	1	62
349	2	63
350	1	63
351	1	64
352	2	65
353	3	67
355	1	67
356	1	68
357	4	70
358	2	72
359	1	72
360	3	74
361	2	75
362	1	76
364	5	79
365	2	80
366	3	82
368	6	85
370	3	87
371	1	88
373	2	89
374	1	89
375	1	90
376	2	91
377	2	92
380	1	93
381	1	93
382	1	94
383	1	95
384	2	96

Table 9 (Continued)

No. Total P Responses	Frequency	Cumulative %
385	1	96
387	1	97
390	1	98
391	1	98
396	2	99
419	1	100

NOTE: Total P = Overall self-esteem
TSCS = Tennessee Self-Concept Scale.

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