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LEVEL OF NARCISSISM IN YOUNG ADULTS REPORTING SUICIDAL, NORMAL, AND NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

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Abstract: Personal traits, emotional states, and surroundings all have an impact on human behavior. This exploratory investigation was undertaken with the objective, firstly, to identify the level of narcissism in suicidal, normal, and non-suicidal self-injurious young adults, and secondly, to compare the level of narcissism in suicidal, normal, and non-suicidal self-injurious young adults. For this purpose, two hundred young adults- one hundred females and one hundred males were given the Personal Data Schedule, Beck Depression Inventory-2 (BDI-2), Structured Interview, and Narcissism Scale. Of them, 22 (9 females and 13 males) reported NSSI, 17 (5 females and 12 males) showed suicidal ideation, and 30 (15 females and 15 males) were randomly selected as normal young adults. The results of this study indicate that there were no statistically significant differences among the groups. However, the mean plot suggests that young adults with non-suicidal self-injury (NSSI) had higher narcissism scores compared to the suicidal and normal young adults. A larger sample might have increased the study's statistical power and revealed significant group differences. Therefore, it may be concluded that future research should replicate this study with a larger sample size and application of statistically sophisticated methods, as this would increase the likelihood of obtaining more robust and reliable findings.

Keywords: **Narcissism, non-suicidal self-injury (NSSI), suicidal ideation, young adults.**

INTRODUCTION

Situational factors, emotional states, and personal characteristics influence human behavior. The term “narcissistic” refers to people whose personalities are organized around maintaining their self-esteem by seeking affirmation from others. All individuals have vulnerabilities in their sense of who they are and how valuable they feel, and they try to run their lives so that they can feel good about themselves (McWilliams, 2011) **[1]**. An individual with narcissistic personality disorder has a grandiose sense of self-importance, is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love, and believes that they are “special” and unique, requires excessive admiration, and has a sense of entitlement, is interpersonally exploitative, and lacks empathy, often envious of others or believes that others are envious of them and lastly shows arrogant, haughty behaviors or attitudes (APA 2013) **[2]**. Narcissism is adversely connected with familial relationships (Bajwa et al., 2016) **[3]**. Parenting style and childhood maltreatment may significantly contribute to the development of narcissism in childhood, which can continue throughout adolescence and adulthood (van Schie et al., 2020) **[4]**.

According to the International Society for the Study of Self-Injury (2026) **[5]**, Nonsuicidal self-injury (NSSI, self-injury) is the deliberate, self-directed damage of body tissue without suicidal intent and for purposes not socially or culturally sanctioned. Zobel et al., (2021) **[6]** hypothesized that self-harm is another maladaptive emotion regulation tactic used to repress emotions of shame, and it is interesting to note that these findings highlight a key explanation for the connection between susceptible narcissism and NSSI. Narcissistic personality characteristics appear to have a significant role in identifying protective variables for non-suicidal self-injury and suicidal behavior exhibited in individuals with borderline personality disorder (Íñigo et al., 2023) **[7]**. In India, numerous studies have examined narcissism, suicidal ideation, and non-suicidal self-injury (NSSI) as separate constructs. However, research investigating these variables together is very limited. Moreover, no studies addressing these factors were identified within the context of Uttarakhand.

The present study was undertaken with the following aims:
1. To identify the level of narcissism in suicidal, normal, and non-suicidal self-injurious young adults.
2. To compare the level of narcissism in suicidal, normal, and non-suicidal self-injurious young adults.

MATERIALS & METHODS

A mixed-method research approach with an exploratory sequential design was used for the present study. Young adults aged 18-29 years old, males and females, situated in Nagar Palika Parishad, Pithoragarh, Uttarakhand, were included in the population for the present study. In the present study, a simple randomization was employed to select the sample. 69 young adults aged 18 to 29 made up the randomly selected sample for this study (22 were NSSI, 17 were suicidal, and 30 were normal). The mean ages of NSSI, suicidal, and normal young adults are 20.9 years, 20.2 years & 20.4 years, respectively.

The sampling method was executed in two steps. The steps are as follows:

1. Step one involved administering the Personal Data Schedule and Beck Depression Inventory-2 (BDI-2) to 200 randomly selected young adults (100 males and 100 females) from various institutions in Nagar Palika region of Pithoragarh, Uttarakhand. 17 incomplete forms were first eliminated. The sample did not include 74 young adults who were pregnant, lactating, had a history of drug and substance misuse, or used medicine for any identified psycho-physiological issues. Next, 109 samples were examined for suicidal thoughts and symptoms of NSSI. There were 23 NSSI, 19 suicidal, and 67 normal young adults found. The tools were then used on the chosen sample.
2. In step two, the structured interview was designed to collect additional information about self-harming behavior. Two suicidal people, 37 young adults, and one NSSI were unavailable for this phase's interview. As a result, the sample consisted of 69 young individuals (22 NSSI, 17 suicidals, and 30 normal).

The following types of tools were used for this research work:

- **Personal Data Schedule:** This personal data schedule has been developed by the researcher. This questionnaire includes inquiries about the personal life of young adults, such as name, father's name, mother's name, age, height, weight, and residence.
- **Beck Depression Inventory-2 (BDI-2):** The Beck Depression Inventory-second edition is a 21-item self-report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older. The version of the inventory (BDI-2) was developed for the assessment of symptoms corresponding to criteria for the diagnosis of depressive disorder listed in the APA diagnostic and statistical manual of mental disorders. In the BDI-2, 21 depressive symptoms and attitudes were selected by Beck et al., (1961) **[8]**. These items are: 1) Mood, 2) Pessimism, 3) Sense of failure, 4) Self-dissatisfaction, 5) Guilt, 6) Punishment, 7) Self-dislike, 8) Self-accusations, 9) Suicidal ideas, 10) Crying, 11) Irritability, 12) Social withdrawal, 13) Indecisiveness, 14) Body image change, 15) Work difficulty, 16) Insomnia, 17) Fatigability, 18) Loss of appetite, 19) Weight loss, 20) Somatic preoccupation & 21) Loss of libido. The BDI consists of 4 scales. The cut score guideline for these scales from total scores of patients diagnosed with major depression is 0-13 for minimal depression, 14-19 for mild depression, 20-28 for moderate, and 29-63 for severe depression (Beck et al., 1996) **[8]**. The reliability of the tool is .74 and the construct validity of the tool is 0.93.
- **Structured Interview:** The researcher designed this structured interview. This questionnaire focuses on NSSI behavior, young adults' daily routines, etc.
- **Narcissism Scale:** A narcissism scale was constructed by Helode et al., (2008) **[9]**. In this effort, narcissism has been defined operationally as a self-love coloured with self-esteem. The narcissism scale has 50 statements; each statement of the narcissism scale stands with five alternative response categories, namely, totally true, true, moderately true, false, and totally false. The split-half reliability is 0.84, and the construct validity of this tool is satisfactory.

Administration of the tools: The tools were administered in three phases, detailed as follows:

Phase I: The young adults were given the Personal Data Schedule (PDS) and Beck Depression Inventory-II (BDI-II) during phase one. The BDI-II and PDS were then examined for suicidal behaviors and NSSI.

Phase II: The Narcissism Scale was administered to finish the second phase. To get the quantitative data, this tool is employed on the sample (the groups that have been classified).

Phase III: The third phase involved a structured interview conducted to obtain more information about the self-harming behavior.

STATISTICAL ANALYSIS

The mean and standard deviation (SD) were computed to determine the properties of the dependent variables using descriptive statistics, and One-way ANOVA and least significant difference (LSD) were calculated as post hoc using Inferential Statistics SPSS-20.

RESULTS

Three groups are created from the sample; Table 1 contains details about each group.

Table 1: Details of the sample

S. No.	Name Of Group	Male	Female	Sample Size
1.	NSSI	13	9	22
2.	Suicidal ideation	12	5	17
3.	Normal	15	15	30
Total		40	19	69

Table 2: Mean and SD of young adults in all three groups

Group	Dependent Variables	Mean	SD
NSSI (N=22)	Narcissism	160.77	21.87
Suicidal (N=17)	Narcissism	154.41	17.79
Normal (N=30)	Narcissism	151.70	18.22

Comparison of the groups on the level of Narcissism

Table 3: ANOVA on Narcissisms (NMS)

S. No.	Sum of Square	Df	Mean Square	F value	Level of significance at 0.05
Between groups	1061.023	2	530.512	1.146	NS
Within groups	24734.281	66	374.762		
Total	25795.304	68			

Table 4: Post hoc: Least Significant Difference (LSD) on Narcissisms (NMS)

Groups (I)	Comparisons to groups (J)	Mean Difference (I-J)	Std. Error	Level of significance at 0.05
NSSI	Suicidal	6.36	6.25	NS
	Normal	9.07	5.43	NS
Suicidal	NSSI	-6.36	6.25	NS
	Normal	2.71	5.88	NS
Normal	NSSI	-9.07	5.43	NS
	Suicidal	-2.71	5.88	NS

FIG. 1: Plotting of the mean of Narcissisms (NMS)

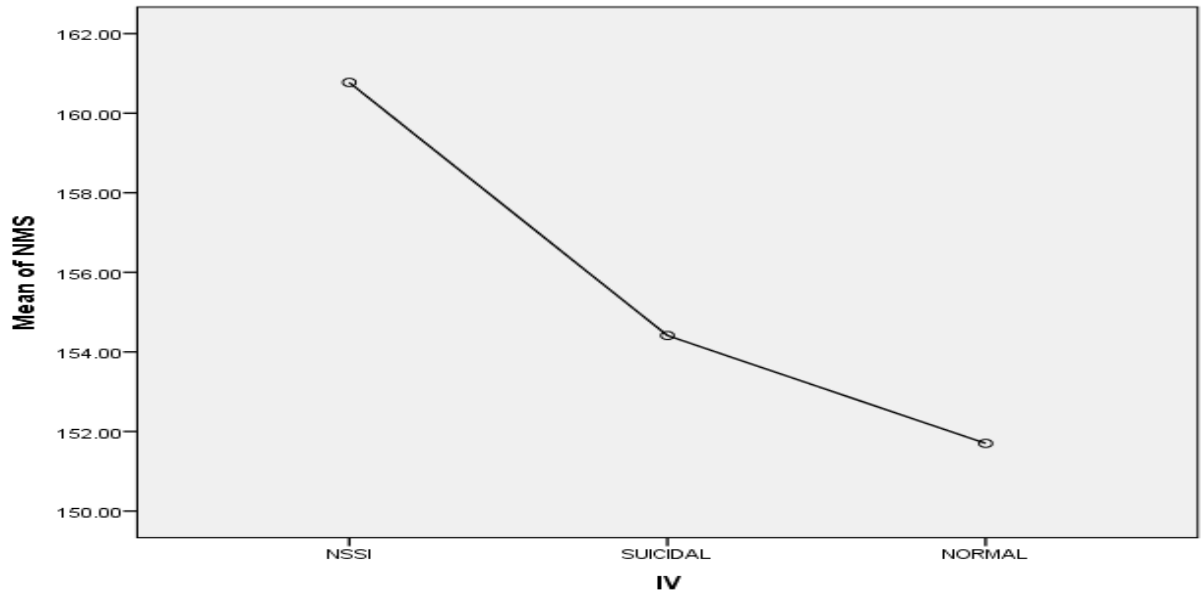

Table 3 shows no significant difference among groups on the variable Narcissism. Table 4 reveals that there are no significant differences among the groups. On analyzing FIG.1, which reflects the means of three groups, it shows that the means of NSSI young adults are higher than those of normal and suicidal young adults.

DISCUSSION

Narcissism may be broadly understood as a condition characterized by self-love coupled with high self-esteem. But owing to a host of reasons, when an individual is not able to uphold the optimum levels, it becomes a crisis. An extreme degree of narcissism, whether high or low, creates a developmental issue and is a probable indicator of disrupted self-appraisal. The goal of the current study is to determine the degree of narcissism in non-suicidal self-injurious, suicidal, and normal young adults. Our results showed that none of the three groups differed significantly.

Dawood et al., (2018) **[10]** observed that narcissism was related to the endorsement and frequency of NSSI behavior. The present study shows that young adults who have a high level of narcissism engage in NSSI behavior.

Sprio et al., (2021) **[11]** assessed narcissism as a more consistent characteristic. DSH, SI, and NSSI all showed a correlation with susceptible narcissism. Models of moderation and mediation, such as detachment and guilt, were used to explain these connections. Severe repeated NSSIs were linked to the grandiose component in groups with a high risk of suicide.

Suicidal behavior is associated to narcissistic personality traits. Furthermore, individuals with NPT exhibited unique suicidal behaviors, including lower impulsivity, higher lethality, sudden suicide gestures, and a greater chance of successful suicide Lazarus, C., & Malik, K., 2022) **[12]**.

CONCLUSION

The results of this study indicate that there were no statistically significant differences among the groups. However, the mean plot suggests that young adults with non-suicidal self-injury (NSSI) had higher narcissism scores compared to the suicidal and normal young adults. One possible explanation for the absence of statistically significant differences is the relatively small sample size. Therefore, it may be concluded that future research should replicate this study with a larger sample size and application of statistically sophisticated methods, as this would increase the likelihood of obtaining more robust and reliable findings.

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