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Influence of Negative Self-Portrayal and Depersonalization on Narcissism Among Undergraduates

U. S. Isaiah
Department of Psychology, University of Uyo, Nigeria

A B S T R A C T

The study investigated the influence negative self-portrayal and depersonalization on narcissism among undergraduates. One hundred and eighty five (185) undergraduates consisting of85 females and 100 males were randomly selected from two tertiary institutions in AkwaIbom State namely University of Uyo, Uyo and AkwaIbom State University, Abak Campus. Their age range from 16 – 45 and their mean age was 38.5. A cross sectional design was adopted for the study. Three instruments were used in the study: Negative Self-portrayal Scale (NSPS) developed by Moscovitch and Hyyder[1], Adolescent Dissociative Experience Scale (ADES) developed by Armstrong, Putamen, Carlson, Libero& Smith in 2006 and Narcissistic Personality Inventory (NPI) developed by Ames, Rose and Anderson [2]. A two way Analyses of Variance (ANOVA) was used to analyse the data. The result showed that there was no significant influence of depersonalization on narcissism [F (1, 185) = 2. 75, p > .05]. The result also revealed that there was no significant influence of negative self-portrayal on narcissism [F (1, 185) = 1.10, p > .05]. The result also revealed that there was no interaction influence between negative self-portrayal and depersonalization on narcissism among undergraduates. It was therefore concluded that negative self-portrayal and depersonalization have no noticeable influence on narcissistic personality of undergraduates and as such are not predictors of narcissism. The results were discussed in-line with empirical findings and implications and recommendations for future study were made.

Keywords: *Depersonalization, Narcissism, Negative self-portrayal.*

***Corresponding Author**
U. S. Isaiah
Department of Psychology, University of Uyo, Nigeria

INTRODUCTION:

Personality is an inherent part of human nature. When personality features become more extreme and abnormal, they have the ability to manifest themselves as personality disorders. One of the most prominent abnormalities in personality characteristics is narcissism, which is among the most difficult to treat and thus in need of greater research [3].

The concept of narcissism has been trending on psychological literature and people all over the world have been seen to portray characters of narcissist. However, narcissism can be traced to the Greek myth of Narcissus and its retelling in Homeric hymns. Narcissism has a relatively long history as a psychological construct as well, beginning with [4] and early psychoanalytic theorists [5] through the development of object relations and self-psychological theories [6, 7] and later ascribed to Axis II of the *Diagnostic and Statistical Manual of MentalDisorders, Third Edition* [8] as narcissistic personality disorder (NPD). Since the publication of DSM- V, both clinical interest and psychological research on narcissism have increased. There is now a broad theoretical and empirical literature on narcissism that spans the related fields of clinical psychology, psychiatry, and social/personality psychology. However, this literature is poorly calibrated across the disciplines [9], and despite narcissism's longevity as a construct in psychology and psychiatry, action must be taken to resolve disjunctions and integrate findings in future conceptualizations of pathological narcissism, otherwise continuing disparate efforts will impede progress toward a more sophisticated understanding of this complex clinical construct.

Narcissism can be conceptualized as one's capacity to maintain a relatively positive self-image through a variety of self-, affect-, and field regulatory processes, and it underlies individuals' needs for validation and affirmation as well as the motivation to overtly and covertly seek out self-enhancement experiences from the social environment [10]. Most theorists suggest narcissism has both normal and pathological expressions reflecting adaptive and maladaptive personality organization, psychological needs, and regulatory mechanisms, giving rise to individual differences in managing needs for self-enhancement and validation [11,12,13,10,14,15]. Some suggest that normal and pathological narcissism lie on a single continuum or dimension from healthy to disordered functioning [16,17,18,19], whereas others suggest adaptive and pathological narcissism may be two distinct personality dimensions [20,10]. The vast majority of empirical research on normal narcissism has been conducted by social/ personality psychologists measuring narcissistic personality traits in nonclinical (often student) samples.

Despite the dispute about the changes in levels of narcissism over the past few decades in college-aged individuals, there are logical environments in which narcissism has the ability to be cultivated among students. This issue is relevant in Nigerian society today because college-aged individuals are future leaders, and narcissism is very detrimental to society as a whole and can render narcissistic students unsuccessful in their academic endeavors and beyond. Twenge is the leading psychologist in the study of narcissism in the collegeaged American population. Twenge's research reveals that the rates of narcissism among the college-aged population are on the rise [21,22,23]. Among college students, Twenge at al. [23] conducted a meta-analysis of narcissistic personality traits as shown through scores on the Narcissistic Personality Inventory. The study included the scores from four-year American institutions from the years 1979-2006.

There were a total of 16, 475 participants, and the authors found an upward shift in scores on the Narcissistic Personality Inventory, meaning that the average college student now embraces, on average, two more narcissistic tendencies than did his peers a couple decades ago. That is, on the average, today's college student is at least a bit more narcissistic. Further, Twenge and Campbell [22] conducted a study based on responses of high school seniors from the year 1975 through the year 2006 and found that, in general, narcissistic personality tendencies are on the rise in that population as well. Unrealistic expectations among this population have increased a concept that will later be discussed as a narcissistic tendency. Twenge has proposed many theories to account for an increase in narcissism, many of which center around cultural changes. Now, from a young age, Americans are taught that they are very special and unique individuals [21], which may be causing increases in self-esteem, extroversion, and assertiveness, which are key elements of narcissism. Further, today's American society places a large emphasis on materialism and wealth, thus encouraging focus on pleasures and success for individuals. Another facet of American culture today is technology. Websites such as Facebook, YouTube, Myspace, and Twitter create spaces for individuals to enhance themselves and show themselves to the rest of the country and world [23]. These changes in American culture could be facilitating a change in personality traits among young Americans, and Twenge proposes that this narcissistic shift may have negative consequences on society.

Defining narcissism is difficult, and many researchers have presented complex ideas of its exact definition. Many have suggested that there may be a continuum of narcissistic personality tendencies [19] and that it should perhaps be measured multi-dimensionally and in conjunction with other personality trait. There are a few important traits that define narcissism, though. First and foremost, individuals high in narcissism have a grandiose sense of self-importance [12]. They believe that they are better than everybody else, and this self-concept, however unrealistic it probably is, guides them in their daily lives [13]. As Vazire and Funder [24] note, "much of narcissists' cognitive, affective, and behavioral responses are in the service of defending and affirming an unrealistic self-concept". Enhancing their self-concept underlies most everything that narcissistic individuals do. Moreover, they are constantly looking for the world to reflect back this notion of grandiosity. Narcissistic individuals depend heavily upon positive feedback from others [13] and are not able to tolerate things that threaten the grandiose self, such as negative, critical feedback or failure. Their quest for grandiosity may also be blinding. Robins and Beer [25] found that people with narcissistic tendencies assess themselves more positively than their peers assess them. Again, everything is about keeping the positive self-concept in tact, even if it is unrealistic. Further, narcissistic individuals tend to attribute success internally and failure externally [13]. That is, if something goes well in their lives, they take the credit for it, whereas if something does not go well, they blame it on other factors outside of their control. This relates back to their excessive need to self-enhance and to preserve a highly positive view of themselves. Those with narcissistic tendencies are impulsive and can lack self-control [24]. This lack of self-control may contribute to their excessive need for self enhancement in that they are psychologically unable to stop their arrogance. Further, impulsivity is linked with an inability to delay gratification. Narcissistic people may lack the ability to delay pleasurable outcomes in the short-term in favor of gratification in the long run [25]. This inability to delay pleasure shows up in many areas of life. Further, it has been suggested that this impulsivity may actually be biological, in that it is linked with low levels of serotonin [13]. Perhaps in order to treat this aspect of a narcissistic personality, chemicals in the form of medications must be used. People high in narcissism are generally extroverts. Others perceive them as sociable people free of social anxiety. Narcissism is not positive in regards to interpersonal relationships, however. While narcissistic individuals generally do have friends, they mostly keep them around in order to self-enhance through admiration, dominance, and competition. In romantic relationships, they seek partners that will inflate their egos and are constantly looking for new partners to keep up this pattern of ego boosting. Otherwise, narcissists have a much smaller need for intimacy than do non-narcissists, and generally rub people the wrong way. Those with narcissistic personalities are unlikeable because they "like themselves in unlikeable ways" (p. 366). They are willing to diminish others who are close to them in order to keep their own high self –perception in tact [9], and are sometimes called "disagreeable extroverts" [26,27]. Further, in a study that showed participants videos of narcissists, healthy people, and dependent people, narcissists were viewed the most negatively and none of the participants expressed interest in interacting with them [26]. Narcissistic individuals generally negatively affect those around them negatively and have difficulty in the realm of interpersonal relationships.

Few studies has shown that depersonalizationhas effects on the personality of narcissistic individual. The term 'depersonalization' was first coined by Duglas in [28] and denotes a state in which the sense of self and the quality of subjective first-person experience are oddly altered, such that the person feels somehow alienated or estranged from themselves (depersonalization) and/or their surroundings (derealization). While psychiatric classification and literature distinguish between 'depersonalization' (DP) and 'derealization' (DR), in practice these two phenomena often co-occur. Some patients with persistent depersonalization symptoms may find the DP/DR distinction does not hold true for them, as they experience both as part of the same essential alteration of experience [29]. In this study, as in most work on this topic, the term 'depersonalization' will be used to denote this general alteration of subjective experience, so can be taken as including derealization, as well as other experiential aspects explored below. Brief, self-limiting episodes of mild depersonalization are usually not pathological: indeed they are common among the general population, particularly under conditions of stress and fatigue: the 'spaced out', unreal feeling induced by jet-lag is an example, while many psychoactive drugs, including alcohol, may produce transient experiences of depersonalization [30]. However, depersonalization can occur as a persistent, pervasive phenomenon, causing subjective distress and functional impairment. This may be in the context of another neurological or psychiatric disorder, such as major depression or post-traumatic stress disorder, or it may occur as a primary phenomenon, in which case it is classified as a condition in its own right: depersonalization disorder (DPD).

The two major classificatory systems used in contemporary psychiatry are the DSM-IV (Diagnostic and Statistical Manual of Mental Disorder American Psychiatric Association) and the ICD-10 (International Classification of Diseases, World Health Organisation). While there are some important differences between them, they are largely in accord regarding diagnostic criteria for DPD [29] for a diagnosis, there should be persistent symptoms of DP/DR, which should not occur as part of another disorder or be directly substance-induced, and the individual should not be suffering from psychosis (which would imply a different diagnosis, such as schizophrenia). DSM V adds the criterion that there should be significant distress and/or functional impairment- this seems appropriate, as without either of these it is hard to argue that the phenomena can usefully be seen as pathological. Population and clinic surveys suggest that clinically significant depersonalization (due to either primary DPD, or secondary to another condition) affects 1-2% of the population [30], and that the onset is most commonly in adolescence or early adulthood. The condition may go undiagnosed for many years, presumably because the topic lacks prominence among psychiatrists and their colleagues in other medical disciplines [30]. There are reports of successful treatment with a range of psychological and pharmacological interventions, but as yet no strong, large-scale evidence for any specific treatment strategy [29].

Various terms have been coined to describe domains of symptoms within DPD. Davidson in 1966 suggested the term "de-affectualization" to denote the change in emotional experience commonly reported by patients with DPD, in which there is a persistent diminution or loss of emotional reactivity, and emotions seem to lack spontaneity and subjective validity. There are remarkably consistent first-person accounts of de-affectualization in both older and more recent literature [30,31]. Davidson also proposed the term "desomatization" to describe altered body experience in DPD-typically this involves reduction, loss or alteration of bodily sensations, and a sense of disembodiment; there may be a raised pain threshold and patients may report a disturbance in the sense of ownership of body parts e.g. a patient may look at his hands and say they do not seem like his hands, even though he knows they are his and that he has control over them.

Empirical evidence supporting a syndrome concept of depersonalization comes from a study of patient responses to the Cambridge Depersonalization Scale (CDS). The CDS [32] is a self-report scale which probes a range of experiences associated with DPD, and factor analysis of patient responses suggests a consistent pattern of symptom clusters within DPD, summarized by the following headings: 'Anomalous Body Experience', 'Emotional Numbing', 'Anomalous Subjective Recall', and 'Alienation From Surroundings' [29]. These are essentially analogous to the terms desomatization, deaffectualization, de-ideation, and derealization. Using a similar method with a larger sample, a more recent study by another group gave strikingly similar results [33]. can be seen from the above that the phenomenon of 'de-affectualization' or emotional numbing has been consistently described as a core feature of the syndrome. Indeed this observation probably predates even the coining of the term "depersonalization". Some sixty years before Duglas, Zeller reported five patients who "complained almost in the same terms of a lack of sensations ... to them it was a total lack of feelings, as if they were dead ... they claimed they could think clearly, and properly about everything, but the essential was lacking even in their thoughts." [32]. However, deaffectualization in DPD is not usually accompanied by the objectively blunted affect often seen in chronic schizophrenia [34,35].

Throughout the DPD literature, it is noted that sufferers tend to focus attention on inner sensations and concerns, at the expense of attending to the external world [36]. If attention is persistently drawn to the strangely altered inner feelings that are the core of the condition, the corresponding lack of attentional focus on the outside world may contribute to the sense that the world has become somehow distant and unreal. This attentional imbalance may explain the combination of a subjective experience of inner turmoil with emotional unresponsivity to external events. The putative

connection between attentional style and altered emotional experience in DPD merits further research, particularly around the possibility that exercises aimed at re-orienting attention could have a role in treatment [36]. The idea that a pervasive disturbance of subjective feelings was the key to understanding the depersonalization experience enjoyed considerable currency among German writers of the early 20th century, the position exemplified by Osterreich: "they postulate that at the foreground [of depersonalization] there is a more or less generalized inhibition of feelings that leads to a reduction of self-feelings and self-awareness" [37]. The apparent dampening, or even 'shutting down', of emotional responses in DPD is consistent with the notion that depersonalization arises as a defence against anxiety, threat, or negative emotional experience in general.

Early observations in anxiety showed that the onset of depersonalization frequently coincided with an attenuation in sympathetic activity [16]. Forearm blood flow, a measure of sympathetic autonomic function, showed that DPD patients had significantly lower basal recordings compared to healthy controls and other clinical groups [38]. Sierra et al. [39] found that DPD patients had significantly lower basal skin conductance levels (SCLs) compared to clinically anxious controls, despite both groups reporting similarly high anxiety scores. Patients also showed selective attenuation in SCRs to unpleasant pictorial stimuli. Research comparing SCL in DPD and healthy controls concomitant with the presentation of a physiologically arousing scene from a horror movie found that patients exhibited an earlier peak in SCL followed by subsequent flattening that failed to return to baseline levels after termination of the stimulus [40]. Consistent with a dampening mechanism on sympathetic autonomic activity as studied by Simeon, found a highly significant inverse correlation between urinary norepinephrine and depersonalization severity ($r = -.88$) in DPD patients. Similar attenuation of autonomic response has been exhibited in trauma survivors with posttraumatic stress disorder (PTSD) and high peritraumatic dissociation, who showed low physiological reactivity at baseline and during trauma recall compared to those PTSD sufferers with low dissociative comorbidity [41].

Furthermore, there is a growing consensus that the perception of self plays a crucial role in the pathogenesis and persistence of social anxiety [42]. Although specific conceptualizations of the self-differ across contemporary cognitive and interpersonal models of social anxiety [43,44,4,45,46], there is now strong empirical support for the view that symptoms of social anxiety arise from the discrepancy produced by the motivation to convey a desired social impression of oneself to others in combination with the expectation that one will fail to do so [47].

However, negative self-portrayal is the extent to which individuals are concerned that specific self-attributes they view as being deficient will be exposed to scrutiny and evaluation by critical others in social situations. These concerns have been proposed to drive symptoms of social anxiety and account for individual differences in social fears and avoidance behaviors [48]. Indeed, numerous studies have shown that highly socially anxious individuals significantly underestimate their social performance abilities as well as other salient social self-attributes, and routinely provide selfratings that fall well below their perception of the standard they believe is required by relevant "audience" evaluators [49]. Under social threat, highly socially anxious and phobic individuals allocate increased attentional resources toward monitoring their internal anxiety cues and other perceived negative features of the self [50]. This increase in self-monitoring coincides with the experience of spontaneous, recurrent, intrusive, and often vivid negative mental self-images that are viewed from an observer's perspective [44]. These images tend to be negatively distorted and exaggerated representations of the self; nevertheless, they are perceived and processed by socially anxious individuals as being accurate. As a result, these images capture precious emotional and cognitive resources and possibly prevent the encoding of salient positive social and interpersonal cues in the external environment [44]. On the basis of clinical observations and the burgeoning empirical literature on the central role of the self in social anxiety, Moscovitch[48] recently recommended that scientist-practitioners engaged in assessing and treating patients with social anxiety disorder (SAD) within an exposurebased cognitive behavioral therapy (CBT) framework shift their focus in treatment from targeting patients' feared social situations, to targeting more directly the core feared stimuli in SAD. Moscovitch proposed that the feared stimuli in SAD are specific self-attributes that socially anxious individuals perceive as being flawed or contrary to perceived sociocultural norms, hypothesizing that it might be possible to organize these self-attributes into broad themes that fall across four non-orthogonal dimensions: (a) concerns about social skills and behaviors; (b) concerns about visible signs of anxiety; (c) concerns about physical appearance; and (d) concerns about personality. While research on SAD has historically focused on socially anxious individuals' concerns about social skills/behaviors and signs of anxiety [48], investigators have only recently begun to examine the link between social anxiety and heightened concerns about physical appearance [51,46] and personality characteristics [46]. Moscovitch's[48]model offers a potentially useful, theory-guided heuristic for conceptualizing symptom variations and individual differences in social anxiety. Socially anxious people are heterogeneous with respect to the kinds of social situations they fear and avoid [4], as well as the types of subtle avoidance or safety behaviors they tend to use [44]. According to Moscovitch[48], variations in social fears and safety behaviors are functionally related to underlying differences in self-attribute concerns across the proposed dimensions. Specifically, social situations that are endorsed as being anxiety-provoking are those which individuals perceive as having the capacity to expose their perceived self-deficiencies for public consumption.

In the same vein, subtle avoidance and safety behaviors represent attempts to conceal or prevent the public exposure of those self-attributes. Thus, core concerns about self-attribute flaws are proposed to drive the constellation of social anxiety symptoms—subjective distress, avoidance, and self-concealment—that are associated with high levels of functional impairment in the emotional, vocational, and interpersonal lives of individuals with SAD [47].

However, the present study is investigating the role of depersonalization and negative self- portrayal on narcissism. To better evaluate and arrived at a valid conclusion, the following research questions would assist the researcher;

1. Would negative self -portrayal have any role to play on narcissism?
2. To what extent would depersonalization play a role on narcissism?

METHOD:

Participants

Atotal of one hundred and eighty-nine (185) undergraduates consisting of 84 females and 100 males were randomly selected from two tertiary institutions in AkwaIbom State namely University of Uyo, Uyo and AkwaIbom State University, Abak Campus. Their age range was from 16 – 45 and their mean age was 38.5.

Setting

This study was carried in two institutions namely University of Uyo located at Ikpa Road and AkwaIbom State University located at Ikot all in AkwaIbom State. AkwaIbom state is in Nigeria. It is located in the coastal southern part of the country, lying between latitudes $4^{0}32^{1}$N and $5^{0}33^{1}$N, and longitudes $7^{0}25^{1}$E and $8^{0}25^{1}$E. The state is located in the south-South geographical zone, and is bordered on the east by Cross River State, on the west by Rivers State, and on the south by Atlantic Ocean and the southmost tip of Cross Rivers State.

Design

The study adopted a cross sectional design. This was to enable the researcher to look at the key characteristics of the participants at one point irrespective of their age, gender, ethnicity and other demographic features.

Statistics

The study adopted two way Analysis of variance (ANOVA) as a statistic for data analysis. The reason behind the used of these two statistics was to enable the researcher find the significance influence of each of the independent variable on dependent variable and secondly finding the interaction effect of both the independents variables on the dependent variable.

Instruments

Three instruments were used in this study. The questionnaires distributed were divided into four sections, A, B, C, and D. Section A connotes information on the demographic variables such as age, gender, ethnic group, religion and marital status. Section B is the Negative Self-portrayal Scale (NSPS) developed by Moscovitch and Hyyder[1]. The NSPS was reported to have a Cronbach's α = .80 and contain 27 items rated using a 5-point Likert scale (1 = *strongly disagree t*o 5 = *strongly agree*). All the items are directly scored. The total possible scores ranged from 0 to 140 with higher scores indicating a greater degree of negative self-portrayal experienced by participants and lower scores indicating a lower degree of negative self-portrayal. Section C is the Adolescent Dissociative Experience Scale (ADES) developed by Armstrong, Putamen, Carlson, LIbero& Smith in [52]. The Scale has 20 items and the items are rated in a 11-point likert scale (*0=Never to 10= Always)*. The cronbach alpha was reported to be 0.8. Higher scores on the scale shows high depersonalization and lower scores shows low depersonalization. Section D is the Narcissistic Personality Inventory (NPI) developed by Ames, Rose and Anderson [2] which consist of 13 items which uses self-report with a 4-point Likert scale, where a score of 1 represents "Strongly disagree" and a score of 5 represents "strongly agree". The respondents' rate each statement to the extent it describes them, using the 1-5 point Likert scale. The cronbach alpha was .89 showing its internal consistency. Total scale scores can be calculated by summing all items. Higher scores suggest more characteristic of narcissism while lower score suggest less characteristics of narcissism.

Procedures

The researcher accorded with two assistants went to all the institutions listed above to distribute the questionnaires. At first a letter of recommendation was gotten from the department to enable the researcher have access to the participants. The researcher on meeting the participant would explain the purpose of the study before handling the questionnaire to them. The consent of the participants was sought before proceeding with the study. Each participant was given a maximum of 20minutes to complete the questionnaire. All the participants were randomly selected. The responses gotten from the participants were analyzed using SPSS specifically model 20.

RESULT:

Data analysis was performed using the Statistical Package for the social Sciences (SPSS) version 20 and the result are presented below.

Table 1 below is a table of mean (X) showing the role of negative self-portrayal and depersonalization on narcissism.

Negative self-portrayal

Depersonalization		**High (A1)**	**Low (A2)**	**Sum X**
		N =44	N =30	N =74
	High(B1)	X =29.16 SD=5.74	X =30.83 SD =5.66	29.84 5.71
	Low(B2)	N =41 X =28.68 SD =4.92	N =74 X =28.67 SD =4.78	N =115 28.68 4.81
	Sum N X SD	N =85 28.92 5.32	N =104 29.30 5.11	N = 189 29.13 5.20

Table 1 above shows that participants with high negative self-portrayal had a mean score of 28.92 (SD= 5.32) while their counterparts who were low on negative self-portrayal had a mean score of 29.30(SD=5.11) on narcissism.

Furthermore, participants who were high on depersonalization had a high mean score of 28.84 (SD= 5.71) while their counterparts who were low on depersonalization had a mean score of 28.68 (SD=5.71) on narcissism. On a combination of variables, participants who were high on both depersonalization and negative self-portrayal had a mean score of 29. 16 (SD= 5.72) while their counterpart who were low on both depersonalization and negative self-portrayal had a mean score of 30.83 on narcissism. The overall mean score of participants on civic engagement was29.30 (SD= 5.20) on narcissism.

Table 2 Below is a 2x2 ANOVA summary table showing the influence of defensive pessimism and assertiveness on civic engagement.

Tests of Between-Subjects Effects

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Negative Self-portrayal	29.574	1	29.574	1.101	.296
Depersonalization	73.826	1	73.826	2.747	.099
Negative self-portrayal * Depersonalization	30.090	1	30.090	1.120	.291
Error	4971.147	185	26.871		
Total	165484.000	189			
Corrected Total	5081.193				

Table 2 shows the result of a 2x2 ANOVA which tested for the independent and joint interaction of the variables of this study.

The result as shown in table 2 indicates that shows that negative self-portrayal had no significant influence on narcissism [F(1, 185) = 2.75, P > .05]. An observation of the table 1 indicates that participants with high negative self-portrayal had almost the same mean score as their counterpart who were low on negative self-portrayal (28.92, SD= 5.32 vs 29.30, SD= 5.11) on narcissism. This result shows that negative self-portrayal did not predict narcissism among undergraduates.

The second result revealed that that depersonalization did not exert significant influence on narcissism [F(1, 185)= 1.10, P > .05]. An observation of the table 1 indicates that participants with high depersonalization had almost the same mean score as their counterpart who were low on depersonalization (29.84, SD= 5.71 vs 28.68., SD= 4.81) on narcissism. This result shows that depersonalization do not predicts narcissism.

Furthermore, table 2 revealed a non-significant interaction influence between negative-self portrayal and depersonalization on narcissism and was shown in table 2 [F(1, 185) = 1.12, P > .05]. That is to say negative-self portrayal and depersonalization do not have any joint effect on narcissism.

DISCUSSION AND CONCLUSION:

Discussion

The present study shows that negative self-portrayal had no significant influence on narcissism. This means that whether an individual has high or low negative self-portrayal, it has nothing to do with narcissism. This was shown in table 2 [F(1, 185)= 2.75, P > .05] thus rejecting the first hypothesis which state that participants who have high negative self -portrayal would be narcissistic than participants who have low negative self -portrayal. This finding was consistent with the findings of Sedikides, Rudich, Gregg, Kumashiro and Rusbult[26] who found that narcissism is negatively related to negative self-portrayal. There were not much empirical findings to back up this result, and as such this present finding would serve as bedrock for further studies.

The present study also shows that depersonalization did not exert significant influence on narcissism. This is to say that irrespective of an individual level of depersonalization whether high or low do not lead to narcissistic personality. This result was also shown in table 2 [F(1, 185)= 1.10, P > .05] thus rejecting the second hypothesis which state that participants who are highly depersonalized would be narcissistic than participants who are lowly depersonalized. There were no empirical findings to back up this result as to confirm if the present finding is consistent with previous study or is inconsistent, and as such this present finding would serve as bedrock for further studies. Actually, the reason for the non-significant of the second hypothesis is that people who are narcissist are full of themselves, they feel they are superior to everybody and believe so much on their capabilities rather a depersonalized individual feel detached from himself or herself and this affect the way he/she reason and perceive things around. Both terms are coins of opposite side and as such cannot be related.

Further, it was also found that there is no interaction influence between negative-self portrayal and depersonalization on narcissism and was shown in table 2 [F(1, 185)= 1.12, P > .05]. That is to say negative-self portrayal and depersonalization do not have any joint effect on narcissism. There were also no empirical findings to backup this finding as per the agreement or the disagreement of the present study.

Conclusion

This study was conducted to investigate the influence negative-self portrayal and depersonalization on narcissism among undergraduates. One hundred and eighty-nine undergraduates were recruited as participants in the present study from two tertiary institutions (university of uyoand AkwaIbom State University).

Negative Self-portrayal Scale (NSPS) developed by Moscovitch and Hyyder[1], Adolescent Dissociative Experience Scale (ADES) developed by Armstrong, Putamen, Carlson, LIbero& Smith in [52] and Narcissistic Personality Inventory (NPI) developed by Ames, Rose and Anderson [2] were the instrument used in the study. The study utilized cross sectional designs and a two way analysis of variance was used to analysed the data.

Two hypotheses were tested. The first hypothesis which stated that participants who have high negative self -portrayal would be narcissistic more than participants who have low negative self –portrayal was not significant thus rejected. The second hypothesis which stated that participants who are highly depersonalized would be narcissistic more than participants who are lowly depersonalized was not significant thus rejected.

Conclusively, the findings of the study show that negative self-portrayal and depersonalization are not predictors of narcissism.

Implication/ Recommendations

The findings of this study had very crucial implications to clinical psychologists, researchers and the general public. The finding of this study shows that negative self-portrayal had no significant influence on narcissism. This implies that an individual fears that his or her deficiency would be exposed to scrutiny would be exposed to the public has nothing to do with the feelings of superiority or being important**.** A plausible explanation for the non-significant of the first hypothesis is that the narcissistic individual is characterized by excessive self-admiration and feelings of superiority and despite these egocentric tendencies, individuals high in narcissism are more likely to make favorable first impressions on others than those low in narcissism, they is no element of a narcissist having negative self-portrayal of himself/ herself. The concept of narcissism presumes a favorable self-concept that empirical research has confirmed. Narcissism is positively related to self-rated intelligence, physical attractiveness.

Moreso, the finding of this study also shows that depersonalization had no significant influence on narcissism. This implies that detachment from oneself either for personal reasons or in extrinsic reasons does not lead to ones' feeling of superiority but rather can lead to other psychological disorders especially dissociative disorders. An individual with a depersonalized personality is a shame ofhimself or herself of being worthless and usually occur as a result of poor relation between the parents and the individual at infant. On the real sense being a narcissist is far better than having

depersonalized personality in that narcissism despite their urge for superiority has been linked to greater achievement in all fears of life.

Recommendations

The following recommendations are made based on the findings:

a) As such parents should build a relationship with their offspring that would enable have a good sense of themselves, feel proud of whom they are instead of having a negative self-portrayal or being depersonalized.

b) Parents and guidance should avoid teaching their children how best their actions and behavior are while other people's views are meaningless less they become narcissists.

c) Further studies should also focus on investigating whether variables such as personality type, rejection sensitivity, and religion could predict internet addiction among undergraduates.

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