

# Does Religiosity Reduce Narcissistic Personality Disorder? Examining the Case of Muslim University Students

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**Abstract** The purpose of this study was to examine the influences of religiousness on the prevalence of Narcissistic Personality Disorder (NPD) among young adults. Prevalence of three forms of Allportian religious orientation, three forms of quest religious orientation and seven symptoms of NPD were examined through self-reported measures. 618 randomly selected Muslim students from the four public sector Pakistani universities participated in the study. Three research instruments comprising Religious Orientation Scale developed by Gorsuch and McPherson, Quest Scale developed by Batson and Schoenrade and Narcissistic Personality Inventory developed by Raskin and Terry were used to collect the data. All subscales demonstrated more than .70 Cronbach Alpha Coefficients. The findings demonstrate comparatively higher presence of intrinsic, extrinsic personal and extrinsic social religious orientations among the Pakistani Muslim young adults. The presence of NPD symptoms remains higher among the participants too. The study concludes that the religious orientations significantly explain the variances in the prevalence of NPD symptoms among the Muslim university students with the direct effects of intrinsic and extrinsic personal religious orientations and indirect effects of quest religious orientations.

**Keywords** Muslims · Authority · Self-criticism · Openness · Narcissism

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## Introduction

Narcissism, in psycho-analytical context, comprises sentiments of gratification through self-love, self-admiration and self-righteousness. Aggrandizing oneself generates competitiveness with peers to dominate and reach at desired goals; however, it may create unrealistic self-inflation as well (Pincus et al. 2009). Failure in regularizing expected negative sentiments develops various forms of personality disorders among the individuals with Narcissistic attitude. Some major personality disorders promoted by Narcissistic attitude include aggression, depression, anxiety and in-ordinate self-consciousness (Roningstam 2005). Narcissism in the people spans from normal healthy narcissism to pathological narcissism and then traumatic narcissism. Narcissistic personality disorder (NPD) includes pathological and non-pathological grandiosity expressions comprising envy, exploitation, irritability, cunning, lack of guilt and sadism. The traumatic narcissism reflects in collective consciousness of people in the form of religious or nationalistic exceptionalism and authoritarianism (Shaw 2013). Religious and cultural narcissism fall in these categories.

Explaining the determinants of NPD, the ego psychological object relation theory postulates that the factors like hidden aggression in frustrating parenting styles and indifference in superficially well structured environment at early childhood may cause its unusual advancement in later young ages (Celani 2010). The psychiatrists suggest clinical and therapeutic treatments of NPD that is developed by biological and genetics reasons. The social psychologists, however, examine the issue in humanistic, environmental, social and cultural contexts and attempt to understand and cure the problems in non-clinical manner. Literature demonstrates that religiosity, spirituality, mysticism, sense of sin and religious coping are found associated with covert and overt NPD among the young adults in different cultures (Dunn 2013; Halligan 1997; Simpson et al. 2016; Zondag and van Uden 2010). We in the current study focused on investigating the prevalence of NPD symptoms among Muslim university students and its relationship with their religious orientations rather than establishing connections with the students' biological and genetics characteristics. We followed the theories of religious orientations that have less concentration on religious or theological practices of the people. The theories rather focus on intentions which act as stimulators for individuals to follow religion and practice religious obligations (Allport and Ross 1967; Batson et al. 1993; Tiliopoulos et al. 2007). Allport and Ross divided the religious orientations into two independent categories considering the usability of religiousness by followers. Religion, for instance, in the intrinsic religious orientation is end itself and is not used to gain the other personal or social ends. People accept religion and practice religious obligations in this category as an ultimate end in itself rather than finding any external gains. The extrinsic religious orientation, however, is defined as a mean of self-serving agent that concentrates on acquiring external ends through following religion and practicing religious obligations. Gorsuch and McPherson (1989) further divided the extrinsic religious orientation into two categories. The extrinsic personal religious orientation is following religion to gain inner satisfaction, whereas the extrinsic social religious orientation is using religiousness to achieve the personal and social acceptance and security (Darvuri et al. 2014). Another concept proposed by Batson and their fellows is quest religious orientation (Batson et al. 1993; Batson and Ventis 1982). They postulate that people under quest religious orientation do not follow religion for end (intrinsic religious orientation) and means (extrinsic personal and social religious orientations), but their intention of following religion is search for truth and reality. The quest orientation is characterized with openness to change and a spiritual journey toward

truth and reality through generating self-criticism, religious doubts and questioning the existence.

The theories of religious orientations are validated on the followers of major religions in different cultures (Francis and Crea 2016; Parenteau 2017; Sergej and Miran 2007). Pakistan is a country with overwhelming majority of Muslim population which maintains its dominance on political and social affairs of the country. The decisive role of Muslim population in political and social decision making in the country influences on their individual and collective views of religion and self. It provides grounds to the basic theory of this research which aims to explore the contribution of religious orientations in explaining Narcissistic personality disorders among the Pakistani youth.

## The Current Study

The current study aimed to find out the causal relationships between the religious orientations and Narcissistic traits of the Muslim adults in a conservative cultural environment of Pakistan. 618 randomly selected Muslim university students participated in the study. We followed religious orientation theories postulated by Allport and Ross (1967), Batson and Ventis (1982) and Gorsuch and McPherson (1989) and NPD symptoms identified by Raskin and Terry (1988). Following research questions are answered through this activity.

- (1) To what extent do the Muslim university students in the sample demonstrate intrinsic, extrinsic personal, extrinsic social and quest religious orientations?
- (2) To what extent do the Muslim university students in the sample demonstrate symptoms of Narcissistic Personality Disorder (NPD)?
- (3) Do the religious orientations predict variances in the prevalence of NPD symptoms among the Muslim university students?

## Research Methodology

The inquiry followed descriptive, quantitative, and inferential approaches to reach on conclusions. 640 Muslim students enrolled in 16 different departments of four public sector universities were selected through multi-phase random sampling technique. In first phase of the sampling, four out of 26 public sector universities chartered by government of Punjab were selected through random sampling technique. In second phase of the sampling, four departments from each selected university were randomly selected. In the third phase of the sampling, 40 students from each department enrolled in post-graduate classes were randomly selected. Three instruments were adapted to collect the data comprising Religious Orientation Scale developed by Gorsuch and McPherson (1989), Quest Scale developed by Batson and Schoenrade (1991) and Narcissistic Personality Inventory (NPI) developed by Raskin and Terry (1988). Diagnostic and Statistical Manual of Mental Disorders (DSM) provide different clinical measures of NPD with their limitations. The NPI developed by Raskin and Terry is, however, widely used and validated in non-clinical settings (Maxwell et al. 2011; Traiser and Eighmy 2011). It convinced the researchers to use the NPI for non-clinical measurement of NPD. 618 students including 60.4% females returned the completely filled research tools. The researchers gave special attention to insuring the reliability and validity of the subscales. As a first measure of the internal

consistency of the instruments, Cronbach Alpha coefficient values were calculated for the scales and subscales. All scales demonstrated high Cronbach Alpha coefficient ranging from .72 to .93 (Table 1). Item-total correlation coefficients were calculated for the items in each subscale to measure the convergent validity of the scales. The opposite/negative statements were reverse coded into same variables before applying the item-total correlation test. Each item demonstrates relationship with its respective subscale with the Pearson correlation coefficient of more than .40. Stepwise multiple regression was run to estimate the contribution of different religious orientations in explaining variances in the prevalence of the symptoms of NPD among the participants.

## Findings of the Study

Descriptive statistics demonstrate higher presence of extrinsic personal religious orientation among the students ( $M = 4.13$ ) than the prevalence of intrinsic, extrinsic social and quest religious orientations (Table 1). The presence of quest religious orientation including its three sub-variables is lower among the respondents. The prevalence of the symptoms of NPD and its all indicators is significantly higher among the students (Table 1).

Results of the stepwise multiple regression demonstrate openness to change as a bigger predictor of variances in the NPD symptoms (Table 2). The value of Beta (standardized coefficient) in the third step of the model shows that one unit increase in the openness to change causes .345 units decrease in the symptoms of NPD among the university students. The intrinsic and extrinsic personal religious orientations, however, demonstrate positive effects on the NPD symptoms. The values of Beta (standardized coefficient) show that one

**Table 1** Mean scores showing the prevalence of religious orientations and symptoms of NPD among Muslim university students

Sr. No.	Variables	Mean	Standard deviation	Cronbach alpha
1	Intrinsic religious orientation	3.40	.443	.78
2	Extrinsic personal religious orientation	4.13	.761	.77
3	Extrinsic social religious orientation	3.28	.827	.82
4	Quest religious orientation	2.71	.375	.87
4.1	Readiness to face existential questions .....	2.73	.592	.89
4.2	Self-criticism and perception of religious doubts .....	2.89	.478	.72
4.3	Openness to change	2.30	.905	.93
5	Narcissistic Personality Disorder	3.47	.376	.84
5.1	Authority	3.36	.628	.91
5.2	Exhibitionism	3.34	.556	.76
5.3	Entitlement	3.51	.566	.79
5.4	Exploitativeness	3.54	.603	.81
5.5	Vanity	3.41	.373	.89
5.6	Self-sufficiency	3.66	.638	.77
5.7	Superiority	3.59	.737	.85

**Table 2** Results of stepwise multiple regression run on the sample with intrinsic, extrinsic personal, extrinsic social and three quest religious orientations as predictors and symptoms of narcissistic personality disorder (NPD) as criterion variable

Step	Predictors	$\beta$ (Standardized)	<i>t</i> value	$Sp^2$
1	Openness to change <i>F</i> = 81.215 (1, 616), <i>p</i> < .001; <i>R</i> <sup>2</sup> : .116	– .341	– 9.012*	.116
2	Openness to change Intrinsic religious orientation <i>F</i> = 82.349 (2, 615), <i>p</i> < .001; <i>R</i> <sup>2</sup> : .209	– .364 .309	– 10.135* 8.595*	.132 .095
3	Openness to change Intrinsic religious orientation Extrinsic personal religious orientation <i>F</i> = 62.457 (3, 614), <i>p</i> < .001; <i>R</i> <sup>2</sup> : .230	– .345 .313 .152	– 9.678* 8.845* 4.254*	.117 .097 .023

\*The value is significant at the level of less than .001

unit increase in the students' intrinsic religious orientations causes .313 unit increase in the prevalence of NPD symptoms, whereas one unit increase in extrinsic personal religious orientations causes .152 units increases in the NPD. The value of regression coefficient in the third step demonstrates that the three predictors explain 23.0% variance in the prevalence of NPD symptoms among the respondents. Values of squared semi partial correlation coefficient for the openness to change and intrinsic religious orientations in the all models/steps show their strengthened contributions in predicting the symptoms of NPD among the university students.

## Discussion

Higher prevalence of the extrinsic personal religious orientations among the Muslim university students is consistent with the findings of previous studies conducted in Pakistani (Buzdar et al. 2015; Khan et al. 2005) and other Muslim majority cultures (Ghorbani et al. 2007). The prevalence of quest religious orientation remains lowest among the participants of this study which is also consistent with the findings of Ghorbani et al. (2014) who reported associations among different aspects of spiritual and experiential religiousness of an Iranian sample. One part of this study confirms Allportian theory of religious orientations. The second part of the study concentrates on investigating the presence of NPD symptoms among the participants. The prevalence of overall NPD symptoms in the sample has direct association with the intrinsic, extrinsic personal and extrinsic social religious orientations. The association between the NPD symptoms and openness to change is indirect. The openness to change, intrinsic religiosity, and extrinsic personal religiosity explain 23.0% of the variance in NPD symptoms among the students. The values of Beta (standardized coefficient) unveil the nature of relationships between the religious orientations and NPD symptoms. The influence of intrinsic and extrinsic personal religious orientations for example is direct on NPD symptoms, whereas openness to change has indirect effects on the NPD symptoms. The tradition of exploring the effects of religiosity on individuals' mental health is not new. Previous research demonstrates that intrinsic and extrinsic personal religious orientations have inverse associations with the

psychiatric symptoms comprising depression, anxiety and stress in the sample of female university students (Buzdar et al. 2015). Intrinsic religious orientation is also correlated positively with the empathy in another Pakistani sample (Khan et al. 2005). In the current study, intrinsic and extrinsic personal religious orientations are directly associated with the symptoms of NPD which contradict with general understanding that narcissism is simply related to the empathy deficit. Literature, however, provides new interpretations to this understanding. Researchers support multi-faceted relationships between empathy and narcissism rejecting the belief that those with NPD lack empathy (Baskin-Sommers et al. 2014). Relationships among different variables of this study confirm the contrasting natures of NPD and psychiatric disorders on one side and highlight differences in the underlying theories of Allportian and Quest religious orientations on other side. The quest religious orientation particularly its component “openness to change” emerges as a big moderator for the NPD symptoms. The varying effects of Allportian and quest religious orientations on the NPD symptoms confirm the differences in the basic tenets of both religious theories. Intrinsic and extrinsic religious orientations which are majorly dogmatic and intended to use religion as means or end promote NPD symptoms among the participants. The quest religious orientation is to use religion for the search of truth is emerged as barrier for the NPD symptoms.

The contribution of religious orientations in explaining variances in NPD symptoms can be understood under the phenomenon of religious exceptionalism which is a form of group traumatic narcissism. In a conservative society like Pakistan, Muslim majority enjoys dominance in political, social and financial fabric. The religious foundations of the country have created a sense of gratitude for the religion among Muslim population due to all benefits they are enjoying in their personal and social lives. Our results show that this sense of gratitude is a supporter of NPD symptoms among the Muslim students except a fraction that is comparatively distant from the dogmatic beliefs and believes in transforming nature of religions toward spirituality.

## Conclusions

The study concludes that the prevalence of intrinsic, extrinsic personal and extrinsic social religious orientations is higher among the Muslim university students in the sample, whereas the participants demonstrate lower acceptance for the three indicators of quest religious orientation. Among the three Allportian religious orientations, the presence of extrinsic personal religiosity is higher than the intrinsic religiosity which is followed by extrinsic social religiosity. For the quest religious orientation that prevails lesser than the Allportian orientations, self-criticism and perception of religious doubt as positive prevail higher than the readiness to face existential questions without reducing their complexity which is followed by openness to change. The symptoms of NPD are higher among the university students included in the sample. The stepwise multiple regression demonstrates the intrinsic, extrinsic personal and “openness to change” religious orientations as major predictors of the variances in the NPD symptoms. The intrinsic and extrinsic personal religious orientations influence positively on the variances in the NPD symptoms, whereas openness to change negatively influences on the symptoms of Narcissistic personality disorder in Muslim university students in the study. Major contribution of the current study is exploring new dimensions of the contribution of religiousness in understanding the prevalence of Narcissistic personality disorder in a conservative Muslim society. The

intrinsic and extrinsic personal religious orientations in a conventional and conservative environment may promote the feelings of self-righteousness and grandiosity among the people. It is encouraging that the openness to change may reduce the chances of NPD among young adults. We recommend the re-confirmation of these findings on other religious conservative societies so that a universal conclusion may be drawn.

### Compliance with Ethical Standards

**Conflict of interest** The authors certify that they have no financial or non-financial conflict of interest with any organization related with the contents and subject of this paper.

**Ethical Approval** All procedures performed in the current study including data collection from the human participants were in accordance with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Proposal of this research was presented and approved by the Board of Studies in Education, Government College University, Faisalabad (a substitute of the Ethical Approval Committee) before starting the research.

**Informed Consent** All the research participants were informed about the objectives and procedure of the study. The data were collected after acquiring their informed consent.

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