YOUNG NARCISSUS IN LOVE: INTERPLAY OF NARCISSISM AND CONFLICT

MANAGEMENT STRATEGIES IN ROMANTIC RELATIONSHIPS DURING

ADOLESCENCE

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ABSTRACT

Adolescence is a crucial stage marked by significant psychosocial changes and the development of personality traits. Narcissism, known for its maladaptive nature, peaks during this time. However, it is important to note that narcissism has both adaptive and maladaptive dimensions. The intricate connection between these dimensions and their influence on conflict management strategies in adolescent romantic relationships is an area that has not been extensively studied. This study aimed to establish relationships between the narcissism dimensions (adaptive and maladaptive) and conflict management strategies (positive and abusive), while considering the influence of individual factors such as socio-emotional abilities such as emotional intelligence and empathy, moral disengagement, and perceived power. To achieve this, the study involved late adolescents aged 18-20 (N = 153) who had experienced at least one romantic relationship between the ages of 15-17. Participants engaged in an online retrospective survey about a significant romantic relationship during that period. Hierarchical regressions revealed that both adaptive and maladaptive narcissism are predictors of positive strategies, while maladaptive narcissism emerged as the sole predictor of abusive strategies. Moderation analyses exploring individual factors' impact on narcissism and conflict management strategies revealed that while empathy and perceived power did not moderate any relationships, other factors significantly influenced the relationship between narcissism dimensions and conflict

management strategies. Low emotional intelligence and high moral disengagement were found to increase abusive strategies, particularly in the presence of high maladaptive narcissism. These findings underscore the importance of considering personality traits, socio-emotional abilities, and cognitive factors such as moral disengagement in understanding and addressing dating abuse among adolescents. Future research should replicate these findings in adolescent samples and explore longitudinal variations in narcissism dimensions and their impact on conflict management strategies.

Keywords: adaptive narcissism, maladaptive narcissism, conflict management strategies, socio-emotional abilities, moral disengagement, power

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CHAPTER I

INTRODUCTION

Adolescence, typically spanning ages 10 to 19 (Sawyer et al., 2018) marks one of the most significant transitional periods in lifespan development and is characterized by major psychosocial changes. In addition to the development of personality traits and identity, adolescents are tasked with developing interpersonal skills for maintaining various social relationships as they transition away from their families of origin. In particular, the concept of narcissism has been regarded as a part of personality and identity development during adolescence (Barry & Ansel, 2011). However, narcissism has often been regarded as a maladaptive personality trait associated with having difficulties in adult romantic relationships (Peterson & Dehart, 2014; Wright et al., 2017). While previous research has studied narcissistic traits and romantic relationship functioning in adolescents separately, there is limited understanding of how these constructs may interact during this developmental period, with significant implications for social functioning. Thus, the present study aims to bridge gaps in the existing literature on adolescent romantic relationships, conflict management strategies (CMS), and individual difference dimensions including narcissistic traits to develop a preliminary model that establishes relationships between these constructs. Understanding romantic

relationships and narcissism from a developmental perspective during adolescence can provide valuable insights to inform early interventions with targeted strategies to reduce the incidence of maladaptive conflict management tactics, ultimately fostering healthier and more positive romantic relationships.

1.1 Romantic Relationships in Adolescence

The emergence of romantic relationships is one of the defining characteristics of adolescence. Dating and romantic relationships become increasingly common during adolescence. Romantic relationships refer to ongoing, voluntary interactions that are mutually acknowledged by both individuals and are characterized by distinctive intensity and expressions of affection, usually involving current or anticipated sexual behavior (Collins et al., 2009). In the United States, more than half of adolescents have engaged in at least one romantic activity, while about 25% of adolescents who have not engaged in romantic activities reported wanting to be involved in such activities (Beckmeyer et al., 2020). Although there is no single pattern of development of romantic relationships, researchers have identified common phases of the development of romantic relationships during adolescence. During early adolescence (ages 12-14), adolescents usually develop strong romantic interests, such as experiencing crushes and begin socializing with groups other than their own friend group giving them opportunities for romantic experiences (Bowker & Etkin, 2016). By middle adolescence (ages 15- 17), adolescents tend to have casual short-term romantic relationships within their peer groups and usually go on group dates (Beckmeyer & Weybright, 2020). This is usually followed by more dyadic dates. By late adolescence (ages 18-20), adolescents tend to have longer committed romantic

relationships with more emotional intimacy (Connolly et al., 2014; Rauer et al., 2013). Thus, dating and romantic relationships become more common as adolescents mature.

The establishment of meaningful social relationships plays a crucial role in overall development and well-being in adolescence (Geldhof et al., 2013; Nesi et al., 2018). In addition to friendships, romantic relationships become increasingly important to adolescents (Furman, 2002), as they offer emotional security, intimacy, companionship, and positive emotions like love and fulfillment (Ha et al., 2010). These relationships contribute significantly to identity formation and self-concept (Kerpelman et al., 2012; Kindelberger et al., 2019; Montgomery, 2005) and provide the primary context for the exploration of sexuality and the development of related skills (Furnham, 2003). However, adolescents do not inherently possess all the necessary skills for navigating the complexities of romantic relationships.

While the impact of romantic relationships on well-being is influenced by the competence and skills adolescents already possess (Davila et al., 2017), these relationships offer a unique opportunity for adolescents to develop and refine essential skills that will be beneficial for their future romantic relationships (Salerno et al., 2015). For instance, adolescents tend to employ distinct conflict resolution approaches when dealing with issues in their romantic relationships compared to how they handle conflicts with friends (Connolly et al., 2015), often prioritizing strategies that aim to avoid hurting their partners and to fulfill their partner's desires (Suleiman & Deardorff, 2014). Furthermore, adolescents need to learn how to regulate their emotions effectively, especially in managing relational stressors such as conflicts within romantic relationships (Creasey & Ladd, 2004; Todorov et al., 2023) or the challenges posed by breakups

(Norona et al., 2018), which are common during this developmental stage (Ha et al., 2012). Indeed, adolescents were found to experience more conflicts in their romantic relationships compared to their relationships with their peers (Furman & Shomaker, 2008). Moreover, these conflicts increased over the course of adolescence and emerging adulthood (Vujeva & Furman, 2011). Thus, managing conflicts to maintain romantic relationships may pose a critical emerging developmental task (McIsaac et al., 2008) as it involves expressing one's own views and considering their partner's view while balancing one's individuality and maintaining the needs of the relationship (McIsaac et al., 2008; Noom et al., 2001; Shulman, 2003).

Conflict management approaches evolve from mid to late adolescence, with a rise in positive problem-solving strategies (Vujeva & Furman, 2011). Mid-adolescents (aged 1618) tend to downplay differences and reach superficial agreements typically to maintain their relationships. In contrast, young adults (aged 21-26) engage in more elaborate discussions and negotiation, often as a result of perceiving their relationships as stable (Tuval-Mashiach & Shulman, 2006; Shulman et al., 2008). Moreover, late adolescents who perceive romantic conflicts as opportunities to deepen their relationship tend to pursue relationship-oriented goals and employ negotiation strategies for conflict resolution. Conversely, adolescents viewing conflict as destructive may opt for individual-focused and revenge-driven goals, using destructive conflict strategies like hostility and coercion (Feiring et al., 2018; Simon et al., 2008).

Importantly, authors of a recent systematic review found that communication and how conflicts are handled have a significant impact on the well-being of adolescents (Gómez-López et al., 2019). Hostile conflict management styles have been found to

increase patterns of internalizing behaviors such as anxiety, sadness, guilt, and worry, which could also lead to the development of unhealthy relationship schemas (Kansky & Allen, 2018). Furthermore, adolescents with internalizing symptoms such as depression were found to engage in more negative CMS and were less likely to engage in positive problem-solving strategies (Ha et al., 2012; Vujeva & Furman, 2011), which could lead to more conflicts and distress. Adolescents reported that their relationship satisfaction was lower on days when they engaged in more destructive CMS compared to days when they successfully resolved conflicts (Todorov et al., 2021), suggesting that the CMS employed impact relationship quality. Similarly, using constructive strategies, such as compromise, was associated with higher sexual satisfaction in adolescents compared to the use of negative strategies, such as persuasion or coercion (Couture et al., 2023). Moreover, some studies found that the tendency to minimize disagreements during conflicts predicted shorter relationship duration, while the ability to resolve conflicts constructively predicted longer relationships (Appel & Shulman, 2015; Shulman et al., 2006). Thus, positive strategies or constructive CMS are associated with more positive outcomes for the adolescent and their relationship, while negative or destructive CMS are associated with more negative outcomes for the adolescent and their relationship.

1.1.1 Conflict Resolution and Teen Dating Violence

An especially concerning outcome of the inability to properly manage romantic conflicts is the use of abusive CMS, which may take the form of dating abuse (DA). According to the Centers for Disease Control and Prevention (2022), DA includes physical and sexual violence, psychological abuse, and stalking within romantic relationships, whether in person or online. Physical abuse involves a partner trying to

harm the other through physical force. Sexual abuse involves non-consensual sexual activities and behaviors, including sharing explicit pictures without consent. Psychological abuse harms a partner mentally or emotionally through verbal and nonverbal means to exert control. Stalking involves repeated unwanted attention that causes fear or unease in the victim. Deficits in conflict management predict various forms of DA perpetration (Cohen et al., 2018; Malhi et al., 2020), with adolescents being particularly vulnerable (Couture et al., 2021; Johnson et al., 2015). About 1 in 5 adolescents reported physical DA, and roughly 1 in 10 reported sexual DA (Wincentak et al., 2017). Physical DA peaks during mid-adolescence (ages 15-16), while sexual DA is highest during late adolescence (ages 18-20; Shorey et al., 2017). Another growing concern is digital or cyber DA (Hinduja & Patchin, 2021), affecting over 1 in 4 adolescents as victims and 1 in 10 as perpetrators. Digital DA involves using technology to control, pressure, or threaten one's partner (Reed et al., 2016) and often overlaps with other forms of abuse (Thulin et al., 2021).

Research has shown that different kinds of CMS are associated with DA. Most research broadly distinguishes between two CMS: constructive (positive) and destructive (negative; Bonache et al., 2016). Constructive strategies involve respectful conflict discussions, negotiation, and compromise, while destructive strategies include withdrawal (ignoring or downplaying conflicts) and conflict engagement (confrontation, personal attacks, loss of control; Bonache et al., 2016; Fortin et al., 2020; Kurdeck, 1994). In addition to these destructive strategies, abusive conflict strategies include physical, sexual, emotional, and verbal abuse, threats, and relational aggression (Wolfe et al., 2001), occurring in person or electronically. Conflict escalation to DA is more likely

when adolescents end mutually positive behaviors, like physical touch or positive talk, during conflicts (Ha et al., 2019). Adolescents who tend to engage in arguments with negative affect, such as speaking angrily (Fernet et al., 2016), and use destructive CMS, such as personal attacks, are at higher risk of physical abuse perpetration. This risk increases if adolescents perceive their partners engaging negatively or if their partners withdraw from the argument (Fortin et al., 2021). While using destructive CMS has been found to consistently elevate the risk of DA, employing more constructive conflict management techniques does not appear to mitigate this risk. Studies have found that constructive conflict management techniques do not serve as a protective factor for DA. Abusive couples did not notably differ from non-abusive couples in their use of constructive CMS (Fortin et al., 2021; Gonzalez-Mendez et al., 2018). This suggests that adolescents employing constructive conflict strategies might still be at risk of DA if they also use destructive conflict strategies.

1.2 Narcissism

Ever since the mythological figure Narcissus' fateful plunge into the water due to his obsession with his reflection, the concept of narcissism, named after him, has rippled through contemporary psychology. Narcissism largely refers to a personality characterized by an inflated sense of self-importance and entitlement where one's own needs and goals supersede those of others (Krizan & Herlache, 2018), often leading to behaviors like arrogance and callousness (Miller et al., 2021). However, a consensus on its conceptualization remains elusive. Largely, the prominent divide in understanding narcissism exists between clinical and developmental/social-personality psychology, impacting its assessment (Ackerman et al., 2017; Pincus & Lukowitsky, 2010). In

clinical psychology, narcissism is categorically defined (Larson et al., 2015), specifically as Narcissistic Personality Disorder (NPD), according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). NPD is characterized by a pervasive pattern of grandiosity, the need for admiration, and a lack of empathy. This approach focuses on pathological or maladaptive aspects of narcissism, such as grandiosity and vulnerability (Edershile & Wright, 2021; Thomaes & Brummelman, 2016). Conversely, developmental/social-personality psychology views narcissism as a dimensional personality trait, with traits like low agreeableness at its core (Weiss et al., 2019; Miller et al., 2018), emphasizing more adaptive aspects. This perspective sees narcissism as a normally distributed trait among the general population (Edershile & Wright, 2021; Thomaes & Brummelman, 2016). While the debate between these two approaches continues, both disciplines acknowledge the significant impacts of narcissism on interpersonal relationships, which are often negative (Caligor et al., 2015; Day et al., 2022).

1.2.1 Narcissism in Adults

Most theorists agree that narcissism is not a unitary construct, but at least a two-dimensional construct (Miller et al., 2021; Pincus & Lukowitsky, 2010; Wink, 1991). In particular, pathological narcissism has been popularly conceptualized in two dimensions: grandiosity and vulnerability (Cain et al., 2008; Miller et al., 2017; Wink, 1991). Grandiose narcissism is characterized by an exaggerated sense of self-importance, personal fantasies of admiration and power, a tendency to overestimate their own capabilities, and a need for validation from others. Interpersonally, they may display dominant and controlling behaviors, showing little empathy for the needs and feelings of

others (Kaufman et al., 2020; Miller et al., 2011; Pincus et al., 2009; Wink, 1991). In contrast, vulnerable narcissism is characterized by a combination of feelings of inferiority, self-doubt and psychological distress, along with egocentrism and entitlement. Further, it includes hypersensitivity and hypervigilance for criticism and a need for admiration or recognition from others. Interpersonally, they tend to be distrustful and may withdraw and feel anger when they feel underestimated or criticized (Kaufman et al., 2020; Miller et al., 2011; Pincus et al., 2009; Wink, 1991). Researchers have demonstrated that the nomological networks of grandiose and vulnerable narcissism differ considerably in terms of developmental experiences, attachment styles, affect, self-perceptions, and various outcomes (Cain et al., 2008; Hyatt et al., 2018; Kaufman et al., 2020; Miller et al., 2011; Wink, 1991). Grandiose and vulnerable narcissism also differ in their associations with Five-Factor Model personality traits (Campbell & Miller, 2013) such that grandiose narcissism is strongly linked to agentic extraversion, including assertiveness and risk taking, while vulnerable narcissism is uniquely and strongly associated with neuroticism. However, both are associated with low agreeableness (or antagonism; Campbell & Miller, 2013; Miller et al., 2013; Miller et al., 2016; O'Boyle et al., 2015).

The most common instrument for assessing grandiose narcissism in adults is the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979). However, this presents a challenge as factor analytic studies do not agree about the structure underlying the NPI, with research suggesting structures with two (Corry et al., 2008), three (Ackerman et al., 2011; Kubarych et al., 2004), four (Emmons, 1987), and seven (Raskin & Terry, 1988) factors. An intriguing distinction between adaptive and maladaptive facets of grandiose

narcissism is most prominent in the seven-factor model: Authority and Self-sufficiency represent an adaptive dimension linked to beneficial traits like self-confidence and assertiveness. In contrast, Entitlement, Exploitativeness, and Exhibitionism represent maladaptive aspects, associated with poorer psychological well-being and social adjustment (Raskin & Terry, 1988; Watson & Biderman, 1993). However, Ackerman et al. (2011) found that the maladaptive facet was characterized by only the Entitlement/Exploitativeness subscale, and the adaptive facet was characterized by only the Leadership/Authority subscale. Further, the third component, Exhibitionism, was not particularly maladaptive or adaptive in nature. Subsequently, NPI subscales differentiating adaptive and maladaptive narcissism have been extended to adolescents (Barry et al., 2003). Research has found both shared and divergent characteristics and features when exploring the correlates of adaptive and maladaptive narcissism. For instance, they both relate to personal uniqueness, the need for uniqueness, authentic living, assertiveness, and determination (Di Pierro & Fanti, 2021). They both correlate positively with extraversion but negatively with agreeableness. However, in their association with neuroticism, they diverge. Leadership/Authority shows a negative association to neuroticism, while Exploitiveness/Entitlement has a positive association (Corry et al., 2008; Ackerman et al., 2011). This contrast highlights the multifaceted nature of grandiose narcissism.

Based on these differential associations of grandiose and vulnerable narcissism with FFM facets, a three-dimensional model or the Trifurcated Model of Narcissism (Crowe et al., 2019; Miller et al., 2016; Weiss et al., 2019) was derived. The three dimensions of narcissism proposed were agentic extraversion, antagonism, and

neuroticism. According to this model, grandiose and vulnerable narcissism at the core is associated with antagonism but differs with their associations with agentic extraversion and neuroticism, such that grandiose narcissism is associated with agentic extraversion while vulnerable narcissism is related to neuroticism. Thus, the three-factor model of narcissism offers a more detailed and nuanced understanding of components that contribute to the shared and unshared correlates of grandiose and vulnerable narcissism.

Apart from the trait approach, narcissism can be viewed as a personality state or process, focusing on within-person variability in behavior across situations (Edershile & Wright, 2022). One emerging model, the Narcissistic Admiration and Rivalry Concept (NARC; Back et al., 2013), highlights two pathways, narcissistic admiration, and narcissistic rivalry, that individuals with narcissism maintain their grandiose selves. Admiration involves seeking admiration through self-promotion, while rivalry emerges when narcissists employ self-defense, sometimes manifesting as hostile and aggressive behaviors. Admiration is linked to dominant and assertive behavior, leading to initial social acceptance and popularity, while rivalry often results in rejection by partners (Leckelt et al., 2015). Therefore, the empirical structure of adult narcissism, along with the development of various frameworks to comprehend the intricacies of narcissism, continues to advance and evolve over time.

1.2.2 Narcissism in Adolescents

Researchers in the fields of Clinical psychology and Developmental/Social-Personality psychology have both shown keen interest in exploring narcissism in adolescents. This collective interest stems from the belief that studying narcissism during this developmental stage can offer valuable insights into both typical and maladaptive

patterns of narcissistic development and its implications in adulthood. Recent conceptualizations of narcissism have been focused on adult narcissism (Back et al., 2013; Krizan & Herlache). Similar to adults, research on narcissism among adolescents has also shown that narcissism manifests in different forms. The two-dimensional structure of grandiose and vulnerable narcissism, which has been well-established in adults, has also been applied to adolescents (Chrétien et al., 2018; Derry et al., 2019). Recently, Rogoza and Danieluk (2021) reported successfully applying the NARC concept to adolescents. However, the most notable conceptualization of adolescent narcissism was the two-dimensional structure proposed by Barry et al. (2003). They bisected adolescent narcissism into two distinct but related forms: adaptive and maladaptive narcissism.

Broadly, adaptive narcissism refers to having a positive sense of self, high self-esteem, and perceiving oneself as a leader (Barry & Malkin, 2010). In contrast, maladaptive narcissism manifests as a desire to maintain a superior sense of self by achieving power and attention from others (Barry et al., 2007). Furthermore, the assessment of adaptive and maladaptive narcissism in adolescents has predominantly relied upon the Narcissistic Personality Inventory for Children (NPIC). Adaptive narcissism is derived from the composite of the leadership and self-sufficiency subscales. Conversely, maladaptive narcissism is obtained from the subscales of Entitlement, Exploitativeness, and Exhibitionism (Barry et al., 2003).

Maladaptive narcissism in adolescents has been associated with delinquent behaviors (Barry et al., 2007), aggression, low self-esteem, internalizing problems, and perceived difficulties in interpersonal relationships (Barry & Kauten, 2014; Barry &

Malkin, 2010). Conversely, adaptive narcissism, while not significantly linked to delinquency, has been predictive of delinquent behaviors in the absence of positive parenting practices (Barry et al., 2007). It has also shown a positive association with self-esteem but a negative association with internalizing problems in adolescents (Barry & Kauten, 2014). However, it is worth noting that adaptive narcissism has also been associated with both proactive and reactive aggression in adolescents (Barry et al., 2007). Therefore, the research on narcissism in adolescents has been largely focused on differentiating adaptive and maladaptive narcissism (Barry & Kauten, 2014), with the growing recognition that not every dimension of narcissism is linked to negative psychological or behavioral outcomes.

1.2.3 Narcissism as a Developmental Aid - A Necessary Evil?

Personality development across the lifespan has popularly been explained through two theoretical frameworks. The "maturity principle" refers to the observation that individuals tend to become more agreeable and conscientious and less neurotic as they age (Roberts et al., 2006; Roberts et al., 2008); these more adaptive or desirable trait levels reflect personality maturity. Contrary to the maturity principle, research suggests that personality development during adolescence follows a different trajectory, as explained by another theoretic framework, the disruption hypothesis. According to the disruption hypothesis, the transition from childhood to adolescence involves various biological, social, and psychological changes that may lead to a dip in certain aspects of personality maturity, temporarily disrupting the expected trajectory of personality maturity during adolescence (Denissen et al., 2013; Soto & Tackett, 2015). In terms of narcissism, narcissism can be seen as an "immature" personality trait as it is

characterized by features such as attention-seeking, self-centeredness, defensiveness, and grandiosity (Kampe et al., 2021; Morf & Rhodewalt, 2001; Wetzel et al., 2020). Moreover, narcissism is associated with low agreeableness and high neuroticism in adolescents (Allroggen et al., 2018), both of which indicate low maturity.

Researchers have consistently found increased levels of narcissism during adolescence and emerging adulthood (Andrews et al., 2022; Carlson & Gjerde, 2009; Chopik & Grimm, 2019; Fanti & Lordos, 2022; Grosz et al., 2017; Weidmann et al., 2023; Wetzel et al., 2020). Maladaptive dimensions of narcissism, such as hypersensitivity and vanity, have been found to tend to decrease across the lifespan, while adaptive forms of narcissism, such as autonomy and assertiveness, tend to increase across life (Carlson & Gjerde, 2009; Chopik & Grimm, 2019; Cramer, 2011; Trzesniewski et al., 2008). In particular, Carlson and Gjerde (2009) found that overall narcissism increased considerably from middle to late adolescence, followed by a decrease in narcissism from late adolescence into emerging adulthood. On closer inspection, they found that assertiveness and self-sufficiency, considered to be the dimensions of adaptive narcissism, were highest during adolescence. They suggested that caution should be exercised when interpreting the increase in overall narcissism scores during adolescence, as it may not necessarily reflect a true increase in narcissistic personality traits. They emphasized the importance of differentiating between the dimensions of compulsive impulsivity, self-centeredness, and antagonism, which are typically associated with maladaptive narcissism, and the normative developmental changes characterized by increased risk-taking, self-sufficiency, and assertiveness during adolescence and early adulthood. Indeed, researchers have been suggesting that

narcissism during adolescence and early adulthood might not only be developmentally appropriate but may also be adaptive (Hill & Roberts, 2011; Wetzel et al., 2020).

Adolescent narcissism's rise and subsequent decline also align with the Social Investment Theory (Roberts et al., 2005), explored by researchers (Chopik & Grimm, 2019; Hill & Roberts, 2011; Roberts et al., 2010; Weidmann et al., 2023). This theory links personality development to age-appropriate roles, fostering traits related to maturity like social dominance, agreeableness, conscientiousness, and emotional stability (Roberts & Wood, 2006; Roberts et al., 2005). During adolescence, a significant developmental task is developing a coherent personal identity (Erikson, 1968) which requires adolescents to explore various social roles, values, beliefs, and abilities and subsequently commit to the roles and values that they find to be significant to their sense of self (Marcia, 1980). However, this process of identity formation, coupled with the onset of autonomous decision-making, can lead to significant stress (Branje et al., 2021). In particular, uncertainty in one's identity has been linked to depression and anxiety symptoms (NegruSubtirica et al., 2021; Palmeroni et al., 2020; Raemen et al., 2023; van Doeselaar et al., 2018). Theoretical literature has advanced the notion that narcissism in the form of grandiose self-images could potentially function as a protective factor against feelings of self-doubt and inadequacy, thus assuming an adaptive role during adolescence (Blos, 1962; Hill & Edmonds, 2017; Hill & Lapsley, 2011; Hill & Roberts, 2011; Lapsley, 1993).

Existing research supports these assertions. Adolescents reporting narcissistic omnipotence and invulnerability tend to have higher adjustment, mastery, coping, and self-worth (Aalsma et al., 2006). Narcissism, particularly the adaptive facet of

leadership/authority, is linked to life satisfaction in adolescents and emerging adults, but not in adults (Hill & Roberts, 2012). Adaptive narcissism correlates negatively with depression and anxiety in adolescents (Barry & Malkin, 2010). Moreover, a 12-month study suggests that narcissistic vulnerability initially relates to increased internalizing disorders in adolescents, reflecting a potential identity crisis, but later improves internalizing issues (Benzi et al., 2023). Person-centered research identified three groups: overt narcissism, covert narcissism, and adaptive narcissism, with the latter showing positive outcomes in late adolescence implying it acts as a protective factor against internalizing problems. However, it is essential to note that the adaptive nature of narcissism is nuanced, as heightened personal uniqueness can also be linked to depression and suicide ideation (Aalsma et al., 2006). Hence, narcissism can be adaptive during adolescence, particularly its facets like leadership/authority and self-sufficiency. However, excessive maladaptive narcissism can have negative consequences.

Beyond its potential role as a buffer against identity uncertainties during adolescence, narcissism can also play a role in achieving social goals. During this developmental phase, agentic social goals marked by independence, status, and dominance, as well as communal goals characterized by affiliation with others, become more prominent (Meisel et al., 2021; Ståhl et al., 2018; Trucco et al., 2013) where adolescents strive for self-assertion and self-expression while considering oneself and others (Ojanen & Nostrand, 2020). Moreover, while early adolescents placed more importance on achievement and relationship goals than mid-late adolescents, both age groups place comparable importance on status and responsibility goals (Mansfield & Wosnitza, 2010). Research demonstrates that narcissism is positively correlated with

agentic goals and predicts their increase over time (Findley & Ojanen, 2013; Findley-Van Nostrand & Ojanen, 2022). Moreover, studies have shown that narcissistic admiration (agentic), which has been linked to adaptive narcissism, was found to increase popularity among peers in mid-adolescents (Rogoza & Danieluk, 2021) and emerging adults (Leckelt et al., 2019), while narcissistic rivalry (antagonistic), linked to maladaptive narcissism, reduced popularity over time. Thus, narcissism appears to play a role in facilitating the pursuit of achieving agentic goals during adolescence.

In the area of dating, most mid-late adolescents and emerging adults reported prioritizing self-focused identity dating goals over intimacy and status goals. Individuals aged 20 and older had more emphasis on intimacy dating goals than individuals aged 16-19, but there were no significant differences in terms of identity and status dating goals between these two age groups (Zimmer-Gembeck et al., 2012). Research suggests that narcissism could play a role in facilitating the onset of romantic partnerships. For instance, studies have indicated that narcissism can positively impact mate appeal in short-term acquaintanceships (Dufner et al., 2013). Moreover, Wurst et al. (2017) found that narcissistic admiration, associated with more agentic characteristics such as assertiveness and self-enhancement, contributes significantly during the initiation of short-term romantic relationships (Wurst et al., 2017). Thus, narcissism can play a notable role in facilitating the initiation of short-term romantic relationships among adolescents and emerging adults. In line with the social investment model, the rise of narcissism in adolescence could aid the pursuit of multifaceted developmental goals through self-focus and self-enhancement, contributing to the establishment of an autonomous, self-reliant identity during this transformative phase. However, as

adolescents and emerging adults transition into adulthood, the social roles shift to those that require a more communal, collectively responsible orientation that is likely to clash with the core tenets of narcissism (Chopik & Grimm, 2019; Thomaes & Brummelman, 2016). For instance, more committed, long-term romantic relationships are preferred (Driebe et al., 2023) and are linked to improved wellbeing in adulthood (Braithwaite & Holt-Lunstad, 2017). Thus, during adulthood, an inflated sense of self-worth and the other features of narcissism (e.g., antagonistic tendencies) no longer benefit long-term relationships (Brunell & Campbell, 2011; Wurst et al., 2017). Given the diminishing benefits of these traits, narcissism, especially its maladaptive facets, may tend to decrease (Chopik & Grimm, 2019). In this light, the disruption hypothesis and social investment theory collaboratively elucidate the elevation of narcissism—an immature trait that offers adaptive advantages during adolescence and emerging adulthood due to the requisites of developmental tasks. However, as individuals transition into adulthood and assume social roles of communal and responsible orientation, the immature trait of narcissism reduces, fostering maturity. Thus, with narcissism being correlated with positive and negative outcomes, Paulus (1998) might have been accurate in describing narcissism as a "mixed blessing."

1.2.4 Is Adaptive Narcissism Really Adaptive?

The concept of adaptive (or non-pathological) narcissism remains a subject of ongoing theoretical and empirical debate, with some researchers emphasizing its relevance. However, concerns have been raised regarding the inclusion of elements like leadership and autonomy as central features of adaptive narcissism (Ang & Raine, 2009), as it questions the broader applicability of the construct. Moreover, adaptive narcissism,

as measured by the NPI, has been associated with personality disorder traits like antagonism (Miller et al., 2014; Wright et al., 2013). It has also been emphasized as adaptive because it is associated with lower subjective distress (Barry et al., 2007; Giacomin & Jordan, 2016). However, questions have arisen about the distress it may cause to others. This ongoing discussion underscores the need for further research, careful evaluation of measurement tools, and a more nuanced understanding of narcissism's multifaceted dimensions (Chopik & Grimm, 2019).

1.3 Narcissism in Romantic Relationships

Narcissus, entranced by his own reflection, could not reciprocate the affection of the nymph Echo, leading to unfulfilled love. This mythic narrative evokes an enduring question that extends into the realm of psychology: can an individual whose self-love is seemingly boundless genuinely engage in and sustain meaningful romantic relationships? Within the field of psychology, the trait of narcissism has often been associated with interpersonal difficulties that often affect others negatively (Miller et al., 2007).

1.3.1 Narcissism as a Trait Associated with Interpersonal Dysfunction

Narcissistic individuals tend to prioritize maintaining their grandiose self-views over developing intimacy in relationships, often using partners to enhance their selfperceptions (Foster & Brunell, 2018). They show a preference for partners with highly desirable attributes like physical attractiveness or social status to boost their self-worth (Campbell, 1999; Jonason et al., 2011). Moreover, they themselves often come across as highly attractive during brief encounters due to self-promoting behaviors (Back et al., 2010; Dufner et al., 2013), making them appealing as short-term romantic partners. Narcissism is associated with pursuing short-term relationships, avoiding long-term

commitments (Schmitt et al., 2017) by employing tactics like avoiding emotional intimacy to prevent signaling long-term commitment (Jonason & Buss, 2012), and higher rates of infidelity (Adams et al., 2014).

As mentioned previously, individuals with high narcissistic traits tend to excel in short-term relationships, yet struggle in the long term, often experiencing more frequent breakups and divorces (Wetzel et al., 2019). Although narcissistic admiration can be advantageous in initiating relationships, it can also lead to issues in long-term relationships, such as increased conflicts, dysfunctional coping, and less favorable partner perceptions (Wurst et al., 2017). Daily relationship satisfaction is positively associated with narcissistic admiration (Rentzsch et al., 2021), but the increase in narcissistic rivalry over time is linked to decreased relationship satisfaction, particularly when both partners exhibit high levels of Entitlement and Exploitativeness (Lamkin et al., 2015). Narcissistic individuals employ various strategies to maintain relationships, from positive behaviors like gift-giving to negative tactics, including threats and even violence against potential alternate partners (Jonason et al., 2010). Narcissism admiration is linked to benefit-provisioning behaviors such as highlighting positive aspects of the relationship, whereas narcissistic rivalry is associated with cost-inflicting behaviors, imposing aversive consequences or threats if the partner considers leaving (Zeigler-Hill et al., 2020). The dual use of both positive and negative tactics suggests that while narcissists may aim to sustain relationships, these strategies do not consistently foster healthy, long-term partnerships. Narcissistic individuals also adopt a game-playing approach in their relationships (Campbell et al., 2002), employing manipulation and influence strategies (Sarzyńska & Rajchert, 2023; Sauls et al., 2019), such as

strategically inducing jealousy in their partners (Tortoriello et al., 2017), which can potentially compromise long-term relationship functioning.

1.3.2 Narcissism and Conflict Management

Narcissistic individuals tend to provoke interpersonal conflict and hostility to maintain their grandiose self-image (Moeller et al., 2009). Indeed, individuals with high narcissism levels report more intense and hostile disagreements with their partners (Horan et al., 2015). Observation studies corroborate this, showing that highly narcissistic individuals exhibit more negative behaviors during conflict discussions (Peterson & DeHart, 2014) and engage in increased aggressive behavior in competitive tasks (Keller et al., 2014). These trends also extend to neutral interactions, where higher narcissism is associated with more hostile and angry communication patterns, particularly among women (Lamkin et al., 2017). In divorce situations, men with higher narcissism tend to use attack CMS, while higher narcissism in women increases the likelihood of their ex-husbands using such strategies and decreases the use of compromise strategies (Baum & Shnit, 2003). Notably, the adaptive facet of narcissism, particularly female leadership/authority, is linked to lower unprovoked aggression in females and greater self-reported cooperation but also to increased stonewalling, verbal aggression, and extreme aggression in both genders (Keller et al., 2014). These findings emphasize that while some aspects of narcissism may be linked to positive conflict management, individuals with high narcissistic traits often employ negative strategies, including aggression. Gender influences how narcissism impacts relationship dynamics, with women's narcissism affecting conflict management and overall relationship quality.

Narcissistic traits often escalate into extreme forms of conflict management, potentially leading to DA, especially psychological and cyber abuse, with no significant link to physical abuse (Oliver et al., 2023). Narcissism in both genders is associated with higher psychological abuse perpetration, resulting in lower relationship satisfaction (Gewirtz-Meydan & Finzi-Dottan, 2018). Male vulnerable narcissism predicts physical/sexual abuse, while grandiose narcissism predicts psychological abuse; in females, only vulnerable narcissism predicts both types of abuse (Green et al., 2020).

Psychological abuse is consistently linked to narcissism, with vulnerable narcissism indirectly associated through romantic jealousy, and grandiose narcissism directly associated (Ponti et al., 2020). Both grandiose and vulnerable narcissism show positive associations with cyber DA, but vulnerable narcissism has a stronger correlation (Branson & March, 2021). Narcissism, in general, is related to controlling and harming partners through social media (Pineda et al., 2022). Regarding sexual abuse, male leadership/authority predicts abuse through emotional manipulation and exploiting intoxicated individuals, while grandiose exhibitionism in males is linked to abuse involving persistent kissing and touching. In females, entitlement/exploitativeness is associated with various abusive strategies, including physical force and deception (Blinkhorn et al., 2015). Thus, narcissism, particularly vulnerable and grandiose forms, is linked to abuse perpetration, mainly of a psychological nature, with gender-specific differences in the type of abuse predicted.

1.3.3 Narcissism in Adolescent Romantic Relationships

As mentioned earlier, navigating romantic relationships and effectively managing conflicts within these relationships emerges as a crucial developmental task (Connolly &

McIsaac, 2009; McIsaac et al., 2008), but this period coincides with heightened narcissistic tendencies (Carlson & Gjerde, 2009; Fanti & Lordos, 2022). While adult literature has demonstrated the impact of narcissism on romantic relationships, limited research focuses on adolescence.

A decade-long study revealed that individuals with higher narcissistic personality disorder symptoms experience sustained conflict in romantic relationships from late adolescence (age 17) to young adulthood (age 27; Chen et al., 2004). Gendered differences in the association between narcissism and verbal DA were observed, with a significant link in late adolescent females but not males (Caiozzo et al., 2016). This is consistent with gendered differences found in adult literature regarding the impact of male versus female narcissism on romantic relationships, with female narcissism having more significant implications for the relationship. Although most research pertains to late adolescence, there is a gap in understanding narcissism's role in middle adolescence. However, there are some related studies that offer valuable insights into this domain by examining interactions with their peers. For instance, studies of narcissism in peer interactions suggest that it can affect interpersonal trust, potentially influencing responses to conflicts in romantic relationships (Dong et al., 2020). Moreover, research on adolescent peer interactions reveals associations between narcissism and aggression. Maladaptive narcissism is linked to negative perceptions of interpersonal relationships and self-reported proactive aggression (Barry & Kauten, 2014). Conversely, maladaptive narcissism predicts relational aggression, while adaptive narcissism has no such association (Golmaryami and Barry, 2010). Specific facets of grandiose narcissism, like

Authority, Exhibitionism, Exploitativeness, and Vanity, are associated with proactive aggression, while Entitlement predicts reactive aggression (Fossati et al., 2010).

Vulnerable narcissism is linked to increased internalized shame and anger rumination, contributing to relational aggression in mid-adolescence (Ghim et al., 2015). Overall, heightened narcissism in adolescence, associated with self-image concerns, can lead to more aggressive behaviors during peer relationship conflicts. While not studied in romantic contexts, the evidence suggests this trend would extend to such relationships. Given that narcissism tends to peak during adolescence and is associated with a heightened concern for maintaining one's self-image, adolescents may resort to more aggressive behaviors as a means to uphold their self-image and cope with conflicts.

Further investigations highlight narcissism's impact on adolescents' pursued goals and its potential link to aggression. Narcissism in adolescents is linked to aggression, particularly when pursuing dominance-oriented goals, which leads to physical aggression in boys and relational aggression in both genders (Ojanen et al., 2012). Similar findings are supported by a person-centered study, revealing correlations between dominance goals, relational aggression, and narcissism. Interestingly, popularity pursuits are associated with reduced relational aggression and narcissism, while intimacy-seeking goals are linked to lower narcissism levels (Voulgaridou et al., 2023). Taken together, adolescents high on narcissism, driven by their desire for dominance, may be more prone to employ aggressive or abusive CMS when faced with relationship conflicts. However, as mentioned previously, these studies are conducted in the context of peer interactions rather than romantic relationships. Therefore, it cannot be conclusively stated that the patterns observed in peer contexts directly translate to the dynamics of romantic

relationships among adolescents. Thus, the need for further research in the specific context of adolescent romantic relationships is evident. Moreover, while there are studies on DA, abusive conflict management, and narcissism, there is a noticeable gap in the research regarding the full range of CMS, including positive approaches, in adolescents.

1.4 Individual Factors Modulating Narcissism's Influence on Conflict Management

While there is indeed a growing body of research examining the direct relationship between narcissism and CMS, it is crucial to recognize that these strategies do not exist in isolation. Moreover, the dimensions of narcissism, encompassing both adaptive and maladaptive aspects, often yield differential relationships with relationship outcomes. This variability could be attributed to several individual factors that interplay with the dimensions of narcissism, influencing the choice of CMS, both positive and abusive, within adolescent romantic relationships. Among these factors, socio-emotional abilities such as empathy and emotional intelligence, moral disengagement tendencies, and perceived power dynamics potentially exert influence on the dynamics of conflict management, particularly in the context of narcissistic traits.

1.4.1 Socio-Emotional Abilities

Socio-emotional abilities like empathy and emotional intelligence (EI) significantly influence CMS. Empathy involves understanding and resonating with others' feelings while distinguishing them from one's own (Decety, 2011; Oliveira-Silva & Gonçalves, 2011). EI encompasses recognizing, expressing, understanding, and effectively managing emotions, both in oneself and others (Salovey et al., 1990). Empathy is associated with constructive conflict strategies in both adolescents (De Wied et al., 2007) and adults (Perrone-McGovern et al., 2014). Highly empathetic adolescents

tend to maintain this trait into adulthood and use constructive communication skills in relationships (Allemand et al., 2015). EI is also linked to better conflict resolution in young adults (Zeidner & Kloda, 2013), especially in romantic relationships, where it leads to increased use of positive problem-solving strategies, improving psychological well-being and relationship satisfaction (Alonso-Ferres et al., 2019). Moreover, empathy plays a mediating role between EI and effective problem-solving during conflicts (Rizkalla et al., 2008), suggesting that those who manage and regulate their emotions tend to consider others' perspectives and seek solutions that benefit both themselves and their partners. However, a lack of empathy or callousness is linked to physical abuse and dominance in relationships (Golmaryami et al., 2021) and to abusive sexting among adolescents (Barroso et al., 2021). Similarly, lower EI is linked to significantly higher DA perpetration over a year for adolescents with high initial DA rates. Emotional clarity, a component of EI, reduces aggression in both genders, with girls who are less emotionally attuned showing higher DA perpetration and boys with poor emotional regulation exhibiting the same tendency (Fernández-González et al., 2018).

Individuals with narcissism often exhibit reduced affective empathy, although cognitive empathy may remain intact (Di Giacomo et al., 2023). Some research suggests that narcissistic individuals might possess empathic abilities but choose to disengage from others' distress, possibly to protect their self-image (Burgmer et al., 2021). Such individuals may be less motivated to show empathy, particularly if it does not align with their self-enhancement goals (Morf et al., 2011). Moreover, cognitive empathy in narcissistic individuals might serve manipulative purposes (Di Giacomo et al., 2023). The interplay between narcissism and EI is complex. Individuals with high narcissism

and EI, particularly the ability to conceal their emotions, might be more prone to emotional manipulation (Nagler et al., 2014). Vulnerable narcissists struggle with recognizing others' emotions, cooperating in relationships, regulating their emotions, and adapting, while grandiose narcissists have higher self-awareness but difficulty perceiving others' emotions and forming satisfying relationships (Casale et al., 2019).

In the context of conflict resolution, higher empathy and EI may act as a protective factor against abusive strategies. The relationship between narcissism, empathy, and EI complicates the selection of CMS. When narcissism coexists with high empathy, it can lead to positive conflict strategies, with individuals striving for mutually beneficial resolutions. However, individuals with high EI might also employ these abilities for manipulation. On the other hand, when narcissism coincides with lower empathy and EI, individuals may be more prone to resorting to abusive strategies, especially if they struggle to regulate their emotions and lack motivation to empathize with their partners.

1.4.2 Moral Disengagement

Another intriguing individual factor that may influence the interplay between narcissism and CMS, particularly those of abusive nature, is moral disengagement (MD). MD is a cognitive mechanism enabling individuals to distance themselves psychologically from unethical actions, rationalize harmful behaviors, and reduce feelings of guilt or shame (Bandura, 1991). Various aspects of MD predict different forms of abusive strategies in relationships, such as depersonalization (i.e., dehumanization and blaming the victim), rationalization (i.e., moral justification for the aggression, and irresponsibility (i.e., minimizing the damage done and displacing or

diffusing responsibility for the aggression), which have been linked to physical, verbal, emotional (Rubio-Garay et al., 2019) and digital DA perpetration (Maftei & Dănilă, 2021; Rodríguez-de Arriba et al., 2023). Narcissism, particularly vulnerable narcissism, is positively associated with MD, involving the displacement of responsibility and distortion of consequences (Fossati et al., 2014; Brugués & Caparrós, 2021). Narcissistic individuals are more likely to employ MD to rationalize their behavior, often leading to relational aggression (Erzi, 2020). Adolescents mistreated in dating relationships may employ passive conflict strategies, like withdrawal, justified by MD (Cuadrado-Gordillo et al., 2020). Thus, this complex relationship highlights how individuals high in narcissism may use abusive CMS, attributing blame to partners and minimizing the severity of their actions (March et al., 2023), and view their partners as less deserving of positive CMS that consider their needs.

1.4.3 Perceived Power

Another crucial aspect to contemplate when addressing conflicts, especially during decision-making processes, is the power dynamics inherent within the relationship. Power refers to the ability to influence someone's thoughts, emotions, or behaviors while resisting their influence (Simpson et al., 2015). When power imbalances arise, conflicts escalate (Alonso-Ferres et al., 2021), often leading to higher DA among adolescents (Cuccì et al., 2020; Giordano et al., 2010). Both individuals who perceive more power (Cuccì et al., 2020) and those with lower perceived power (PP), especially when dissatisfied with their power (Toplu-Demirtaş & Fincham, 2022), tend to engage in various forms of DA. Moreover, individuals feeling powerless may suppress emotions and adopt passive responses when they perceive their partner as unresponsive, especially

during conflicts (Alonso-Ferres et al., 2021). In particular, individuals with narcissistic traits exhibit a strong desire for power (Zeigler-Hill & Dehaghi, 2023) and often promote jealousy in their romantic partners (e.g., Tortoriello et al., 2017), adopt game-playing love styles (Campbell et al., 2002), use cost-inflicting mate retention behaviors (Zeigler-Hill et al., 2021) and are willing to use dominance-based strategies (Zeigler-Hill et al., 2019) to gain power in their romantic relationships. Thus, individuals with pronounced narcissistic tendencies often harbor a compelling desire for power, and this desire can exert profound implications on their romantic relationships. Notably, during conflicts, individuals with elevated narcissistic traits may opt for abusive strategies over positive ones, driven by their pursuit of dominance and power. This inclination becomes particularly pronounced when they perceive a lack of control in the pursuit of preserving their grandiose self-views.

While the impact of individual factors such as socio-emotional abilities, moral disengagement, and PP has been explored separately in the contexts of narcissism, CMS, and DA, their interplay remains relatively unexamined. Factors like socio-emotional abilities, such as empathy and EI, typically act as protective factors, promoting positive conflict resolution approaches. Conversely, factors like MD and PP often elevate the likelihood of adopting abusive strategies. However, when these factors intersect with adaptive and maladaptive narcissism dimensions, they introduce potential variations that warrant further investigation.

CHAPTER II

THE CURRENT STUDY

Considering the significant impact of conflict resolution on the overall well-being of adolescents (Gómez-López et al., 2019), it is imperative to examine the role of adolescent narcissism in romantic relationships, especially in the context of conflict resolution. Existing research is siloed into two areas: one on adolescent dating conflict management and the other on adolescent narcissistic traits. This leaves a considerable gap in our understanding of how narcissism influences conflict management in adolescent romantic relationships. Notably, much of the existing literature on narcissism and conflict resolution stems from adult occupational settings (Boulter et al., 2022; Lynch et al., 2022; O'Neill & Allen, 2014), which might not entirely translate to the intricacies of romantic relationships. Developmental and social-personality psychology focus on adaptive narcissism (Edershile & Wright, 2021), while clinical psychology emphasizes maladaptive narcissism as a personality disorder (Roepke & Vater, 2014). Overlooking sub-clinical narcissistic traits limits our understanding, especially since narcissism peaks during adolescence (Roberts et al., 2010). This study bridges disciplinary gaps, exploring the impact of both adaptive and maladaptive narcissism on adolescent interpersonal outcomes and examine the feasibility of differentiating adaptive

from maladaptive narcissism in adolescent romantic relationships, particularly regarding aggression in adolescence (Ang & Raine, 2009; Barry et al., 2019; Miller et al., 2017). It could clarify whether this distinction holds in this critical developmental stage (Hill & Lapsley, 2011; Hill & Roberts, 2011). Thus, the first aim of this study is to investigate the unique contributions of adaptive and maladaptive narcissism predicting both positive and abusive CMS.

This study aims to gain deeper understanding of when narcissism may become problematic in the context of adolescent dating relationships by examining the interplay of individual factors like socio-emotional abilities, MD, and PP in relation to various dimensions of narcissism and CMS. Furthermore, this research may inform teen DA prevention and intervention programs by emphasizing the role of personality in DA, an often-overlooked aspect (Caiozzo et al., 2016). It is crucial to assess how individual factors, when combined with narcissistic traits, affect the effectiveness of these programs. For instance, while some interventions aim to enhance socio-emotional skills among adolescents to reduce DA (Muñoz-Fernández et al., 2019; Whitaker et al., 2013), it is important to consider that individuals with high maladaptive narcissism may exploit these skills for psychological abuse (Nagler et al., 2014). Thus, the findings of this study could underscore the importance of considering narcissism and its forms when developing comprehensive prevention and intervention programs for teen dating relationships, potentially leading to more effective outcomes in preventing abusive behavior. Thus, the second aim of this study is to explore the moderating effects of socio-emotional abilities, PP, and MD on the relationship between narcissism dimensions and CMS.

2.1 Aims and Hypotheses

The overall objective of this study is to develop a preliminary model that establishes relationships between the constructs of narcissism, CMS, and individual factors such as socio-emotional abilities, MD, and PP to gain an understanding of romantic relationships and narcissism from a developmental perspective during adolescence. The specific aims of this study are:

Aim 1: To investigate whether adaptive and maladaptive narcissism dimensions have differential predictive relationships with positive and abusive CMS. Due to the lack of clear literature on the relationship between adaptive narcissism and both positive and abusive CMS in adolescents, no specific directional hypothesis can be provided for these variables.

Hypothesis 1a. Maladaptive narcissism is expected to be significantly negatively associated with positive CMS

Hypothesis 1b. Maladaptive narcissism is expected to be significantly positively associated with abusive CMS.

Aim 2: To explore the influence of identified individual factors (EI, Empathy, MD, and PP) that may moderate the relationship between narcissism and CMS. Specifically:

Hypothesis 2a: In the relationship between adaptive narcissism and positive CMS, Socio-emotional abilities are expected to moderate such that

– high adaptive narcissism is associated with less use of positive CMS in the presence of low socioemotional abilities

– low adaptive narcissism is associated with more use of positive CMS in the presence of high socioemotional abilities

Hypothesis 2b. In the relationship between maladaptive narcissism and positive CMS, Socio-emotional abilities are expected to moderate such that

– low maladaptive narcissism is associated with greater use of positive CMS in the presence of high socio-emotional abilities

– high maladaptive narcissism is associated with lower use of these strategies in the presence of low socio-emotional abilities

Hypothesis 2c. In the relationship between adaptive narcissism and abusive CMS, Socio-emotional abilities are expected to moderate such that

– high adaptive narcissism is associated with more use of abusive strategies in the presence of low socio-emotional abilities

– low adaptive narcissism is associated with lower use of these strategies in the presence of high socio-emotional abilities

Hypothesis 2d. In the relationship between maladaptive narcissism and abusive CMS, Socio-emotional abilities are expected to moderate such that

– high maladaptive narcissism is associated with greater use of abusive strategies in the presence of low socio-emotional abilities

– low maladaptive narcissism is associated with lower use of these strategies in the presence of high socio-emotional abilities

Hypothesis 2e. In the relationship between adaptive narcissism and positive CMS, MD is expected to moderate such that

– lower levels of adaptive narcissism and MD will predict greater use of positive CMS

– higher levels of both will result in lower use of positive strategies

Hypothesis 2f. In the relationship between maladaptive narcissism and positive CMS, MD is expected to moderate such that

- low maladaptive narcissism is associated with more use of positive CMS in the presence of low MD

- high maladaptive narcissism is associated with lesser use of positive CMS in the presence of high MD

Hypothesis 2g. In the relationship between adaptive narcissism and abusive CMS, MD is expected to moderate such that

- high adaptive narcissism is associated with more use of abusive CMS in the presence of high MD

- low adaptive narcissism is associated with lower use of abusive strategies in the presence of low MD

Hypothesis 2h. In the relationship between maladaptive narcissism and abusive CMS, MD is expected to moderate such that

- high maladaptive narcissism is associated with more use of abusive CMS in the presence of high MD

- low maladaptive narcissism is associated with lesser use of abusive CMS in the presence of low MD

Hypothesis 2i. In the relationship between adaptive narcissism and positive CMS, PP is expected to moderate such that

- low adaptive narcissism is associated with more use of positive CMS in the presence of low PP

- high adaptive narcissism is associated with lesser use of positive CMS in the presence of high PP

Hypothesis 2j. In the relationship between maladaptive narcissism and positive CMS, PP is expected to moderate

- low maladaptive narcissism is associated with more use of positive CMS in the presence of low PP

- high maladaptive narcissism is associated with lesser use of positive CMS in the presence of high PP

Hypothesis 2k. In the relationship between adaptive narcissism and abusive CMS, PP is expected to moderate such that

- high adaptive narcissism is associated with greater use of abusive CMS in the presence of high PP

- low adaptive narcissism is associated with lower use of abusive CMS in the presence of low PP

Hypothesis 2l. In the relationship between maladaptive narcissism and abusive CMS, PP is expected to moderate such that

- high maladaptive narcissism is associated with greater use of abusive CMS in the presence of high PP

- low maladaptive narcissism is associated with lower use of abusive CMS in the presence of low PP

CHAPTER III

METHOD

3.1 Participants

This study aimed to recruit a sample of young adults between the ages of 18 and 20 who were currently residing in the United States, were fluent in the English language, and had at least one experience of being involved in a romantic relationship between the ages of 15- 17. Participants were recruited using a combination of convenience and snowball sampling techniques via platforms such as ResearchMatch[1], social media and SONA and distribution of flyers. Participants recruited through general methods received a $10 Amazon gift card as compensation, while those recruited from SONA were provided with 1 hour of research credit upon successful completion of the survey. The survey was completed by 248 participants in total, with 181 recruited through general channels (ResearchMatch, social media, and flyering) and 67 recruited specifically through SONA. 95 participants suspected of fraudulent responses or providing false data were excluded. Detection methods included Qualtrics' bot detection software (i.e.,

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[1] *"*Recruitment for the study included ResearchMatch, a national health volunteer registry that was created by several academic institutions and supported by the U.S. National Institutes of Health as part of the Clinical Translational Science Award (CTSA) program. ResearchMatch has a large population of volunteers who have consented to be contacted by researchers about health studies for which they may be eligible."

reCAPTCHA and Fraud scores), abnormal IP address patterns, and duration of survey completion. An IRB-approved email script was used to inform them of suspicions and offer an opportunity to dispute the fraud allegations, but no follow-up occurred. The final sample consisted of 153 participants, aged 18 to 20 (M_{age} = 18.9), primarily identifying as women (57.5%), followed by men (27.5%), non-binary (5.2%), transgender (3.3%), and other gender identities (6.6%). Ethnic composition included White (53.5%), Asian (10.8%), Black/African American (11.5%), American Indian or Alaska Native (7.6%), Multiracial (4.5%), Middle Eastern or North African (1.9%), and Hispanic/Latino (8.3%). A small percentage (1.9%) chose not to disclose ethnicity. Regarding relationships, 89.2% reported in-person relationships, while 10.8% reported online relationships. Additionally, 63.1% engaged in sexual activities within their significant relationships. Notably, 40.8% initiated their significant relationship at age 16, with 29.9% at age 15 and 26.1% at age 17. Refer to Table 1 and Table 2 for further demographic and relationship characteristics respectively, including sexual orientation and length of relationship.

3.2 Measures

3.2.1 Demographics

The demographic questionnaire included participants' age, race/ethnicity, sex assigned at birth, gender, sexual orientation, highest completed education, household income, and disposable income (See Appendix C).

3.2.2 Introductory Relationship Questions and Screener Questions

The introductory relationship questions were used to assess the characteristics and experiences of romantic relationships of participants between the ages 15-17. These

questions were largely based on the introductory questions in the Conflict in Adolescent Dating Relationships Inventory (Wolfe et al., 2001) and its short form (Fernández-González et al., 2012). Participants were asked about their age during their first romantic relationship, number of romantic partners, length of their most significant relationship between the ages 15-17, frequency of interactions and disagreements with that partner and reasons for disagreements (See Appendix D).

Two screener questions were also asked in the survey to provide participants with relevant and appropriate items depending on the type of their romantic relationship and past sexual experience(s) (See Table 3). The first screener question asked the participant whether they considered the most significant relationship from 15-17 to have been primarily an in-person or an online relationship. The second screener question asked participants to indicate whether they had any sexual experience(s) during their most significant romantic relationship between the ages 15-17. However, some sex items were provided to participants regardless of their response to this screener question (See Appendix E).

3.2.3 The Relationship Power Inventory (RPI)

The RPI (Farrell et al., 2015) is a 20-item self-report measure that was used to assess perceived decision-making power in the relationship. The instructions and items were modified to specifically inquire about the significant relationship experienced between the ages of 15-17. Participants were asked to rate how true each item (e.g., "I had more influence than my partner did on decisions in our relationship.") is for their relationship using a 7-point Likert scale that ranges from 1 (never) to 7 (always). Responses across items were averaged such that higher scores indicate higher power

(reported by the participant) in the relationship (See Appendix F). This measure demonstrated good internal consistency in this sample (α = .84).

3.2.4 Conflict in Adolescent Dating Relationships Inventory (CADRI)

The CADRI (Wolfe et al., 2001) is a 25-bidirectional item measure (perpetration/victimization) that was used to assess DA perpetration and victimization across five forms of abusive behavior and positive CMS. However, only the perpetration items were utilized for this study. The instructions and items were modified to specifically inquire about the significant relationship experienced between the ages of 15-17. The five forms are physical abuse (e.g., 'I kicked, hit or punched my partner'/'My partner kicked, hit or punched me), threatening behavior (e.g., 'I threatened to hurt my partner'/'My partner threatened to hurt me'), sexual abuse (e.g., 'I touched my partner sexually when they didn't want me to'/ 'My partner touched me sexually when I didn't want them to), relational aggression (e.g., I spread rumors about my partner'/My partner spread rumors about me") and verbal/emotional abuse (e.g., 'I ridiculed or made fun of my partner in front of others'/ My partner ridiculed or made fun of me in front of others'). Additionally, the CADRI also consists of 10 items assessing positive conflict resolution (CADRI PS) behaviors (e.g., I discussed the issue calmly/My partner discussed the issue calmly). Items were modified by replacing references to "boyfriend/girlfriend" with the term "partner" to ensure inclusivity and avoid heteronormative language. The response choices for each item are 0 = never (this has never happened), 1 = seldom (this has happened only 1–2 times), 2 = sometimes (this has happened about 3–5 times), and 3 = often (this has happened 6 times or more) (See Appendix G). Total DA perpetration subscale demonstrated excellent internal consistency

(α = .94). The positive strategies subscale exhibited a low internal consistency but was deemed acceptable (α = .61).

3.4.5 Technology-facilitated abuse in relationships scale (TAR)

The TAR (Brown & Hegarty, 2021) is a 30-item self-report scale that will be used to assess DA perpetration and victimization through all digital devices and applications across four factors. However, only the perpetration items were utilized for this study. The instructions and items were modified to specifically inquire about the significant relationship experienced between the ages of 15-17. The four factors are Humiliation (e.g., 'Shared a hurtful meme about me on a digital device'/Shared a hurtful meme about them on a digital device'), Monitoring & Control (e.g., 'Monitored where I am via tracking software'/ Monitored where they were via tracking software') Sexual Coercion (e.g., 'Pressured me to engage in phone sex'/'Pressured them to engage in phone sex') and Threats (e.g., 'Sent me threatening messages on a digital device'/'Sent them threatening messages on a digital device'). Participants were asked to rate the frequency of TAR behaviors that had happened to them while they were in that significant relationship on a five-point Likert scale (1 = not at all, 2 = once, 3 = a few times, 4= monthly, 5 = weekly, 6 = daily/almost daily) (See Appendix H). Total digital DA perpetration subscale demonstrated excellent internal consistency (α = .98).

3.2.6 Narcissistic Personality Inventory (NPI)

The NPI (Raskin & Terry, 1988) is a 40-item self-report inventory consisting of seven subscales, that was used to measure sub-clinical narcissism. The seven subscales are Authority, Self-sufficiency, Superiority, Vanity, Entitlement, Exploitativeness, and Exhibitionism. Participants are required to choose between a narcissistic (e.g., "I think I

am a special person") and a non-narcissistic (e.g., "I am no better or no worse than most people") statement. The scores were obtained by summing the number of narcissistic choices. Following the suggestion of Barry et al. (2007), the mean scores of the Authority and Self-sufficiency subscales constituted adaptive narcissism (NPI ANarc). The mean scores of the Entitlement, Exploitativeness, and Exhibitionism subscales constituted maladaptive narcissism (NPI MNarc). Higher scores reflected higher levels of narcissism (See Appendix I). The adaptive narcissism (α = .71) and maladaptive narcissism (α = .80) subscales displayed moderate internal consistencies in this sample. Total NPI scale demonstrated good internal consistency (α = .87).

3.2.7 Brief Form of the Interpersonal Reactivity Index (B–IRI)

The B-IRI (Ingoglia et al., 2016) is a 16-item self-report measure with four subscales, that was used to assess empathy. The four subscales are Fantasy (e.g., 'I really get involved with the feelings of the characters in a novel.'), Empathic Concern (e.g., 'I would describe myself as a pretty soft-hearted person.'), Perspective Taking (e.g., 'I try to look at everybody's side of a disagreement before I make a decision.'), and Personal Distress (e.g., 'In emergency situations, I feel apprehensive and ill-at-ease.'). Each item was rated on a five-point Likert scale ranging from 1 (does not describe me well) to 5 (describes me very well). The total empathy score was obtained by averaging the ratings given to each of the items, with higher scores indicating higher levels of empathy (See Appendix J). This measure demonstrated good internal consistency (α = .85).

3.2.8 Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF)

The TIEQue-SF (Petrides, 2009) is a 30-item self-report measure consisting of 4 factors that was used to assess trait EI. The four factors are well-being (e.g., "On the

whole, I'm pleased with my life"), self-control (e.g., "Others admire me for being relaxed."), emotionality (e.g., "I often pause and think about my feelings"), and sociability (e.g., "I would describe myself as a good negotiator"). Each item was rated on a seven-point Likert scale ranging from 1 (completely disagree) and 7 (completely agree). The total score was obtained by averaging the ratings from the 30 items. Higher scores indicated higher trait EI (See Appendix K). This measure demonstrated good internal consistency ($\alpha = .89$).

3.4.9 The Propensity to Morally Disengage Scale (PMDS)

The PMDS (Moore et al., 2012) is a 16-item self-report measure that was used to measure MD through eight mechanisms. The eight mechanisms are Moral justification (e.g., 'It is alright to lie to keep your friends out of trouble.'), Euphemistic language (e.g., 'It's okay to gloss over certain facts to make your point.'), Displacement of responsibility (e.g., 'People cannot be blamed for misbehaving if their friends pressured them to do it.'), Diffusion of responsibility (e.g., 'It's okay to tell a lie if the group agrees that it's the best way to handle the situation.'), Advantageous comparison (e.g., 'Considering the ways people grossly misrepresent themselves, it's hardly a sin to inflate your own credentials a bit.'), Attribution of blame (e.g., 'People who get mistreated have usually done something to bring it on themselves.'), Distortion of consequences (e.g., 'Taking personal credit for ideas that were not your own is no big deal.') and Dehumanization (e.g., 'It's okay to treat badly somebody who behaves like scum.'). Each item was rated on a seven-point Likert scale ranging from 1 (strongly disagree) and 7 (strongly agree). The total scale score was obtained by averaging the ratings from all 16 items. Higher

scores indicated greater propensity to morally disengage (See Appendix L). This measure demonstrated good internal consistency ($\alpha = .88$).

3.3 Procedure

This study obtained ethical approval from the Institutional Review Board (IRB) of Cleveland State University prior to collecting any data. Participants were recruited through general community outreach, online advertisements on social media platforms, ResearchMatch, and word of mouth. Paid Instagram advertisements were specifically utilized for online distribution of flyers. Additionally, participants were recruited through the SONA Research Pool of psychology students at Cleveland State University. All data was collected using Qualtrics. A Qualtrics link consisting of the informed consent form was provided to the participants. Upon obtaining consent, they were directed to a Qualtrics survey to complete all the questionnaires. Participants were prompted to provide retrospective perspectives on a relationship they deemed significant from their ages 15-17, considering criteria such as its duration, intensity, emotional significance, or any other distinguishing qualities. In addition, questionnaires assessing traits like narcissism, empathy, EI, and MD focused on the participants' current functioning. Participants were directed to one of four survey versions based on their responses to screener questions about relationship type (in-person/online) and engagement in sexual activities. Those endorsing an in-person relationship completed both the CADRI and TAR questionnaires. Participants endorsing an online relationship only completed the TAR questionnaire. For participants reporting no sexual activity with their partner, items from the sexual abuse subscale of the CADRI questionnaire were omitted. However, relevant items from the CADRI sexual abuse subscale and the TAR sexual coercion

subscale were included. Participants reporting sexual activity with their partner completed more explicit items from the CADRI sexual abuse and the TAR sexual coercion subscales. The longest version of the survey (i.e., endorsing in-person and engaged in sexual activities) was expected to take approximately 45 minutes to complete. Additionally, seven attentional checks were incorporated, requiring participants to answer at least five correctly to proceed with the survey. Failure to do so resulted in participants being redirected to the end of the survey. Participants were provided with debriefing information to reduce any potential distress that could have occurred after participation in the study. Those who completed the survey through general recruitment methods received a $10 Amazon gift card as compensation, while participants from SONA were granted 1 hour of research credit for their successful completion of the survey.

3.4 Power Analysis

A preliminary power analysis was carried out using G*Power. This analysis focused on an a priori power analysis for an F test for a fixed model linear multiple regression with an R^2 increase. For aim 1, to achieve a power of 0.80, the analysis used an f^2 value of 0.15, which signifies a medium effect size (Cohen, 1988), and a p value of .05. Two predictors and three covariates were considered for a single hierarchical regression. Based on these considerations, it was determined that a minimum sample size of 68 participants would be suitable to attain the desired power of 0.80.

For Aim 2, EI and empathy were treated as distinct constructs for moderation, resulting in a total of sixteen moderation analyses[2]. Three predictors and three covariates were considered for a moderation analysis. To address the increased risk of Type I error due to multiple comparisons, a more stringent alpha level of 0.003 was applied using Bonferroni correction. This adjustment, combined with a desired power of 0.80 and a medium effect size ($f^2 = 0.15$), led to a minimum sample size recommendation of 102 participants to achieve the desired statistical power.

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[1] An original a priori power analysis was conducted for the 12 planned regressions for Aim 2 using power of .80, f^2 value of 0.15, and a p value of .004 (to correct for Type I error). The original sample size prediction was 97 participants.

CHAPTER IV

RESULTS

All data analyses were conducted using SPSS version 29. Descriptive statistics

were computed to examine the characteristics of the sample and their romantic

relationships between the ages 15-17. Additionally, internal consistency was evaluated for

all scales by calculating the Cronbach's alpha. Regression assumptions were then

examined including normality, linearity, homoscedasticity, and multicollinearity. The

assumption of normality[3] and homoscedasticity[4] were violated. For aim 2, predictor

variables were standardized using z scores so that regression coefficients can be directly

compared with one another.

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[3] The assumption of normality was found to be violated for several variables (NPI ANarc and MNarc, AS factor, MD, and PP). However, since these variables represent relatively rare constructs in the population, the assumption that they should follow a normal distribution is not strongly supported. Moreover, the main analysis strategy used for these variables, which is multiple regression, is typically robust to violations of normality (Knief & Forstmeier, 2021). Therefore, no transformation or correction was applied to address the violation of normality.

[4] The AS factor was found to have heteroskedasticity according to the White test; heteroskedasticity-robust standard errors (HC3) were applied. Analyses indicated that the pattern of results was unchanged with this correction, suggesting that the presence of heteroskedasticity for this variable does not meaningfully impact results or interpretation. Thus, uncorrected results are presented in text.

For aim 1, hierarchical regression models were employed to explore the unique contributions of adaptive maladaptive narcissism in predicting both positive and abusive CMS. Control variables, including race, sexual orientation and gender, were incorporated into the models to account for their potential influence.

For aim 2, sixteen separate moderation models were conducted, each involving one of two predictors (adaptive or maladaptive narcissism) and one of two outcomes (positive or abusive CMS). These models each included one of several moderators (socio-emotional abilities, MD and PP) while also controlling for variables, including, race, sexual orientation and gender.

4.1 Dimension Reduction

To broaden the conceptualization of abusive strategies, a measure of both in-person (CADRI) and online abusive strategies (TAR) were administered. These two subscales were significantly intercorrelated (r = .84, p < .001). Therefore, before running subsequent analyses, the items of these scales were subjected to dimension reduction using Principal Axis Factoring (PAF). Because only some individuals received the sexual abuse subscale (CADRI) and the sexual coercion items (TAR), these items were excluded from the PAF analyses to preserve the full sample of 153 respondents to conserve statistical power. One factor was extracted, accounting for 54.45% of the variance in the items entered. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was adequate at .88, Bartlett's test of sphericity yielded a significant result (p < .001). Regression-based factor scores for each participant were saved to represent abusive strategies (AS), and this variable was used as an outcome variable for subsequent analyses. Similarly, to expand the conceptualization of socio-emotional abilities, the

items of both EI (measured with TIEque-SF) and empathy (measured with B-IRI) were subjected to dimension reduction using PAF. However, due to the weak correlation between the two scales ($r = .27$, $p < .001$) and a factor score that accounted for only 19.67% of the variance, EI and empathy were treated as separate constructs for subsequent analyses.

4.2 Descriptive Statistics

Pearson's bivariate correlations were performed to examine correlations between all variables in the model (see Table 4). NPI ANarc exhibited a significant positive correlation with NPI MNarc. NPI ANarc and NPI MNarc were not significantly correlated with CADRI PS. However, both NPI ANarc and NPI MNarc showed a significant positive correlation with the AS factor. NPI ANarc exhibited a significant positive correlation solely with EI, whereas NPI MNarc displayed a significant positive correlation solely with MD. CADRI PS and AS factors scores were not significantly correlated with each other. CADRI PS showed a significant positive correlation solely with EI and empathy whereas AS factor scores showed a significant negative correlation with EI and a positive correlation with MD. In this sample, PP did not demonstrate significant correlations with any of the variables of interest. However, since previous research indicated correlations between PP and narcissism (Zeigler-Hill & Dehaghi, 2023), particularly with abusive strategies (Cuccì et al., 2020; Giordano et al., 2010), moderation analyses were conducted to explore the potential interaction effects between PP and other variables in the model. Moreover, biological sex, race, sexual orientation, and gender were included as covariates, aligning with prior literature indicating their influence on narcissism (Grijalva et al., 2015; Zeigler-Hill & Wallace, M. (2011) and,

notably, abusive strategies (Foshee et al., 2009; Kiekens et al., 2021). Demographic covariates were included in the analysis based on their associations with CADRI PS (See Table 5) and AS factor scores (See Table 6).

4.3 Main Analyses

4.3.1 Hypothesis 1a: Does maladaptive narcissism predict CADRI PS positively?

A regression was performed with CADRI PS regressed on the demographic covariates (block 1) and NPI MNarc (block 2; See Table 6). NPI MNarc did not significantly predict CADRI PS independent of demographic covariates ($\Delta F(1, 146) = .30$, $p = .59$).

4.3.2 Hypothesis 1b: Does maladaptive narcissism predict AS factor negatively?

A regression was performed with the AS factor regressed on the demographic covariates (block 1) and NPI MNarc (block 2; See Table 7). NPI MNarc significantly predicted the AS factor[5] ($\beta = .47$, $p < .001$) independent of demographic covariates ($\Delta F(1, 108) = 13.73$, $p < .001$).

To further explore the predictive value of the NPI variables on CADRI PS and the AS factor, additional regressions were conducted. All regressions included the above-mentioned demographic covariates in block 1. First, CADRI PS was regressed on NPI ANarc (See Table 8); it did not significantly predict CADRI PS ($\Delta F(1, 146) = 3.05$, $p = .08$). Next, both NPI ANarc and MNarc were entered simultaneously to predict CADRI PS (See Table 9); this regression approached significance ($\Delta F(2, 145) = 3.00$, $p = .05$) independent of the covariates. Specifically, only NPI ANarc exhibited a significant

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[5] It should be noted that the assumption of normality of residuals was violated for this model indicating results should be interpreted with caution. However, on visual inspection of the p-p and q-q plots, the deviation from normality was judged to be minor.

unique positive association with CADRI PS ($\beta = .23$, $p = 0.02$). Further, AS factor was regressed on NPI ANarc (See Table 10); it was not a significant predictor of AS factor ($\Delta F(1, 108) = 3.07$, $p = .08$) independent of the covariates. Finally, both NPI ANarc and MNarc were entered simultaneously to predict AS factor (See Table 11); this regression was also significant ($\Delta F(2, 107) = 6.81$, $p = .002$) independent of the covariates. In this case, only NPI MNarc exhibited a significant unique positive association with AS factor[6] ($\beta = .26$, $p = .002$).

4.3.3 Hypothesis 2a: Do socio-emotional abilities moderate the relationship between NPI ANarc and CADRI PS?

To test the moderating effect of EI on the relationship between NPI ANarc and CADRI PS, CADRI PS were regressed on demographic covariates (block 1), NPI ANarc and EI (block 2), and the two-way interaction between the z-scores of NPI ANarc and EI (block 3; See Table 12). Independent of the demographic covariates, both NPI ANarc and EI accounted for 5.2% of the variance in CADRI PS ($p = .02$), and an additional 0.1% of variance in CADRI PS was accounted for by the interaction of NPI ANarc and EI ($p = .66$). While there was no significant main effect found between NPI ANarc and CADRI PS ($\beta = .09$, $p = .28$), a significant main effect was found between EI and CADRI PS ($\beta = .19$, $p = .03$). No significant interaction effect of NPI ANarc and EI on CADRI PS was found ($\beta = .04$, $p = .66$).

To test the moderating effect of empathy on the relationship between NPI ANarc and CADRI PS, CADRI PS were regressed on demographic covariates (block 1), NPI

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[6] It should be noted that the assumption of normality of residuals was violated for this model indicating results should be interpreted with caution. However, on visual inspection of the p-p and q-q plots, the deviation from normality was judged to be minor.

ANarc and empathy (block 2), and the two-way interaction between the z-scores of NPI ANarc and empathy (block 3; Table 13). Independent of the demographic covariates, both NPI ANarc and empathy accounted for 9.6% of the variance in CADRI PS ($p < .001$), and an additional .003% of variance in CADRI PS was accounted for by the interaction of NPI ANarc and empathy ($p = .45$). While there was no significant main effect found between NPI ANarc and CADRI PS ($\beta = .13$, $p = .11$), a significant main effect was found between empathy and CADRI PS ($\beta = .20$, $p < .001$). No significant interaction effect of NPI ANarc and empathy on CADRI PS was found ($\beta = .06$, $p = .45$).

4.3.4 Hypothesis 2b: Do socio-emotional abilities moderate the relationship between NPI MNarc and CADRI PS?

To test the moderating effect of EI on the relationship between NPI MNarc and CADRI PS, CADRI PS were regressed on demographic covariates (block 1), NPI MNarc and EI (block 2), and the two-way interaction between the z-scores of NPI MNarc and EI (block 3; See Table 14). Independent of the demographic covariates, both NPI MNarc and EI accounted for 4.6% of the variance in CADRI PS ($p = .03$), and an additional 0.003% of variance in CADRI PS was accounted for by the interaction of NPI MNarc and EI ($p = .46$). While there was no significant main effect found between NPI MNarc and CADRI PS ($\beta = -.03$, $p = .75$), a significant main effect was found between EI and CADRI PS ($\beta = .21$, $p = .01$). Additionally, no significant interaction effect of NPI MNarc and EI on CADRI PS was found ($\beta = -.06$, $p = .46$).

To test the moderating effect of empathy on the relationship between NPI MNarc and CADRI PS, CADRI PS were regressed on demographic covariates (block 1), NPI MNarc and empathy (block 2), and the two-way interaction between the z-scores of NPI

MNarc and empathy (block 3; See Table 15). Independent of the demographic covariates, both NPI MNarc and empathy accounted for 8.1% of the variance in CADRI PS (p = .002), and an additional 2% of variance in CADRI PS was accounted for by the interaction of NPI MNarc and empathy (p = .08). While there was no significant main effect found between NPI MNarc and CADRI PS (β = -.05, p = .59), a significant main effect was found between empathy and CADRI PS (β = .3, p < .001). Additionally, no significant interaction effect of NPI MNarc and empathy on CADRI PS was found (β = .14, p = .08).

4.3.5 Hypothesis 2c: Do socio-emotional abilities moderate the relationship between NPI ANarc and AS factor?

To test the moderating effect of EI on the relationship between NPI ANarc and AS factor, AS factor were regressed on demographic covariates (block 1), NPI ANarc and EI (block 2), and the two-way interaction between the z-scores of NPI ANarc and EI (block 3; See Table 16). Independent of the demographic covariates, both NPI ANarc and EI accounted for 4.2% of the variance in AS factor (p = .005), and an additional 1% of variance in AS factor was accounted for by the interaction of NPI ANarc and EI (p = .10). Significant main effects were found between NPI ANarc (β = .16., p = .03) and EI (β = -.20, p = .003) and AS factor. Additionally, a significant interaction effect of NPI ANarc and EI on AS factor was found (β = -.20, p = .01). Additionally, no significant interaction effect of NPI ANarc and EI on CADRI AS was found[7] (β = -.11, p = .10).

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[7] It should be noted that the assumption of normality of residuals was violated for this model indicating results should be interpreted with caution. However, on visual inspection of the p-p and q-q plots, the deviation from normality was judged to be minor.

To test the moderating effect of empathy on the relationship between NPI ANarc and AS factor, AS factor were regressed on demographic covariates (block 1), NPI ANarc and empathy (block 2), and the two-way interaction between the z-scores of NPI ANarc and empathy (block 3; See Table 17). Independent of the demographic covariates, both NPI ANarc and empathy accounted for .01% of the variance in AS factor (p = .33), and an additional 1.7% of variance in AS factor was accounted for by the interaction of NPI ANarc and empathy (p = .04). No significant main effects were found between NPI ANarc (β = .10., p = .15) and empathy (β = -.14, p = .09) and AS factor. Additionally, after accounting for the Bonferroni corrected alpha (.003), no significant interaction effect of NPI ANarc and empathy on AS factor was found[6] (β = -.14, p = .04).

4.3.6 Hypothesis 2d: Do socio-emotional abilities moderate the relationship between NPI MNarc and AS factor?

To test the moderating effect of EI on the relationship between NPI MNarc and AS factor, AS factor were regressed on demographic covariates (block 1), NPI MNarc and EI (block 2), and the two-way interaction between the z-scores of NPI MNarc and EI (block 3; See Table 18). Independent of the demographic covariates, both NPI MNarc and EI accounted for 7.1% of the variance in AS factor (p < .001), and an additional 3.3% of variance in AS factor was accounted for by the interaction of NPI MNarc and EI (p = .002). Significant main effects were found between NPI MNarc (β = .25, p < .001) and EI (β = -.17, p = .009) and AS factor. Additionally, a significant interaction effect of NPI MNarc and EI on AS factor was found (β = -.20, p = .002)[8] after accounting for the

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[8] It should be noted that the assumption of normality of residuals was violated for this model indicating results should be interpreted with caution. However, on visual inspection of the p-p and q-q plots, the deviation from normality was judged to be minor.

Bonferroni corrected alpha of .003. Plotted interactions indicated that the effect of NPI MNarc features on AS factor was stronger when EI levels were low compared to when they were high (See Figure 1). Individuals with high levels of MNarc and low EI tended to have the highest AS factor, while those with low EI levels and low MNarc had the lowest AS factor.

To test the moderating effect of empathy on the relationship between NPI MNarc and AS factor, AS factor were regressed on demographic covariates (block 1), NPI MNarc and empathy (block 2), and the two-way interaction between the z-scores of NPI MNarc and empathy (block 3; See Table 19). Independent of the demographic covariates, both NPI MNarc and empathy accounted for 6.3% of the variance in AS factor (p < .001), and an additional .001% of variance in AS factor was accounted for by the interaction of NPI MNarc and empathy (p = .66). A significant main effect was found between NPI MNarc and AS factor (β = .28, p < .001). However, no significant main effect was found between empathy and AS factor (β = -.07, p = .30). Additionally, no significant interaction effect of NPI MNarc and empathy on AS factor was found[7] (β = -.03, p = .66).

4.3.7 Hypothesis 2e: Does MD moderate the relationship between NPI ANarc and CADRI PS?

To test the moderating effect of MD on the relationship between NPI ANarc and CADRI PS, CADRI PS were regressed on demographic covariates (block 1), NPI ANarc and MD (block 2), and the two-way interaction between the z-scores of NPI ANarc and MD (block 3; See Table 20). Independent of the demographic covariates, both NPI ANarc and MD accounted for 4.1% of the variance in CADRI PS (p = .04), and an

additional .004% of variance in CADRI PS was accounted for by the interaction of NPI ANarc and MD (p = .43). No significant main effects were found between NPI ANarc (β = .17., p = .05) and MD (β = -.14, p = .09) and CADRI PS. Additionally, no significant interaction effect of NPI ANarc and MD on CADRI PS was found (β = -.07, p = .45).

4.3.8 Hypothesis 2f: Does MD moderate the relationship between NPI MNarc and CADRI PS?

To test the moderating effect of MD on the relationship between NPI MNarc and CADRI PS, CADRI PS were regressed on demographic covariates (block 1), NPI MNarc and MD (block 2), and the two-way interaction between the z-scores of NPI MNarc and MD (block 3; See Table 21). Independent of the demographic covariates, both NPI MNarc and MD accounted for 1.6% of the variance in CADRI PS (p = .29), and an additional .00% of variance in CADRI PS was accounted for by the interaction of NPI MNarc and MD (p = .90). No significant main effects were found between NPI MNarc (β = .02, p = .86) and MD (β = -.14, p = .14) and CADRI PS. Additionally, no significant interaction effect of NPI MNarc and MD on CADRI PS was found (β = -.01, p = .90).

4.3.9 Hypothesis 2g: Does MD moderate the relationship between NPI ANarc and AS factor?

To test the moderating effect of MD on the relationship between NPI ANarc and AS factor, AS factor were regressed on demographic covariates (block 1), NPI ANarc and MD (block 2), and the two-way interaction between the z-scores of NPI ANarc and MD (block 3; See Table 22). Independent of the demographic covariates, both NPI ANarc and MD accounted for 4.8% of the variance in AS factor (p = .002), and an additional .001% of variance in AS factor was accounted for by the interaction of NPI

ANarc and MD (p = .53). While there was no significant main effect found between NPI

ANarc and AS factor (β = .09, p = .18), a significant main effect was found between MD

and AS factor (β = .23, p = .001). No significant interaction effect of NPI ANarc and MD

on AS factor was found[9] (β = .04, p = .53).

4.3.10 Hypothesis 2h: Does MD moderate the relationship between NPI MNarc and AS factor?

To test the moderating effect of MD on the relationship between NPI MNarc and

AS factor, AS factor was regressed on demographic covariates (block 1), NPI MNarc and

MD (block 2), and the two-way interaction between the z-scores of NPI MNarc and MD

(block 3; See Table 23). Independent of the demographic covariates, both NPI MNarc

and MD accounted for 7.7% of the variance in AS factor (p < .001), and an additional

4.3% of the variance in AS factor was accounted for by the interaction of NPI MNarc and

MD (p < .001). Significant main effects were found between NPI MNarc and AS factor

(β = .20, p = .006) and between MD and AS factor (β = .30, p = .009). Moreover, a

significant interaction effect of NPI MNarc and MD on AS factor was found[10] (β = .25, p

< .001) after accounting for the Bonferroni corrected alpha of .003. Plotted interactions

indicated that the effect of NPI MNarc features on AS factor was stronger when MD

levels were high compared to when they were low (See Figure 2). Individuals with high

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[9] It should be noted that the assumption of normality of residuals was violated for this model indicating results should be interpreted with caution. However, on visual inspection of the p-p and q-q plots, the deviation from normality was judged to be minor.
[10] It should be noted that the assumption of normality of residuals was violated for this model indicating results should be interpreted with caution. However, on visual inspection of the p-p and q-q plots, the deviation from normality was judged to be minor.

levels of MNarc and MD tended to have the highest AS factor, while those with high

MNarc and low MD levels had the lowest AS factor.

4.3.11 Hypothesis 2i: Does PP moderate the relationship between NPI ANarc and CADRI PS?

To test the moderating effect of PP on the relationship between NPI ANarc and

CADRI PS, CADRI PS were regressed on demographic covariates (block 1), NPI ANarc

and PP (block 2), and the two-way interaction between the z-scores of NPI ANarc and PP

(block 3; See Table 24). Independent of the demographic covariates, both NPI ANarc and

PP accounted for 3.2% of the variance in CADRI PS (p = .08), and an additional .004%

of variance in CADRI PS was accounted for by the interaction of NPI ANarc and PP (p =

.43). No significant main effects were found between NPI ANarc (β = .13., p = .13) and

PP (β = .12, p = .16) and CADRI PS. Additionally, no significant interaction effect of

NPI ANarc and PP on CADRI PS was found (β = -.07, p = .43).

4.3.12 Hypothesis 2j: Does PP moderate the relationship between NPI MNarc and CADRI PS?

To test the moderating effect of PP on the relationship between NPI MNarc and

CADRI PS, CADRI PS were regressed on demographic covariates (block 1), NPI MNarc

and PP (block 2), and the two-way interaction between the z-scores of NPI MNarc and

PP (block 3; See Table 25). Independent of the demographic covariates, both NPI MNarc

and PP accounted for 2% of the variance in CADRI PS (p = .22), and an additional .00%

of variance in CADRI PS was accounted for by the interaction of NPI MNarc and PP (p

= .88). No significant main effects were found between NPI MNarc (β = -.05., p = .57)

and PP (β = .13, p = .10) and CADRI PS. Additionally, no significant interaction effect of NPI MNarc and PP on CADRI PS was found (β = .01, p = .88).

4.3.13 Hypothesis 2k: Does PP moderate the relationship between NPI ANarc and AS factor?

To test the moderating effect of PP on the relationship between NPI ANarc and AS factor, AS factor were regressed on demographic covariates (block 1), NPI ANarc and PP (block 2), and the two-way interaction between the z-scores of NPI ANarc and PP (block 3; See Table 26). Independent of the demographic covariates, both NPI ANarc and PP accounted for 1.7% of the variance in AS factor (p = .12), and an additional 0.006% of variance in AS factor was accounted for by the interaction of NPI ANarc and PP (p = .22). No significant main effects were found between NPI ANarc (β = .13., p = .06) and PP (β = -.07, p = .28) and AS factor. Additionally, no significant interaction effect of NPI ANarc and PP on AS factor was found[11] (β = -.08, p = .22).

4.3.14 Hypothesis 2l: Does PP moderate the relationship between NPI MNarc and AS factor?

To test the moderating effect of PP on the relationship between NPI MNarc and AS factor, AS factor were regressed on demographic covariates (block 1), NPI MNarc and PP (block 2), and the two-way interaction between the z-scores of NPI MNarc and PP (block 3; See Table 27). Independent of the demographic covariates, both NPI MNarc and PP accounted for 5.8% of the variance in AS factor (p < .001), and an additional .001% of variance in AS factor was accounted for by the interaction of NPI MNarc and

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[11] It should be noted that the assumption of normality of residuals was violated for this model indicating results should be interpreted with caution. However, on visual inspection of the p-p and q-q plots, the deviation from normality was judged to be minor.

PP ($p = .52$). A significant main effect was found between NPI MNarc and AS factor ($\beta = .27$, $p < .001$). However, no significant main effect was found between PP and AS factor ($\beta = -.06$, $p = .32$). No significant interaction effect of NPI MNarc and PP on AS factor was found ($\beta = -.41$, $p = .52$).

Note. These analyses were repeated with a subset of the sample ($N = 95$) who reported engaging in sexual activities. The AS factor score included items from the sexual abuse subscales of both the CADRI and TAR scales in this analysis. However, none of the analyses conducted to test the hypotheses yielded statistically significant results. This outcome was anticipated, as the sample size was limited, leading to being underpowered to detect significant effects.

CHAPTER V

DISCUSSION

This study investigated the impact of adaptive and maladaptive narcissism on adolescent interpersonal outcomes, focusing on CMS in romantic relationships. It aimed to differentiate between adaptive and maladaptive narcissism and explore their unique contribution to positive and abusive CMS among adolescents. The study aimed to understand how individual factors like socio-emotional abilities, MD, and PP influence narcissistic dimensions, particularly regarding the likelihood of narcissistic traits leading to problematic behaviors such as abusive strategies in adolescent dating relationships.

Regarding the predictive utility of maladaptive narcissism, maladaptive narcissism alone did not significantly predict positive strategies. However, higher levels of maladaptive narcissism were found to predict increased use of abusive strategies, even when controlling for adaptive narcissism. This finding aligns with existing literature linking maladaptive narcissism to aggression among adolescents (Barry & Kauten, 2014; Fossati et al., 2010; Golmaryami and Barry, 2010) and abusive behaviors in adults (Blinkhorn et al., 2015; Gewirtz-Meydan & Finzi-Dottan, 2018; Keller et al., 2014; Lamkin et al., 2017; Oliver et al., 2023). Maladaptive narcissism link to increased use of abusive strategies may be attributed to its components, which include exploitativeness,

exhibitionism, and entitlement (Barry et al., 2003) which have also been found to individually be related to DA (Blinkhorn et al., 2015). Individuals with these traits may be more inclined to manipulate or exploit others, seek attention or validation through grandiose behaviors, and believe they are entitled to special treatment. These tendencies can manifest in the use of abusive strategies during conflicts, as individuals with elevated maladaptive narcissistic traits may prioritize their own needs over their partners, leading to aggressive or harmful behavior.

Subsequent examination of moderators provided additional insights into this relationship between maladaptive narcissism and abusive CMS. The findings highlighted the significant impact of socio-emotional abilities, specifically EI especially in individuals with high maladaptive narcissism. Those with high maladaptive narcissism and low EI levels showed a greater tendency to resort to abusive CMS, whereas individuals with low maladaptive narcissism were less prone to such behaviors irrespective of their EI levels. This aligns with existing literature (Fernández-González et al., 2018; Zeidner & Kloda, 2013), which emphasizes the role of low EI as a risk factor for DA. In contrast, a higher tendency of MD was found to have a strong effect on abusive strategies, particularly among individuals with high maladaptive narcissism. Individuals high in maladaptive narcissism coupled with a high tendency to morally disengage were highly likely to use abusive CMS, whereas individuals with low levels of MD and high maladaptive narcissism exhibited the lowest use of abusive CMS. Consistent with Erzi's (2020) findings, individuals with heightened levels of narcissism often exhibit MD tendencies and are more inclined towards abusive behaviors such as relational aggression. However, the present study also suggests that even among individuals with high levels of maladaptive narcissism, those with low

levels of MD who do not engage in justifying or rationalizing their actions, may be less inclined to employ abusive strategies.

In the context of adaptive narcissism, the findings showed that adaptive narcissism alone did not significantly predict abusive strategies. This is consistent with previous findings in which adaptive narcissism was not associated with aggression towards others (Golmaryami and Barry, 2010; Reidy et al., 2008; Washburn et al., 2004).

The results also found that neither adaptive narcissism nor maladaptive narcissism alone significantly predicted positive CMS. However, when both adaptive and maladaptive narcissism were considered together, they jointly predicted positive strategies. Specifically, adaptive narcissism uniquely predicted a higher use of positive strategies when combined with maladaptive narcissism. This could potentially be that high levels of adaptive narcissism, characterized by assertiveness (Raskin & Terry, 1988), can be advantageous in conflict management scenarios (Winer et al., 2024) by potentially facilitating constructive communication of one's needs. No other significant findings were found with adaptive narcissism as a predictor. In conclusion, while adaptive narcissism alone may not be a strong indicator of CMS, understanding the combined influence of both adaptive and maladaptive narcissism might be crucial for comprehending individuals' engagement in positive CMS.

Several hypotheses proposed in the study yielded non-significant results, particularly those involving adaptive narcissism as a predictor or positive CMS as the outcome. In this sample, adaptive narcissism was not normally distributed along with limited variability in the participants' scores. The relatively low scores on adaptive narcissism in this sample, coupled with a relatively small sample size, may have hindered

the detection of significant results. It was expected that adaptive narcissism would be higher during adolescence (Carlson & Gjerde, 2009). However, it is important to note that the current level of narcissism (ages 18-20) was assessed without considering the transition from ages 15-17 to 18-20, potentially impacting the findings. Previous research suggests that adaptive narcissism varies across these age ranges and may even decline from late adolescence to early adulthood (Chopik & Grimm, 2019; Hill & Roberts, 2011; Weidmann et al., 2023). Incorporating this developmental perspective could have potentially provided greater clarity regarding the impact of adaptive narcissism on CMS.

While empathy demonstrated a positive association with positive strategies, it did not moderate the relationship between narcissism dimensions and CMS. One potential explanation for this could be the nature of the empathy measure utilized in this study, which focused on trait empathy. Empathy, as a construct, is subject to the moderating effect of motivations (Zaki, 2014). Individuals with high levels of narcissism may lack the intrinsic motives to demonstrate empathy even if they possess the capacity to do so (Burgmer et al., 2021; Morf et al., 2011). Thus, considering the motivation to be empathetic, rather than solely relying on trait empathy, may be more crucial in the context of choosing CMS.

Surprisingly, PP did not moderate any relationships, exhibiting low variance and lacking significant correlations with both narcissism dimensions and CMS. Theoretically, while PP for this study assessed specifically for decisional PP, power dissatisfaction might be more relevant or indicative in this sample. Research suggests that dissatisfaction with relationship power is a stronger predictor of DA than perceived relationship power (Rogers et al., 1998). Lower perceived relationship power led to greater power dissatisfaction, which in turn increased the likelihood of perpetrating DA (Toplu-Demirtaş et al., 2022).

Therefore, dissatisfaction with power, particularly in the context of narcissism, may lead to abusive strategies as individuals seek to gain more power.

5.1 Limitations and Future Directions

The results of this study must be interpreted within the context of various limitations. Although the sample size was deemed adequate based on power analysis, the predominance of female, Caucasian/White, and heterosexual participants in this study raises concerns about the generalizability of the findings. Moreover, given the violation of normality of residuals observed in models involving abusive strategies, these results must be interpreted with caution. Such violations can indicate potential misspecification of the regression model, leading to unreliable estimates and predictions. Consequently, the estimated relationships between narcissism and individual factor variables and abusive strategies may not accurately reflect the true relationships in the population. Therefore, further research with a larger sample size and a more diverse sample is necessary to investigate the interactions of these mechanisms thoroughly. The hypothesized models developed in this study could serve as a basis for potential path models that could be effectively tested with a larger sample size.

The reliance solely on self-report measures in the present data poses a limitation, as it may introduce shared method variance and potentially biased estimations. Future research would benefit from incorporating informant ratings of narcissism and/or other constructs to mitigate the risk of shared method variance. Additionally, given that the study focused on querying participants about DA (Cullen, 2023), there is a possibility of underreporting of such incidents, particularly in terms of perpetration (Rothman et al., 2022), due to social desirability bias.

The low reliability ($\alpha = .61$) of the CADRI scale in assessing positive strategies raises concerns about its ability to effectively measure the intended construct, thus raising concerns about the validity of the finding related to positive strategies. This limitation could also explain the absence of significant findings for models with positive strategies as the outcome variable.

Additionally, the definition of positive strategies within the CADRI scale, which includes behaviors like withdrawal, has been questioned by some researchers who consider withdrawal as a negative strategy (Bonache et al., 2016; Fortin et al., 2020). This ambiguity underscores the need for future research to adopt a more comprehensive approach to assessing positive strategies. This could involve utilizing a more reliable and valid measure specifically designed to capture a broad range of positive conflict management behaviors. Furthermore, future studies should consider incorporating strategies that may not be abusive but still contribute to negative relationship outcomes, such as withdrawal (Bonache et al., 2016). This broader approach will provide a more nuanced understanding of conflict management behaviors among adolescents.

A significant limitation of this study is the reliance on participants aged 18-20 to retrospectively report on their experiences during the ages of 15-17. This introduces memory bias, which can impact the reliability of the results. However, it is hoped that some of this bias is mitigated by the proximity of the reporting age range (18-20) to the period under investigation (15-17). Nonetheless, the retrospective nature of the data collection remains a notable concern in accurately capturing past experiences. Moreover, this study's scope was restricted to CMS within a single relationship. Research indicates that dating abuse is not confined to one relationship; adolescents often experience dating abuse across

multiple relationships (Bonomi et al., 2012). Consequently, future studies should consider obtaining data directly from individuals aged 15-17 to provide a more accurate representation of their experiences, taking into account multiple romantic relationships to better understand the dynamics of dating abuse during this developmental period. All data for this study was collected online, with rigorous screening measures implemented to enhance the integrity of the collected data. Despite adhering to best practices for ensuring data quality, it is possible that fraudulent respondents may have successfully participated in the survey.

This study aimed to comprehensively capture various forms of abuse by including both in-person abusive strategies and digital dating abuse strategies. However, due to difficulties in generating regression-based scores when including items from sexual abuse subscales, the study excluded sexual abuse in both in-person and online contexts. Consequently, an essential aspect of abusive strategies, sexual abuse, was not addressed, despite its prominence in adolescent romantic relationships (Shorey et al., 2017). Future research should prioritize the investigation of sexual abuse while also exploring how narcissism dimensions, along with individual factors, contribute to various forms of abuse. In addition to sexual abuse, given that narcissism has been linked to psychological and digital abuse prominently (Oliver et al., 2023), examining these two forms of abuse would also be a promising starting point. Additionally, considering the challenges in identifying psychological and digital abuse compared to physical and sexual abuse, particularly among adolescents, further exploration in this area is crucial.

Another limitation of this study is that narcissism, as assessed by the NPI, primarily captures the grandiose aspect of narcissism, overlooking the vulnerable dimension.

Previous research suggests that both dimensions often coexist, highlighting the importance of considering both aspects in comprehensive assessments of narcissism (Krizan & Herlache, 2018). Future research could incorporate measures that capture vulnerable narcissism to gain a more nuanced understanding of its manifestations and implications. This study, being cross-sectional in nature, is limited in its ability to establish causal relationships. While it has the potential to offer preliminary insights into whether narcissism influences the choice of conflict strategy, it does not address the critical question of when narcissism transitions from a normative developmental trait, particularly during adolescence, to a problematic trait significantly impacting romantic relationships. Therefore, longitudinal data spanning from adolescence into young adulthood would be essential for gaining a comprehensive understanding of this developmental trajectory.

5.2 Implications

The study presents novel insights into the role of narcissism within adolescent romantic relationships, particularly by distinguishing between adaptive and maladaptive narcissism in understanding CMS during this developmental period. Adaptive narcissism predicted positive strategies alongside maladaptive narcissism. Notably, even beyond maladaptive narcissism, adaptive narcissism maintained a significant positive relationship with positive strategies, suggesting a degree of distinction between these two narcissistic dimensions. The findings imply that adaptive narcissism may not exert a substantial influence in dating relationships when considered in isolation. However, when coupled with maladaptive narcissism, it could yield varied outcomes, particularly in terms of positive CMS. Considering the facets of adaptive narcissism, such as leadership and self-

sufficiency, perhaps the significance of adaptive narcissism lies more in personal achievements than in relational dynamics during adolescence.

The results of the study highlight the significance of prioritizing maladaptive narcissism in addressing relationships, particularly among adolescents. While both dimensions of narcissism were associated with predicting behaviors, maladaptive narcissism emerged as the primary predictor of abusive strategies. This focus on maladaptive narcissism is crucial for enhancing our ability to predict and address abusive behaviors, which is essential for effective intervention efforts aimed at reducing DA during adolescence and mitigating its potential long-term impacts on future romantic relationships.

The findings of the study revealed low EI and MD as significant risk factors for abusive strategies, particularly in the context of high maladaptive narcissism. This underscores the importance of considering a comprehensive approach to interventions, taking into account personality traits like narcissism alongside other traits like EI. Interestingly, the findings also revealed that, albeit to a lesser extent than low EI, individuals with high EI combined with high maladaptive narcissism also showed an increase in abusive strategies. This suggests the possibility of these individuals resorting to emotional manipulation tactics (Nagler et al., 2014). Therefore, while DA interventions aimed at enhancing EI are important, it is crucial for interventions to also consider screening for traits such as maladaptive narcissism and address them effectively to promote healthier interpersonal interactions. Additionally, interventions and prevention efforts should address MD. Recognizing that individuals who exhibit MD are more prone to justifying or rationalizing abusive behaviors (Erzi, 2020; Rubio-Garay et al., 2019)

underscores the urgency of targeting these attitudes in interventions. By addressing the underlying beliefs that contribute to and support abusive behavior, interventions can actively work towards preventing DA and fostering healthier relationship dynamics. Overall, the findings suggest the importance of considering both socio-emotional aspects such as EI and cognitive aspects, such as MD, especially in adolescents with high maladaptive narcissism to effectively address DA and promote healthy relationship dynamics.

5.3 Conclusion

In conclusion, the study revealed that both adaptive and maladaptive narcissism are predictors of positive CMS, while maladaptive narcissism emerged as the sole predictor of abusive strategies. Additionally, low EI and MD were found to be significant risk factors for the use of abusive strategies, particularly in the presence of high maladaptive narcissism. Notably, PP and empathy did not moderate any relationship between the narcissism dimensions and CMS. These findings highlight the importance of considering personality traits along with socio-emotional abilities such as EI and cognitive factors such as MD in understanding and addressing DA among adolescents. Future research should seek to replicate the study with a sample of adolescents and examine these relationships longitudinally to explore variations in narcissism dimensions during this developmental stage and their impact on CMS.

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Tables

Table 1

Sociodemographic Characteristics of Participants

Demographic Characteristics	n	%
Biological sex		
Female	112	71.3
Male	43	27.4
Other	1	.6
Sexual orientation		
Gay	4	2.5
Lesbian	2	1.3
Heterosexual	99	63.1
Bisexual	27	17.2
Asexual	5	3.2
Queer	11	7.0
Have not or still figuring our sexuality	3	1.8
Other	6	3.8

Table 2

Relationship Characteristics of Participants

Relationship Characteristics	n	%
Length of relationship		
Less than a week	1	.6
3-4 weeks	3	1.9
1-2 months	10	6.4
3-5 months	21	13.4
6-11 months	36	22.9
1-2 years	47	29.9
More than 2 years	36	22.9
Preferred not to answer	3	1.9
Frequency of disagreements/arguments		
Everyday	6	3.8
At least 3 times a week	17	10.8
1-2 times a week	37	23.6
Less than once a week (every 2 weeks, once a month)	44	28.0
Less than once a month	49	31.2
Prefer not to answer	4	2.5

Table 3

Questionnaire participants received based on their responses to the screener question

Sexual Activities	In-Person Relationship	Online Relationship
Yes	CADRI including Sexual Abuse items TAR including Sexual Coercion Items	Only TAR including Sexual Coercion Items
No	CADRI with No Sexual Abuse Items TAR with No Sexual Coercion Items	Only TAR with No Sexual Coercion Items

Table 4

Descriptive statistics and correlations among narcissism dimensions, conflict management strategies and moderator variables.

Variables	M (SD)	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. NPI ANarc	5.58 (3.00)	-								
2. NPI MNarc	4.50 (3.47)	.541***	-							
3. CADRI PS	19.05 (4.56)	.094	-.090	-						
4. CADRI AS	11.13 (11.65)	.263**	.470***	-.031	-					
5. TAR AS	38.46 (24.34)	.146	.448***	-.077	.843***	-				
6. AS	.00 (.99)	.183*	.524***	-.131	.905***	.973***	-			
7. EI	4.46 (.84)	.375***	-.020	.166*	-.225**	-.197*	.313***	-		
8. Empathy	3.37 (.67)	-.015	-.072	.367***	-.119	-.087	-.165	.191*	-	
9. MD	2.76 (.99)	.090	.429***	-.113	.438***	.425***	.439***	-.285**	-.121	-
10. PP	3.93 (.88)	.156	.021	.113	.091	.057	.028	.331**	.179*	-.091

***p ≤ .001, **p ≤ .01, *p ≤ .05

Note. NPI ANarc= NPI adaptive narcissism subscale score; NPI MNarc= NPI maladaptive narcissism subscale score; CADRI PS= CADRI positive strategies subscale total score; CADRI AS= CADRI abusive strategies subscale total score ; TAR AS= TAR abusive strategies subscale total score; AS: Regression-based factor score of Abusive strategies; EI=Emotional intelligence; MD=Moral disengagement; PP=Perceived power

Table 5

Regression analyses predicting CADRI PS from demographic covariates

Demographic Covariates	DV: CADRI PS		
	B	SE(B)	β
Biological sex [a]	2.27	.80	.23**
Gender identity [b]	.55	1.07	.04
Sexual orientation			
Homosexual [c]	-.09	1.92	-.00
Bisexual [d]	.17	.10	.01
Other sexual identities [e]	1.64	1.03	.13*
Race			
Black [f]	-2.45	1.23	-.17
Latino/Hispanic [g]	1.30	1.35	.08
Native American [h]	-.79	1.52	-.04
Asian [i]	-.39	1.20	-.03
Other racial identities [j]	-1.50	1.52	-.08

Note. PS= Positive strategies

***p ≤ .001, **p ≤ .01, *p ≤ .05

[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities.

Table 6

Regression analyses predicting AS factor scores from demographic covariates

Demographic Covariates	DV: AS Factor Scores		
	B	SE(B)	β
Biological sex [a]	-.45	.20	-.21*
Gender identity [b]	-.56	.30	-.17
Sexual orientation			
Homosexual [c]	-.41	.57	-.06
Bisexual [d]	-.53	.25	-.19*
Other sexual identities [e]	-.57	.26	-.20*
Race			
Black [f]	1.19	.19	.40***
Latino/Hispanic [g]	.10	.22	.03
Native American [h]	2.61	.24	.69***
Asian [i]	.36	.21	.11
Other racial identities [j]	.12	.27	.03

Note. PS= Abusive strategies
***p ≤ .001, **p ≤ .01, *p ≤ .05
[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities

Table 7

Regression analyses predicting CADRI PS from NPI MNarc

Variables	DV: CADRI PS			
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.77	.79	.18*	
Sexual orientation				
Homosexual [b]	-.32	1.79	-.02	
Bisexual [c]	-.39	.94	-.04	
Other sexual identities [d]	1.04	.97	.09	
Step 2				.05
NPI MNarc	-.06	.10	-.05	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI MNarc= NPI maladaptive narcissism subscale score
***p ≤ .001, **p ≤ .01, *p ≤ .05
[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 = bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 8

Regression analyses predicting AS factor scores from NPI MNarc

Variables	DV: AS Factor Scores			
	B	SE(B)	β	R^2
Step 1				.53***
Biological sex [a]	-.24	.15	-.11	
Gender identity [b]	-.09	.24	-.03*	
Sexual orientation				
Homosexual [c]	-.08	.41	-.01	
Bisexual [d]	-.00	.20	-.00	
Other sexual identities [e]	-.04	.22	-.02	
Race				
Black [f]	1.14	.20	.38***	
Latino/Hispanic [g]	.13	.23	.04	
Native American [h]	2.54	.25	.67***	
Asian [i]	.33	.23	.10	
Other racial identities [j]	.18	.30	.04	
Step 2				.58***
NPI MNarc	.04	.02	.26***	

Note. AS= Abusive strategies; MNarc= NPI maladaptive narcissism subscale score
***p ≤ .001, **p ≤ .01, *p ≤ .05
[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities

Table 9

Regression analyses predicting CADRI PS from NPI ANarc

Variables	DV: CADRI PS			
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.77	.79	.18*	
Sexual orientation				
Homosexual [b]	-.32	1.79	-.02	
Bisexual [c]	-.39	.94	-.04	
Other sexual identities [d]	1.04	.97	.09	
Step 2				.05
NPI ANarc	.21	.12	.14	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI ANarc= NPI adaptive narcissism subscale score

***$p \leq .001$, **$p \leq .01$, *$p \leq .05$

[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 = bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 10

Regression analyses predicting CADRI PS from NPI ANarc and MNarc

Variables	DV: CADRI PS			
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.77	.79	.18*	
Sexual orientation				
Homosexual [b]	-.32	1.79	-.02	
Bisexual [c]	-.39	.94	-.04	
Other sexual identities [d]	1.04	.97	.09	
Step 2				.09
NPI ANarc	.33	.14	.23*	
NPI MNarc	-.20	.12	-.16	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI ANarc= NPI adaptive narcissism subscale score; NPI MNarc= NPI maladaptive narcissism subscale score

***$p \leq .001$, **$p \leq .01$, *$p \leq .05$

[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 = bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 11

Regression analyses predicting AS factor scores from NPI ANarc

Variables	DV: AS Factor Scores			
	B	SE(B)	β	R^2
Step 1				.57***
Biological sex [a]	-.24	.15	-.11	
Gender identity [b]	-.09	.24	-.03	
Sexual orientation				
Homosexual [c]	-.08	.41	-.01	
Bisexual [d]	-.00	.20	-.00	
Other sexual identities [e]	-.04	.22	-.02	
Race				
Black [f]	1.14	.20	.38***	
Latino/Hispanic [g]	.13	.23	.04	
Native American [h]	2.53	.25	.67***	
Asian [i]	.32	.23	.10	
Other racial identities [j]	.18	.30	.04	
Step 2				.58
NPI ANarc	.04	.02	.12	

Note. AS= Abusive strategies; ANarc= NPI adaptive narcissism subscale score

***$p \leq .001$, **$p \leq .01$, *$p \leq .05$

[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities

Table 12

Regression analyses predicting AS factor scores from NPI ANarc and MNarc

Variables	B	SE(B)	β	R²
		DV: AS Factor Scores		
Step 1				.57***
Biological sex [a]	-.24	.15	-.11	
Gender identity [b]	-.09	.24	-.03	
Sexual orientation				
Homosexual [c]	-.08	.41	-.01	
Bisexual [d]	-.00	.20	-.00	
Other sexual identities [e]	-.04	.22	-.02	
Race				
Black [f]	1.14	.20	.38***	
Latino/Hispanic [g]	.13	.23	.04	
Native American [h]	2.54	.25	.67***	
Asian [i]	.33	.23	.10	
Other racial identities [j]	.18	.30	.04	
Step 2				.62**
NPI ANarc	.04	.03	-.01	
NPI MNarc	.07	.02	.26**	

Note. AS= Abusive strategies; NPI ANarc= NPI adaptive narcissism subscale score; NPI MNarc= NPI maladaptive narcissism subscale score

***p ≤ .001, **p ≤ .01, *p ≤ .05

[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities

Table 13

Influence of NPI ANarc on CADRI PS with EI as Moderator in Moderated Regression
Analysis

Variables	DV: CADRI PS			
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.86	.80	.20*	
Sexual orientation				
Homosexual [b]	-.41	1.79	-.02	
Bisexual [c]	-.50	.94	-.05	
Other sexual identities [d]	.93	.98	.08	
Step 2				.10*
NPI ANarc	.41	.38	.09	
EI	.79	.37	.19*	
Step 3				.11
NPI ANarc x EI	.15	.33	.04	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI ANarc= NPI
adaptive narcissism subscale z-score; EI= Emotional intelligence z-score
***p ≤ .003, **p ≤ .01, *p ≤ .05
[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 =
bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 14

Influence of NPI ANarc on CADRI PS with Empathy as Moderator in Moderated

Regression Analysis

| Variables | DV: CADRI PS | | | |
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.85	.82	.19*	
Sexual orientation				
Homosexual [b]	-.37	1.80	-.02	
Bisexual [c]	-.53	.97	-.05	
Other sexual identities [d]	.91	1.01	.08	
Step 2				.15***
NPI ANarc	.58	.35	.13	
Empathy	1.29	.37	.29***	
Step 3				.15
NPI ANarc x Empathy	.29	.39	.06	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI ANarc= NPI adaptive narcissism subscale z-score; Empathy= Empathy z-score

***p ≤ .003, **p ≤ .01, *p ≤ .05

[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 = bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 15

Influence of NPI MNarc on CADRI PS with EI as Moderator in Moderated Regression
Analysis

Variables	DV: CADRI PS			
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.86	.80	.20*	
Sexual orientation				
Homosexual [b]	-.41	1.79	-.02	
Bisexual [c]	-.50	.94	-.05	
Other sexual identities [d]	.93	.98	.08	
Step 2				.10*
NPI MNarc	-.11	.35	-.03	
EI	.92	.35	.21**	
Step 3				.10
NPI MNarc x EI	-.27	.36	-.06	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI MNarc= NPI
maladaptive narcissism subscale z-score; EI= Emotional intelligence z-score
***p ≤ .003, **p ≤ .01, *p ≤ .05
[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 =
bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 16

Influence of NPI MNarc on CADRI PS with Empathy as Moderator in Moderated

Regression Analysis

Variables	DV: CADRI PS			
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.85	.82	.19*	
Sexual orientation				
Homosexual [b]	-.37	1.80	-.02	
Bisexual [c]	-.53	.97	-.05	
Other sexual identities [d]	.91	1.01	.08	
Step 2				.13***
NPI MNarc	-.19	.35	-.05	
Empathy	1.34	.37	.30***	
Step 3				.15
NPI MNarc x Empathy	.66	.37	.14	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI MNarc= NPI
maladaptive narcissism subscale z-score; Empathy= Empathy z-score
***p ≤ .003, **p ≤ .01, *p ≤ .05
[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 =
bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 17

Influence of NPI ANarc on AS factor scores with EI as Moderator in Moderated

Regression Analysis

Variables	DV: AS Factor Scores			
	B	SE(B)	β	R^2
Step 1				.57***
Biological sex [a]	-.26	.15	-.12	
Gender identity [b]	-.09	.24	-.03	
Sexual orientation				
Homosexual [c]	-.10	.41	-.02	
Bisexual [d]	.01	.20	-.00	
Other sexual identities [e]	-.03	.22	-.01	
Race				
Black [f]	1.07	.21	.35***	
Latino/Hispanic [g]	.13	.23	.04	
Native American [h]	2.54	.25	.68***	
Asian [i]	.38	.23	.11	
Other racial identities [j]	.18	.30	.04	
Step 2				.61**
NPI ANarc	.04	.03	.16	
EI	.07	.02	-.20***	
Step 3				.62
NPI ANarc x EI	-.12	.07	-.11	

Note. AS= Abusive strategies; NPI ANarc= NPI adaptive narcissism subscale z-score;
EI= Emotional intelligence z-score
***$p \leq .003$, **$p \leq .01$, *$p \leq .05$
[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 =
heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1
= other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0
= White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial
identities

Table 18

Influence of NPI ANarc on AS factor scores with Empathy as Moderator in Moderated Regression Analysis

Variables	DV: AS Factor Scores			
	B	SE(B)	β	R^2
Step 1				.59***
Biological sex [a]	-.33	.15	-.15	
Gender identity [b]	-.18	.24	-.06	
Sexual orientation				
Homosexual [c]	-.10	.40	-.02	
Bisexual [d]	.07	.21	.03	
Other sexual identities [e]	.15	.23	.05	
Race				
Black [f]	1.07	.21	.38***	
Latino/Hispanic [g]	.13	.23	.05	
Native American [h]	2.54	.25	.69***	
Asian [i]	.38	.23	.12	
Other racial identities [j]	.18	.30	-.01	
Step 2				.60
NPI ANarc	.04	.03	.10	
Empathy	.07	.02	-.02	
Step 3				.62*
NPI ANarc x Empathy	-.15	.07	-.14*	

Note. AS= Abusive strategies; NPI ANarc= NPI adaptive narcissism subscale z-score; Empathy= Empathy z-score

***$p \le .003$, **$p \le .01$, *$p \le .05$

[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities

Table 19

Influence of NPI MNarc on AS factor scores with EI as Moderator in Moderated

Regression Analysis

Variables	DV: AS Factor Scores			
	B	SE(B)	β	R^2
Step 1				.57***
Biological sex [a]	-.26	.15	-.12	
Gender identity [b]	-.09	.24	-.03	
Sexual orientation				
Homosexual [c]	-.10	.41	-.02	
Bisexual [d]	.01	.20	-.00	
Other sexual identities [e]	-.03	.22	-.01	
Race				
Black [f]	1.07	.21	.35***	
Latino/Hispanic [g]	.13	.23	.04	
Native American [h]	2.54	.25	.68***	
Asian [i]	.38	.23	.11	
Other racial identities [j]	.18	.30	.04	
Step 2				.64***
NPI MNarc	.24	.07	.25***	
EI	-.19	.07	-.2.65**	
Step 3				.67***
NPI MNarc x EI	-.21	.06	-.20***	

Note. AS= Abusive strategies; NPI MNarc= NPI maladaptive narcissism subscale z-score; EI= Emotional intelligence z-score

***p ≤ .003, **p ≤ .01, *p ≤ .05

[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities

Table 20

Influence of NPI MNarc on AS factor scores with Empathy as Moderator in Moderated Regression Analysis

Variables	B	SE(B)	β	R^2
		DV: AS Factor Scores		
Step 1				.57***
Biological sex [a]	-.26	.15	-.12	
Gender identity [b]	-.14	.24	-.05	
Sexual orientation				
Homosexual [c]	.00	.41	.00	
Bisexual [d]	-.02	.20	-.01	
Other sexual identities [e]	.04	.23	.01	
Race				
Black [f]	1.21	.22	.38***	
Latino/Hispanic [g]	.10	.23	.03	
Native American [h]	2.59	.25	.70***	
Asian [i]	.40	.23	.12	
Other racial identities [j]	-.05	.36	-.01	
Step 2				.63***
NPI MNarc	.27	.07	.27***	
Empathy	-.07	.07	-..07	
Step 3				.63
NPI MNarc x Empathy	-.03	.06	-.03	

Note. AS= Abusive strategies; NPI MNarc= NPI maladaptive narcissism subscale z-score; Empathy= Empathy z-score

***p ≤ .003, **p ≤ .01, *p ≤ .05

[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities

Table 21

Influence of NPI ANarc on CADRI PS with MD as Moderator in Moderated Regression
Analysis

	DV: CADRI PS			
Variables	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.86	.78	.20*	
Sexual orientation				
Homosexual [b]	-.41	1.79	-.02	
Bisexual [c]	-.50	.94	-.05	
Other sexual identities [d]	.93	1.00	.08	
Step 2				.09
NPI ANarc	.72	.36	.17	
MD	-.61	.36	-.14	
Step 3				.10
NPI ANarc x MD	-.28	.35	-.07	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI ANarc= NPI
adaptive narcissism subscale z-score; MD= Moral disengagement z-score
***p ≤ .003, **p ≤ .01, *p ≤ .05
[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 = bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 22

Influence of NPI MNarc on CADRI PS with MD as Moderator in Moderated Regression Analysis

Variables	DV: CADRI PS			
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.86	.80	.20*	
Sexual orientation				
Homosexual [b]	-.41	1.79	-.02	
Bisexual [c]	-.50	.94	-.05	
Other sexual identities [d]	.93	1.00	.08	
Step 2				.07
NPI MNarc	.07	.39	.02	
MD	-.59	.40	-.14	
Step 3				.07
NPI MNarc x MD	-.05	.39	-.01	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI MNarc= NPI maladaptive narcissism subscale z-score; MD= Moral disengagement z-score
***$p \leq .003$, **$p \leq .01$, *$p \leq .05$
[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 = bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 23

Influence of NPI ANarc on AS factor scores with MD as Moderator in Moderated Regression Analysis

Variables	DV: AS Factor Scores			
	B	SE(B)	β	R^2
Step 1				.57***
Biological sex [a]	-.26	.15	-.12	
Gender identity [b]	-.09	.24	-.03	
Sexual orientation				
Homosexual [c]	-.10	.41	-.02	
Bisexual [d]	.01	.20	.00	
Other sexual identities [e]	-.03	.22	-.01	
Race				
Black [f]	1.07	.21	.35***	
Latino/Hispanic [g]	.13	.23	.04	
Native American [h]	2.54	.25	.68***	
Asian [i]	.38	.23	.11	
Other racial identities [j]	.18	.30	.04	
Step 2				.61***
NPI ANarc	.10	.07	.09	
MD	.22	.07	.23**	
Step 3				.62
NPI ANarc x MD	.04	.07	.04	

Note. AS= Abusive strategies; NPI ANarc= NPI adaptive narcissism subscale z-score; MD= Moral disengagement z-score

***p ≤ .003, **p ≤ .01, *p ≤ .05

[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities

Table 24

Influence of NPI MNarc on AS factor scores with MD as Moderator in Moderated
Regression Analysis

Variables	DV: AS Factor Scores			
	B	SE(B)	β	R^2
Step 1				.55***
Biological sex [a]	-.26	.15	-.12	
Gender identity [b]	-.08	.24	-.02	
Sexual orientation				
Homosexual [c]	-.01	.41	-.00	
Bisexual [d]	-.06	.20	-.02	
Other sexual identities [e]	-.10	.22	-.04	
Race				
Black [f]	1.10	.21	.36***	
Latino/Hispanic [g]	.08	.23	.02	
Native American [h]	2.56	.25	.70***	
Asian [i]	.37	.24	.12	
Other racial identities [j]	.15	.30	.03	
Step 2				.63***
NPI MNarc	.27	.07	.20**	
MD	.18	.07	-..07**	
Step 3				.67***
NPI MNarc x MD	.24	.07	.25***	

Note. AS= Abusive strategies; NPI MNarc= NPI maladaptive narcissism subscale z-
score; MD= Moral disengagement z-score

***p ≤ .003, **p ≤ .01, *p ≤ .05

[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 =
heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1
= other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0
= White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial
identities

Table 25

Influence of NPI ANarc on CADRI PS with PP as Moderator in Moderated Regression
Analysis

Variables	DV: CADRI PS			
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.77	.79	.18*	
Sexual orientation				
Homosexual [b]	-.32	1.79	-.02	
Bisexual [c]	-.39	.94	-.04	
Other sexual identities [d]	1.04	.97	.09	
Step 2				.08
NPI ANarc	.54	.36	.13	
PP	.49	.35	.12	
Step 3				.09
NPI ANarc x PP	-.33	.42	-.07	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI ANarc= NPI
adaptive narcissism subscale z-score; PP= Perceived power z-score
***p ≤ .003, **p ≤ .01, *p ≤ .05
[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 =
bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 26

Influence of NPI MNarc on CADRI PS with PP as Moderator in Moderated Regression Analysis

Variables	DV: CADRI PS			
	B	SE(B)	β	R^2
Step 1				.05
Biological Sex [a]	1.77	.79	.18*	
Sexual orientation				
Homosexual [b]	-.32	1.79	-.02	
Bisexual [c]	-.39	.94	-.04	
Other sexual identities [d]	1.04	.97	.09	
Step 2				.07
NPI MNarc	-.20	.36	-.05	
PP	.58	.35	.13	
Step 3				.07
NPI MNarc x PP	-.05	.39	.01	

Note. CADRI PS= CADRI positive strategies subscale total score; NPI MNarc= NPI maladaptive narcissism subscale z-score; PP= Perceived power z-score

***$p \leq .003$, **$p \leq .01$, *$p \leq .05$

[a] 0 = males, 1 = females. [b] 0 = heterosexual, 1 = lesbian and gay. [c] 0 = heterosexual, 1 = bisexual. [d] 0 = heterosexual, 1 = other sexual orientations.

Table 27

Influence of NPI ANarc on AS factor scores with PP as Moderator in Moderated
Regression Analysis

Variables	DV: AS Factor Scores			
	B	SE(B)	β	R^2
Step 1				.57***
Biological sex [a]	-.24	.15	-.11	
Gender identity [b]	-.09	.24	-.03	
Sexual orientation				
Homosexual [c]	-.08	.41	-.01	
Bisexual [d]	-.00	.20	.00	
Other sexual identities [e]	-.04	.22	-.01	
Race				
Black [f]	1.13	.20	.38***	
Latino/Hispanic [g]	.13	.23	.04	
Native American [h]	2.54	.25	.67***	
Asian [i]	.38	.23	.10	
Other racial identities [j]	.18	.30	.04	
Step 2				.58
NPI ANarc	.14	.07	.13	
PP	-.08	.07	-.07	
Step 3				.59
NPI ANarc x PP	.-10	.08	-.08	

Note. AS= Abusive strategies; NPI ANarc= NPI adaptive narcissism subscale z-score;
PP= Perceived power z-score
***p ≤ .003, **p ≤ .01, *p ≤ .05
[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 =
heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1
= other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0
= White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial
identities

Table 28

Influence of NPI MNarc on AS factor scores with PP as Moderator in Moderated

Regression Analysis

Variables	DV: AS Factor Scores			
	B	SE(B)	β	R^2
Step 1				.56***
Biological sex [a]	-.25	.15	-.12	
Gender identity [b]	-.07	.24	-.02	
Sexual orientation				
Homosexual [c]	.00	.41	.00	
Bisexual [d]	-.06	.20	-.02	
Other sexual identities [e]	-.11	.22	-.04	
Race				
Black [f]	1.16	.20	.39***	
Latino/Hispanic [g]	.08	.23	.02	
Native American [h]	2.56	.26	.68***	
Asian [i]	.32	.23	.10	
Other racial identities [j]	.16	.30	.03	
Step 2				.61***
NPI MNarc	.26	.07	.27***	
PP	-.07	.07	-.06	
Step 3				.62
NPI MNarc x PP	-.05	.09	-.04	

Note. AS= Abusive strategies; NPI MNarc= NPI maladaptive narcissism subscale z-score; PP= Perceived power z-score

***p ≤ .003, **p ≤ .01, *p ≤ .05

[a] 0 = males, 1 = females. [b] 0 = cisgender, 1 = gender non-conforming identities. [c] 0 = heterosexual, 1 = lesbian and gay. [d] 0 = heterosexual, 1 = bisexual. [e] 0 = heterosexual, 1 = other sexual orientations. [f] 0 = White, 1 = Black. [g] 0 = White, 1 = Latino/Hispanic. [h] 0 = White, 1 = Native American. [i] 0 = White, 1 = Asian. [j] 0 = White, 1 = other racial identities

Figures

Figure 1

Interaction between maladaptive narcissism and emotional intelligence predicting
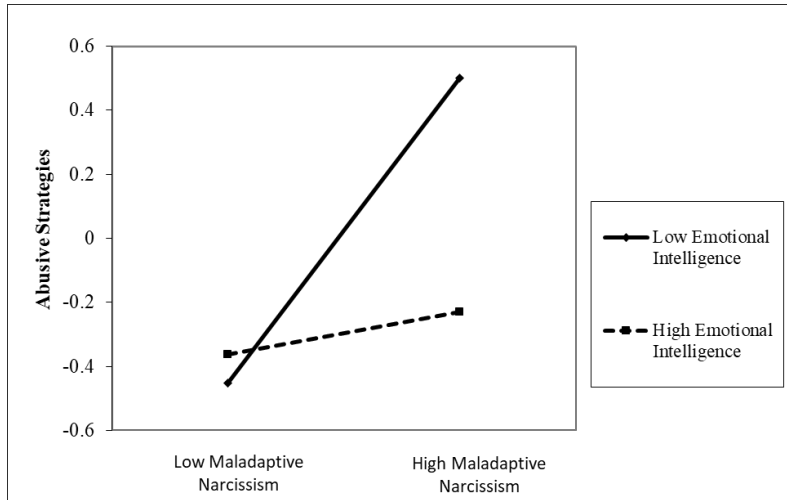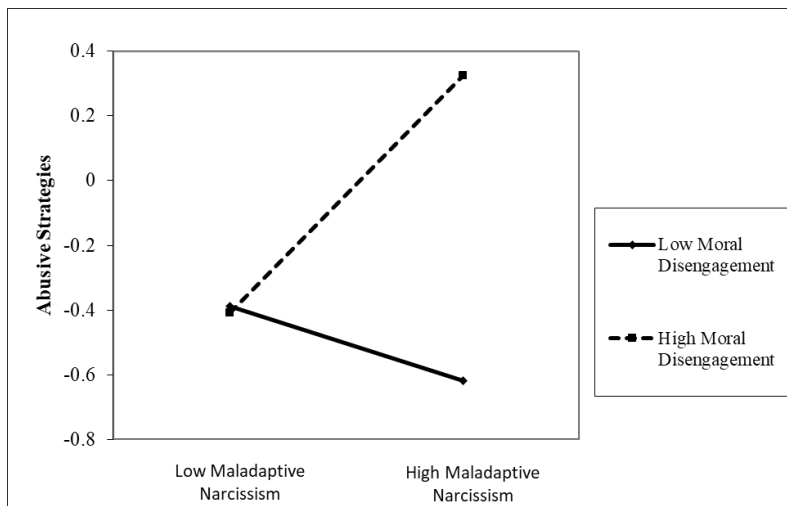
abusive conflict management strategies

Figure 2

Interaction between maladaptive narcissism and moral disengagement predicting abusive

conflict management strategies

APPENDIX C

Demographic Questionnaire

1. What is your month and year of birth? (MM/YYYY)

2. How old are you?

3. What is your race/ethnicity?

   o White
   o Black or African America
   o Hispanic or Latino
   o American Indian or Alaskan Native
   o Native Hawaiian or Pacific Islander
   o Asian
   o Middle Eastern or North African
   o Multiracial (You can specify below)
   o Other (You can specify below)
   o Prefer not to answer

4. What was your biological sex assigned at birth?
   o Female
   o Male
   o Intersex
   o None of these describe me
   o Prefer not to answer

5. What terms best express how you describe your gender identity?
   o Man
   o Woman
   o Non-binary
   o Transgender
   o Genderqueer
   o Questioning or unsure of your gender identity
   o None of these describe me, and I want to specify
   o Prefer not to answer

6. Which of the following best describes your sexual orientation?
   o Gay
   o Lesbian
   o Straight (or Heterosexual)
   o Bisexual

- o Queer
- o Asexual
- o Have not figured out or are in the process of figuring out your sexuality
- o None of these describe me, and I want to specify
- o Prefer not to say

7. What is the highest grade or level of school you have completed or the highest degree you have received?
   - o 8th Grade or less
   - o Some high school
   - o Completed high school, GED or equivalent
   - o Some college, no degree
   - o Associate Degree
   - o Bachelor's Degree (BA, AB, BS, BBA)
   - o Master's Degree (MA, MS, MEng, MEd, MBA)
   - o Professional School Degree (MD, DDS, DVM, JD)
   - o Doctoral Degree (PhD, EdD)
   - o None of the above (You can specify your current grade/level below)
   - o Prefer not to answer

8. What do you think is the average annual income for your ENTIRE HOUSEHOLD:
   - o under $20,000
   - o $20,001-$30,000
   - o $30,001-$40,000
   - o $40,001-$50,000
   - o $50,001-$60,000
   - o $60,001-$70,000
   - o $70,001-$80,000
   - o $80,001-$90,000
   - o $90,001-$100,000
   - o $100,001-$170,000
   - o $170,001-$250,000
   - o Prefer not to answer

9. How much money are you usually allowed to spend as you want each week (not including lunch money)?
   - o $0
   - o $1-$10
   - o $10-$20

- o $20-$40
- o $40-$60
- o $60-$100
- o $100-$200
- o $200-$500
- o 500-1000
- o more than 1000

APPENDIX D

Introductory Relationship Questions

During adolescence, a number of teens are thinking about dating. Some begin thinking of people they might like to date, others go out on dates, and some begin steady relationships.

1. At what age did you start going out/having partner(s)?
2. How many partners have you had between the ages 15-17 (not including childhood crushes)?

Take a moment to reflect on the relationship(s) you had between the ages of 15 and 17. Think about the people you dated during that period. Identify the relationship that, in your opinion, had the most significant impact on you during your ages 15-17. This impact could be due to its duration, intensity, emotional significance, or any other reason that makes it stand out.

The next few pages ask you to answer questions thinking about that significant relationship.

----

3. At what age did you start the significant relationship?
   o 15
   o 16
   o 17

4. How long did you date for?
   o Less than a week
   o 1-2 weeks
   o 2-4 weeks
   o 1-3 months
   o 3-6 months
   o 6-12 months
   o 1-2 years
   o More than 2 years

5. How old was your partner when you started the significant relationship?

6. Between the ages of 15 and 17, how often did you communicate or interact with your partner either in person or online, within the context of the significant relationship?
   o Every day

- o At least 3 times a week
- o 1–2 times a week
- o Less than once a week (every 2 weeks, once a month)
- o Less than once a month

7. Between the ages of 15 and 17, how often did you have disagreements or arguments with your partner, within the context of the significant relationship?
   - o Every day
   - o At least 3 times a week
   - o 1–2 times a week
   - o Less than once a week (every 2 weeks, once a month)
   - o Less than once a month

8. Every relationship has conflict. When you think about the significant relationship, please check any and/or all of the boxes below that you and your dating partner had disagreed about between the ages of 15 -17
   - o Friends
   - o Seeing other people
   - o Schoolwork
   - o Entertainment
   - o Someone's parents or relatives
   - o Drugs or alcohol
   - o Sex
   - o Personal appearance
   - o Keeping promises
   - o Money
   - o Being 'out' about sexual orientation
   - o Other _____

APPENDIX E

Screener Questions

1. Would you consider your significant relationship to be an Online or In-person relationship?

   In-person romantic relationships: We are referring to relationships where people meet their partner in person pretty often and may or may not communicate through online channels, such as social media, video conferencing platforms such as Zoom, messaging apps, or dating apps.

   Online romantic relationships: We are referring to relationships where people have never met their partner in person or rarely meet them. Also, they engage in romantic or intimate communication only or almost always through online channels, such as social media, video conferencing platforms such as Zoom, messaging apps, or dating apps.

In-person romantic relationship

Online romantic relationship

2. Have you ever had any sexual experience(s) in that significant relationship during the ages of 15-17?
   (For this study, sexual experiences include oral sex, sexual intercourse, sexting, sending nude pictures to each other)

   o   Yes
   o   No

Relationship Power Inventory (RPI)

For each statement, rate how true it was of you and your partner generally in your relationship between the ages 15-17.

	1 (Never)	2	3	4 (Sometimes)	5	6	7 (Always)	Prefer not to answer
I had more say than my partner did when we made decisions in our relationship.	○	○	○	○	○	○	○	○
I had more control over decision making than my partner did in our relationship.	○	○	○	○	○	○	○	○
When we made decisions in our relationship, I got the final say.	○	○	○	○	○	○	○	○
I had more influence than my partner did on decisions in our relationship.	○	○	○	○	○	○	○	○

I had more power than my partner when we decided about issues in our relationship.

○   ○   ○   ○   ○   ○   ○   ○

I was more likely than my partner to get my way when we disagreed about issues in our relationship.

○   ○   ○   ○   ○   ○   ○   ○

My partner had more say than I did when we made decisions in our relationship.

○   ○   ○   ○   ○   ○   ○   ○

My partner had more control over decisions made than I did in our relationship.

○   ○   ○   ○   ○   ○   ○   ○

When we made decisions in our relationship, my partner got the final say.

○   ○   ○   ○   ○   ○   ○   ○

My partner had more influence than I did on decisions in our relationship.

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

My partner had more power than me when we decided about issues in our relationship.

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

My partner was more likely to get their way than me when we disagreed about issues in our relationship.

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

I was more likely than my partner to start discussions about issues in our relationship.

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯

When my partner and I made decisions in our relationship, I tended to structure and lead the discussion.

○　　○　　○　　○　　　○　　○　　○　　○

I laid out the options more than my partner did when we discussed decisions in our relationship.

○　　○　　○　　○　　　○　　○　　○　　○

I tended to bring up issues in our relationship more often than my partner did.

○　　○　　○　　○　　　○　　○　　○　　○

My partner was more likely than me to start discussions about issues in our relationship.

○　　○　　○　　○　　　○　　○　　○　　○

When my partner and I made decisions in our relationship, my partner tended to structure and lead the discussion.

○　　　○　　　○　　　○　　　　○　　　○　　　○　　　○

My partner laid out the options more than I did when we discussed decisions in our relationship.

○　　　○　　　○　　　○　　　　○　　　○　　　○　　　○

My partner tended to bring up issues in our relationship more often than I did.

○　　　○　　　○　　　○　　　　○　　　○　　　○　　　○

APPENDIX G

Conflict in Adolescent Dating Relationships Inventory (CADRI)

Perpetration Items

The following questions ask you about things that may have happened to you with your partner while you were having an argument. Check the box that is your best estimate of how often these things happened with your partner between the ages 15-17. Please remember that all answers are confidential. As a guide use the following scale:

Never: this had never happened in the significant relationship
Seldom: this had happened only 1-2 times in the significant relationship
Sometimes: this had happened about 3-5 times in the significant relationship
Often: this had happened 6 times or more in the significant relationship

1. I gave reasons for my side of the argument.
2. I touched my partner sexually when they didn't want me to.[*] (Sexual)
3. I tried to turn my partner's friends against them.
4. I did something to make my partner feel jealous.
5. I destroyed or threatened to destroy something my partner valued.
6. I told my partner that I was partly to blame.
7. I brought up something bad that my partner had done in the past
8. I threw something at my partner.
9. I said things just to make my partner angry.
10. I gave reasons why I thought my partner were wrong.
11. I agreed that my partner was partly right.
12. I spoke to my partner in a hostile or mean tone of voice.
13. I forced my partner to have sex when they didn't want to. (Sexual)
14. I offered a solution that I thought would make us both happy.
15. I threatened my partner in an attempt to have sex with them. (Sexual)
16. I put off talking until we calmed down.
17. I insulted my partner with put-downs.

---

[*] These sex items were given to all participants regardless of their response to the sexual activity screener question.

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18. I discussed the issue calmly.

19. I kissed my partner when they didn't want me to.[*] (Sexual)

20. I said things to my partner's friends about them to turn their friends

21. I ridiculed or made fun of my partner in front of others.

22. I told my partner how upset I was.

23. I kept track of who he was with and where he was

24. I blamed my partner for the problem.

25. I kicked, hit or punched my partner.

26. I left the room to cool down.

27. I gave in, just to avoid conflict

28. I accused my partner of flirting with another person.

29. I deliberately tried to frighten my partner.

30. I slapped my partner or pulled their hair.

31. I threatened to hurt my partner

32. I threatened to end the relationship.

33. I threatened to hit my partner or throw something at them.

34. I pushed, shoved. or shook my partner.

35. I spread rumours about my partner.

---

[*] These sex items were given to all participants regardless of their response to the sexual activity screener question.

APPENDIX H

Technology-facilitated Abuse in Relationships (TAR) Scale

Perpetration Items

Did you do any of these behaviors to your partner between the ages 15-17?

Response Choices: Not at all, Once, A few times, Monthly, Weekly, Daily/Almost daily

1. Signed them onto a pornography site without their permission

2. Started a social networking page for posting negative information about them

3. Threatened to distribute nude image(s) of them (Sexual)

4. Told them on a digital device to harm themself

5. Edited a photo or video of them in an offensive manner and sent it to them

6. Threatened on a digital device to physically hurt them

7. Changed an aspect of their online profile without their permission

8. Posted something negative through their account without their permission

9. Threatened on a digital device to physically hurt their family or friends

10. Shared a hurtful meme about them on a digital device

11. Made them remove or add contact(s) on their digital device

12. Made them stop interacting with another person(s) on their digital device

13. Pressured them to share their password(s) with me

14. Made them disclose digital conversation(s) they've had with another person(s) to me

15. Checked to see who they were communicating with on their digital device

16. Logged onto their digital device without their permission

17. Monitored where they were via tracking software

18. Pressured them to send nude image(s) of themselves (Sexual)

19. Pressured them on a digital device to send sexually explicit messages (Sexual)

20. Pressured them to engage in phone sex (Sexual)

21. Pressured them on a digital device to engage in sexual acts (Sexual)

22. Pressured them on a digital device to discuss sexual issues (Sexual)

23. Pressured them to engage in sexual activity via live video (Sexual)

24. Sent them unwelcome nude images[*]

25. Shared a nude photo or video of them without their permission (Sexual)

26. Sent them threatening messages on a digital device

27. Threatened on a digital device to emotionally hurt them

28. Threatened on a digital device to damage things that are important to them

29. Threatened them if they ignored my calls or messages

30. Threatened on a digital device to physically hurt myself if they didn't do what I wanted

---

[*] These sex items were given to all participants regardless of their response to the sexual activity screener question.

Narcissistic Personality Inventory (NPI)

This inventory consists of a number of pairs of statements with which you may or may not identify.

Consider this example:

A. I like having authority over people
B. I don't mind following orders

Which of these two statements is closer to your own feelings about yourself? If you identify more with "liking to have authority over people" than with "not minding following orders", then you would choose option A.

You may identify with both A and B. In this case you should choose the statement which seems closer to yourself. Or, if you do not identify with either statement, select the one which is least objectionable or remote. In other words, read each pair of statements and then choose the one that is closer to your own feelings. Indicate your answer by writing the letter (A or B) in the space provided to the right of each item. Please do not skip any items.

Choose the statement that best describes you.

      A. I have a natural talent for influencing people.

      B. I am not good at influencing people

Choose the statement that best describes you.

      A. Modesty doesn't become me.

      B. I am essentially a modest person.

Choose the statement that best describes you.

      A. I would do almost anything on a dare.

      B. I tend to be a fairly cautious person.

Choose the statement that best describes you.

      A. When people compliment me I sometimes get embarrassed.

      B. I know that I am good because everybody keeps telling me so.

Choose the statement that best describes you.

      A. The thought of ruling the world frightens the hell out of me.

B. If I ruled the world it would be a better place.

Choose the statement that best describes you.

A. I can usually talk my way out of anything.

B. I try to accept the consequences of my behavior.

Choose the statement that best describes you.

A. I prefer to blend in with the crowd.

B. I like to be the center of attention.

Choose the statement that best describes you.

A. I will be a success.

B. I am not too concerned about success.

Choose the statement that best describes you.

A. I am no better or worse than most people.

B. I think I am a special person.

Choose the statement that best describes you.

A. I am not sure if I would make a good leader.

B. I see myself as a good leader.

Choose the statement that best describes you.

A. I am assertive.

B. I wish I were more assertive.

Choose the statement that best describes you.

A. I like to have authority over other people.

B. I don't mind following orders.

Choose the statement that best describes you.

A. I find it easy to manipulate people.

B. I don't like it when I find myself manipulating people.

Choose the statement that best describes you.

A. I insist upon getting the respect that is due me.

B. I usually get the respect that I deserve.

Choose the statement that best describes you.

A. I don't particularly like to show off my body.

B. I like to show off my body.

Choose the statement that best describes you.

A. I can read people like a book.

B. People are sometimes hard to understand.

Choose the statement that best describes you.

A. If I feel competent I am willing to take responsibility for making decisions.

B. I like to take responsibility for making decisions.

Choose the statement that best describes you.

A. I just want to be reasonably happy.

B. I want to amount to something in the eyes of the world.

Choose the statement that best describes you.

A. My body is nothing special.

B. I like to look at my body.

Choose the statement that best describes you.

A. I try not to be a show off.

B. I will usually show off if I get the chance.

Choose the statement that best describes you.

A. I always know what I am doing.

B. Sometimes I am not sure of what I am doing.

Choose the statement that best describes you.

A. I sometimes depend on people to get things done.

B. I rarely depend on anyone else to get things done.

Choose the statement that best describes you.

A. Sometimes I tell good stories.

B. Everybody likes to hear my stories.

Choose the statement that best describes you.

A. I expect a great deal from other people.

B. I like to do things for other people.

Choose the statement that best describes you.

A. I will never be satisfied until I get all that I deserve.

B. I take my satisfactions as they come.

Choose the statement that best describes you.

A. Compliments embarrass me.

B. I like to be complimented.

Choose the statement that best describes you.

A. I have a strong will to power.

B. Power for its own sake doesn't interest me.

Choose the statement that best describes you.

A. I don't care about new fads and fashions.

B. I like to start new fads and fashions.

Choose the statement that best describes you.

A. I like to look at myself in the mirror.

B. I am not particularly interested in looking at myself in the mirror.

Choose the statement that best describes you.

A. I really like to be the center of attention.

B. It makes me uncomfortable to be the center of attention.

Choose the statement that best describes you.

A. I can live my life in any way I want to.

B. People can't always live their lives in terms of what they want.

Choose the statement that best describes you.

A. Being an authority doesn't mean that much to me.

B. People always seem to recognize my authority.

Choose the statement that best describes you.

A. I would prefer to be a leader.

B. It makes little difference to me whether I am a leader or not.

Choose the statement that best describes you.

A. I am going to be a great person.

B. I hope I am going to be successful.

Choose the statement that best describes you.

A. People sometimes believe what I tell them.

B. I can make anybody believe anything I want them to.

Choose the statement that best describes you.

A. I am a born leader.

B. Leadership is a quality that takes a long time to develop.

Choose the statement that best describes you.

A. I wish somebody would someday write my biography.

B. I don't like people to pry into my life for any reason.

Choose the statement that best describes you.

A. I get upset when people don't notice how I look when I go out in public.

B. I don't mind blending into the crowd when I go out in public.

Choose the statement that best describes you.

A. I am more capable than other people.

B. There is a lot that I can learn from other people.

Choose the statement that best describes you.

      A. I am much like everybody else.

      B. I am an extraordinary person.

APPENDIX J

Brief Form of the Interpersonal Reactivity Index (B-IRI)

Please indicate the extent to which each statement describes you.

	Does Not Describe Me At All (1)	(2)	(3)	(4)	Describes Me Very Well (5)	Prefer not to answer
I often have tender, concerned feelings for people less fortunate than me.	○	○	○	○	○	○
I really get involved with the feelings of the characters in a novel.	○	○	○	○	○	○
In emergency situations, I feel apprehensive and ill-at-ease.	○	○	○	○	○	○
I try to look at everybody's side of a disagreement before I make a decision.	○	○	○	○	○	○

When I see someone being taken advantage of, I feel kind of protective toward them.

○ ○ ○ ○ ○ ○

I sometimes try to understand my friends better by imagining how things look from their perspective.

○ ○ ○ ○ ○ ○

After seeing a play or movie, I have felt as though I were one of the characters.

○ ○ ○ ○ ○ ○

Being in a tense emotional situation scares me.

○ ○ ○ ○ ○ ○

When I see someone being treated unfairly, I feel very much pity for them.

○ ○ ○ ○ ○ ○

I would describe myself as a pretty soft-hearted person.

○　　○　　○　　○　　○　　○

When I watch a good movie, I can very easily put myself in the place of a leading character.

○　　○　　○　　○　　○　　○

I tend to lose control during emergencies.

○　　○　　○　　○　　○　　○

When I'm upset at someone, I usually try to "put myself in their shoes" for a while.

○　　○　　○　　○　　○　　○

When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.

○　　○　　○　　○　　○　　○

When I see someone who badly needs help in an emergency, I go to pieces.

○   ○   ○   ○   ○   ○

Before criticizing somebody, I try to imagine how I would feel if I were in their place.

○   ○   ○   ○   ○   ○

Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF)

Please answer each statement below by choosing the circle of the number that best reflects your degree of agreement or disagreement with that statement. Do not think too long about the exact meaning of the statements. Work quickly and try to answer as accurately as possible. There are no right or wrong answers. There are seven possible responses to each statement ranging from 'Completely Disagree' (1) to 'Completely Agree' (7).

	1 (Completely Disagree)	2	3	4	5	6	7 (Completely Agree)	Prefer not to answer
Expressing my emotions with words is not a problem for me.	○	○	○	○	○	○	○	○
I often find it difficult to see things from another person's viewpoint.	○	○	○	○	○	○	○	○
On the whole, I'm a highly motivated person.	○	○	○	○	○	○	○	○
I usually find it difficult to regulate my emotions.	○	○	○	○	○	○	○	○
I generally don't find life enjoyable.	○	○	○	○	○	○	○	○

I can deal effectively with people.	○	C	C	C	C	C	○	○
I tend to change my mind frequently.	○	C	C	C	C	C	○	○
Many times, I can't figure out what emotion I'm feeling.	○	C	C	C	C	C	○	○
I feel that I have a number of good qualities.	○	C	C	C	C	C	○	○
I often find it difficult to stand up for my rights.	○	C	C	C	C	C	○	○
I'm usually able to influence the way other people feel.	○	C	C	C	C	C	○	○
On the whole, I have a gloomy perspective on most things.	○	C	C	C	C	C	○	○
Those close to me often complain that I don't treat them right.	○	C	C	C	C	C	○	○

I often find it difficult to adjust my life according to the circumstances.	○	C	C	C	C	C	○	○
On the whole, I'm able to deal with stress.	○	C	C	C	C	C	○	○
I often find it difficult to show my affection to those close to me.	○	C	C	C	C	C	○	○
I'm normally able to "get into someone's shoes" and experience their emotions	○	C	C	C	C	C	○	○
I normally find it difficult to keep myself motivated.	○	C	C	C	C	C	○	○
I'm usually able to find ways to control my emotions when I want to.	○	C	C	C	C	C	○	○
On the whole, I'm pleased with my life.	○	C	C	C	C	C	○	○

I would describe myself as a good negotiator.	○	C	C	C	C	C	○	○
I tend to get involved in things I later wish I could get out of.	○	C	C	C	C	C	○	○
I often pause and think about my feelings.	○	C	C	C	C	C	○	○
I believe I'm full of personal strengths.	○	C	C	C	C	C	○	○
I tend to "back down" even if I know I'm right.	○	C	C	C	C	C	○	○
I don't seem to have any power at all over other people's feelings.	○	C	C	C	C	C	○	○
I generally believe that things will work out fine in my life.	○	C	C	C	C	C	○	○

| I find it difficult to bond well even with those close to me. | ○ | | C | C | C | C | C | ○ | ○ |

| Generally, I'm able to adapt to new environments. | ○ | | C | C | C | C | C | ○ | ○ |

| Others admire me for being relaxed. | ○ | | C | C | C | C | C | ○ | ○ |

APPENDIX L

Propensity to Morally Disengage Scale (PMDS)

Please rate the extent to which you agree with the following statements

	1 (Strongly disagree)	2	3	4 (Neither agree nor disagree)	5	6	7 (Strongly agree)	Prefer not to answer
It is okay to spread rumors to defend those you care about.	○	○	○	○	○	○	○	○
It is alright to lie to keep your friends out of trouble.	○	○	○	○	○	○	○	○
Taking something without the owner's permission is okay as long as you're just borrowing it.	○	○	○	○	○	○	○	○
It's okay to gloss over certain facts to make your point.	○	○	○	○	○	○	○	○

Considering the ways people grossly misrepresent themselves, it's hardly a sin to inflate your own credentials a bit.

○　　○　　○　　○　　○　　○　　○　　○

Compared to other illegal things people do, taking something small from a store without paying for it isn't worth worrying about.

○　　○　　○　　○　　○　　○　　○　　○

People shouldn't be held accountable for doing questionable things when they were just doing what an authority figure told them to do.

○　　○　　○　　○　　○　　○　　○　　○

People cannot be blamed for misbehaving if their friends pressured them to do it.

○ ○ ○ ○ C C ○ ○

People can't be blamed for doing things that are technically wrong when all their friends are doing it too.

○ ○ ○ ○ C C ○ ○

It's okay to tell a lie if the group agrees that it's the best way to handle the situation.

○ ○ ○ ○ C C ○ ○

Taking personal credit for ideas that were not your own is no big deal.

○ ○ ○ ○ C C ○ ○

Walking away from a store with some extra change doesn't cause any harm.

○ ○ ○ ○ C C ○ ○

Some people have to be treated roughly because they lack feelings that can be hurt.

○ ○ ○ ○ ○ ○ ○ ○

It's okay to treat badly somebody who behaves like scum.

○ ○ ○ ○ ○ ○ ○ ○

People who get mistreated have usually done something to bring it on themselves.

○ ○ ○ ○ ○ ○ ○ ○

If a business makes a billing mistake in your favor, it's okay not to tell them about it because it was their fault.

○ ○ ○ ○ ○ ○ ○ ○