

# Overt and Covert Narcissism in Iranian Students: The Role of Self-esteem and Shame

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## ABSTRACT

**Objective:** For decades, both theory and research have focused on the role of self-esteem and shame in constructing narcissistic traits. However, studies on the exact relationship between these two and overt and covert facets of narcissism have been equivocal.

**Methods:** The current study is correlational. It examined these relationships among 308 Iranian college students (155 males, 153 females, mean age=23.49 years, SD=2.83). The target population was all students of national universities of Tehran, Iran. The sampling method was non-random multi-step clustering. Participants were asked to fill four self-report measures: Narcissistic Personality Inventory (NPI), Rosenberg Self-esteem Scale (RSES), Test of Self-conscious Affect (TOSCA-3), and Hypersensitive Narcissism Scale (HSNS). The data were analyzed by SPSS 19.0.0 software, using Pearson's Correlation, T-test and Multiple Regression Analysis methods.

**Results:** Surprisingly, there was no significant difference between men and women with respect to NPI scores. Findings also revealed that shame was negatively related to overt narcissism ( $r=-0.22$ ,  $P<0.05$ ) and positively related to covert narcissism ( $r=0.23$ ,  $P<0.05$ ). Self-esteem was found to be positively correlated with overt narcissism ( $r=0.42$ ,  $P<0.01$ ) and negatively correlated with covert narcissism ( $r=-0.30$ ,  $P<0.01$ ).

**Conclusion:** The results provide support for the models of overt narcissism in which the narcissistic self serves as a buffer against inner feelings of inferiority. It also supports the importance of shame and low self-esteem in shaping the covert narcissistic traits. However, shame could not differentiate between overt and covert narcissism. The empirical, cultural, and clinical implications of the findings are discussed.

## 1. Introduction

Narcissism is a pervasive grandiose sense of self that is characterized by traits such as authoritativeness, exhibitionism, interpersonal exploitativeness, entitlement, and vanity (Roskin, Novacek, & Hogan, 1991).

According to the fourth edition of diagnostic and statistical manual of mental disorders (American Psychiatric Association 2000), people with Narcissistic Personality Disorder (NPD) generally have a grandiose sense of self-importance; believe that they are superior to others; require excessive admiration; lack sympathy, and fail to

recognize others' feelings and needs. However, some clinical theorists (e.g. Akhtar & Thomson 1982; Cooper 1998; Gabbard, 1989) and researchers (e.g. Dickinson & Pincus 2003; Wink 1991) have challenged these DSM depictions, believing that it fails to sufficiently capture the full spectrum of narcissism.

Wink (1991) provided the first empirical evidence on the distinction between two facets of narcissism: grandiosity/exhibitionism (overt narcissism) and vulnerability/sensitivity (covert narcissism). He found that both types of narcissists share common traits, including entitlement and interpersonal exploitation. Nonetheless, covert nar-

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cissism associates with traits such as shyness, irritability, and social avoidance, while overt narcissism is more frequently associated with extroversion, self-reliance, flamboyance, and aggressiveness (Wink, 1991; Hibbard, 1992).

An accepted view on the dynamics of narcissistic traits, derived from works of Kohut (1977) and Kernberg (1970, 1984) posits that narcissists have a vulnerable sense of self-esteem, and hence, are more prone to shame. Self-esteem is one's conscious evaluation about self-worth and the extent to which one acknowledges herself or himself as worthwhile (Rosenberg 1965, as cited in Rajabi & Bohlool 2007). According to Kohut (1977) and Kernberg (1970, 1984), narcissists' grandiosity serves as a veil that hides inner feelings of inadequacy and inferiority. This underlying inadequacy in turn contributes to sustainment of the inflated figure, which will exhibit itself as elevated self-esteem (Morrison, 1989; Rhodewalt & Sorrow, 2003; Rodin & Izenberg, 1997). Although this conceptualization has been widely accepted and used in theoretical and clinical contexts (e.g. Rhodewalt & Sorrow 2003; Rodin & Izenberg; 1997), empirical results are equivocal. Some research has shown negative relationship between overt narcissism and self-esteem (Rose, 2002; Sawrie, Watson, Sherbak, Greene, & Arrendondo, 1997), while others support the negative association between these variables (Emmons 1984, 1987; Watson, Morris & Miller, 1997). Yet the research literature is more unisonous in the existence of a negative correlation between covert narcissism and self-esteem (e.g. Dickinson & Pincus, 2003; Watson, Taylor & Morris, 1987).

Shame is a highly negative self-conscious emotion evoked in response to perceived failures or transgressions in face of actual or imaginary others. It involves stable, global, and uncontrollable attributions about self (Tangney and Dearing, 2002), and is accompanied by feelings of inferiority, powerlessness, and a desire to efface oneself (Tangney, Miller, Flicker and Barlow, 1996). Experiences of shame are closely related to low self-esteem and instable high self-esteem, which are considered to play roles in both facets of narcissism (Broucek, 1991; Kohut, 1977; Morrison, 1986). Gabbard (1989) suggests that even though both types of narcissists are preoccupied with maintaining their self-esteem, they do this in different manners. Overt narcissists try to guard their self-esteem by impressing others while repressing experiences of shame; covert narcissists, on the other hand, are prone to experience shame and try to avoid situations they perceive as threatening to their self-image. Some researchers have found evidence for the overt narcissists'

tendency to deny shame (Hibbard, 1992; Wright, O'Leary & Balkin, 1989), but others have failed to find a negative or null relationship between shame and overt narcissism (Gramzow & Tangney, 2002).

As mentioned above, the clinical and empirical literature suggests that pathological narcissism encompasses two broad themes of dysfunction-narcissistic grandiosity and narcissistic vulnerability. In the DSM classification, however, NPD criteria have become increasingly narrow in their focus on narcissistic grandiosity. "This leads to the lowest prevalence rate among DSM Axis II personality disorders, limited psychotherapy research, and a significant disconnect with the much more common use of pathological narcissism as a diagnosis in clinical practice" (Pincus & Lukowitsky, 2010; P. 8.17). In other words, many clinicians may become too focused on overt/grandiose manifestations of narcissism that they even ignore or misdiagnose the patients who actually meet the criteria for narcissistic vulnerability. Moreover, there is a dearth of research on this topic in the Middle Eastern countries, including Iran. The current study aimed to further explore the relationship between self-esteem, shame and the overt and covert facets of narcissism. Based on prior works in the field, these four hypotheses could be drawn:

Hypothesis 1: There would be a positive relationship between self-esteem and overt narcissism.

Hypothesis 2: There would be a negative relationship between self-esteem and covert narcissism.

Hypothesis 3: There would be a negative relationship between shame and overt narcissism.

Hypothesis 4: There would be a positive relationship between shame and covert narcissism.

## 2. Methods

This was a correlational study. The target population was all students of national universities of Tehran, Iran. Using the third version of G\*power software (Erdfelder, Faul & Buchner 1996) with size effect of 0.15, confidence level of 0.95 ( $\alpha=0.05$ ) and statistical power of 0.95 ( $\beta=0.05$ ), the minimum sample size (n) was found to be approximately 107. The sample group of the study consisted of 153 female and 155 male undergraduate and graduate students (mean age=23.49; SD=2.83 y), recruited through multi-clustering sampling. The mean age of students was 23.83 years for males (SD=2.88 y) and 23.83 years for females (SD=2.88 y).

Participants were recruited from four major universities of Tehran (Sharif University of Technology, Amirkabir University of Technology, University of Tehran, and Allameh Tabataba'i University). Since we lacked access to the complete list of students in Tehran, we recruited our sample from those students who were on campus in a 20-day period and willing to participate in a 1-hour study. Another limitation in sampling procedure was that our study was part of a larger survey which used scales that needed the full and accurate names of participants. This was a prolonging factor in sampling and limited our population to the students who either were acquaintances of the researchers or their true identity was otherwise established. Each participant was provided with a package consisting printed forms of narcissism, self-esteem and shame measures. All participants provided written informed consent prior to participation, describing the aims of study, the commitment of researchers to protect participants' personal information, the potential benefits or drawbacks of participating in the study (e.g. better self-knowledge or slight, transitory negative moods). The general findings were sent to willing participants by E-mail. There were no specific exclusion criteria.

#### **Narcissistic Personality Inventory (NPI; Raskin & Hall 1979)**

NPI is the most common measure for assessing overt narcissistic traits in normal population. The 40-item version of this self-report questionnaire was found to have very good reliability and construct validity (Soyer, Rovencor, Kopelman, Mullins & Watson, 2001; Raskin & Terry, 1988). Participants were asked to answer to 40 true-false items (e.g. "I really like to be the center of attention" vs. "It makes me uncomfortable to be the center of attention").

In Iranian studies, Javadi (1997, as cited in Zeini Hassanvand, Javandmard & Goodarzi, 2015) administered NPI on 1018 high-school students, and reported good reliability ( $0.82 < \alpha < 0.84$ ) for the scale. In a current study, Zeini Hassanvand, Javanmard & Goodarzi (2015) validated NPI for Iranian population. They concluded that NPI is an appropriate instrument to screen narcissistic personality traits in Iranian population for pertaining researches, and is a diagnostic tool in non-clinical population.

#### **Rosenberg Self-esteem Scale (RSES; Rosenberg, 1965, as cited in Rajabi & Bohlool, 2007)**

RSES is a widely used self-report measure, containing 10 items which are scored on a Likert-type scale from

1 (Strongly disagree) to 5 (Strongly agree). The present study yielded an internal consistency coefficient of  $\alpha=0.86$ .

Rajabi and Bohlool (2007) assessed the psychometric features of RSES in a sample of 129 college students. They verified its reliability and validity for both clinical and research endeavors.

#### **Test of Self-conscious Affect-3 (TOSCA-3, Tangney, Dearing, Wagner, & Gramzow 2000, as cited in Tangney and Dearing 2002)**

TOSCA-3 is consisted of 11 negative and 5 positive scenarios (e.g. "You break something at work and then hide it") with responses reflecting either shame- or guilt-proneness toward the corresponding situation. Participants are asked to imagine themselves in those situations and indicate how likely they would be to react in each of the ways described in a 5-point scale, from 1 (not likely) to 5 (very likely). The Cronbach  $\alpha$  for shame scale was 0.78 in the current sample.

The face validity of TOSCA-3 has been verified by some clinical researchers in Iran (Sanayi, 1999, as cited in Zarei, 2011). Zarei (2011) found in his study on Iranian couples that TOSCA-3 items have high internal consistency ( $\alpha=0.80$ ).

#### **Hypersensitive Narcissism Scale (HSNS; Wink & Cheek, 1998)**

HSNS assesses covert narcissism and was originally developed from the Murray Narcissism Scale (Murray, 1938). It is a 10-item measure of narcissistic hypersensitivity designed for non-clinical populations (Hendin & Cheek, 1997). Each item (e.g. "I can become entirely absorbed in thinking about my personal affairs, my health, my cares, or my relations to others") is ranked on a scale ranging from 1 (very uncharacteristic) to 5 (very characteristic). The Cronbach  $\alpha$  for shame scale was 0.72 in the current sample.

All data were put into SPSS 19 software. Next, statistical methods were used to analyze the data:

1. Descriptive statistics: In order to calculate frequency, mean, and standard deviation.
2. Pearson Correlation: In order to determine correlations between variables of the study.

Table 1. Descriptive statistics.

Gender	n		RSES	NPI	HSNS	Shame	Authority	Exhibitionism	Superiority	Entitlement	Exploitativeness	Self-sufficiency	Vanity
Female	153	Mean	37.54	19.15	25.33	41.92	4.65	3.33	2.63	3.12	1.81	1.85	1.77
		SD	7.14	5.34	4.35	8.67	1.96	1.88	1.17	1.38	1.15	1.11	0.68
Male	155	Mean	37.55	19.29	25.93	36.81	4.48	3.05	2.71	3.31	2.10	2.26	1.29
		SD	5.98	6.15	5.17	8.83	2.05	1.73	1.29	1.33	1.31	1.34	0.97
Total	308	Mean	37.55	19.23	25.65	39.23	4.56	3.18	2.67	3.22	1.96	2.06	1.52
		SD	6.52	5.78	4.79	9.09	2.00	1.80	1.24	1.35	1.24	1.25	0.87
Cronbach $\alpha$			0.78	0.81	0.72	0.79	-	-	-	-	-	-	-

RSES= Rosenberg Self-esteem Scale; NPI= Narcissistic Personality Inventory;  
HSNS= Hypersensitive Narcissism Scale.

3. Between-group T-test: In order to compare males and females with respect to NPI, RSES and TOSCA-3 scores.

4. Hierarchical Regression Analysis: In order to determine the share of self-esteem and shame in explaining the variance of overt narcissism and covert narcissism.

### 3. Results

Table 1 shows descriptive statistics for the scores of males and females on overt and covert narcissism, self-esteem, and shame. One-sample Kolmogorov-Smirnov Test showed that the data for all variables were of relatively normal distribution. Further, Multivariate Outlier Analysis using Mahalanobis Distance verified that no single or multiple data should have been removed ( $df=3$ ,  $P=0.001$ ,  $\chi^2=18.467$ ). Hence, the data met the assumptions for between-group T-test and Multiple Regression Analysis.

Comparison of means (T test) showed that there were no significant differences between males and females in the measures of narcissism, shame, or self-esteem (Table 2).

Correlations between study variables are presented in Table 3. As shown in this Table, we found a negative correlation between shame and overt narcissism ( $r=-0.22$ ,  $P<0.05$ ) and a rather strong positive correlation between self-esteem and overt narcissism ( $r=0.42$ ,  $P<0.01$ ). The relationship between self-esteem and covert narcissism was negative ( $r=-0.30$ ,  $P<0.01$ ). Moreover, shame was correlated positively with covert narcissism ( $r=0.23$ ,  $P<0.05$ ). The relationship between self-esteem and shame was significant and negative ( $r=-0.49$ ,  $P<0.01$ ).

The summary of the linear regression analysis is shown in Tables 4 and 5. In this model, self-esteem and shame were considered as predictors, and overt and covert narcissism were added as criteria variables, respectively. The linear regression model reveals that the interaction

Table 2. T-test for the scores of males and females.

Variable	T	df	Sig.	Mean Difference
RSES	0.025	306	0.490	0.01
Shame	-1.422	306	0.078	-5.11
NPI	0.283	306	0.611	0.14
HSNS	2.034	306	0.978	0.60

RSES= Rosenberg Self-esteem Scale; NPI= Narcissistic Personality Inventory;  
HSNS= Hypersensitive Narcissism Scale

**Table 3.** Pearson correlation coefficients among study variables.

		1	2	3	4
1	RSES	-	-0.49**	0.42**	-0.30**
2	Shame		-	-0.22*	0.23*
3	NPI			-	-0.04
4	HSNS				-

\* P&lt;0.05 \*\* P&lt;0.01

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RSES= Rosenberg Self-esteem Scale; NPI= Narcissistic Personality Inventory; HSNS= Hypersensitive Narcissism Scale.

of self-esteem and shame scores can predict almost 18% of the variation in overt narcissism ( $P<0.001$ ) and almost 10% of the variation in covert narcissism ( $P<0.01$ ).

In order to find out the contribution of each independent variable (i.e. self-esteem and shame) in predicting the criterion variables (i.e. overt and covert narcissism) hierarchical regression analysis was performed. This method is recommended when there is theoretical background about the relationship of predictive and criterion variables (Cohen, Cohen, West & Aiken, 2003). Since self-esteem has been studied more than shame in the literature and has a firmer theoretical background, we decided to enter it as the first variable in our analysis. Results are presented in Tables 6 and 7. As you can see, the analysis stopped at the first step, suggesting that almost all of the variation predicted by the interaction of self-esteem and shame could be attributed only to self-esteem. The analyses reveal that self-esteem could predict almost 18% of variation in overt narcissism, and nearly 9% of variation in covert narcissism ( $P<0.001$ ), and in both cases entering shame in the model increased the prediction power only by 1%.

Our first hypothesis predicted that there would be a positive relationship between self-esteem and overt narcissism. The results of Table 3 confirm this hypothesis, with a strong positive relationship between self-esteem and overt narcissism ( $r=0.42$ ,  $P<0.01$ ). The second hypothesis was also confirmed by the negative correlation between self-esteem and covert narcissism ( $r=-0.30$ ,  $P<0.01$ ). The third hypothesis states that there would be a negative correlation between shame and overt narcissism. The results also verify this hypothesis ( $r=-0.22$ ,  $P<0.05$ ). Finally, the fourth hypothesis with respect to

the positive association of shame and covert narcissism was also confirmed by study results ( $r=0.23$ ,  $P<0.05$ ).

#### 4. Discussion

The relationship between self-esteem, shame and two facets of narcissism has been a matter of research for decades. However, the findings were controversial. In addition, there have been virtually no studies in Iran targeting the two facets of narcissism. The current study aimed to address this issue in a sample of Iranian undergraduate and graduate students.

Our results show that there is no difference between men and women with regard to NPI scores. This is inconsistent with most previous research in Western cultures (e.g. Ackerman, 2011; Schreer, 2002; Shwartz, 1991), in most of them, men scored higher than women. This difference between two sexes has usually been explained by cultural factors in Western societies. According to this view, in modern societies with individualistic cultures, men are usually encouraged to be extroverted, self-sufficient, and competitive, while women are encouraged to recognize the importance of relationships and cultivate affectionate bonds even at the expense of their needs and self-expression (O'Leary & Wright, 1986). Our discrepant results also could be explained upon the same logic: brought up in a culture that lies in the middle of the collectivism-individualism spectrum (Ghorbani, Watson, Hamzavy & Weathington, 2010) and recruited from some top universities, males in our sample may have not been socialized much as competitive, independent, 'masculine' individuals and females are likely to be more assertive and self-sufficient than their non-student counterparts, hence resulting in similar NPI scores.

**Table 4.** Linear regression model for overt narcissism (NPI).

Entered variable	R	R <sup>2</sup>	SEE	Sig.
Self-esteem & Shame	0.422	0.178	5.265	0.0005

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**Table 5.** Linear regression model for covert narcissism (HSNS).

Entered variable	R	R <sup>2</sup>	SEE	Sig.
Self-esteem & shame	0.300	0.090	4.590	0.001

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Our main results on the relationship between self-esteem, shame, and overt/covert narcissism concur with many recent research (Maxwell, Donnellan, Hopwood & Ackerman, 2011; Fukushima & Hosoe, 2011; Brunell, Staats, Barden & Hupp, 2011; Locke, 2009), and support psychoanalytic and psychodynamic conceptualizations claiming that narcissists try to hide their feelings of inferiority and inadequacy by dissembling a grandiose character (Kohut, 1977; Kernberg, 1984).

The results regarding covert narcissism and self-esteem provide further support for recent findings (e.g. Malkin, Barry & Zeigler-Hill, 2011). Kohut (1977) described covert narcissists as more aware of the sham of their inflated self. Cooper (1988) has suggested that covert narcissists attempt to protect their grandiose image, while at the same time acknowledge their weaknesses. This

covert narcissists accept both their shame experiences and low self-esteem. However, our regression analyses revealed that shame may not be a significant predictor of either overt or covert narcissistic traits (Table 4).

Although lower shame scores among overt narcissists could be attributed to their attempts to ignore their negative evaluations of their selves and to preserve a desirable, yet fragile figure, our finding that shame is not a considerable predictor of narcissism is more aligned with recent findings in the field of self-conscious emotions (Gramzow & Tangny, 2002). According to Wright et al. (1989), people who bear conscious senses of superiority and grandiosity, feelings reflected in the NPI items, are more likely to avoid experiencing shame. Their study differentiated between two facets of narcissism based on participants' shame-proneness. Our study,

**Table 6.** Hierarchical regression analysis for self-esteem and shame on overt narcissism.

Step	Predictor(s)	R	R <sup>2</sup>	F	b	β	t	Sig.
1	Self-esteem	0.422	0.175	23.45	0.374	0.422	4.84	0.0005

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notion was supported by our research, as we found that covert narcissism is negatively related to self-esteem. The combination of low self-esteem and high shame-proneness is congruent with the description of covert narcissists as shy, introverted and anxious people (Wink, 1991; Hibbard, 1992).

Many theorists (e.g. Broucek, 1982; Gabbard, 1998; Masterson, 1991; Røvik, 2001) have suggested that susceptibility to shame is common among both facets of narcissism. While overt narcissists continually seek acceptance to defend against shame, covert narcissists are more prone to experience shame consciously and avoid threatening social situations. Thus, using self-report measures, overt narcissists would usually deny the experience of shame and report higher self-esteem, while

on the other hand, supports more specifically the notion that covert narcissists tend to play the victim role and are not aware of their grandiosity (Wright et al., 1989). In other words, people with overt and covert narcissistic traits might be prone to blame others for their shortcomings, ignore their own weaknesses altogether, and suppress their feelings of inadequacy and shame. Hence, it is not surprising that the shame factor was not included in the hierarchical regression analysis.

Morrison (1989) suggests that shame is provoked in covert narcissists because their dependency to others for protecting their self-esteem highlights their neediness, inferiority, and insufficiency. Research on the relationship between shame and facets of narcissism is usually in agreement with the notion that shame and low self-

**Table 7.** Hierarchical regression analysis for self-esteem and shame on covert narcissism.

Step	Predictor(s)	R	R <sup>2</sup>	F	b	β	t	Sig.
1	Self-esteem	0.300	0.090	10.70	-0.220	-0.300	-3.271	0.001

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esteem are correlated constructs (e.g. Broucek, 1991). There is some controversial evidence that shame may differentiate between two types of narcissism in that covert narcissists tend to report their conscious shame, but overt narcissists usually have little, if any, feelings of shame (Hibbard, 1992). On the contrary, our study showed that shame-proneness is not a differentiating factor between overt and covert narcissism. As a recent review by Pincus and Lukowinsky (2010) demonstrates, overt and covert narcissism are distinct types or phenotypes of narcissism might be clinically inaccurate. This distinction is simply about different modes of the expression of narcissistic grandiosity and narcissistic vulnerability.

To sum up, our study backs the hypothesis that narcissism (in both of its two facets) has its roots in fragile self-esteem. While shame does not seem to play a significant mediating role between these two constructs, it was found to still co-occur with low self-esteem and covert narcissism. Some research and clinical implications could be drawn by our results: (1) the differences between male and female students in overt narcissistic traits might not as significant in Iranian samples as it is in Western cultures. In other words, adaptive and maladaptive traits such as authority, exhibitionism, superiority, entitlement, exploitativeness, self-efficacy, and vanity might be as prevalent in females as they are in males; (2) there seems to be two types of narcissistic traits: one with prominent grandiosity (high scores on NPI) and one with prominent vulnerability (high scores on HSNS).

However, conscious shame-proneness might be unrelated to these two phenotypes. Being prone to shame seems not to be a core component of vulnerable narcissism. Therefore, beyond the typical DSM criteria for NPD, clinicians should be keen to detect personality profiles with prominent low self-esteem, avoidant behaviors, and yet low levels of shame, since these profiles might reflect a vulnerable narcissistic pathology with the same treatment plan as for grandiose narcissistic pathology (Kernberg, 1984; Kohut, 1977). Clinicians should also be aware that narcissistic patients virtually and always exhibit both overt and covert grandiosity as well as overt and covert vulnerability (Pincus & Lukowinsky, 2010); (3) There still remains a probability that feelings of inadequacy and shame are repressed among narcissists. As some prominent theoretical perspectives suggest, people with narcissistic traits may not allow their feelings of shame to come to surface (Kernberg, 1984; Kohut, 1977). Therefore, it is recommended for future researchers to use more implicit measures of shame (such as the Thematic Apperception Test) in order to bypass the putative denial in overt narcissists. Moreover,

as long as the negative relationship between shame and self-esteem is concerned, therapeutic agendas (specifically emotion-focused therapies), which focus on reducing shame-proneness could benefit patients with both overt and covert manifestations of narcissism.

Findings of the present study should be interpreted in light of its limitations. First of all, the participants were recruited from four top universities of Tehran, and may not be fully representative of all students of Tehran. Future studies on other subcultures could further illustrate the relationships between self-esteem, shame and narcissism in those populations. In addition, the HSNS and TOSCA-3 samples have not been normalized for Iranian population yet. There may be cultural or other influential factors involved in the measures and the relationships between them, but we are unable to indicate them without normalizing the measures for Iranian culture.

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