



# Adolescent self-compassion: Associations with narcissism, self-esteem, aggression, and internalizing symptoms in at-risk males



Christopher T. Barry\*, Della C. Loflin, Hannah Doucette

The University of Southern Mississippi, United States

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## ABSTRACT

Self-compassion is an attitude toward oneself that involves perceiving one's experiences as an opportunity for self-awareness and improvement, as well as limited self-judgment after failure. Self-compassion has not been extensively studied in adolescence, a time when self-perception and self-appraisals regarding success and failure take on notable importance. This study considered the connection between self-compassion, narcissism, self-esteem, aggression, and internalizing problems in a sample of 251 male adolescents, ages 16–18, attending a residential program. Self-compassion was negatively correlated with aggression and vulnerable narcissism and positively correlated with self-esteem. In general, self-compassion did not exhibit the hypothesized protective effect on the relation between narcissism and aggression. Findings indicate that, as expected, self-compassion is indicative of a relatively secure, positive sense of self in adolescents.

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## 1. Introduction

There have been claims that narcissism has increased in recent generations (Twenge & Campbell, 2008), raising concerns regarding the fallout of a culture of self-perceived superiority. However, some evidence suggests that narcissism is normally distributed in adolescents (Barry, Pickard, & Ansel, 2009), highlighting the importance of individual differences. Self-compassion, a construct that involves how an individual views successes and failures (Neff, 2003b), may have relevance for unraveling the potentially harmful paradox of a society that promotes individualism and positive self-regard despite clear behavioral and social drawbacks.

The purpose of the present study was to explore the relations among self-compassion, narcissism, and self-esteem in a sample of at-risk adolescents and to consider the potential mitigating influence of self-compassion on the associations of specific dimensions of narcissism with aggression and internalizing problems. This investigation could have potential intervention implications insofar as fostering a self-compassionate attitude in adolescents might lower the risk of aggression that is tied to narcissism (e.g., Barry, Grafeman, Adler, & Pickard, 2007; Thomaes, Bushman, Stegge, & Olthof, 2008) or of internalizing problems (e.g., anxiety,

depression) that have been associated with elements of narcissism involving a fragile sense of self-worth (Barry & Kauten, 2014). This study represents the first known study to address self-compassion in terms of dimensions of adolescent narcissism.

### 1.1. Narcissism

Self-perception constructs typically include, in part, an appraisal of one's worth. Narcissism includes the presentation of an extremely positive self-view and hypersensitivity concerning feedback from others; however, the core self-view of individuals with narcissistic features may be fragile or even negative (e.g., Barry & Kauten, 2014; Morf & Rhodewalt, 2001). Narcissism is often conceptualized as either non-pathological or pathological. Non-pathological narcissism is characterized as possessing feelings of superiority, exploitativeness, vanity, and the need to be the center of attention (Miller & Campbell, 2011). Meanwhile, pathological narcissism consists of dimensions of grandiose and vulnerable narcissism. Grandiose narcissism involves a willingness to exploit others for personal gain and beliefs about one's superiority and unique abilities. Vulnerable narcissism includes self-worth that is contingent on others' feedback, reactivity to threats from others, a sense of entitlement toward receiving positive appraisals, and a diminished need for connections to others (Besser & Priel, 2010).

Narcissism has been related to aggression, particularly following an ego threat (e.g., Thomaes et al., 2008). This function of aggression, termed "reactive," involves responses to real or

\* Corresponding author at: Department of Psychology, The University of Southern Mississippi, 118 College Dr. Box 5025, Hattiesburg, MS 39406, United States. Tel.: +1 (601) 266 5374; fax: +1 (601) 266 5580.

E-mail address: [Christopher.barry@usm.edu](mailto:Christopher.barry@usm.edu) (C.T. Barry).

perceived threats so as to rectify perceived slights (Dodge & Coie, 1987). “Proactive” aggression, or aggression that is enacted for personal gain and without clear provocation (Dodge & Coie, 1987), has also been associated with adolescent narcissism (e.g., Barry et al., 2007). Research has indicated moderate correlations between pathological narcissism and self-reported anxiety, depression, aggression, and fragile self-esteem (Barry & Kauten, 2014). In particular, vulnerable aspects of narcissism (e.g., contingent self-esteem, self-protection from negative feedback) are more indicative of internalizing issues than grandiose facets of narcissism that portray a supreme sense of confidence (Miller, Gentile, & Campbell, 2013). Non-pathological narcissism (e.g., feelings of superiority, exploitativeness, vanity) has been positively associated with both proactive and reactive aggression in adolescents (Barry et al., 2007) and inversely associated with anxiety and depression (Barry & Kauten, 2014; Barry & Wallace, 2010).

### 1.2. Self-compassion

In contrast to narcissism, self-compassion is an element of self-perception that is not inherently self-evaluative (Neff & Vonk, 2009). Instead, it includes viewing failure experiences not as an indicator of one’s worth but as an opportunity for growth and improvement. Furthermore, self-compassion promotes greater resilience in the face of disappointment and relatively accurate self-appraisals (Neff & Vonk, 2009). Existing research suggests that self-compassion is not tied to self-consciousness or other maladaptive emotional or behavioral reactions to negative feedback (Neff & Vonk, 2009). Proactive aggression, then, appears to involve an approach to interpersonal relationships (i.e., personal gain through coercive actions) that is incompatible with self-compassion.

The work of Neff and colleagues has also highlighted components of self-compassion that may clarify their connection to other aspects of self-perception, as well as illustrate their potential role in adolescents’ appraisal of success and failure. The three central elements of self-compassion have been described as kindness toward oneself, a sense of common humanity, and mindfulness (Neff & McGehee, 2010). Self-kindness embodies a patient, non-shameful response to upsetting or threatening events. A sense of common humanity involves seeing one’s experiences as connected to those of others rather than unique or isolating, and mindfulness involves keeping a balanced perspective on one’s experiences, including negative or threatening events (Neff, 2003b).

Neff and colleagues have also described processes (i.e., over-identification, isolation, self-judgment) that, from an assessment perspective, are indicative of low levels of self-compassion. Over-identification involves a keen focus on one’s own current emotional state in the face of failure at the expense of recognizing other potential emotional resources that he or she has available (Neff, 2003b). Experiencing feelings of isolation presumably reflects less overall self-compassion based on one’s view that his or her experiences are not shared with others (Neff, 2003b). Finally, self-judgment (i.e., harsh self-criticism particularly after failure) is thought to impede the development and experience of self-compassion. The correlates of these individual aspects of self-compassion were also examined in the present study.

### 1.3. Self-compassion, narcissism, and adolescence

Self-compassion may hold particular relevance in adolescence. Developmentally, adolescents become increasingly self-conscious of their successes and setbacks and incorporate them into their self-appraisals (e.g., Rankin, Lane, Gibbons, & Gerrard, 2004). The extent to which an adolescent holds a self-compassionate attitude may have direct implications for how he or she copes with personally relevant negative events. Furthermore, Neff and McGehee

(2010) note that “negative self-judgments are strongly implicated in the high rates of anxiety, depression, and attempted suicide during” adolescence (p. 225).

Neff and McGehee (2010) speculate that to the extent that adolescents hold a personal fable, they may also have a diminished sense of self-compassion. More specifically, when they interpret their own experiences as being unusual or not relatable in the context of other adolescents’ experiences, they are more self-critical, feel more alone regarding negative experiences, and “over-dramatize their personal problems” (p. 228). This relative lack of self-compassion may, in turn, contribute to feelings of depression, anxiety, and isolation among adolescents in particular. Interestingly, despite the aspects of the adolescent experience (e.g., personal fable) that might be predictive of lower self-compassion, in a previous study, adolescents did not demonstrate a difference in self-compassion relative to young adults (Neff & McGehee, 2010). Therefore, there may be individual differences in self-perception that are relevant for one’s self-compassion and its purported benefits.

Research is also suggestive of how the dimensions of narcissism may be related to self-compassion. The characteristics of grandiose narcissism are clearly in opposition to the concern for others and acknowledgment of shared experiences that are byproducts of self-compassion (Neff, 2003b). Similarly, the features of vulnerable narcissism also imply a personality style indicative of feelings (e.g., isolation; overidentification; Neff, 2003b) tied to low self-compassion. Lastly, non-pathological narcissism also seems suggestive of low self-compassion based on its inclusion of feelings of superiority over others. However, as noted above, some elements of self-compassion (e.g., self-kindness) may have elements of self-confidence and feelings of authority that are positively associated with some aspects of narcissism. As such, the present study aimed to explore the bivariate relations between dimensions of narcissism and self-compassion, as well as the potential mitigating role of self-compassion in the connection between narcissism and adolescent maladjustment (i.e., aggression, internalizing problems).

Furthermore, Neff and Vonk (2009) found that self-compassion and non-pathological narcissism were actually positively correlated in a sample of adults. This finding suggests that although some elements of self-compassion imply a negative relation with narcissism (e.g., self-judgment being tied to more fragile self-views), it may be that self-compassionate attitudes are not necessarily devoid of grandiosity (e.g., self-kindness that translates to overly positive self-appraisals) or confident displays. It is also possible that developmental factors influence how self-compassion, narcissism, and self-esteem relate to each other over time. Therefore, the patterns of interrelations could differ somewhat for adolescents from those shown for adults. With self-compassion providing an avenue for accepting negative experiences and personal failures that might otherwise result in harsh or negative self-judgment, bolstering self-compassion might prove to be a useful therapeutic tool for combating the negative consequences of those experiences that are particularly prevalent in adolescence.

Whereas narcissism involves an intense social comparison orientation (e.g., Krizan & Bushman, 2011), individuals with high levels of self-compassion eschew such comparisons and favor shared experiences with others rather than superiority over them (Neff & Vonk, 2009). One way in which an individual may seek to express that superiority is through aggression. However, if an adolescent who endorses narcissism also reports high levels of self-compassion, the risk of aggression may be reduced. Alternatively, self-compassion has demonstrated an inverse relation with internalizing problems (i.e., anxiety, depression, low connectedness) in adolescents (Neff & McGehee, 2010), further emphasizing its potential benefits for general adjustment. Therefore, an additional focus of the present study was on how self-compassion might mitigate

the associations between dimensions of narcissism and internalizing problems.

#### 1.4. Hypotheses

It was hypothesized that self-compassion would be negatively correlated with each form of narcissism (i.e., grandiose, vulnerable, and non-pathological) and positively correlated with self-esteem. Furthermore, self-compassion was expected to be negatively related to both proactive and reactive aggression and to reduce the relation between narcissism and both functions of aggression. Lastly, it was hypothesized that self-compassion would be negatively related to anxiety and depression and that it would mitigate the association between these problems and narcissism. The associations of the individual components of self-compassion with narcissism, self-esteem, aggression, anxiety, and depression were also explored.

## 2. Method

### 2.1. Participants

Participants were 251 male adolescents aged 16–18 years ( $M = 16.78$ ,  $SD = .73$ ). Participants were recruited from a 22-week voluntary residential program for adolescents who have dropped out of school. Approximately 62.5% of the participants were Caucasian, 29.1% were African-American, and 3.2% were of other ethnicities (5.2% of participants did not report their ethnicity). Individuals attending this program typically report having dropped out of school for various familial, academic, financial, or behavioral reasons. Previous research has demonstrated that adolescents attending such programs demonstrate a great deal of variability on constructs such as narcissism (Barry et al., 2009), as well as externalizing and internalizing symptoms (Weis & Toolis, 2009).

### 2.2. Measures

#### 2.2.1. Self-Compassion Scale (SCS; Neff, 2003a)

The SCS is a 26-item self-report inventory. Responses are made on a scale ranging from 0 to 4 (i.e., *Almost never* to *Almost always*). The SCS yields a total self-compassion score, as well as scores in six domains (i.e., Self-kindness, Self-judgment, Common Humanity, Isolation, Mindfulness, Overidentified). To form the total score on the SCS, the Self-Kindness, Common Humanity, and Mindfulness domains are summed with inverse scores of the Self-judgment, Isolation, and Overidentified domains. In the present study, the internal consistency of the total SCS score was  $\alpha = .78$ . Domain scores demonstrated internal consistencies ranging from .70 to .80.

#### 2.2.2. Pathological Narcissism Inventory (PNI; Pincus et al., 2009)

The PNI is a 52-item inventory that assesses grandiose and vulnerable aspects of pathological narcissism via self-report. Responses are made on a 5-point scale ranging from “Not at all like me” to “Very much like me.” The Grandiose Narcissism dimension (e.g., “I often fantasize about being admired and respected”) consists of the Grandiose Fantasy, Self-sacrificing Self-enhancement, and Exploitativeness subscales, whereas the Vulnerable Narcissism dimension (e.g., “My self-esteem fluctuates a lot”) is composed of the Contingent Self-esteem, Devaluing Others/Need for Others, Hiding the Self, and Entitlement Rage subscales (Pincus et al., 2009). Pathological narcissism measured by the PNI has been associated with aggression, delinquency, and internalizing problems in adolescents (Barry & Kauten, 2014). In the present study, the Grandiose Narcissism dimension ( $\alpha = .89$ ) and the Vulnerable Narcissism dimension ( $\alpha = .94$ ) each had high internal consistency.

#### 2.2.3. Narcissistic Personality Inventory for Children (NPIC; Barry, Frick, & Killian, 2003)

The NPIC is a 40-item forced choice inventory that is a downward extension to children and adolescents of the Narcissistic Personality Inventory (NPI; Raskin & Terry, 1988). Respondents choose one of two statements for each item (e.g., “I won’t be happy until I get everything I should get” vs. “I am happy whenever something good happens”) and then select the chosen statement as “sort of true” or “really true” for them, resulting in a 0 to 3 response scale for each item. The NPIC has demonstrated moderate correlations with some other measures of youth narcissism (Barry & Kauten, 2014; Barry & Wallace, 2010). In the present sample, the NPIC had an internal consistency of .82 in the present sample.

#### 2.2.4. Rosenberg Self-esteem Scale (RSES; Rosenberg, 1965)

The RSES is a widely used 10-item scale assessing global self-esteem. Participants respond to items (e.g., “I feel that I have a number of good qualities”) on a 4-point scale from “strongly disagree” to “strongly agree.” In the present sample, the RSES had an internal consistency of  $\alpha = .77$ .

#### 2.2.5. Peer Conflict Scale (PCS; Marsee et al., 2011)

The PCS is a 40-item self-report measure of interpersonal aggression. Participants rate each statement on a 4-point Likert scale from 0 (*not at all true*) to 3 (*definitely true*). The PCS assesses two functions of aggression: reactive (e.g., “When someone hurts me, I end up getting into a fight”) and proactive (e.g., “I start fights to get what I want”). Evidence has supported the distinction of these dimensions in community, detained, and residential samples of adolescents (Marsee et al., 2011). The PCS was available for only one cohort of the present study ( $n = 105$ ). The internal consistency of the reactive and proactive dimensions were  $\alpha = .88$  and  $\alpha = .94$ , respectively, in the present sample.

#### 2.2.6. Personality Inventory for Youth (PIY; Lachar & Gruber, 1995)

The PIY is a 270-item self-report inventory covering several domains of behavioral, social, and emotional functioning. Items are worded in a true/false format. Internalizing problems were sampled through the Depression (e.g., “I am often in a good mood”—reverse scored) and Fear & Worry (e.g., “I worry a lot before I try something new”) subscales, which have both demonstrated high correlations with other measures of their respective constructs (Lachar & Gruber, 1995). The Depression ( $\alpha = .66$ ) and Fear & Worry ( $\alpha = .70$ ) subscales each had moderate internal consistency in this sample.

### 2.3. Procedure

This study was approved by the Institutional Review Board at the authors’ affiliated university. Parental consent was obtained upon participants’ initial enrollment in the residential program; subsequently, assent was obtained from adolescent participants. The present sample represents approximately 76% of those adolescents invited to participate. Questionnaires for this study and a larger research project were administered through the secure on-line survey program, Qualtrics, in a classroom setting over two to four 30-min sessions. Participation in the study was voluntary and did not affect participants’ status in the program.

## 3. Results

Descriptive statistics for the study variables are shown in Table 1. Variables were generally normally distributed with the exception of proactive and reactive aggression, which were positively skewed, with most participants reporting very little, if any,

**Table 1**  
Descriptive statistics and correlations among variables of interest.

	1	2	3	4	5	6	7	8	9
1. Self-Compassion									
2. Grandiose narcissism	-.06								
3. Vulnerable narcissism	-.32***	.68***							
4. Non-pathological narcissism	.03	.29***	.12*						
5. Self-esteem	.45***	.07	-.29***	.30***					
6. Proactive aggression <sup>a</sup>	-.20*	-.01	.12	.20*	-.29**				
7. Reactive aggression <sup>a</sup>	-.24*	.16	.32**	.24*	-.20*	.75***			
8. Anxiety	-.32***	.29***	.54***	-.06	-.43***	.13	.32**		
9. Depression	-.27***	-.02	.42***	-.15*	-.46***	.03	.26**	.22***	
Mean	1.99	2.56	1.96	55.35	19.81	2.93	5.26	5.22	3.05
SD	.51	.96	.96	16.99	6.14	6.03	6.18	2.88	2.18
Range	.23–3.52	0–5	0–4.33	13–108	0–30	0–28	0–27	0–12	0–11
Skewness	-.08	-.25	.22	.31	-.56	2.80	1.63	.35	.69

Note: Self-compassion represents the total score from the SCS.

<sup>a</sup>  $n = 101$ .

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .

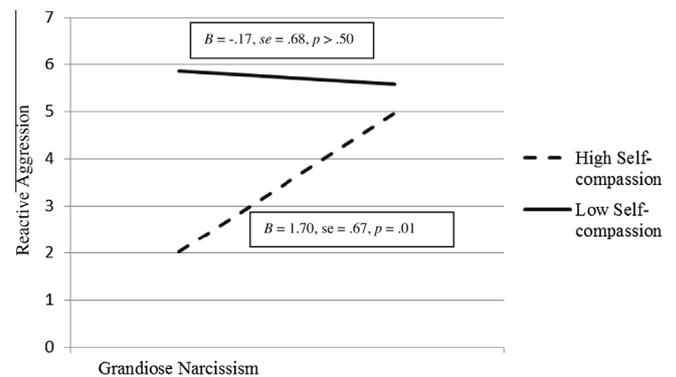
aggression based on PCS items. Therefore, outliers (defined as  $>3$  SD above the sample mean on proactive or reactive aggression) were not included in analyses, resulting in a sample size of  $N = 101$  for analyses involving aggression.

Bivariate correlations among variables are also shown in Table 1. Self-compassion demonstrated a significant negative correlation with vulnerable narcissism, a significant positive correlation with self-esteem, and significant negative correlations with both reactive and proactive aggression, in support of our hypothesis. Contrary to our hypothesis, grandiose narcissism was not correlated with either function of aggression, and vulnerable narcissism was only correlated with reactive aggression. Non-pathological narcissism demonstrated positive correlations with both functions of aggression. Also, consistent with our hypothesis, self-compassion was significantly negatively correlated with reports of anxiety and depressive symptoms. With outliers included, the negative correlations of self-compassion and self-esteem with aggression were non-significant.

To investigate the moderating role of self-compassion in the narcissism–aggression relation, separate multiple regression analyses were conducted for vulnerable, grandiose, and non-pathological narcissism in the prediction of scores on reactive and proactive aggression using PROCESS for SPSS (Hayes, 2013). Specifically, the narcissism variable and self-compassion were entered in the first step of the regression model with their interaction term entered in the subsequent step. For the models involving vulnerable and non-pathological narcissism, there were no significant interaction effects.

Using grandiose narcissism as a predictor, there was a significant interaction in the prediction of reactive aggression,  $B = 1.77$ ,  $se = .74$ ,  $p = .02$ ,  $R^2$  change = .05. Post hoc probing of this interaction was conducted using the procedures outlined by Hayes (2013) whereby points were plotted at 1 SD above and below the mean on narcissism and self-compassion, and simple slopes testing was conducted on each resulting regression line (see Fig. 1). The lowest levels of reactive aggression were evident for individuals with relatively low levels of grandiose narcissism and high self-compassion. The negative main effect for self-compassion in relation to reactive aggression is also reflected in the plot of this interaction. It should be noted that this interaction effect held when outliers on aggression were included in analyses.

These analyses were repeated with anxiety and depression as separate criterion variables. However, self-compassion did not demonstrate its hypothesized moderational role in these models.



**Fig. 1.** Interaction between grandiose narcissism and self-compassion in predicting variance in reactive aggression.

Finally, correlations involving the domains of self-compassion as measured by the SCS were explored (see Table 2). As shown in Table 2, grandiose narcissism was weakly to moderately correlated with SCS scales indicative of higher self-compassion as well as those linked to lower self-compassion (i.e., Overidentified, Self-Judgment, Isolation). Vulnerable narcissism demonstrated moderate correlations with each of these latter subscales. Self-esteem was correlated with SCS subscales in the expected directions. Self-kindness was negatively associated with proactive aggression, and the Overidentified and Isolation subscales were positively associated with reactive aggression, anxiety, and depression.

#### 4. Discussion

The present study was an initial attempt to examine the association between what is considered a problematic self-perception construct (i.e., narcissism) and self-compassion, a self-perception variable that is largely viewed as healthy, in a sample of at-risk adolescent males. Self-compassion was not significantly related to grandiose or non-pathological narcissism, but it was positively associated with self-esteem as might be expected. In addition, self-compassion was inversely related to constructs that involve a sense of personal insecurity (i.e., vulnerable narcissism, internalizing problems). Vulnerable narcissism was also positively associated with each of the attitudes thought to be contraindicative of

**Table 2**  
Correlations of self-compassion components with narcissism, self-esteem, aggression, anxiety, and depression.

	Self-kindness	Self-judgment	Common humanity	Isolation	Mindfulness	Overidentified
Grandiose narcissism	.16*	.21**	.12	.28***	.15*	.29***
Vulnerable narcissism	.03	.41***	-.03	.42***	.05	.42***
Non-pathological narcissism	.09	-.01	.04	.04	.00	.08
Self-esteem	.17**	-.41***	.09	-.32***	.20**	-.34***
Proactive aggression <sup>a</sup>	-.21*	.02	-.06	.10	-.13	.18
Reactive aggression <sup>a</sup>	-.18	.11	-.03	.22*	-.09	.23*
Anxiety	-.09	.34***	.01	.29***	-.04	.33***
Depression	-.12	.24***	-.04	.16**	-.12	.19**

Note: The self-judgment, isolation, and overidentified scales of the SCS are reverse-scored before being included in the total self-compassion scores; therefore, lower scores on these scales are indicative of higher self-compassion.

<sup>a</sup>  $n = 101$ .

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .

self-compassion (i.e., isolation, self-judgment, overidentification). Therefore, in the present sample of adolescents, self-compassion signaled a relatively secure and positive sense of self.

Overall, self-compassion did not serve the expected protective effect in the narcissism-aggression relation. One exception involved the connection between grandiose narcissism and reactive aggression with a combination of low grandiosity and greater feelings of self-compassion translating to lower aggression in response to perceived interpersonal threats. However, as the PCS was only available for one cohort, there may have been insufficient power to detect small to moderate interaction effects as significant in the other models. Nevertheless, the interaction itself indicates that self-compassion does not necessarily lower the risk of reactive aggression in the face of high reported grandiose narcissism.

Overidentification and isolation appeared particularly relevant for an initial understanding of how self-compassion relates to psychosocial functioning in adolescents. In particular, both elements of low self-compassion were associated with both dimensions of pathological narcissism, both functions of aggression, internalizing problems, and lower self-esteem. High levels of overidentification and isolation may be particularly problematic in adolescents. A keen focus on one's own experiences at the expense of others beyond what is typical for adolescents may suggest a developmental process that is particularly maladaptive. Furthermore, feeling isolated during a developmental period in which connectedness to others, particularly peers, is of great importance likely signals additional adjustment difficulties (e.g., anxiety, depression, aggression).

Despite the ways in which this study may contribute to a new area of empirical inquiry regarding adolescent attitudes about the self, it had a number of limitations. First, participants were all male and were attending a residential program for adolescents who had dropped out of school. Therefore, the findings may not generalize to the overall population of adolescents, particularly females. Previous research has demonstrated no gender differences in adolescent self-compassion (Neff & McGehee, 2010); thus, the same patterns that emerged in the present sample may be evident in samples that include females. Distributions of narcissism and self-compassion in this study were similar to those from community samples of youth (see Barry et al., 2003; Neff & McGehee, 2010), and much of the theory that guided the present study was based on community samples of adolescents and adults. Consequently, similar relations might be expected for broader samples of adolescents.

The information in this study was obtained exclusively through participants' self-reports; thus, shared source variance may explain some of the findings, and the skewed reports of aggression may also be suggestive of socially desirable response patterns. For

example, scores on the PCS were somewhat lower than those reported by Marsee et al. (2011), including participants from a residential sample. Nevertheless, it could be argued that self-informants are critical for the self-oriented constructs (e.g., self-compassion, narcissism, self-esteem) examined in this study, with evidence suggesting that narcissism in particular is tied to awareness of one's characteristics and perceptual biases (Carlson, Vazire, & Oltmanns, 2011). In addition, despite the restricted range of self-reported aggression in this study, some theoretically intuitive findings emerged.

Further research with more varied samples and methodology are clearly needed to determine the potential importance of self-compassion for adolescents' interpersonal and behavioral functioning. For example, an adolescent's susceptibility to fluctuations in self-esteem or affective reactions to successes and failures could be associated with lower self-compassion; thus, fostering self-compassion may serve to reduce such sensitivity to environmental events. In addition, there may be specific domains of self-esteem that are particularly tied to high or low self-compassion and that may have implications for how adolescents respond to their day-to-day experiences. Lastly, domains of self-compassion might serve important roles, including moderating influences, on the connection between risk factors, such as narcissism, and aggression. Thus, these domains deserve further attention in adolescent research.

The present study provides some initial evidence regarding the interplay between self-compassion and other indicators of self-perception and psychosocial functioning in male adolescents. The intervention implications of this work include the apparent benefits of promoting self-compassion in response to ego threats along with a lower concern for adolescents in attaining superiority over others. Recent work has examined the potential benefits of a brief self-compassion-based intervention with further work needed on applying such an intervention toward efforts to reduce aggression (Smeets, Neff, Alberts, & Peters, 2014). Overall, the present study suggests that intervention efforts and conceptualizations of how self-perception might play a role in adolescent adjustment should consider self-compassion.

## References

- Barry, C. T., Frick, P. J., & Killian, A. L. (2003). The relation of narcissism and self-esteem to conduct problems in children: A preliminary investigation. *Journal of Clinical Child and Adolescent Psychology*, 32, 139–152.
- Barry, C. T., Grafeman, S. J., Adler, K. K., & Pickard, J. D. (2007). The relations among narcissism, self-esteem, and delinquency in a sample of at-risk adolescents. *Journal of Adolescence*, 30, 933–944.
- Barry, C. T., & Kauten, R. L. (2014). Non-pathological and pathological narcissism: Which self-reported characteristics are most problematic in adolescents? *Journal of Personality Assessment*, 96, 212–219.

- Barry, C. T., Pickard, J. D., & Ansel, L. L. (2009). The associations of adolescent invulnerability and narcissism with problem behaviors in at-risk adolescents. *Personality and Individual Differences*, *47*, 577–582.
- Barry, C. T., & Wallace, M. T. (2010). Current considerations in the assessment of youth narcissism: Indicators of normative and pathological development. *Journal of Psychopathology and Behavioral Assessment*, *32*, 479–489.
- Besser, A., & Priel, B. (2010). Grandiose narcissism versus vulnerable narcissism in threatening situations: Emotional reactions to achievement failure and interpersonal rejection. *Journal of Social and Clinical Psychology*, *29*, 874–902.
- Carlson, E. N., Vazire, S., & Oltmanns, T. F. (2011). You probably think this paper's about you: Narcissists' perceptions of their personality and reputation. *Journal of Personality and Social Psychology*, *101*, 185–201.
- Dodge, K. A., & Coie, J. D. (1987). Social-information-processing factors in reactive and proactive aggression in children's peer groups. *Journal of Personality and Social Psychology*, *53*, 1146–1158.
- Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York: Guilford Press.
- Krizan, Z., & Bushman, B. J. (2011). Better than my loved ones: Social comparison tendencies among narcissists. *Personality and Individual Differences*, *50*, 212–216.
- Lachar, D., & Gruber, C. P. (1995). *Personality inventory for youth (PIY) manual: Technical guide*. Los Angeles, CA: Western Psychological Services.
- Marsee, M. A., Barry, C. T., Childs, K. K., Frick, P. J., Kimonis, E. R., Munoz, L. C., et al. (2011). Assessing the forms and functions of aggression using self-report: Factor structure and invariance of the peer conflict scale in youths. *Psychological Assessment*, *23*, 792–804.
- Miller, J. D., & Campbell, W. K. (2011). Addressing criticisms of the narcissistic personality inventory (NPI). In W. K. Campbell & J. D. Miller (Eds.), *The Handbook of Narcissism and Narcissistic Personality Disorder, Theoretical Approaches, Empirical Findings, and Treatments* (pp. 146–152). Hoboken, NJ: John Wiley & Sons, Inc.
- Miller, J. D., Gentile, B., & Campbell, W. K. (2013). A test of the construct validity of the five-factor narcissism inventory. *Journal of Personality Assessment*, *95*, 377–387.
- Morf, C. C., & Rhodewalt, F. (2001). Unraveling the paradoxes of narcissism: A dynamic self-regulatory processing model. *Psychological Inquiry*, *12*, 177–196.
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*, 223–250.
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*, 85–101.
- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, *9*, 225–240.
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, *77*, 23–50.
- Pincus, A. L., Ansell, E. B., Pimentel, C. A., Cain, N. M., Wright, A. G. C., & Levy, K. N. (2009). Initial construction and validation of the pathological narcissism inventory. *Psychological Assessment*, *21*, 365–379.
- Rankin, J. L., Lane, D. J., Gibbons, F. X., & Gerrard, M. (2004). Adolescent self-consciousness: Longitudinal age changes and gender differences in two cohorts. *Journal of Research in Adolescence*, *14*, 1–21.
- Raskin, R., & Terry, H. (1988). A principal-components analysis of the narcissistic personality inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology*, *54*, 890–902.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology*, *70*, 794–807.
- Thomaes, S., Bushman, B. J., Stegge, H., & Olthof, T. (2008). Trumping shame by blasts of noise: Narcissism, self-esteem, shame, and aggression in young adolescents. *Child Development*, *79*, 1792–1801.
- Twenge, J. M., & Campbell, W. K. (2008). Egos inflating over time: A cross-temporal analysis of the Narcissistic Personality Inventory. *Journal of Personality*, *76*, 875–901.
- Weis, R., & Toolis, E. E. (2009). Evaluation of a voluntary military-style residential treatment program for youths with conduct problems: 6- and 36-month outcomes. *Psychological Services*, *6*, 139–153.