

Narcissism and Paranoia: The Moderating Role of Self-esteem among Young Indian Adults

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Abstract

Narcissism has gained substantive engagement in the field of personality and social psychology. Due to globalisation and the advent of the internet, narcissism has become the most frequently investigated trait. It bridges certain dimensions of self, which include paranoia and self-esteem. The purpose of the current study is to understand the correlation between paranoia and narcissism. Additionally, the study aims to examine the moderating role of self-esteem on the relationship between narcissism and paranoia among young Indian adults. Furthermore, the study also aims to find out gender differences in paranoia, narcissism, and self-esteem. 162 young adults from the Indian population are recruited, and they administer the narcissism, paranoia, and self-esteem inventories. The results show that the participants had high levels of narcissism, above-average paranoia, and moderate levels of self-esteem. Narcissism is positively correlated with paranoia. Individuals with high levels of self-esteem show decreased levels of paranoia and increased levels of narcissism. There are main effects between narcissism and paranoia as well as between self-esteem and paranoia. Self-esteem does not moderate the relationship between narcissism and paranoia. These results suggest that self-esteem does not weaken or strengthen the relationship between narcissism and paranoia. Males score higher than females in self-esteem, whereas there are no significant gender differences in paranoia and narcissism. This study leads to a better understanding of these traits in the subclinical population. Culturally sensitive interventions can be developed for individuals with higher levels of these traits.

Keywords: Narcissism, Moderating Role, Paranoia, Self-esteem

1. Introduction

Narcissism has garnered substantive engagement in the fields of personality and social psychology, as well as in the realm of clinical psychology and psychiatry (Cain, 2008). Narcissism has its roots in Greek mythology. In Greek mythology, the tragically vain hero Narcissus fell in love with his reflection in a pond rather than the affection of others. Today, in honour of the mythical Narcissus, we use the term "narcissist" to characterize people who have excessively inflated levels of vanity, grandeur, egotism, and entitlement, which frequently have detrimental effects on their interpersonal functioning (Bosson, 2008). In the context of recent cultural shifts brought on by globalization and the popularity of the Internet, narcissism is one of the most frequently investigated personality traits (Twenge & Campbell, 2009). There has been an increase in narcissism throughout generations, and this trend is not just seen in Western societies (Twenge, 2008). In recent years, there has been a significant increase in the interest of social-personality psychologists in narcissism due to a general shift toward treating the subclinical range of

narcissism as a continuum similar to any other personality feature (Miller & Campbell, 2008). As a personality trait, narcissism is particularly intriguing since it serves as a "bridge" to different dimensions of the self (Campbell, Brunell, & Finkel, 2006). Paranoia and self-esteem are two of the few personality traits that are prominent and related to the prevalence of narcissism in the subclinical population.

It is important to understand these variables with a theoretical framework. The significance of pathological narcissism was highlighted by Freud in the development of paranoia in his analysis of the Schreber case (Freud, 1911). In essence, libidinal energy returns to the self, causing self-inflation (Freud, 1958). Further, Klein suggested that paranoid states were integral to typical psychological growth. Within her framework of schizoid-paranoid "positions," she stated that specific defensive mechanisms were already in operation during the early stages of development. These mechanisms, namely splitting and projection, emerge as a response to an infant's encounters with either gratification or frustration regarding the accessibility of the mother's breast (Klein, 1932).

In the current times, *paranoia* is defined as a way of thinking marked by suspicion and a lack of trust, where individuals tend to assume that others harbour harmful intentions toward them. These thoughts are influenced in part by an individual's ability to accurately interpret the nonverbal and verbal cues of others (Cameron, 1943). These thoughts and beliefs, which involve doubting others' motives and assuming they have negative intentions, are not limited to clinical groups. They are highly prevalent in the general population (Van Prooijen & van Lange, 2014; p. 240; Freeman et al., 2005). It is frequently linked to mental illness. Paranoia can be a psychiatric diagnosis in certain people and is a sign of many clinical diseases (Bentall, Corcoran, Howard et al., 2001). However, less severe forms of paranoia are widespread in the general population and can be understood as inaccurate perceptions motivated by extreme mistrust and suspicion of others (Kramer, 1998). Individuals with subclinical paranoid thoughts might face social isolation and distress.

Kernberg has put forth his ideology to establish a relationship between paranoid phenomena and narcissism. He emphasizes that the self is a component of the ego and comprises various self-representations and associated emotional tendencies. According to Kernberg, narcissism does not solely originate from instinctual sources of emotional energy. Still, it is influenced by the multitude of connections between the self and other aspects of one's inner psychology. The investment in narcissism is rooted in these internal psychological relationships. In essence, the development of one's self relies on the differentiation and integration of internal mental structures, with the self-being subordinate in this process (Kernberg, 1976). He emphasized that failures in the cathexis of self in oneself can result in psychological disorders within every schema or pattern (Garfield, 1991).

On the other hand, Kohut focuses on the "disorders of self" as the main reason for the occurrence of paranoia in individuals. He stated that the "higher-level" self develops through essential interactions with a caregiver, part of self-object relations. The internal psychological structures evolve alongside the self but only function and the development of the self allows it. Problems with empathetic understanding are at the core of psychological issues. When it comes to paranoid experiences, Kohut's perspective suggests that feelings of persecution in a paranoid patient may not only stem from criticism by a projected superego but also reflect a projection of their sense of fragmentation. This fragmentation arises due to the patient's inadequate development or weakening ability to maintain a strong emotional attachment to themselves.

This concept of Kohut focuses on the role of self-esteem in the relationship. Rosenberg characterized self-esteem as an overall emotional self-assessment that can span from highly unfavorable to highly favorable (Rosenberg, 1965). A high level of self-esteem signifies genuine self-acceptance and a strong sense of

self-value that remains resilient even when faced with difficulties (Kernis, 2003). Numerous models and theories form an association of self-esteem with narcissism as well as paranoid thoughts. The foundation for narcissism and its connection to genuine self-esteem can be traced back to the classic psychodynamic writings of Freud (1914), Kohut (1966, 1977), and Kernberg (1975). Common interpretations of these works suggest that narcissism can be understood through a 'mask' model, where the outward grandiosity displayed by narcissists conceals underlying feelings of inadequacy (Bosson, 2008). Narcissists display a vulnerable, unfulfilled, vacant, and fragile inner self when they encounter challenges to their self-esteem or other stressful situations (Kohut & Wolf, 1986). In line with the mask model, narcissists engage in self-enhancement, manipulation, criticism of others, and exploitation because, at their core, they harbour self-dislike or self-doubt (Bosson, 2008).

The "dynamic self-regulatory model of narcissism" suggests that at the very core of narcissism lies a self-image that is simultaneously grandiose and fragile. It is this vulnerability within their self-concept that drives narcissistic individuals to actively seek feedback from their social environment, aiming to validate their fragile sense of self-worth. This model also posits that many of the traits and behaviors associated with narcissists stem from their efforts to manage and maintain their self-esteem. They do this through internal mechanisms, such as nurturing grandiose self-fantasies, and external processes, like boasting about their achievements to others (Morf & Rhodewalt, 2001).

The prevailing models and theories of self-esteem linking paranoid thoughts are contradicting and yield inconclusive findings. Bentall, Kinderman, and Kaney (1994) introduced an integrated theory concerning paranoid defense. According to the 'model of paranoia as defense', paranoia represents a protective response to preserve higher explicit self-esteem in the presence of lower implicit self-esteem (Bentall et al., 1991). According to this perspective, paranoia should be linked to a disparity between implicit self-esteem (lower) and explicit self-esteem (higher). Additionally, this theory suggests that individuals with paranoia should exhibit an amplified self-serving attributional style, meaning they tend to attribute positive events to internal factors and adverse events to external factors, as a means of avoiding conscious acknowledgment of negative self-perceptions (Bentall, Kinderman, & Kaney, 1994). Conversely, the 'paranoia as expression model' perceives paranoia as a direct manifestation of low self-esteem, regardless of whether it is assessed implicitly or explicitly (Garety & Freeman, 1999). For instance, paranoid thoughts tend to be predominantly negative. These negative paranoid thoughts, such as the belief that others are conspiring against oneself, could reflect negative self-perceptions, such as viewing oneself as inadequate or morally flawed (Cicero, 2010).

1.1 Significance

The study aims to determine the correlation between narcissism and paranoid thought in the subclinical population of Indian young adults. Narcissism can have a positive and a negative effect on the well-being of an individual. Negative impacts can lead to deviations in normal functioning. They can further lead to severe disorders, whereas positive narcissism, also called healthy narcissism, involves a moderate and rational ability to maintain positive self-esteem (Kealy, 2011). Paranoid thoughts are very prevalent in the young adult population due to loneliness, lack of employment opportunities, job losses, family problems, and other multitude of factors. This baseline knowledge is essential for distinguishing between healthy variations and potential indications of clinical issues. Examining the co-occurrence of paranoia and narcissism in non-clinical contexts can help identify early markers or risk factors for developing more severe psychological conditions.

The study also aims to uncover the role of self-esteem in the relationship between paranoia and narcissism. Research has shown a variance in the connection between paranoia and self-esteem. Some have shown a relationship between paranoia and high self-esteem, whereas other research has demonstrated a connection with lower levels of self-esteem. The study focuses on uncovering these connections, specifically within the Indian context. This understanding contributes to our knowledge of these traits' prevalence in the general population. Moreover, it enhances our comprehension of the development of mental health issues. This knowledge, in turn, can assist in formulating protective measures and interventions within educational and institutional contexts.

2. Methods

2.1 Aim

To establish the relationship between narcissism and paranoid thoughts with self-esteem in young adults. Additionally, to understand the effect of self-esteem on paranoid thoughts and narcissism in young adults. Furthermore, to understand gender differences in narcissism, paranoia and self-esteem.

2.2 Objectives

The objective of the study was to determine the correlation between narcissism and paranoid thoughts. The further objective was to find the moderating role of self-esteem in their relationship and find out the gender differences.

2.3 Hypotheses

The present research would essentially verify the following hypotheses

H0: There is no significant correlation between narcissism and paranoid thoughts.

H0: There is no significant difference in the moderating effect of self-esteem on the relationship between narcissism and paranoia.

H0: There are no significant gender differences in narcissism scores. H0: There are no significant gender differences in paranoid thoughts. H0: There are no significant gender differences in self-esteem

2.4 Design

The study followed a correlational analysis framework wherein the relationship between the variables was identified with the help of a correlation matrix and moderation analysis with the help of the data collected through standardised questionnaires pertaining to the variables.

2.5 Variables

The variables of the study were narcissism and paranoia. The moderating variable was self-esteem.

2.6 Sample Size

The study was conducted on a sample size of 162.

2.7 Sampling Method

The purposive sampling method was used, where the participants were chosen purposefully to fulfil the required inclusion and exclusion criteria.

2.8 Tools

2.8.1 Socio-demographic profile

The profile was constructed to collect information about the participant such as name, age, gender, educational status, occupation, etc.

2.8.2 Narcissistic Personality Inventory

Narcissism was measured using NPI-16 (Ames, Rose & Anderson, 2006). NPI-16 is a briefer and unidimensional measure comprising 16 forced-choice, self-reported items derived from the NPI-40 (Raskin & Terry, 1988). The scores range from 0 to 16; higher scores suggest greater levels of narcissism. NPI-16 has a reliability of .72. The convergent validity of the NPI-16 has been previously established.

2.8.3 The Revised Green et al. Paranoid Thoughts Scale

The R-GPTS is a comprehensive measure of paranoia-like beliefs to be used in clinical and general settings (Freeman et al., 2019). This study employed the Reference and Persecution subscale of 8 and 10 items, respectively. It is scored on a 0-4 Likert scale with scores ranging from 0 to 72. The internal consistency, $\alpha = .91$, has already been established.

2.8.4 Rosenberg Self-esteem scale

The Rosenberg Self-esteem Scale is a self-report inventory measuring global self-worth by measuring positive and negative feelings about oneself (Rosenberg, 1965). The scale is unidimensional. All items are answered using a 4-point Likert scale format ranging from strongly agree to strongly disagree. The scale is highly reliable ($\alpha = .88$).

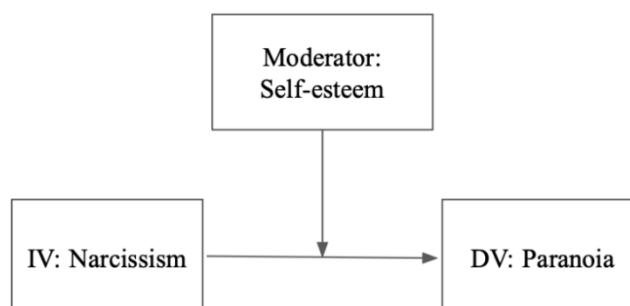
2.9 Procedure

The selection of the subjects was based on whether they met the inclusion and exclusion criteria. They were debriefed on the study and required to sign an informed consent form. The participants were tested using narcissism, paranoia, and self-esteem with the help of questionnaires. The data was scored and statistically analysed to obtain the final results.

2.10 Statistical Analysis

The data was analysed using the Jamovi^R software. The mean, median, and standard deviation of the score were calculated to find the variations in the scores. The normality of the data was administered using Shapiro-Wilk. The Pearson Product Moment Correlation was used to explore the correlation of the variables. Moderation was calculated by the Medmod module. An Independent sample test would be used to assess the gender differences in the variables.

Figure 1: Conceptual Framework of the Research



3. Results

A frequency table was generated to understand the gender distribution in the sample. As shown in Table 1, 109 participants were female (67.3%), while 53 participants (32.7%) were male. The results for gender-wise distributions of the respondents are represented in Table 1.

Table 1: Frequency Table of Gender Distribution in the Sample

	N	%
Female	109	67.3 %
Male	53	32.7 %

Descriptive statistics were calculated to summarise the distribution of age groups in the sample. As shown in Table 2, the highest data was collected from participants aged 20 years (n= 58, 35.8%), followed by 21 years (n= 31, 19.1%), 19 years (n= 22, 13.6%), 22 years (n= 16, 9.9%), 18 years (n= 15, 9.3%), 23 years (n= 8, 4.9%) and 25 years (n=5, 3.1%). The smallest age was 24 years (n= 2, 1.2%) and 26 years (n= 2, 1.2%). The results for the age-wise distribution of the respondents are presented in Table 2.

Table 2: Frequency Table of Age Group in the Sample

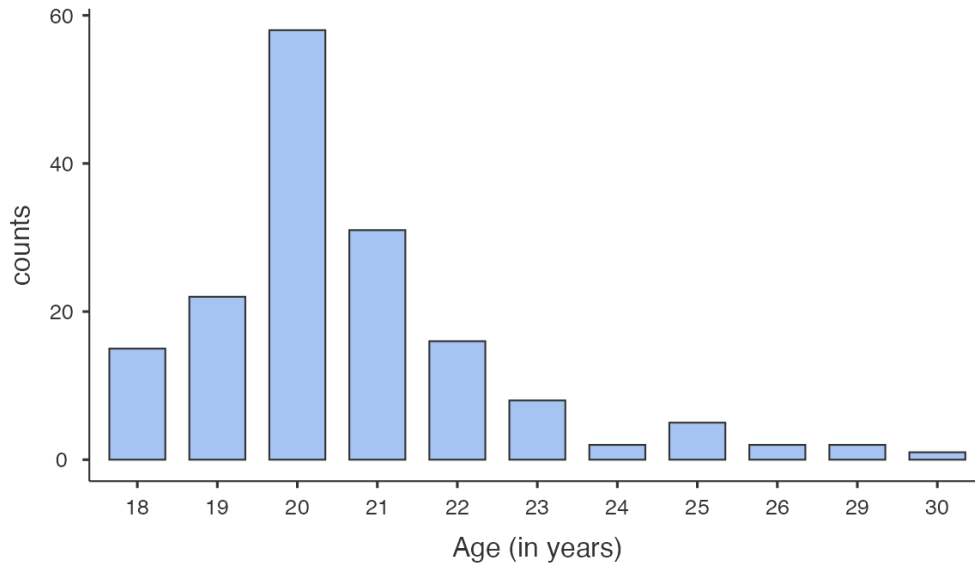
Age (in years)	Counts	% of Total
18	15	9.3
19	22	13.6
20	58	35.8
21	31	19.1
22	16	9.9
23	8	4.9
24	2	1.2
25	5	3.1
26	2	1.2
29	2	1.2
30	1	0.6

The mean age was 20.7 years (SD= 2.04, range= 18-30). The median age was 20 years, and the mode was 25 years. Descriptive statistics for age are presented Table 3.

Table 3: Descriptive Statistics for Age

	N	Mean	SD	Minimum	Maximum
Age (in years)	162	20.7	2.04	18	30

Figure 2: Age Distribution of the Participants



Shapiro-Wilk test was used to check the normality of the data. The test showed that narcissism was not normally distributed, $W(162) = 0.94, p < 0.001$. The test also showed that paranoia and self-esteem were not normally distributed, $W(162) = 0.95, p < 0.001$. Although the Shapiro-Wilk test failed to prove the data as normal, Hair et al. (2010) and Bryne (2010) asserted that data is normal if the skewness falls within the range of -2 to $+2$ and kurtosis lies between -7 and $+7$. The data falls between the required skewness and kurtosis. Therefore, the data is normal. Normality test, skewness and kurtosis for the data are presented in Table 4 below.

Table 4: Normality tests for the data

	Skewness		Kurtosis		Shapiro-Wilk	
	Skewness	SE	Kurtosis	SE	W	p
NPI	0.8026	0.191	0.457	0.379	0.945	< .001
PDI-18	0.6915	0.191	0.213	0.379	0.958	< .001
Self-esteem	0.0356	0.191	3.769	0.379	0.955	< .001

Pearson product correlation of paranoia and narcissism was found to be weak, positive and statistically significant ($r = 0.278, p < 0.01$). Hence, H1 is rejected. This shows that an increase in narcissistic behaviour would lead to an increase in paranoid symptoms. The correlation is presented in Table 5. Pearson's correlation of narcissism and self-esteem was found to be weak, positive and statistically significant ($r = 0.260, p < 0.01$). The correlation between paranoid thoughts and self-esteem was found to be weak, negative and statistically significant ($r = -.208, p = 0.008$).

Table 5: Correlation Analysis

		PDI-18	NPI	Self-esteem
PDI-18	Pearson's r	—		
	p-value	—		
NPI	Pearson's r	0.278	—	

	p-value	< .001	—	
Self-esteem	Pearson's r	-0.208	0.260	—
	p-value	0.008	< .001	—

The study assessed the moderating role of self-esteem on the relationship between narcissism and paranoia. The results showed a significant main effect of narcissism on paranoia (SE= 0.288, $p < .01$). There was also a significant main effect of self-esteem on paranoia scores (SE= 0.18, $p < .01$), indicating that higher self-esteem was associated with lower scores of paranoia. However, there was no significant interaction of self-esteem on the relationship between paranoia and narcissism (SE= 1.03, $p = .30$), supporting H2. The moderation results are presented in Table 6.

Table 6: Moderation Analysis

	Estimate	SE	Z	p
NPI	1.3906	0.2882	4.82	< .001
Self-esteem	-0.8054	0.1841	-4.38	< .001
NPI * Self-esteem	0.0500	0.0487	1.03	0.304

An independent sample t-test was conducted to compare narcissism for males and females. There were no significant differences ($t(160) = -1.88$, $p = 0.062$) in the scores for males (M= 21.8, SD= 3.11) and females (M= 20.8, SD= 3.23). The magnitude of the gender differences in the means was not significant. Hence, H3 is accepted. The differences are mentioned in Table 7.

Table 7: Gender differences in narcissism

		Statistic	df	p
NPI	Student's t	-1.88	160	0.062

An independent sample t-test was also conducted to compare paranoia in males and females. There were no significant differences ($t(160) = 1.05$, $p = 0.295$) in the scores for males (M=25.0, SD= 13.3) and females (M= 27.3, SD= 12.5). The magnitude of gender differences in the means was not significant. Hence, H4 is accepted. The differences are mentioned in Table 8.

Table 8: Gender differences in paranoia

		Statistic	df	p
R-GPTS	Student's t	1.05	160	0.295

An independent sample t-test was conducted to compare differences in self-esteem for males and females. There were significant differences ($t(160) = -4.16$, $p < 0.01$) in the scores, with mean scores of males (M= 30.4, SD= 4.87) higher than females (M= 27.1, SD= 4.68). The magnitude of gender differences in the means (Mean difference= -3.31, 95% CI: -4.87 to -1.74) was significant. Hence, H5 is rejected. The differences are mentioned in Table 9.

Table 9: Gender differences in self-esteem

		Statistic	df	p
SE	Student's t	-4.16	160	< .001

4. Discussion

The present research examined the relationship between narcissism and paranoia using a correlational design. Additionally, the study examined the moderating role of self-esteem on the relationship between narcissism and paranoia. Gender differences between narcissism, paranoia, and self-esteem were administered.

High levels of narcissism ($M = 21.2$) were observed in young adults. The results do not correspond to the presence of pathology; rather, they are indicative of higher scores observed in the participants. These individuals usually tend to perceive themselves as highly resourceful and skilled agents (Hascalovitz, 2015). Psychoanalytic studies have proposed that a higher sense of narcissism is necessary for transition into adulthood. This transition requires autonomous identities and independent decision-making. (Hill, 2011). The absence of parental guidance during this phase makes them feel vulnerable, and their self-worth is challenged. These results are also consistent with studies that adults and adolescents score higher on narcissism inventories than older individuals (Foster, 2003; Roberts, 2010).

The present research found a weak, positive relationship ($r = .260, p < 0.01$) between narcissism and self-esteem. This indicates that individuals who scored high on correlation showed higher levels of narcissism. Higher levels of narcissism scored in NPI are comorbid with psychological characteristics such as high levels of self-esteem and keep individuals at a lower risk of developing anxiety (Keeton et al., 2008; Obhi et al., 2012, 2013). These results are consistent with earlier research in which other researchers found a positive correlation between narcissism and self-esteem (Xu, 2020; Barry, 2010) but found contradictory results in the studies showing that narcissism was either unrelated or had a negative correlation with self-esteem (Muratori et al., 2018; Thomaes et al., 2008; Brookes, 2015).

Elevated levels of paranoia were observed in young adults from the sample ($M = 26.5$). Elevated levels indicate above-average levels of paranoia (Freeman, 2019). The continuum model of psychosis (Van Os, 2000) paranoia thinking is prevalent in the subclinical population as well and is experienced in varying levels of severity in the subclinical population. Anxious and avoidant attachments are associated with paranoid thinking in clinical (Wickham et al., 2015) and nonclinical populations (Berry et al., 2006; Pickering et al., 2008). According to Freeman et al. (2005), paranoid thoughts are a common and potentially beneficial aspect of everyday functioning. 15 to 20 percent of the general population has paranoid thoughts regularly, which emphasises its presence in nonclinical populations (Verdoux, 2002). Paranoid thoughts are frequent among adults, which indicates that this defense mechanism is present from early developmental ages (Carvalho, 2014). Multiple models of paranoia signify that negative attributions about the self play a vital role in paranoid thoughts (Bentall, 2001; Freeman, 2002). The moderate levels of paranoia are consistent with prior research on clinical and nonclinical populations (Kesting, 2013; Murphy, 2018; Tiernan, 2014).

The research found a weak, negative correlation between paranoia and self-esteem ($r = -.208, p < .01$). This suggests that individuals with paranoid thinking exhibit lower levels of self-esteem. This essentially means that young adults in the Indian context are consistent with 'paranoia as an expression model', which states that paranoia is a direct manifestation of low self-esteem (Freeman, 1999). This is consistent with research conducted by Thewissen (2007), which found that individuals with high levels of paranoia had lower levels

of self-esteem. These results are in line with previous research suggesting that self-esteem is important in the onset and maintenance of paranoid ideation (Bentall, 2001; Krabbendam, 2002).

A moderate level of self-esteem was observed in the current sample ($M=28.2$). These results are consistent with self-esteem scores observed by Choi (2019), who found a mean score of 30.8 on the Rosenberg self-esteem scale (Rosenberg, 1979). A study on the Indian population found similar results, i.e. the mean self-esteem score was 29.2 (Singhal, 2021). The current study observed that males had higher levels of self-esteem than females ($t(160)=-4.16, p<0.01$). This is consistent with previous research. Previous research has found lower levels of anxiety with moderate levels of paranoia (Basco, 2016).

Furthermore, the current research found a positive correlation between narcissism and paranoia. This suggests that individuals with higher levels of narcissism showed higher levels of paranoid thoughts. This rejects the null hypothesis proposed in the study. The results can be supported by a theoretical framework proposed by Garfield (1991), which argues that individuals with higher levels of narcissism are more likely to have paranoid characteristics due to a shaky sense of self. Trauma affects the inflated sense of self of narcissistic individuals and weakens their internal foundations, which leads to the development of paranoia as a defense mechanism, which makes them suspicious and hypersensitive of others' intentions. A study conducted by Hepper (2021) concluded that narcissism was associated with higher levels of paranoia with and without the presence of various mediators, which included defensiveness, which is consistent with the current findings. A nomological network analysis conducted by Miller (2011) also supports the above results of the current study, wherein they found a strong positive correlation ($r=.81, p<0.05$) between paranoia and narcissism in undergraduates from Southeastern University. Consistent results were found in multiple studies that constituted the clinical and nonclinical populations (Cichocka, 2015; Kay, 2021; Joiner, 2007).

The research extended these findings by investigating the moderating effect of self-esteem in the relationship between narcissism and paranoia. There is a significant main effect between narcissism and paranoia ($SE=.28, p<0.001$) and self-esteem and paranoia ($SE=.18, p<0.001$) in the present sample. The current sample does not have a significant moderating effect of self-esteem on the relationship between narcissism and paranoid thoughts ($SE=.48, p=.304$). In contrast, studies show a mediating or moderating effect of paranoia, narcissism, self-esteem, and other psychological constructs. For instance, a study conducted by Kesting (2011) showed that there is a strong mediating effect of changes in self-esteem between social stress and paranoid thoughts. The moderation effect also portrayed that higher levels of narcissism and self-esteem were mediated by perceived parenting (Farzand, 2021). Another study conducted by Sedikides (2004) revealed that narcissism and depression were moderated by self-esteem.

The current research also focused on gender differences in narcissism, paranoid thoughts, and self-esteem. The current study found no significant gender differences in narcissism ($t(160)=-1.88, p=0.062$). This is inconsistent with prior research, which showed that men are more narcissistic than women (Grijalva, 2015; Weidmann, 2023), whereas some studies showed that women were significantly more narcissistic than men (Valashjardi, 2021). The current study found no significant gender differences in paranoid thoughts ($t(160)=1.05, p=0.295$). Contrary to the existing findings, existing research shows that men are more susceptible to paranoia thoughts than women in clinical and nonclinical populations (Boden, 2009; Sullivan, 2003), whereas few studies have shown that women have higher levels of paranoia than men (Higgins, 2017). The current study found gender differences in self-esteem ($t(160)=-4.16, p<0.01$); males scored higher than females. This gender gap usually begins after puberty, continues till middle adulthood, and sometimes tends to increase (Myers, 2012; Robins et al., 2002; Orth, 2014). Numerous studies have

examined gender differences in self-esteem. This was consistent with the current findings that males score higher on self-esteem than females (Orth, 2012; Robins, 2003; Robins et al., 2002). Therefore, it can be concluded that males have a higher level of self-esteem than females.

5. Conclusion

The current results suggest that there is a weak, positive correlation between narcissism and paranoid thoughts. There is a main effect between narcissism and paranoia and self-esteem and paranoia. There is no interaction effect of self-esteem on the relationship between paranoid thoughts and narcissism. Males score higher in self-esteem than females, but there were no gender differences in narcissism and paranoia. The current research helps to understand these traits in the subclinical population better and provides a better understanding of the field of personality and social psychology. Qualitative research can further affect the manifestation of narcissism and paranoia. This leads to the implication of the development of culturally sensitive interventions for young adults having these traits. Further research can focus on finding out the other moderating factors affecting the relationship between narcissism and paranoia through qualitative research. Future research should focus on different types of self-esteem which could moderate this relationship. Research can also focus on the causal relationship between narcissism and paranoia in the subclinical population.

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