



# Has there been a recent increase in adolescent narcissism? Evidence from a sample of at-risk adolescents (2005–2014)



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## ABSTRACT

The present study examined the level of overall self-reported narcissism in cohorts of 16–19 year olds ( $N = 2696$ ; 2272 males) attending the same 22-week residential program from 2005 to 2014. Fourteen cohorts completed the Narcissistic Personality Inventory for Children (NPIC; Barry, Frick, & Killian, 2003), and 10 of these cohorts completed the Narcissism Scale of the Antisocial Process Screening Device (APSD; Frick & Hare, 2001). Two approaches to analyze scores in relation to year of data collection were employed. There were no significant changes in narcissism from either measure across the study time period. The implications of these findings for considering current generational trends in narcissism and the need for further research on developmental influences of narcissism are discussed.

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## 1. Introduction

In the past decade, the prevalence of narcissism in subsequent generations of adolescents and young adults has been the focus of some debate. One claim is that narcissism has been on the rise in statistically significant and societally important ways among college students since the 1980s (e.g., Twenge, Konrath, Foster, Campbell, & Bushman, 2008a), whereas another argument is that no such appreciable change in narcissism or “narcissism epidemic” exists (e.g., Trzesniewski, Donnellan, & Robins, 2008). Moreover, some evidence suggests that age is a better predictor of narcissism than generation, with narcissism declining with age after adolescence or young adulthood (Roberts, Edmonds, & Grijvala, 2010).

Research on narcissism has been extended to at-risk adolescents and has noted meaningful individual differences in terms of its relation with constructs like aggression (e.g., Barry, Grafeman, Adler, & Pickard, 2007; Golmaryami & Barry, 2010), anxiety (e.g., Barry & Malkin, 2010), and the quality of interpersonal relationships (Barry & Wallace, 2010). Narcissism has also demonstrated predictive utility for later delinquency among a community sample of adolescents (Barry, Frick, Adler, & Grafeman, 2007) and for behavioral problems within a residential setting (Herrington, Barry, & Loflin, 2014). In addition, underscoring its behavioral relevance in youth, narcissism has been associated with increased aggression after negative performance feedback in a laboratory study of early adolescents (Thomaes, Bushman, Stegge, & Olthof, 2008). Evidence also suggests that narcissism is not uniformly high, at

least among at-risk adolescents, and instead falls along a relatively normal distribution (Barry, Pickard, & Ansel, 2009). Based on its correlates, the apparent meaningfulness of individual differences in narcissism, as well as the potential relevance of narcissistic tendencies for both adaptive and maladaptive development during adolescence (Hill & Lapsley, 2011), narcissism prior to adulthood deserves further examination.

The most recent decade provides a compelling context in which to examine potential short-term shifts in adolescent narcissism. According to Twenge, Miller, and Campbell (2014), this time period has been marked by increasing opportunities to express individualism and declining social support, both of which contribute to ever-increasing levels of narcissism among young adults. On the other hand, the findings of Trzesniewski and colleagues suggest that there has not been a shift in adolescent narcissism over the past decade and that widespread perceptions of adolescents as increasingly self-centered and arrogant are just that—perceptions rather than empirically supported conclusions. Regardless, late adolescence provides an important developmental context in which to monitor societal changes in narcissism, as this is a stage characterized by a drive toward individuation, without which a healthy transition to adulthood could not be realized (Lapsley & Aalsma, 2006).

Much of the initial work on adolescent narcissism has focused on at-risk adolescents, based on the notion that such youth may show wider variability in not only narcissistic tendencies, but also in their maladaptive correlates, than youth from detained or community samples. The purpose of the present study was to examine trends in overall levels of narcissism among such youth, ages 16–19, over the course of the last decade. Two measures were used, the Narcissistic Personality Inventory for Children (NPIC; Barry, Frick, & Killian, 2003) and the Narcissism scale of the Antisocial Process Screening Device (APSD; Frick & Hare, 2001). The NPIC is a downward extension of the adult Narcissistic

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Personality Inventory (NPI; Raskin & Terry, 1988), which has been used in the aforementioned reviews of prior research to track generational changes in narcissism. The Narcissism scale of the APSD was used to track potential changes in a form of narcissism that is linked to psychopathy and is particularly maladaptive in terms of its association with both externalizing (Frick, Bodin, & Barry, 2000) and internalizing (Barry & Malkin, 2010) difficulties in youth.

The majority of studies regarding generational trends in narcissism have focused on college samples (e.g., Donnellan, Trzesniewski, & Robins, 2009; Twenge et al., 2008a). Although this research is certainly informative, it only captures trends in narcissism in one developmental period. The current study provides an initial extension of this research and focuses on how narcissism levels have recently changed in a sample of at-risk adolescents (ages 16–19) for whom data are available over the course of nearly a decade. As noted above, this population also represents an important demographic in which to examine trends in narcissism, as an association between aggression and delinquency, as well as other indicators of maladjustment, has been demonstrated in such youth (e.g., Barry, Frick et al., 2007; Barry Grafemen et al., 2007; Barry & Wallace, 2010). Therefore, although data from a residential setting have uncertain generalizability to the larger population of adolescents, the present study represents an important initial examination on trends in adolescent narcissism, which is still a relatively new area of empirical research.

## 2. Method

### 2.1. Participants

Participants were 2696 adolescents ranging in age from 16 to 19 years ( $M = 16.82$  years,  $SD = .76$ ), with the vast majority of participants being male ( $n = 2272$ ). In addition, the majority of the sample (65.4%) was Caucasian, 30.5% of participants were African American, and 4.1% reported being from another ethnic background or did not report ethnicity. Participants were attending a voluntary 22-week residential military-style program at the time of their participation. The program was designed for adolescents who have dropped out of high school and who are not presently involved in the legal system. Youth attending this program report having dropped out of school for a variety of reasons (e.g., academic, economic, familial, behavioral).

Fourteen cohorts were recruited for participation in the present study, with the first cohort enrolling in the program in January 2005 and the most recent enrolling in July 2014. Participating cohorts represented eight consecutive groups attending the program followed by cohorts that were recruited more intermittently for the remainder of the larger project, of which this study was part (see Tables 1 and 2 for

**Table 1**  
Descriptive statistics of total NPIC scores across cohorts.

Cohort	M	SD	Min.	Max	Skewness	$\alpha$
January 2005; $n = 222$	55.84	14.10	17	95	.17	.80
July 2005; $n = 173$	57.64	13.92	13	90	-.24	.83
January 2006; $n = 183$	55.08	15.97	3	96	-.27	.83
July 2006; $n = 222$	55.90	14.62	16	104	.17	.84
January 2007; $n = 209$	55.07	16.03	5	107	-.11	.85
July 2007; $n = 184$	54.57	14.99	10	107	.04	.84
January 2008; $n = 211$	57.24	14.89	13	107	.11	.83
July 2008; $n = 169$	56.48	14.37	20	94	.03	.83
July 2009; $n = 208$	56.50	15.10	16	105	.16	.83
July 2011 $n = 210$	56.39	15.44	12	113	.17	.84
July 2012; $n = 210$	59.08	16.53	12	99	-.17	.87
July 2013; $n = 121^a$	53.73	15.86	14	108	.57	.83
January 2014; $n = 185^a$	56.21	17.93	13	105	.19	.84
July 2014; $n = 189$	53.69	18.07	12	113	.03	.87

Note: Dates for each cohort indicate when participants first enrolled in the 22-week residential program. Scores on the NPIC can range from 0 to 120.

<sup>a</sup> The July 2013 and January 2014 cohorts consisted only of males.

**Table 2**  
Descriptive statistics of total APSD Narcissism scores across cohorts.

Cohort	M	SD	Min.	Max	Skewness	$\alpha$
January 2005; $n = 211$	4.24	2.72	0	13	.68	.67
July 2005; $n = 165$	4.24	2.88	0	12	.62	.77
January 2006; $n = 181$	3.91	2.35	0	12	.71	.64
July 2006; $n = 222$	4.26	2.55	0	12	.39	.66
January 2007; $n = 202$	4.23	2.44	0	11	.31	.65
July 2007; $n = 181$	4.58	2.57	0	13	.54	.66
January 2008; $n = 211$	4.64	2.45	0	14	.35	.67
July 2008; $n = 166$	4.41	2.32	0	13	.59	.61
July 2009; $n = 205$	3.76	2.51	0	12	.64	.67
July 2011 $n = 201$	4.21	2.67	0	13	.43	.68

Note: Scores for the APSD Narcissism Scale can range from 0 to 14. The APSD was not collected in cohorts after 2011.

timing of data collection). The demographics for each cohort are presented in Table 3.

### 2.2. Procedure

The procedures for this study were approved by the relevant university Institutional Review Board. The director of the residential program, who served as the guardian ad litem for the adolescents during their enrollment, provided consent for the study to be conducted at the program and for youth to be invited to participate. Furthermore, for cohorts after 2006, parents provided written consent for their own participation as part of a larger project as well as that of their adolescents. The adolescents provided their consent or assent if they wished to participate, and they were informed that participation was strictly voluntary. Their decision did not affect their subsequent services in the residential program, and program staff had no access to individual participant data. Approximately 87% of adolescents approached about the study agreed to participate and completed the NPIC, with 86% of participants approached in the first ten cohorts completing the APSD. Participants completed a series of questionnaires as part of a larger research study over a span of approximately four sessions that were conducted over approximately two weeks. Instruments were administered in groups of approximately 30 participants in a classroom setting.

### 2.3. Measures

#### 2.3.1. Narcissistic personality inventory for children

(NPIC; Barry et al., 2003). The NPIC is a 40-item self-report measure for children, adapted from the adult Narcissistic Personality Inventory (NPI; Raskin & Terry, 1988). Items on the NPIC correspond to the original items on the NPI, whereby respondents choose one statement from a pair of statements (e.g., "I try not to be a show off" or "I usually show off when I get the chance") as best fitting their own personalities and then rate the selected statement as being either "sort of true" or "really true" for them. Previous research (Barry & Wallace, 2010) has shown total NPIC scores to be significantly correlated with the Narcissism scale of the Antisocial Process Screening Device (Frick & Hare, 2001) and with the Child Narcissism Scale (Thomaes et al., 2008) in adolescents.

#### 2.3.2. Antisocial process screening device

(APSD; Frick & Hare, 2001). Data from the 7-item Narcissism subscale of the APSD were also evaluated for this study from 10 cohorts. Items on this scale (e.g., "I brag about my accomplishments") are thought to more directly reflect behaviors or actions indicative of narcissism rather than attitudes or personality characteristics that are more evident in NPI/NPIC items (Barry & Malkin, 2010). Among the 10 cohorts that were administered the APSD, complete data were obtained from 1945 participants. This sample was smaller than the sample for the NPIC in the same 10 cohorts due to the APSD being administered at a later session

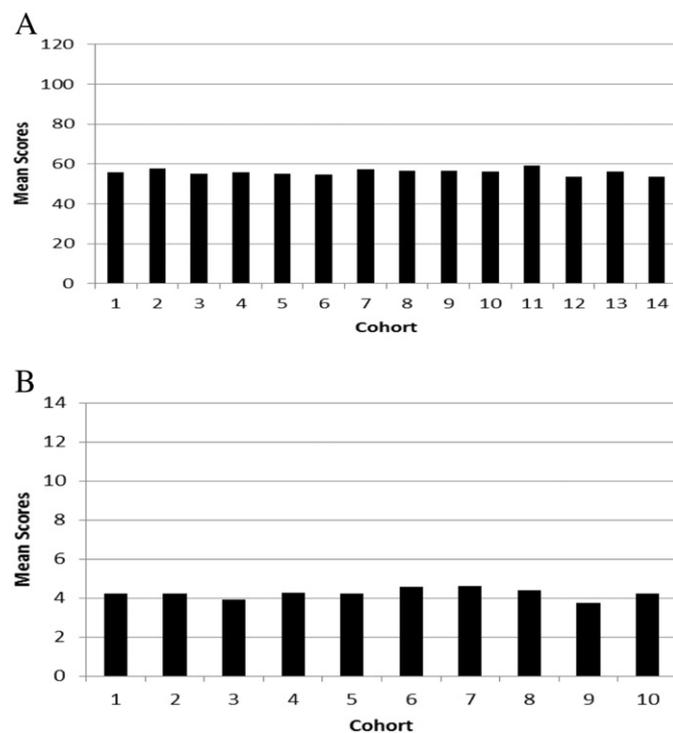
**Table 3**  
Demographic information.

Cohort	Males	Females	Unreported gender	Age	White (%)	Black (%)	Other races (%)
January 2005; <i>n</i> = 222	192	30	–	<i>M</i> = 16.7 <i>sd</i> = .72	75.5	22.4	2.0
July 2005; <i>n</i> = 173	147	26	–	<i>M</i> = 16.84 <i>sd</i> = .76	71.3	25.9	2.8
January 2006; <i>n</i> = 183	130	51	2	<i>M</i> = 16.65 <i>sd</i> = .67	67.9	28.8	3.3
July 2006; <i>n</i> = 222	177	45	–	<i>M</i> = 16.79 <i>sd</i> = .73	66.7	32.8	.5
January 2007; <i>n</i> = 209	165	44	–	<i>M</i> = 16.64 <i>sd</i> = .69	60.2	21.4	18.4
July 2007; <i>n</i> = 184	155	27	2	<i>M</i> = 16.78 <i>sd</i> = .75	67.4	29.8	2.8
January 2008; <i>n</i> = 211	177	31	3	<i>M</i> = 16.75 <i>sd</i> = .72	78.0	28.2	1.0
July 2008; <i>n</i> = 169	142	25	2	<i>M</i> = 17.0 <i>sd</i> = .89	60.3	37.0	2.7
July 2009; <i>n</i> = 208	174	32	2	<i>M</i> = 16.92 <i>sd</i> = .79	62.2	36.8	1.0
July 2011; <i>n</i> = 210	173	34	3	<i>M</i> = 16.95 <i>sd</i> = .82	61.5	36.5	2.0
July 2012; <i>n</i> = 210	177	33	–	<i>M</i> = 16.96 <i>sd</i> = .81	66.1	32.8	1.1
July 2013; <i>n</i> = 121	121	0	–	<i>M</i> = 17.06 <i>sd</i> = .83	61.1	35.4	3.5
January 2014; <i>n</i> = 185	185	0	–	<i>M</i> = 16.69 <i>sd</i> = .76	65.5	31.0	3.5
July 2014; <i>n</i> = 189	157	29	3	<i>M</i> = 16.79 <i>sd</i> = .79	48.4	31.6	20.0

than the NPIC (i.e., participants may have dropped out of the study or the residential program altogether by time the APSD was administered).

### 3. Results

Descriptive statistics for each cohort are shown in Tables 1 and 2. The mean scores on the NPIC and APSD across cohorts are depicted in Fig. 1.



**Fig. 1.** Mean total scores on the NPIC (Panel A) from a possible range of 0 to 120 (2005–2014) and on the APSD (Panel B) from a possible range of 0 to 14 across cohorts (2005–2011).

One issue from previous research on generational changes is narcissism concerns the proper approach for analyzing narcissism scores as related to year or time period of data collection (see [Donnellan et al., 2009](#); [Twenge et al., 2008a](#)). First, following the approach of [Twenge et al. \(2008a\)](#), mean NPIC scores were correlated with the year in which data were collected (i.e., the ecological approach). The result was a non-significant correlation,  $r = -.15$ ,  $p = .65$ , indicating that mean cohort NPIC scores did not change from the beginning to the end of the study period. Repeating this analysis while controlling for cohort size did not change the results. For the APSD, mean scores were also uncorrelated with the year collected,  $r = -.05$ ,  $p = .90$ . Controlling for sample size also yielded no significant association between mean APSD scores and timing of data collection. A concern that has been raised regarding this analytic approach is that correlations based on sample means, rather than directly on scores of individual participants, may be overly liberal or conservative in estimating true stability/instability among individuals in a population over time ([Donnellan et al., 2009](#)). Conversely, it has been argued that an ecological approach best captures overall cultural/generational trends in the personality construct over time, which is reflective of the central question in this work (see [Twenge, Konrath, Foster, Campbell, & Bushman, 2008b](#)).

Analyses were then conducted whereby each individual's NPIC and APSD scores were considered in terms of the year in which the data were collected. This approach follows that described by [Donnellan et al. \(2009\)](#) and has more statistical power because it includes each individual's narcissism score in relation to the year. Interestingly, there was a significant negative correlation between individual scores and year,  $r = -.14$ ,  $p < .001$ , for the NPIC. That is, higher individual NPIC scores were associated with being a member of an earlier cohort in the present study. Notably, the effect size was quite similar to that obtained via the ecological approach. For the APSD, this analysis yielded a near-zero correlation,  $r = .01$ .

Because the sample was predominantly male, all analyses were repeated excluding females. The pattern of results did not change. There were no significant correlations involving narcissism scores and cohort/year, with the negative correlation between individual NPIC scores and year remaining significant, albeit small in magnitude,  $r = -.15$ ,  $p < .001$ .

#### 4. Discussion

The results of the present study suggest remarkable stability in overall narcissism over the previous decade for at-risk adolescents ages 16 to 19. This pattern was evident both for a measure derived from the most widely used measure of non-pathological adult narcissism (i.e., the NPIC) and a measure of psychopathy-linked narcissism, which would be presumably connected to marked maladjustment. Furthermore, the mean scores for both scales appeared to be approximately normally distributed (i.e., exhibited little skewness) for each cohort. Therefore, unless one makes the heretofore unsupported assumption that low scores on both measures are sufficient to indicate a notable level of narcissism, the adolescent participants in this study did not appear to reflect particularly rampant or severe narcissism.

The ecological approach (Twenge et al., 2008a) and an individual-level analysis (Donnellan et al., 2009) were used in the present study. Both strategies have conceptual and methodological merits. Of note, the only significant correlation in the present study was from the latter approach and was a *negative* correlation between NPIC scores and year of data collection. This result suggests a decreasing trend in overall non-pathological narcissism over the past decade. However, the magnitude of this effect was rather small and may be reflective of the substantially greater statistical power of the individual-level analysis. What is interesting, and more difficult to interpret, is that the direction of the effect was opposite of what much of the literature on narcissism would suggest. More research is obviously needed to determine if such a trend continues or even strengthens over subsequent years.

The present data add to the recent discussion on possible societal changes in narcissism and increased attention to the phenomenology of narcissism prior to adulthood. Three particular issues in interpreting the data in light of that discussion involve 1) the adolescent population from which data in this study were collected, 2) the relatively limited timeframe of analysis, and 3) the relatively small sample size compared to the data that have been presented regarding adult narcissism. Still, this study is the first known to contribute data to the discussion of recent changes in narcissism among late adolescents.

The present sample of adolescents was recruited from a residential program where having dropped out of secondary school and having no present legal system involvement were the main criteria for enrollment. Therefore, the range of personality and behavioral risk factors in the current sample, which includes narcissism, was less restricted than might be evident in a community sample or a detained sample. Having said that, it is likely that a community sample would have consisted of more educated and presumably, more affluent individuals. It is possible that adolescents from a community sample would indeed have presented changes in narcissism over the past decade or have higher absolute scores (i.e., a negatively skewed distribution of narcissism) in light of relative social advantages. Further investigation in a larger adolescent population is needed beyond the initial contributions of the present study. Because the empirical literature on adolescent narcissism has increased substantially in the past decade, it is likely that future reviews of narcissism data will be able to incorporate longer periods of time.

This study has a number of limitations that should be noted. As just described, the most notable limitation is the specificity of the sample, potentially limiting the generalizability of the present findings to the broader population of adolescents. Furthermore, the overall sample was predominantly male (84.3%). Therefore, caution is needed in applying the results of this study to adolescents in general. However, research to date in such a population has highlighted how narcissism is not negatively skewed (i.e., predominantly high), how such a construct similar to the notion of egocentrism is not necessarily central to the adolescent experience (Barry et al., 2009), and how narcissism translates to positive self-perceptions as well as maladjustment (e.g., Barry & Wallace, 2010). This pattern has emerged despite the possibility that youth in a residential setting may be at-risk for various negative outcomes based

on their negative educational and occupational status. In short, the use of an at-risk sample provides an admittedly narrow, but useful, lens through which to consider adolescent narcissism.

In addition, because the data were collected at one time-point for each cohort, it cannot be determined where the observed levels of narcissism fall on the developmental trajectory of this personality construct. The evidence from the present study indicates that narcissism has been rather stable over the last decade among older teens. Nevertheless, the question remains: do the levels of narcissism observed in this study represent personal peaks or valleys in narcissism relative to earlier or later in life? This issue could not be addressed in the present study. Furthermore, because cohorts toward the end of the study period were not evenly spaced and were different sizes, the year in which data were collected was not a uniform factor across cohorts and individuals. However, this factor is evident in previous review studies on changes in narcissism, and analyses at the aggregate level in the present study accounted for sample size. Lastly, as noted above, although the decade in question represents an interesting and important context in which to consider adolescent self-perception and one that witnessed novel efforts to gather empirical evidence on adolescent narcissism, the present analyses represent a much more limited timeframe than many of those conducted on changes in adult narcissism.

At the very least, the results suggest that the current generation of adolescents cannot be referred to uniformly as narcissistic. In addition, the most recent group of adolescents in our study was not appreciably more narcissistic in terms of self-reports than individuals who are up to 10 years their senior. The lack of change in self-reported narcissism, however, does not preclude potential increases in behavioral displays of narcissism through previously unavailable means such as social media. Thus, if somehow a “culture of narcissism” exists, research should address what cultural factors promote (or diminish) the likelihood of high narcissism or narcissistic behaviors in an absolute or relative sense for adolescents and young adults. A critical conceptual issue yet to be addressed is whether narcissism depicts a set of various responses to different developmental demands during youth rather than a stable personality construct. Evidence to date suggests that the assessment of youth narcissism can be fruitful based on its association with various negative psychosocial factors; thus, continued attention to narcissism at the societal and individual level is clearly needed.

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