

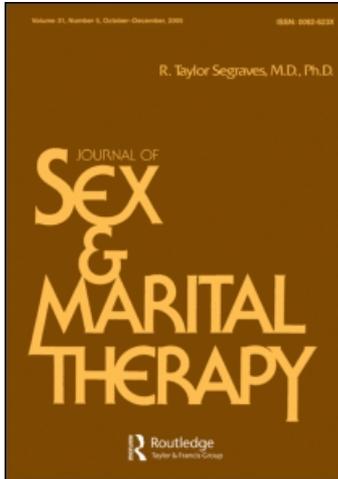
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Narcissism and Self-Esteem Among Homosexual and Heterosexual Male Students

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According to orthodox psychoanalytical theory, narcissism and homosexuality are strongly associated. This association played a major role in pathologizing homosexuality. The present study compared self-esteem and two measures of narcissism among 90 homosexual and 109 heterosexual male students, who filled in a demographic questionnaire, Rosenberg's Self-Esteem Scale, the Narcissistic Personality Inventory, and the Pathological Narcissism Inventory, which addresses both grandiose and vulnerable subtypes of narcissism. The hypothesis, which is based on the Freudian connection between narcissism and homosexuality, is supported by the results, indicating that the homosexual students score higher in both measures of narcissism and lower on the self-esteem measure, compared to their heterosexual counterparts. Intra-psychic, as well as environmental, interpretations of the results are suggested in the discussion.

The concept of narcissism first appeared in print as a footnote in Freud's (1905) *Three Essays on the Theory of Sexuality*. The discussion, in which the idea of narcissism first appeared, was not merely a "case history" or contemporary sketch of homosexuality, but rather a discussion of Greek sexuality, of the sexuality of the ancients. In discussing the homosexual choice of love object, the Greeks' love for boys, Freud stated:

In this instance, therefore, as in many others, the sexual object is not someone of the same sex but someone who combines the characters of both sexes; there is, as it were, a compromise between an impulse that seeks for a man and one that seeks for a woman, while it remains a paramount condition that the object's body (i.e., genitals) shall be masculine. (Freud, 1905, p. 144).

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This is where the idea of narcissism makes its first appearance, as a meditation or reflection on the attempt to resolve sexual difference through “compromise” (Friedman, 1988).

American psychoanalysis of the fifties and sixties of the 20th century constituted a later encounter between homosexuality and narcissism. In these years, two types of impairments, allegedly typical to homosexual individuals, were stressed by several American psychoanalysts. In one, patients experienced severe anxiety, irritability, identity disturbances, and were prone to impulsive-compulsive activities and poor judgment. Patients in this group would be called borderline today. In 1973, after socio-political, as well as professional, struggles, homosexuality was removed from the *Diagnostic and Statistical Manual (DSM)* American psychoanalysis, however, stayed way behind this decision for many more years (Friedman & Downey, 1998) till acceptance of homosexuality as a legitimate kind of sexuality had become “politically correct” by mental health professionals. Even Kernberg (1975), who claimed that the highest level of psychological development any homosexual individual can achieve is to the level of narcissistic personality development, updated his views, saying that homosexuality also occurred in neurotics, the highest level of development any individual can achieve in his nosology (Kernberg, 2002).

In the meantime, narcissism has gained a theoretical, clinical, and empirical status, which was independent of homosexuality. This is true from a psychoanalytical perspective as well as in the more behavioral and phenomenological terms of the *DSM*. Kohut (1966, 1971) explored further the implications of Freud’s perception of narcissism. He said that a child will tend to fantasize about having a grandiose self and ideal parents and claimed that deep down we all retain a belief in our own perfection, and the perfection of anything we are a part of. As we mature, grandiosity gives way to self-esteem, and the idealization of the parent become the framework for core values. It is when trauma disrupts this process that the most primitive and narcissistic version of the self remains unchanged. Kohut suggested narcissism as part of a stage in normal development, in which caregivers provide a strong and protective presence for the child to identify with what reinforces the child’s growing sense of self by mirroring his good qualities. If the caregivers fail to provide this adequately, the child grows up with a brittle and flawed sense of self. He also saw beyond the negative and pathological aspects of narcissism, believing it to be a component in the development of resilience, ideals, and ambition once it has been transformed by life experiences or analysis.

A most recent review (Cain, Pincus, & Ansell, 2008) documents the phenotypic description of two forms of pathological narcissism across psychiatric diagnosis, clinical theory, and social/personality psychology. It suggests that current psychiatric criteria for narcissistic personality disorder

(NPD) in *DSM-IV* (APA, 1957, 1968, 1980, 1994) emphasize overt expressions of grandiosity as the core descriptive feature of the disorder. By placing most of the diagnostic emphasis on overt grandiosity, *DSM* NPD has been limited by poor discriminant validity, modest levels of temporal stability, and the lowest prevalence rate on Axis II. Recent research on the factor structure of *DSM* NPD criteria converged with both clinical theory and structural research in social/personality psychology, indicating two phenotypic expressions of pathological narcissism: grandiose narcissism and vulnerable narcissism.

Pincus et al. (in press) identify two problems that impede integration of research and clinical findings regarding narcissistic personality pathology: (a) ambiguity regarding the assessment of pathological narcissism vs. normal narcissism, and (b) insufficient scope of existing narcissism measures. They present four studies documenting the initial derivation and validation of the Pathological Narcissism Inventory (PNI). It correlated negatively with self-esteem and empathy, and positively with shame, interpersonal distress, aggression, and borderline personality organization. Grandiose PNI scales were associated with vindictive, domineering, and intrusive interpersonal problems and vulnerable PNI scales were associated with socially avoidant, exploitable, and overly nurturant interpersonal problems. In a small clinical sample, PNI scales exhibited significant associations with parasuicidal behavior, suicide attempts, homicidal ideation, and several aspects of psychotherapy utilization.

Acknowledging the changes both homosexuality and narcissism went through, the present study aims at empirically reviving the discussion about the association between these two phenomena. Based on the Freudian assumption that homosexual individuals develop on a narcissistic basis and look for a young man who resembles themselves, the hypothesis of this study predicts that their level of narcissism would be higher and their level of self-esteem would be lower compared to their heterosexual counterparts. Taking into account both grandiose and vulnerable narcissism, our investigation also aims at examining whether one subtype of narcissism is more typical to one of the two sexual orientations.

METHOD

Participants

Ninety homosexual and 109 heterosexual men participated in the study. Their mean age is 26.00 with a standard deviation of 2.33 years. No significant differences were found between homosexual and heterosexual participants with respect to country of birth, ethnic origin, education level, military service, and participation in psychotherapy.

Measures¹

DEMOGRAPHIC QUESTIONNAIRE

The first page of the research form included background items, which could be relevant to the present study like: age, gender, country of birth of both the participant and his parents, ethnic origin, religiosity level, field and level of academic studies, military service, and participating in past and/or present psychotherapy.

KINSEY, POMEROY, AND MARTIN'S (1948) HETEROSEXUAL-HOMOSEXUAL RATING SCALE

This 7 point continuum is based on the degree of sexual responsiveness people have for members of the same and opposite sex ranging from "exclusively heterosexual" (0) to "exclusively homosexual" (6), and was incorporated into the page of the demographic questionnaire. Having found out that the vast majority of the participants checked either 0 or 6, we decided to omit the only participant, who used exactly the midpoint of the scale and to group all the rest into two categories of sexual orientation, either homosexual or heterosexual.

ROSENBERG'S (1965) SELF-ESTEEM SCALE (RSES)

This scale is a self-report measure of global self-esteem. It consists of 10 statements related to overall feelings of self-worth or self-acceptance. The items are answered in a 4-point likert-type scale, ranging from "strongly agree" to "strongly disagree." A validated and reliable Hebrew version of this instrument had been used previously (e.g., Rubinstein, 2006).

RASKIN AND HALL'S (1981) NARCISSISTIC PERSONALITY INVENTORY

(NPI) is the most widely studied measure of narcissism, which is a self-report measure of trait narcissism. The NPI has been shown to have a complex structure of factors: leadership/authority (LA), superiority/arrogance (SA), self-absorption/self-admiration (SASA), and entitlement/exploitation (EE) (Emmons, 1984). This measure consists of a 40-item forced choice questionnaire. A Hebrew validated version of this instrument had been previously used (e.g., Yaar, 1988; Rubinstein, 2003).

¹ Cronbach alphas for all the scales and subscales appear in Table 1.

TABLE 1. Intercorrelations and Alpha Reliabilities for PNI and NPI Narcissism Scales

| | α | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|-----------|----------|---|-----|--------|-------|--------|--------|--------|--------|--------|-------|--------|--------|-------|-------|--------|
| Age (1) | | — | .05 | -.11 | -.09 | -.19** | -.07 | -.12 | -.17* | -.09 | -.14 | -.16* | -.17* | -.07 | -.16* | -.16* |
| RSES (2) | .71 | | — | -.57** | -.04 | -.19** | -.34** | -.41** | -.47** | -.48** | .05 | -.32** | -.22** | -.16* | -.17* | -.55** |
| CSE (3) | .87 | | | — | .28** | .36** | .56** | .54** | .71** | .69** | .23** | .58** | .47** | .42** | .47** | .87** |
| E (4) | .76 | | | | — | .39** | .33** | .35** | .26** | .37** | .53** | .50** | .66** | .31** | .63** | .45** |
| SSSE (5) | .69 | | | | | — | .38** | .45** | .31** | .46** | .42** | .45** | .49** | .44** | .51** | .59** |
| HS (6) | .70 | | | | | | — | .49** | .52** | .60** | .41** | .48** | .47** | .38** | .50** | .72** |
| GF (7) | .81 | | | | | | | — | .49** | .65** | .46** | .63** | .55** | .46** | .60** | .78** |
| D (8) | .82 | | | | | | | | — | .55** | .16* | .37** | .38** | .27** | .34** | .79** |
| LA (10) | .84 | | | | | | | | | — | .43** | .69** | .62** | .51** | .64** | .85** |
| SA (11) | .82 | | | | | | | | | | — | .67** | .76** | .48** | .88** | .44** |
| EE (12) | .87 | | | | | | | | | | | — | .80** | .66** | .90** | .70** |
| SASA (13) | .89 | | | | | | | | | | | | — | .50** | .94** | .64** |
| NPI (14) | .94 | | | | | | | | | | | | | — | .65** | .53** |
| PNI (15) | .94 | | | | | | | | | | | | | | — | .65** |

$N = 199$ (90 homosexual and 109 heterosexual students); RSES = rosenberg's self-esteem scale; CSE = contingent self-esteem; E = exploitativeness; SSSE = self-sacrificing/self-enhancement; HS = hiding the self; GF = grandiose fantasy; D = devaluing; ER = entitlement rage; LA = leadership/authority; SA = superiority/arrogance; EE = exploitativeness/entitlement; SASA = self-absorption/self-admiration; NPI = narcissistic personality inventory; PNI = pathological narcissism inventory.

* $p < .05$, two-tailed; ** $p < .01$, two-tailed.

PINCUS ET AL.'S (2008) PATHOLOGICAL NARCISSISM INVENTORY (PNI)

The PNI is a 52-item self-report measure assessing seven dimensions of pathological narcissism spanning problems with narcissistic grandiosity (entitlement rage (ER), exploitativeness (E), devaluing (D), and grandiose fantasy (GF)) and narcissistic vulnerability (contingent self-esteem (CSE), hiding the self (HS), and self-sacrificing self-enhancement (SSSE)). Responses are rated on a 6-point likert-type scale, ranging from "not at all" (1) to "very much like me" (6). This instrument was translated into Hebrew for the first time in the present study. The reliabilities of the Hebrew subscales and the scale as a whole are satisfactory (see Table 1). The Hebrew version also yields correlations, similar to the original scale, with the RSES and NPI.

Procedure

After the ethics committee of college where the author works had approved the study, two research assistants visited "The other ten percent" (a gay student cell in the Hebrew University), the Israeli Gay Youth organization, in which the questionnaire was administered only to the volunteers (undergraduate and graduate gay students), and a major gay bar in Tel-Aviv to recruit homosexual participants for this study. The participants, who were supposed to be heterosexuals, were recruited from one university and two colleges. However, 10 participants whose questionnaires were collected this way turned out to be homosexuals, according to the Kinsey scale, and were added to the homosexual group for the sake of data analysis. Anonymity was promised to all participants, who were asked to avoid marking their names on the research forms and to put the forms in a collective envelope. The response rate was 72% in the gay bar and organizations and 84% in the universities and college.

RESULTS

Intercorrelations Among Narcissism, Self-Esteem, and Age

Prior to the hypothesis test we computed Pearson correlation coefficients among the NPI, PNI, and RSES scales and age. The results, presented in Table 1, indicate high and significant correlation between the total scores of the PNI and the NPI, $r = .65$, $p < .01$. Rosenberg's self-esteem scale is negatively related to both types of narcissism, but the correlation is high only with respect to the PNI, $r = -.55$, $p < .01$, compared to, $r = -.17$, $p < .05$, with respect to the NPI. The highest correlation is between the RSES and the CSE of the PNI, both scales referring to self-esteem. Finally, age is weakly and negatively, though significantly, related to both types of narcissism, but not to self-esteem.

TABLE 2. Means and Standard Deviations of PNI and NPI Narcissism Scales Among Homosexual and Heterosexual Undergraduate Students

| Orientation Scale | Homosexual (<i>n</i> = 90) | | Heterosexual (<i>n</i> = 109) | | | | |
|----------------------|--------------------------------|-----------|-----------------------------------|-----------|----------|----------|----------------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>d</i> | <i>F</i> | <i>F</i> (AGE) |
| RSES | 3.20 | 0.36 | 3.45 | 0.48 | 0.51 | 16.02** | 0.42 |
| CSE | 2.92 | 0.58 | 2.40 | 0.62 | 0.87 | 35.91** | 0.17 |
| E | 2.99 | 0.89 | 2.94 | 0.72 | 0.29 | 0.10 | 0.22 |
| SSSE | 3.25 | 0.69 | 3.02 | 0.67 | 0.33 | 4.54* | 6.08* |
| HS | 3.09 | 0.61 | 2.70 | 0.71 | 0.55 | 15.63** | 0.39 |
| GF | 3.16 | 0.75 | 2.62 | 0.72 | 0.73 | 25.84** | 1.44 |
| D | 2.66 | 0.75 | 2.27 | 0.67 | 0.73 | 13.87** | 4.03* |
| ER | 2.93 | 0.58 | 2.57 | 0.60 | 0.61 | 17.81** | 0.95 |
| Total PNI | 3.11 | 0.56 | 2.82 | 0.52 | 0.67 | 13.44** | 4.10* |
| LA | 3.20 | 0.65 | 2.94 | 0.56 | 0.43 | 8.30** | 2.71 |
| SA | 3.14 | 0.55 | 2.74 | 0.64 | 0.67 | 20.61** | 3.67 |
| EE | 3.10 | 0.58 | 2.83 | 0.57 | 0.47 | 9.83** | 4.60* |
| SASA | 3.03 | 0.94 | 2.56 | 0.87 | 0.63 | 12.54** | 0.31 |
| Total NPI | 2.98 | 0.48 | 2.57 | 0.51 | 0.84 | 31.67** | 3.85* |

RSES = Rosenberg's self-esteem scale; CSE = contingent self-esteem; E = exploitativeness; SSSE = self-sacrificing/self-enhancement; HD = hiding the self; GF = grandiose fantasy; D = devaluing; ER = entitlement rage; LA = leadership/authority; SA = superiority/arrogance; EE = exploitativeness/entitlement; SASA = self-absorption/self-admiration; NPI = narcissistic personality inventory; PNI = pathological narcissism inventory.

* $p < .05$, ** $p < .001$.

Narcissism and Self-Esteem Differences Between Homosexuals and Heterosexuals

To test the hypothesis, 14 ANCOVAs were carried out with sexual orientation as the independent variable, and the scores of self-esteem, PNI, and NPI total scores and scores of their subscales as the dependent variables, and age as a covariate (because of the correlations between age and some scales of narcissism, see Table 1). The results, presented in Table 2, indicate that self-esteem of the homosexual participants is significantly lower than that of their heterosexual counterparts at $p < .001$. In accordance with the hypothesis, the homosexual participants score significantly higher on both PNI and NPI at $p < .001$, but the F value of NPI is much higher than that of PNI. The homosexual participants also score significantly higher, at $p < .001$, in all four subscales of the NPI and in the CSE, HS, GF, D, and ER of the PNI. Only in the SSSE of the PNI do they score higher only at $p < .05$ level. The E subscale of the PNI is the only one in which no significant difference is found between the two groups. These results of the ANCOVAs are in accord with Cohen's d values (the mean differences, divided by the average standard deviations), also presented in Table 2.

In order to examine whether a certain subtype of narcissism is more typical to one of the groups, we created two new variables. One is composed of ER, E, D, and GF, spanning grandiose narcissism, while the other is composed of CSE, HS, and SSE, spanning vulnerable narcissism. We calculated the difference between the mean scores of the two subtypes of narcissism for each participant and compared this difference between the two groups via ANCOVA, in which the difference was the dependent variable, the sexual orientation, the independent variable, and the age of the covariate. The excess of narcissism of the homosexual ($M = 0.15$) over the heterosexual ($M = 0.11$) participants shows no statistically significant difference between the two subtypes of narcissism, $F(1, 196) = 0.64$, $p = ns$.

The effect of age is statistically significant at $p < .05$ with respect to the total scores of both the PNI and the NPI, the SA subscale of the NPI and the SSSE and HS of the PNI, indicating low negative correlations of age with these scales of narcissism (see Table 1).

DISCUSSION

The hypothesis of this study, which is based on the Freudian connection between narcissism and homosexuality, is supported by the results, indicating that the homosexual students score higher in both measures of narcissism and lower in self-esteem, compared to their heterosexual counterparts. Moreover, when looking at the subscales of the PNI, we see that the same pattern appears with respect to the vulnerable as well as the grandiose aspect of narcissism. The only subscale, in which there was no statistically significant difference between the two groups, is the E of the PNI. In addition, we have not found that one subtype of narcissism is more typical to either homosexual or heterosexual individuals. We also find a high positive correlation between both measures of narcissism and a negative correlation between the PNI and self-esteem, as was found in Pincus et al.'s (in press) study.

Whether in or out of the closet, homosexuals still constitute a hiding minority, from which a real statistically representative sample cannot be extracted. The results, then, should be viewed with necessary caution. Having said that, we can still see that, in accord with the Freudian theoretical claim, homosexuals in our study were found to be consistently more narcissistic than heterosexuals. Indeed, some adaptive narcissistic characteristics may be prevalent in individuals in occupations that involve leadership or authority, provide social attention and prestige, or require a confident social presentation (e.g., Hill & Yousey, 1998s), but since the NPI is based on DSM criteria for NPD and the PNI measures pathological narcissism, the results of the present study are more likely to emphasize the maladaptive rather than the adaptive aspects of narcissism.

Nevertheless, three interpretations could be suggested. One would be intrapsychic, suggesting that homosexuals who are dominated by the pursuit of pleasure have impaired frustration tolerance, and poor self-esteem regulation would be considered narcissistic today (Socarides, 1978). Interestingly enough, this poor self-esteem regulation is in accord with the significantly lower level of self-esteem and higher level of narcissistic vulnerability, expressed by contingent self-esteem, hiding the self, and self-scarifying/self-enhancement, which was found among homosexuals in this study. That does not necessarily mean that reparative therapy should be offered to such homosexuals, as was suggested by Bieber (1962), Rado (1940), Socarides (1978), and other psychoanalytic psychiatrists. It rather implies that the maladaptive nature of narcissism should be addressed in the therapy of homosexual clients without aiming at changing their sexual orientation, as was suggested by Freud (1935) himself in his *Letter to an American Mother*.

Another interpretation could be called environmental. It is possible that homosexuals may develop narcissistic traits of personality in response to the oppressive homophobic power of the heterosexual society, in which they live, which operates upon them. After having internalized heterosexual norms of sexuality and becoming self-homophobic, they may have to externalize their self-hatred and redefine themselves in a narcissistic way. In other words, egocentricity, lack of empathy, grandiose fantasy, and even exhibitionism—as characteristics of narcissism—may serve both as protest against homophobic norms of society and as a reaction to the years when homosexual automatically internalized the straight homophobic norms of society.

Moreover, heterosexual women put less emphasis on the looks of heterosexual men; hence the latter are not as challenged as homosexual men to shape their bodies and improve their looks. In addition, the visual demands and standards within the gay community force gay men to take care of their appearance to an extent that may augment, nurture, and even induce narcissism (e.g., looking in the mirror in the gym). Thus, narcissism in this aspect should be considered adaptive rather than pathological behavior to surviving within that community and achieving either a sex or a life partner. Looking at the findings of the current study this way, the higher level of narcissism of the homosexual participants does not necessarily pathologize gay men but rather can be seen as an essential way of coping with and conforming to the visual standards of their own community.

Methodological Limitations

This study used a small sample of only Israeli Jews, thus making it hard to generalize the findings of other groups. Also, only male homosexuals

were compared to male heterosexuals, and it would be interesting to see a study on narcissism among lesbians. Furthermore, like many other studies on homosexual individuals, the investigator of the current study also approached groups of men who were members of gay social organizations and patrons of a gay bar to participate in the study. Although one can argue that these individuals make public statements about their gay identity by participating in social organizations and going to gay bars, 56% of the gay participants recruited this way stated that they are still in the closet. In other words, they did not mind being recognized as gays among other gays, but did mind it among their heterosexual and family environment. However, the significant negative correlations between age and both measures of narcissism among gay men in their mid to late 20's may indicate that narcissism is not a trait inherent to homosexual men but is part of the developmental process of obtaining a gay identity. As gay men mature they may demonstrate less pathological narcissism, which is part of the coming-out process, and show more self-esteem.

We recommend that further studies in the field should compare both adaptive and maladaptive aspects of narcissism among homosexual and heterosexual individuals. Another interesting direction would be comparing levels of narcissism between homosexuals who are involved in a relationship and those who are not.

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