

**INFLUENCE OF SELECTED FACTORS ON THE STUDENTS'
PERCEPTION OF SUB-CLINICAL NARCISSISM IN SECONDARY
SCHOOLS IN TRANS-NZOIA COUNTY, KENYA**

BY

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**A THESIS SUBMITTED TO THE SCHOOL OF EDUCATION IN PARTIAL
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OF EDUCATION DEGREE IN EDUCATIONAL
GUIDANCE AND COUNSELING**

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DECLARATION

Declaration by the Candidate

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DEDICATION

I dedicate this thesis to my mum, Mrs. Beatrice N. Kabi, dad Mr. John Njenga Kabi for their boundless love and encouragement.

ACKNOWLEDGEMENTS

The product of this thesis was a corporate endeavor. Without the coordination and directions of my supervisors this thesis would not have been a success. Therefore, I am indebted to give appreciation to the following people. To you Dr. Emily Sitienei you read my work and tirelessly corrected it. Thanks for your input in this thesis. Your advice and encouragement kept me on track. To you Dr. John Kipruto, your kindness and help cannot be put in words. You continuously and tirelessly read my work. To my family: Hope, Daniel, John and Mary for being understanding and supportive. To my classmates and friends for their encouragement to keep on struggling even when this work looked difficult for me. To mama Frida, who always prayed for me and encouraged me when I got discouraged. I thank the schools, departments, teacher counselors and students who assisted me to collect the data that I needed for my research. To all you whose input had an impact in this study I thank you. Your kindness to me was a tickle to my heart your contributions cannot be repaid. God bless you all. To God be glory, honor, power and praise now and forever more. In Him everything is possible.

ABSTRACT

The need for guidance and counseling in secondary schools was realized by the Government of Kenya (GOK) way back in 1970's due to the weakening family ties as a result of urbanization, employment and education. Guidance and counseling was introduced to serve the purpose of traditional forms of counseling which was done by the extended family. Due to the changing life and style of materialism, the number of people with sub-clinical narcissism is increasing. The purpose of this study was to investigate the influence of birth position, gender, counseling techniques and parenting styles on the students' perception of sub-clinical narcissism in Kenyan secondary schools a case of Trans-Nzoia County. The objectives of the study were to find out the influence of birth position on the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County, to establish the influence of gender on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County, to determine the influence of counseling techniques used by the teacher counselors on the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County and to determine the influence of parenting styles on the students' perception of sub-clinical narcissism in Trans-Nzoia County. The study was based on the Cognitive Behavioral Theory. The study employed the quantitative methods and the ex post facto research design. The population of the study was 1,500 students and the sample size was 450 students. Simple random sampling technique was used to select students for the study. Purposive sampling was used to select trained teacher counselors in secondary schools in Trans-Nzoia County. The data was collected using both questionnaires and interview schedules. To ensure reliability, a pilot study was carried out in 4 schools with chaplains who are counselors and a sample of 40 students was selected to participate in the pilot study. The split-half technique was used to test the reliability. All the instruments attained a coefficient correlation of 0.7. To determine the validity of the instrument, suggestions and views from experts in the Department of Educational Psychology was sought. The data for interviews were analyzed using common themes and were summarized using percentages and one way ANOVA. The data for questionnaires was analyzed using means and One-Way ANOVA. The ANOVA results were as follows: Birth position, $F(3,446) = .111, P > 0.05$, Gender, $F(1,448) = .045, P > 0.05$, selected counseling techniques : rehearsals , $F(1, 8) = 1.600, P > 0.05$, reversed roles , $F(1, 8) = .071, P > 0.05$, imaginal restructuring, $F(1, 8) = 1.600, P > 0.05$, exposures , $F(1, 8) = .711, P > 0.05$, systematic desensitization, $F(1, 8) = 1.572, P > 0.05$, role play, $F(1, 8) = .071, P > 0.05$, modeling, $F(1,8) = 3.124, P > 0.05$ and parenting styles $F(2,447) = .529 , P > 0.05$. The results of this study showed that gender had an influence on students' perception of sub clinical narcissism, while birth position, counseling techniques (modeling, role play, exposures, systematic desensitization, rehearsals, reversed roles and imaginal restructuring) and parenting styles had no influence on the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. The male students were to be treated in ways that may reduce sub clinical narcissism because they had a higher perception for sub clinical narcissism. All students no matter their birth position should be treated equally without any bias because they have equal chances of being affected by sub clinical narcissism in Trans-Nzoia County. The teacher counselors may require more training on sub-clinical narcissism and use of those selected counseling techniques because the techniques that they used were not effective. Moreover, from the findings parents, guardians and caregivers should continue to use the authoritative parenting style in bringing up the children in order to reduce narcissistic tendencies.

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ABBREVIATIONS AND ACRONYMS

ANOVA	-Analysis of Variance
DSM-IV	– Diagnostic and Statistical Manual of Mental Disorders
GOK	– Government of Kenya
NPD	– Narcissistic Personality Disorder
REBT	-Rational Emotive Behavior Therapy
SPSS	-Statistical Packages for Social Sciences
U.S	–United States
USA	-United States of America

CHAPTER ONE

INTRODUCTION

1.1 Overview

This study examined the influence of birth position, gender, counseling techniques and parenting styles on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County and how teacher counselors can help students with sub-clinical narcissism to have desirable behavior in Trans-Nzoia County. This chapter entails the following: the background of the study, statement of the problem, purpose of the study, research objectives, research questions, research hypotheses, and justification of the problem, significance of the study, scope of the study, limitation of the study, assumptions of the study theoretical framework, conceptual framework and operational definition of terms.

1.2 Background to the Study

Narcissism as a pathological or socially aversive personality trait is often constructed to healthy narcissism (Betley, 2005). Healthy narcissism is a positive self-regard resulting from a realistic assessment and acceptance of one's strengths and weaknesses. Individuals who were defensive appeared to have high self-esteem, but their sense of self-regard was a façade used to hide and compensate for an underlying sense of worthlessness and inadequacy. This increasing narcissism among college students may best be explained by a combination of parenting style and societal conditions (Bergman, Westerman & Daly, 2010). According to Twenge, Konrath, Foster, Campbell and Bushman (2008), narcissism levels in (United States) U.S College students had steadily raised over the past 25 years. These increases may be even more pronounced among business students in comparison to those in other

disciplines (Roback, Chiffrillers, & Zappone, 2007). Americans scored higher on narcissism than people from other world regions (Foster, Shrira & Campell 2006). University students in the (United States) U.S in recent years seemed to have been focusing disproportionately on how valuable they were rather than how they may be valuable (Bergman, Westerman & Daly, 2010).

GOK report (2001) stressed the need to strengthen teacher and peer counseling in secondary schools to counteract the high rising cases of students' unrest in schools. Guidance and counseling was advocated and a ban was placed on corporal punishment. Drug and alcohol abuse were some of the main problems facing most students in secondary schools in Kenya today. This results in psychological and emotional dysfunction and poor interpersonal relationship between users and their peers, teachers or parents (Kipnusu, 2001).

Narcissism was influenced not only by the parent-child relationship but also by the individual's placement in the family system (Duffy, 2011). Temel (2008) carried out a research among Korean adolescents and found out that gender affects aggression where male students were more aggressive and more males were narcissistic compared to females. Those individuals with narcissism had been reported to be aggressive because of their gender and parent or caregiver relationship at childhood (Temel, 2008). In Africa, some studies had been done on narcissism for instance; Playa (2016) reported of South African leaders who were narcissistic where their narcissistic temperament could lead to destructive pathologies from the perspective of corruption. This can lead to breaking of moral and legal rules which later act as torpedoes in the career of leadership. Osunyikanmi (2015) reported that poverty, alcoholism, economic frustration and inferiority complex were some factors which

caused domestic violence. Narcissism had remained unexplored as a source of domestic violence particularly in Nigeria. Parents may fail to create an ideal personality when raising their children therefore causing children to develop narcissism. It was also known that most men but few women also suffer from narcissism (Osunyikanmi, 2015). Narcissists do exactly the opposite of the supposed commitment most studies on narcissism had been done in the Western countries and particularly among university students. There were some students who could not cope with other students in schools because of their personality. They felt they were superior than others to an extent that they could not accept the ideas of other students. In Kenya today, there had been many cases of indiscipline in schools particularly in boys' schools. This may have been due to aggressiveness caused by narcissism adolescents (Baeck & Hymen, 2008).

In Kenya very little had been done on narcissism particularly in education. This study was likely to be among the few done in Kenya. Narcissism had been researched more in the United States of America than other part of the world says (Temel, 2008). Ongeru (2011) reported personality disorders played a potential role in vulnerability to substance misuse and dependence. Very little information was available on the co-occurrence of different personality disorders and drug use disorders among treatment seeking substance abusers in the Kenyan population. Ongeru did a research in 2011 on prevalence of personality disorders among substance abusers in drug rehabilitation centers in Kenya and found out that those participants with personality disorders had cluster C (37.7%) followed by cluster B (19.8%) and clusters A (12.8%). Narcissistic personality disorder which is found in cluster B was found in 6.3% of the participants. As a result, this study was carried out to investigate the influence of birth position,

gender, counseling techniques and parenting styles on the students' perception on sub-clinical narcissism in secondary schools in Trans-Nzoia County.

1.3 Statement of the Problem

For many years, a lot of aggression had been reported in most secondary schools in Kenya. There had been several cases of students burning down their schools, students going on strike and using drugs. Moreover children no longer live with the extended family but they live in nuclear families. The number of single parents had also increased. Parents left their children with house helps who allowed the children to do as they wish thus nurturing narcissism. Parents also gave birth to few children or only one child so they end up overprotecting them not knowing that they may become narcissistic. Most Kenyan communities had made men to be more narcissistic than women because they were expected to be aggressive, authoritarian and entitled. In Kenya today, Life skills as a subject had been introduced in the school syllabus where students learn to be assertive and develop high self-esteem which had contributed to increasing narcissistic tendencies.

Campaigns on gender equality have also caused an increase in sub-clinical narcissism among women because they were also expected to compete with men in all spheres of life just like most men were thus making them to be narcissistic. In Kenya today, sub clinical narcissism personality disorder that was increasing just like in the western countries such in the (United States of America) USA had not been researched on. This may be a cause of some indiscipline cases in secondary schools in Kenya today. Sub clinical narcissism may be caused by the fact that Kenyans had embraced the western cultures. As a result this study sought to investigate the influence of birth

position, gender, counseling techniques and parenting styles on the students' perception on sub-clinical narcissism in secondary schools in Trans-Nzoia County.

1.4 Purpose of the Study

The aim of this study was to investigate the influence of birth position, gender, counseling techniques and parenting styles on the students' perception on sub-clinical narcissism in secondary schools in Trans-Nzoia County.

1.5 Research Objectives

This study was based on the following objectives:

- i. To find out the influence of birth position on the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.
- ii. To establish the influence of gender on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.
- iii. To determine the influence of counseling techniques on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.
- iv. To determine the influence of parenting styles on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.

1.6 Research Questions

This study was guided by the following research questions.

- i. What is the influence of birth position on the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County?
- ii. How does gender influence students' perception of sub-clinical narcissism in Trans-Nzoia County?

- iii. What counseling techniques influence students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County?
- iv. What is the influence of parenting styles on students' perception of sub-clinical narcissism in secondary school students in Trans-Nzoia County?

1.7 Research Hypotheses

The following null hypotheses were tested.

H₀₁: There is no significant influence of birth positions and the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.

H₀₂: There is no significant influence of gender and the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.

H₀₃: There is no significant influence of the counseling techniques and the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.

H₀₄: There is no significant influence of parenting styles and the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.

1.8 Justification of the Problem

Westerman, Bergman, and Daly (2013), investigated whether narcissism levels were significantly higher in undergraduate business students than psychology students, whether business schools were reinforcing narcissism in the class, and whether narcissism was influencing student salary and career expectations at Appalachian state university found out that current generation of college students had significantly

higher levels of narcissism than college students of the past. Business students were possessing significantly higher levels of narcissism than psychology students. The increasing level of collegiate narcissism had prompted concerned instructors to examine their personal role in preparing a generation of employees that were more narcissistic than the last. Many costs of narcissism were borne by others such as troubled romantic relationships (Campbell, Foster & Finkel, 2002) aggression and assault (Foster, Shrira & Campbell, 2006) white collar crime (Bonnacci, Van Dijk & Baumeister, 2003) and depleting common resources (Campbell et al, 2005). Trans-Nzoia county had been chosen for the study because it had continued to experience student indiscipline like drunkenness, sneaking out of school, negligence of academic work, use of illegal drugs, absenteeism, theft, fighting, cheating, arson and boy-girl relationship which could be signs of sub-clinical narcissism.

As a result of this, there was a need to investigate the influence of birth position, gender, counseling techniques and parenting styles on the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County in order to come up with strategies to help students so that they may cope with their future career because narcissists had been found out to have negative implications in the school and later on in the work place environments. This negative implication at the work place was likely to be an extension of their behavior since in secondary school where they were not assisted to reduce their grandiose (self - absorption, vanity, superiority and exhibitionism) so that they may cope with their environment. Before students reach secondary school, they were brought up at home with their parents, guardians and caregivers who may have been also narcissistic. As a result, children copied their parents, guardians and caregivers behaviors' because they were their mentors' who

wanted children to do things the way they (their mentors) wanted or the way children liked because they had been given freedom without limits.

1.9 Significance of the Study

According to Archer and Cooper (2002) students were a product of a society that was confronting unprecedented change. Societies changed in terms of economic, social and psychological needs. Students in secondary schools were born and brought up in these societies that were changing from time to time. The findings of this study were meant to assist in understanding of sub-clinical narcissism among secondary school students, which may have helped in planning school counseling programs and designing guidance activities that address adolescent's needs. Having general knowledge of narcissism was important to predict adolescents' aggressive behaviors and design effective preventive and treatment interventions for aggressive adolescents and to decrease narcissistic tendencies. These findings were to help the parents, guardians and caregivers to adopt the most suitable parenting style in order to reduce chances of the children to develop sub-clinical narcissism due to parenting. These findings were to help teacher counselors to identify, guide and counsel students with sub-clinical narcissism.

1.10 Scope of the study

The study was conducted only in secondary schools with teachers who were trained in counseling in Trans-Nzoia County. The study was to investigate the influence of birth position, gender, counseling techniques and parenting styles on the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.

1.11 Limitation of the Study

The study was carried out in secondary schools in Trans-Nzoia County. The study was limited only to trained teacher counselors and students. The results of this study were generalized to schools only in Trans-Nzoia County and other schools with similar characteristics.

1.12 Assumptions of the Study

The study was based on the following assumptions:

- i. Selected schools for study in Trans-Nzoia County employed individual counseling as a method of counseling when dealing with sub-clinical narcissism.
- ii. All students were exposed to a similar environment.

1.13 Theoretical Framework

This study was based on the Cognitive Behavior Theory by Ellis (1987). Cognitive Behavior Therapy (CBT) approaches were rooted in the fundamental principle that an individual's cognition played a significant and primary role in the development and maintenance of emotional and behavioral responses of life situations (Antonio Gonzales & Resko, 2012). Cognitive Behavior Therapy (CBT) is psychotherapy that is based on the assumption that the primary sources of psychological stress were maladaptive patterns in the way we thought and acted. According Ellis, (Cognitive Behavior Therapy) CBT emerged from observation that people reacted emotionally and behaviorally to events according to their interpretation of those events. Our interpretation was linked to our core beliefs. Cognitive theory assumed there were certain inherited dispositions such as temperament (nature), which interacted with

children's environments (nurture) and influenced their personality and their characteristic interpersonal strategies. Personality disorders were caused by core beliefs (assumptions about us, other people and the world around us) which were biased and caused people to misinterpret situations (Corey, 2008).

According to Hoermann, Zanpanick and Dombek (2013) based on the works of Ellis Cognitive Behavior Therapy (CBT) emerged from the observation that people reacted emotionally and behaviorally to events according to their interpretation of those events. That is, our thought led to our emotions and subsequent behavior. A complex blend of factors derived from both nature and nurture were thought to drive the formation of peoples' core beliefs. Cognitive Behavior Therapy (CBT) emphasized the importance of social learning with respect to personality development. Childhood experiences such as abuses and trauma were important factors that established the core beliefs about the world. Ellis in Corey (2008) reported that people with personality disorders acted in the dysfunctional ways because of their core beliefs which represented assumptions about ourselves, other people and the world around them. Thus narcissists' behavior was influenced by their core beliefs from their childhood experiences and inherited traits such as temperament.

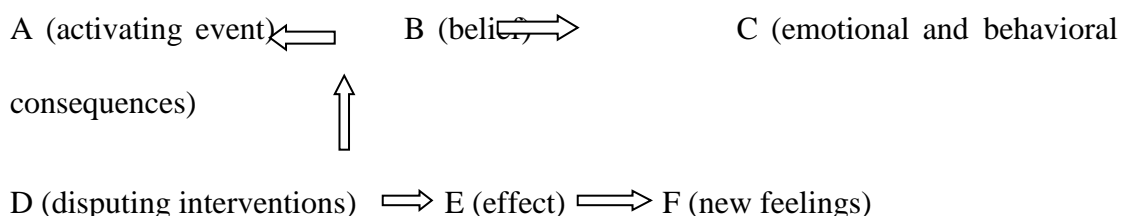
Cognitive Behavior Therapy (CBT) techniques emerged from a fundamental premise of cognitive-behavior theory. Our thoughts (cognitions) lead to our emotions and subsequent behavior. Cognitive Behavior Therapy (CBT) was of particular importance for people with personality disorders who had characteristic patterns of thinking that got them into trouble. This was because their ways of thinking tended to be somewhat extreme, inflexible and distorted. Cognitive Behavior Therapy (CBT) was particularly helpful for people with personality disorders because of its emphasis

on identifying and changing dysfunctional thinking patterns. In particular, core beliefs underlying those patterns were exposed and challenged (Hoermann, Zunpanic & Donbeck, 2013). A person corrected these faulty interpretations of the environment by replacing them with more accurate, rational interpretations with a more accurate interpretation, new more accurate core beliefs which were formed. The therapist together with the participant, worked together to identify the problematic thinking patterns of the client. The therapy participant was asked to keep track of troubling events. Participants recorded their thoughts in response to those events. Next, the participant would learn to consider whether there were alternative interpretation of the same event. The ultimate goal being to interrupt the automatic but distorted thoughts as they occur, while learning to consider alternative, more accurate interpretations of those same events with practice, and gradual success, the recovering person begun to feel better and behaved differently.

This study was based on the Rational Emotive Behavior Therapy (REBT) that was used by Ellis (1987) which was one form of cognitive behavior therapy techniques that was used in handling clients with personality disorders. Narcissism was an example of personality disorder which could be handled using Rational Emotive Behavior Therapy (REBT) which was one of the techniques used in Cognitive Behavior Therapy (CBT). Rational Emotive Behavior Therapy (REBT) was based on the assumption that cognitions, emotions and behavior interact. The basic assumption of Rational Emotive Behavior Therapy (REBT) was that people contribute to their own psychological problems by the way they interpret events and situations. Cognitive Behavior Therapy (CBT) was based on the assumption that reorganization of one's thoughts resulted in re-organization of one's behavior. Rational Emotive Behavior Therapy (REBT'S) basic hypothesis was that our emotions stemmed mainly

from our beliefs, evaluations, interpretations and reactions to life situations. Through the therapeutic process, clients acquired skills that equipped them to identify and dispute irrational beliefs that are acquired. They learnt to replace ineffective ways of thinking with effective and rational cognitions and eventually changed their emotional reactions to situations. The therapeutic process enabled the clients to use REBT principle of change not only to a particular presenting problem but also to other problems in life or future problems that they may encounter (Ellis, 1987).

The A-B-C theory was central in Rational Emotive Behavior Therapy (REBT). Ellis believed that rejection and failure at point B (the persons belief) were what caused depression at point E (effect) and not the actual event at point A. For instance, divorce could not cause depression but the depression could be caused by one`s belief about being a failure or being rejected. A was the existence of a fact, an event or a behavior of an individual. C was the emotional and behavioral consequence or reaction of the individual. A (the activating event does not cause C) B which was the person`s belief caused C the emotional reaction. D was disputing, which was the use of scientific methods to help clients to change their irrational beliefs. E was an effective philosophy where unhealthy thoughts were replaced by healthy thoughts. F was new feelings of the client after receiving healthy thoughts.



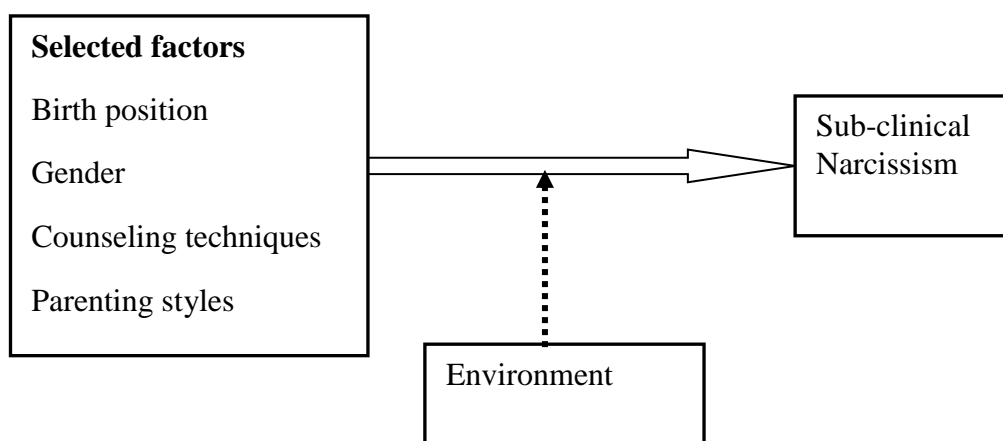
A student with sub-clinical narcissism such as entitlement, considered themselves as more special than others, who felt they were born leaders and other narcissistic traits may be counseled using the A-B-C theory of Ellis (1988). (A) Which were the

behaviors of a student with sub-clinical narcissism the student may have felt they were better than others because of the way they were brought up by their parents? These behavior may had been brought about by the believe (B) they had about themselves; that they were more special than others. So, they wanted to be treated in a special way. Their narcissistic behavior may have been caused by their belief that they were more special than others. When these students were not treated in a special way as they wanted, they therefore formed emotional reactions(C) whereby they use a lot of make up or behave in a way that was irrational so that they could be recognized by others. To dispute this behavior (D) the teacher counselor used counseling techniques to change the irrational behavior of those students. For instance, a student who wanted to be recognized was given a responsibility such as being a prefect where he/she rehearsed leadership skills and became recognized by others for doing well in the responsibility that he/she had been given.

Moreover, a student who was not sympathetic was taken to a children's home or a refugee camp where he/she saw people who were suffering and by visiting those places frequently, the student begun to sympathize with others (by use of systematic desensitization). The student reached point (E) when they acquired the desired behavior. This was the point where the student's unhealthy thoughts were replaced by healthy thoughts, then the client reached point (F) where the client could sympathize with people, they no longer showed off because they were recognized and he/she begun to think rationally. To solve sub clinical narcissism in secondary schools in Trans-Nzoia County, the Cognitive Behavior Therapy (CBT) was appropriate because it dealt with changing the distorted believes of students which may had been caused by gender, birth position or parenting styles then eventually help the students to change in behavior.

1.14 Conceptual Framework

The independent variables were birth position, gender, selected counseling techniques and parenting styles and the dependent variable was the students' perception of sub-clinical narcissism. The intervening variable was the environment. Birth position, selected counseling techniques and parenting styles did not influenced the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. Gender influenced the students' perception of sub clinical narcissism in secondary schools in Trans-Nzoia County.



Independent variables

intervening variable

Dependent variable

Figure 1: Diagrammatic Presentation of the Conceptual Framework

Source: Researcher (2016).

1.15 Operational Definition of Terms

This section entails the meaning of terms as used in this study as follows;

Counseling techniques are the methods used by counselors in giving advice and support to someone with problems usually after talking to them. In this study the counseling techniques are methods used by teacher counselors in secondary schools to deal with narcissists such as modeling, role play, rehearsals, reversed roles, imaginal restructuring, exposures and systematic desensitization.

Narcissism is a personality disorder where an individual considers him or her to be more special than others. In this study it refers to a personality disorder among students in secondary schools who consider themselves to be more special than others.

Teacher counselor a teacher who has been trained in counseling students with problems especially personal problems. In this study it refers to a trained teacher in a secondary school who advice and support students with sub-clinical narcissism.

Sub-clinical narcissism is a personality disorder where individuals feel they are more special than others it is reflective of Narcissistic Personality Disorder which can be understood as the expression of a normal personality trait. In this study this is a disorder portrayed by normal students which can be handled by counselors in secondary schools. This was measured using the Narcissistic Personality Inventory (NPI) scale.

Parenting style is the skill or activity of looking after your own children. In this study it refers to the way parents, guardians and caregivers look after children. The parental styles which were considered were authoritative, authoritarian and permissive parental styles.

Perception is the counselors' or students attitude towards sub clinical narcissism.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

In this chapter the following were discussed; sub-clinical narcissism, birth order and students' perception of sub-clinical narcissism, gender and students' perception of sub-clinical narcissism, behavior of narcissists, types of narcissism, counseling techniques and students' perception of sub-clinical narcissism, team work and narcissism, coaching, culture, narcissism in management classroom, narcissistic personality disorder treatment and management, suggestion management education, college wide level/administrative strategies, classroom strategies, one-on-one interactions, guidance and counseling programs, parenting styles and students' perception of sub-clinical narcissism, overindulgence, origins of narcissism in children, parenting styles, dimensions of parental behavior and the summary of the literature review.

2.2 Sub-clinical Narcissism and NPD

Konrath, Bushman and Campbell (2006), reported that clinical theory sees narcissism as a trait which existed either at the sub-clinical level in normal population or clinical presentation of NPD. Narcissistic Personality Disorder (NPD) was a clinical diagnosis that was reserved for individuals experiencing significant functional impairment and distress as a result of their narcissistic dispositions and served as a foundation for the sub-clinical narcissism construct (American Psychological Association, 2000). Social and personality psychologists regard sub-clinical narcissism as normally distributed across populations (Foster & Campbell, 2007). At the level of personality structure, NPD and sub-clinical narcissism was quite similar (Campbell, Hoffman, Campbell &

Marchisio, 2011). The convergence between NPD construct and measures of sub-clinical narcissism allowed researchers to consider how individuals that lacked a clinical diagnosis still possessed the relevant personality traits and tendencies associated with NDP (Miller, Gaughan, Pryor, Kamen & Campbell, 2009).

2.3 Birth Order and Students' Perception of Sub-clinical Narcissism

Nature provided unique potentials to become real self. Our unique abilities developed gradually as our parents and others close to us recognized what nature had provided. Good parents sensed the physical, spiritual and emotional needs of their children and helped children to grow up and develop their own individual identities as separate people rather than trying to force them into their mold or make their children meet the parents' needs. Narcissistic person failed to develop his true self and shifts his energies into becoming the kind of person he thinks he must be in order to feel good about himself; Someone that everyone would admire (Floyd, Div & Narramore, 2007).

There was evidence of child abuse having accord in the lives of many narcissistic dictators. For example Hitler's father was apparently physically abusive (Wilson, McIlwain & Warburtonset, 2011). The cause of this disorder was unknown; however, Groopman and Cooper (2006) listed the following:

- (i) An over sensitive temperament at birth.
- (ii) Excessive admiration that is never balanced with realistic feedbacks.
- (iii) Excessive praise for good behaviors or excessive criticism for bad behaviors in adulthood.
- (iv) Being praised for perceived exceptional looks or abilities by adults.
- (v) Severe emotional abuse in childhood

- (vi) An unpredictable or unavailable care giving from parents.
- (vii) Learning manipulative behaviors from parents.
- (viii) Valued by parents as a means to regulate their own self esteem.

Bergman, Westerman and Daly (2010) found out that in recent cross temporal analysis narcissism levels had risen steadily among college students over the past 25 years and Americans scored higher on narcissism than people from other world regions. Narcissism was often used to describe activities, behaviors or experiences that served to maintain or enhance a grandiose yet vulnerable self. Those with a narcissistic disorder were unable to regulate their self-esteem affirmation. They then engaged in activities or behaviors that assisted them in maintaining their inflated sense of self. They wanted to receive special treatment from others but they disregarded others rights and feelings and were unable to take perspective of others. (Foster, Campbell & Bushman 2002).

Healthy narcissism was a positive self-regard resulting from a realistic assessment and acceptance of one's strengths and weakness. Individuals with unhealthy narcissism appeared to have high self-esteem and were vulnerable to slights and failures. When self-importance and superiority was disturbed the individual felt incredible, shame and humiliated (Ronningstam, 2005). To defend themselves they externalize blame and angrily turned to their attackers because they perceive themselves as failures.

2.4 Gender and Students' Perception of Sub-clinical Narcissism

Sigmund Freud (1957) suggested that gender and narcissism converged during the phallic stage of psychosexual development. This was when children experienced the oedipal and electral complex. During this stage if the girl or boy failed to heal the oedipal or electral trauma they felt inadequate. The DSM –IV (2005) stated that 50%-

75% of individuals diagnosed with NDP were male. In the society men were encouraged to be aggressive, felt entitled, dominant, and independent and avoided showing empathy for others. While the society encouraged women to be empathic, maintain social ties and be nurturing. Men were more likely to be grandiose, fantasize about unlimited success and lack empathy (American Psychiatric Association, 2000).

On the other hand, women showed concern for physical appearance and other traits that foster the merger with idealized others. Women identified with outstanding figures while men desired to be those figures. Thus gender and birth order appeared as likely moderators in the relationship between the development of narcissism and vocational development. Narcissistic personality disorder was a condition in which people had an excessive sense of self importance, an extreme pre occupation with themselves and lack of empathy for others (Pub Med Health, 2012).

2.4.1 Behavior of narcissists

Research in the psychology literature on sub clinical narcissism showed that because of their fragile self-esteem individuals with narcissism react with rage, shame or humiliation when their self-esteem was threatened (Morf & Rhodewatt, 2001; Stuckle & Sporer, 2002). Sub clinical narcissism had been associated with a wide range of additional negative behaviors including white collar crime, assault, aggression, distorted judgment of one's abilities, rapidly depleting common resources, risky decision making, alcohol abuse, pathological gambling (Lakery, Goodie & Campbell, 2006) Compulsive shopping (Rose, 2007) and troubled romantic relationships (Foster, Campbell & Finel, 2002; Shrira & Campbell, 2006).

2.4.2 Types of narcissism

Evidence suggested that aggression tended to relate positively to narcissism. Bushman (2002) and his colleagues found that with older adolescent samples a combination of high narcissism and high self-esteem was associated with relatively high level of aggression. Highest levels of aggression were found among people with emotional and motivational investments in extremely favorable grandiose self – images several clinical psychologists had suggested that narcissism could be divided into two: overt or observable and covert or hidden subtypes. Both narcissists show extraordinary self-absorbed and arrogant but in other respects overt and covert narcissists were emotionally depleted, lack energy and were relatively unhappy. There were two types of narcissism; overt narcissism and covert narcissism (Wilson, McIlwain & Warburtons 2011).

Overt narcissists experienced a grandiose sense of self and demanded the attention of others even though they were relatively oblivious to the needs of others. On the other hand, covert narcissists were hypersensitive to the negative evaluation made by others and were generally dissatisfied (Ghim, Lim, Lim, & Choi, 2015). In covert narcissism; the self-seeking was repressed so that the person was not aware of their secret feeling of superiority. Instead they were hypersensitive to criticism and felt extremely vulnerable and victimized. Some psychologists had proposed that this was a smoke screen to hide underlying grandiosity. Some studies show that covert narcissism is associated with increased relational aggression in adolescents (Baeck & Hymen, 2008).

2.5 Counseling Techniques and Students' Perception of Sub-clinical Narcissism

Narcissism requires considerable time in psychotherapy conducted by a mental health worker knowledgeable in narcissistic personality disorder. It exists from normal health to extreme and unhealthy (Dawkins, 2006). Psychologists were first introduced to the term when Ellis (1898) characterized narcissism like individuals with a tendency to be void of other focused sexual emotions due to overwhelming self-admiration. Freud took note and popularized them for clinical psychologists in an essay that applied these principles in an understanding of various relationships between his concepts of id, ego and superego (Felty, 2012). Narcissistic personality disorder (NPD) was a clinical diagnosis for individuals experiencing significant functional impairment and distress as a result of their narcissistic depositions, but the disorder served as a foundation for the sub clinical construct.

Narcissistic personality disorder (NPD) was characterized by pervasive patterns of grandiosity, need for admiration and a general lack of empathy. They reacted affectively with shock, humiliation and shame; behaviourally they would defend the self with expressions of rage, disdain or anger. They could be identified due to an inflated sense of self importance that was revealed in exaggerations of their accomplishments. They were preoccupied with fantasies of unlimited success, power or brilliance while believing they were unique in ways that can only be understood by their special people. They envied others or believed that others were envious of them and the expression of arrogant haughty attitudes or behaviour (Felty, 2012).

2.5.1 Team work and narcissism

According Hernandez (2002) it has been documented that employers are seeking incumbents that can effectively work within team settings. Schools are answering the

call of academia by incorporating team projects into their courses. Strategic efforts must be made to determine if narcissism tendencies can be addressed in a well-designed curriculum. Group project is an effective tool for adult learners. Previous research has demonstrated that negative behaviors of students predict negative behavior of employees. Students' academic dishonesty may predict future unethical business practices. As such a student's narcissistic tendencies can be expected to follow them into their jobs. To echo the challenges extended by Westerman, et al (2012) the time has come for business schools and other practical disciplines to address narcissistic tendencies as they are presented in higher education.

2.5.2 Coaching

Based on his findings he recommended that narcissistic employees receive extensive coaching in an attempt to develop them into effective team members. Coaches and supervisors of narcissists attempted to make a lead by example. Assuming that supervisors were considered to be of higher status and viewed with a considerable level of respect, narcissistic individuals responded positively to their influence. Those tasked with mentoring narcissists would incorporate terms of cognitive behavioral therapy in their interactions with narcissists to address issues related to grandiosity, hypersensitivity to evaluation and the lack of empathy. By focusing on increasing responsibility for behaviors, decreasing cognitive distortions and dysfunctional feelings and constructing new attitudes they experienced adjustments in their grandiose, self-view, enhanced their empathy and eliminated exploitative behaviors (Bergman, et al 2010).

2.5.3 Culture

Organizations were to maintain a culture that did not reward narcissistic tendencies. Lubit (2002) claimed that culture as the result of behaviors performed by organizational role models, defined norms, values, behaviors and beliefs of an organizations individual.

2.5.4 Narcissism in management classroom

The increase in narcissism among college students raised numerous issues such as they tended to have a wide range of interpersonal deficits that were likely to cause a variety of problems for both educators and classmates. They were exploitative, showed arrogant behaviors, showed naughty behaviors and were unable to empathize with others (American Psychiatric Association, 2000).As a result they were likely to be poor team players because they blamed others for failure, took credit for success, and overly competitive (Campbell, et al 2000). This presented real challenges to faculties and classmates as more business educators begun to use cooperative or team learning techniques in preparation for the increasing team based work in today's organizations.

Team work was needed in class; group based instructional methods, whose success requires student's interdependence, individual accountability and skillful social interaction (Rassuli & Manzer, 2007). Narcissists were also hypersensitive to evaluation and potential negative feedback or criticism. This made them aggressive or antisocial towards the source of the threat (Stucke & Sporer, 2002). When faced with inadequate performance, they were often unwilling to take responsibility for their failures or inappropriate behavior. They blamed outside sources such as illness, friends, family and teachers.

Narcissistic students were likely to show a sense of entitlement. They believed that they should be exempted from difficult or dull tasks, leading to disagreement with material deemed uninteresting. They perceived themselves as above the ordinary rules that apply to others and felt that others had no right to criticize them while they freely criticized others. They found it difficult to accept new information. As a result of having difficulty in engaging in learning, narcissists tended towards non reflective learning, whereby memorization was a primary tool employed to achieve successful outcomes.

However, they had some benefits for short term like ability (Oltmanns, Frenzman, Fidler & Turkhainer, 2004) enhanced performance on public evaluation tasks, short term victories in competitive tasks and emergent leadership. The classroom provided a competitive environment which motivated narcissistic students towards victory over their classmates. As Lubit (2002) argued in his article on destructively narcissistic managers, who drive away their best employees as they consistently take credit for others' work and ideas, readily scapegoat in the face of failure, and hoard power rather than share it with talented, deserving subordinates. Narcissistic leaders were likely to experience severe shortfalls in decision making and often surrounded themselves with sycophants.

2.5.5 Narcissistic personality disorder treatment and management

Ambardar (2014) reported that the mainstay of treatment was individual psychotherapy specifically psychoanalytic psychotherapy. Other treatments included group family and couples therapy as well as Cognitive – Behavioral Therapy (CBT). He reported Kernberg's approach focused on actively interpreting narcissistic defenses while at the same time illuminating the client's negative transference. On

contrast, Kohut advocated a more emphatic approach with the therapist actually encouraging the patient grandiosity and promoting the development of idealization in the transference.

Currently, most clinicians embraced a style that focused on both elements. Preference was for a flexible and moderate approach that combined an emphatic understanding of the patients need for narcissistic defenses with a thorough exploration of those defenses. The therapist should be cautious about tearing down narcissism defenses too quickly. Cognitive Behavior Therapy (CBT) also was beneficial to clients. There was a specific form of Cognitive Behavior Therapy (CBT) known as schemes focused therapy that centered on repairing narcissistic schemes and the defensive moods and copying styles associated with them. This encouraged patients to confront narcissistic cognitive distortion and yielded some promising results in the treatment of (Narcissistic Personality Disorder) NPD (Ambardar, 2014).

Narcissists rarely sought treatment, as they typically viewed themselves as nearly perfect; there was no need of personal change. They experienced distress when fate had been unkind or praise was not available. They sought treatment because of feeling depressed, substance-related disorders and occupational and relational problems that was secondary to narcissism (American Psychiatric Association, 2000). Once in therapy; the relationship was jeopardized by narcissists' belief that they could be understood by persons of comparably high status or recognition.

2.5.6 Suggestion for management education

Management educators were psychoanalysts in their classrooms. The best way they dealt with a narcissist was to get these students to a university counseling center for individual counseling. Created and managed the reward and reinforcement structures

in classrooms so as to control the students' fate and perhaps motivate appropriate behaviors. Professors were often viewed as possessing higher status because of their educational level thus narcissists should be dealt with at three levels of analysis; college wide level, in the classroom and one-on-one because sub clinical narcissism differs from Narcissistic Personality Disorder (NPD) only in degree. When narcissism reached dysfunctional level, the student sought individual therapy (Bergman, et al 2010).

2.5.7 College wide level/ Administrative strategies

Educational managers should be educated on the signs of narcissism. Smaller class may also be in allowing faculty to be better assessing the degree to which narcissism was present in the classroom and to have more intensive and developmental relationships with their students. These should also be enhanced accurately in the grading of students to reduce grade inflation thus reducing grandiosity and hypersensitivity to evaluation. It was also possible to enhance opportunities and resources for students to study abroad particularly in underprivileged countries in a volunteering or service-learning content which reduced lack of empathy among narcissists.

2.5.8 Classroom strategies

The faculty increased the frequency of assessments, grading and feedback on appropriate behaviors and collaborative performance, alleviated hypersensitivity to evaluation. Students were given daily quizzes and short homework assignments and results posted quickly (often on the same day). This way they were more likely to accept their performance. Any student presentation was concluded by having the non-presenting students in the class provide anonymous feedback on the strengths and

weaknesses of the presentation (Bergman, et al 2010). A narcissist's initial suggestions in class were expanded and improved upon by classmates, illuminating the strengths and weaknesses of initial solutions while also broadening student appreciation for the strengths of their classmates' differing skill sets in contributing to a solution on question.

Role play was used in class as it was likely to force students to take the perspective of others and to behave as they believe another might. This addressed an aspect of narcissism, the sense of entitlement which played itself in the narcissist's behavior towards others that he or she views as objects of sexual attention (Bushman, Bonacci, Van Dijk & Braumeister, 2003). To dampen grandiose, instructors incorporated the use of peer evaluations linked to student grades and educated students on the types of collaborative behaviors as a form of enhanced behavioral responsibility that was expected within the group. Instructors also considered inviting guest speakers to their classrooms to discuss their relevant experiences and personal belief about success. Talk therapy helped the affected person to relate to other people in a more positive and compassionate way. Some narcissists had complications such as alcohol or drug dependence, relationship, work and family problems (Pub Med Health, 2012).

Real help was given to most students in schools was located between the highly directive and eclectic views rather than client centered (Coleman, 2009) effectiveness of the counselor depended more on the relationship existing between the student and his counselors than the methods chosen by the counselor and how well the counselor performed within the method she employed. Counseling students was one of the basic functions of the school guidance program. These skills were needed by school principals, teachers, teacher-advisers, athletic coaches and club sponsors as well as

professional counselors (Coleman, 2009). The results of counseling was at times affected by the perception of the counselor. Thus a teacher counselor dealing with a narcissist influenced their behavior change depending on their perception. Counseling methods has developed from research and theories about how individuals grew and developed, changed their behavior and interacted with their environment. They were classified into three: directive, non-directive and electric (Parsons, 2009).

The directive counselor was most interested in the problem than he was with the counselee. The counselor focused on identifying and analyzing the problem and finding appropriate solution to it. Directive counseling was the most commonly used method by counselors in school settings (Coleman, 2009). Non-directive approach was more effective in the treatment of many types of emotional problems. Carl Rodgers was known for non-directive counseling. According to Carl Rodgers its aim was to help the student to become a better organized person, oriented around healthy goals. It helped students to gain courage to meet life and obstacles that it presents. The student gained the ability to solve his or her problems in a constructive way (Fall, 2011). Eclectic counseling was the result of selecting concepts from both directive and non-directive approaches.

2.5.9 One-on-one interactions

Bentley (2005) suggested the use of a Gestalts approach with clients displaying narcissistic tendencies. This would be relevant to one-on-one professor-student interactions as follows.

- (i) Building a working alliance: Build an alliance through consistent empathy and understanding.

- (ii) Careful challenging: When the professor relationship with the student is strong enough,
- (iii) The professor was to begin gently challenging the student to think or behave differently.
- (iv) Modeling: The narcissistic student was likely to respond to challenges by being critical of the professor. The professor was to take this opportunity to model an alternative form of behavior by receiving criticism with grace. When the student realizes the criticisms do not deflate the professor, the student may stop being critical and may begin to interpret challenges and constructive criticisms in a more positive manner.
- (v) Offering experiments: The professor was to begin to be more direct in suggesting specific ways that the student might behave differently so that he or she would effectively interact with others or succeed in class.

2.5.10 Guidance and counseling programs

According to Cobia (2007) the criteria for evaluating the effectiveness of a school's guidance and counseling services included the following:

Counseling was based on pupils needs. Some needs were common to a given age; others were specific to certain individuals in particular regions or schools. It was also based on effective guidance programs cooperation. The evaluation was based on school attendance, better study habits, better scholastic achievements, fewer scholastic failures, lower drop point rate and better school-home relations. It was also stable, flexible, had qualified counselors and adequate counselor–student ratio. The guidance program had enough physical facilities, and appropriate records were maintained on

each student including achievement test scores, information supplied by teachers, administrators, and parents, employers and other professional personnel.

Guidance was an integral part of education and was centered directly on providing opportunities for each student to reach his/her full potential in education, vocation, personal and emotional functions (Lunenburg, 2010). Guidance and counseling services prepared students to increasingly accept responsibility for their decisions and grow in their ability to understand and accept the results of their choices (Gibson, 2008; Kauchak, 2011). The major role of the counselor was to promote personal growth and to prepare students to become motivated workers and responsible citizens. At school, students encountered personal, social, educational and career challenges.

The DSM – IV described narcissistic personality disorder as “a pervasive pattern of grandiosity, need for admiration and lack of empathy. They demand the best of everything in food, clothes, best hairdressers, lawyer, physician etc. Their personal relationships were based on whether the other person enhanced their self-esteem (Kauchak, 2011).

2.6 Parenting Styles and Students’ Perception of Sub-clinical Narcissism

Many researchers suggested that parenting plays a large role in the development of narcissism with some suggesting that a doting parenting style may lead to narcissism and others suggesting that narcissism may develop from an empathic, neglectful or devaluing parents (Kohut, 1968 & Lieberman, 2004. Bergman, et al (2012) suggested that the increasing narcissism among their college students was due to a combination of parenting style and societal conditions. Millon and Davis (2000) proposed a social learning theory that suggested that special treatment and overindulgence by parents result in the child valuing him or herself regardless of real attainments and the child

builds expectations for automatic admiration and praise. Those taking a cognitive theory perspective believed narcissistic tendencies emerged from an excessively idealizing parent who may cause the child to develop an overactive self-scheme that includes inflated beliefs of personal uniqueness and self-importance. Parent also denied or distorted negative external feedback which contributed to the hypersensitivity to evaluation so common among narcissists. In recent years we witnessed such a shift in materialistic behaviors and attitudes. About 74% of college freshman in 2004 cited being very well off financially as an important life goal. Narcissists believe in obtaining success better than anyone else (Cisek, Hart & Sedikides, 2011). Bergman, et al (2012) found out that narcissistic tendency such as materialistic values and money importance tended to be particularly evident in business students.

Several theories had tried to explain how narcissism develops. Some of the theories were the psychoanalytic theory of various terms were employed to refer to overindulgence such as pampering, over valuing and permissive parenting (savage, 2011).

2.6.1 Overindulgence

Bredehoft and Ralston (2008), proposed a refined definition of overindulgence in the following aspects:

(i) Too much

This involves buying too many toys, clothes, offerings many lessons, privileges and entertainments to children.

(ii) Over nature

This involves doing things for children that they should do for themselves at each developmental stage.

2.6.2 Origins of narcissism in children

Brummelman, Thomaes, Nelemans, Orobio, overbreek and Bushman (2015) revealed that narcissism had been increasing among western youth and had contributed to problems in the society such as aggression and violence. They compared two perspectives. First, was that narcissism was caused by parental over valuation and secondly, narcissism was caused by lack of parental warm. They carried out a longitudinal research in late childhood between 7-12 years. They found out that narcissism was predicted by parental overvaluation, not lack of parental warm. Thus, children were likely to acquire narcissism partly by internalizing parents inflated views. Self-esteem was predicted by parental warm and not parental overvaluation. According to the psychoanalytic theorist lack of warmth was likely to cause narcissism. When children and treated by their parents with a lot of affection, they internalized the view that they were valuable individuals which eventually caused narcissism because they also wanted other people to treat them like the way their parents had been treating them. Parents who overvalued their children were likely to be narcissistic themselves. Thus, their children inherited or mimicked their parents and ended up being narcissists (Brummelman, et al 2015).

Rappoport (2005) reported that narcissistic parents were controlling, blaming, self-absorbed, intolerant of others' views and unaware of their children's' needs. They always demand their children to represent them in the world in ways that met the parents' emotional needs. So children of narcissistic parents developed their self-

concept based on their parents' treatment to them. So they ended up acquiring narcissistic behavior. Children of narcissists tended to assume that others needs were similar to those of their parents and felt compelled to meet those needs by responding in the required manner.

Zeigler-Hill, Green, Arnau, Sisemore and Myers (2011) believed that early experiences with caregivers shaped the cognitive schemes that individuals acquired and used to adopt in their social environments later in life. Early life experiences contributed to development of narcissism which interfered with appropriate development of feelings of self-worth, and realistic expectations concerning their abilities and achievements.

Cater Zeigler-Hill and Vonk (2011) in their study on early life experiences and narcissism found out that individuals who reported higher scores on exploitativeness remembered being less attached to their parents/caregivers when they were children. They also found out that individuals who had higher scores on grandiose were liked and supported by their friends in their early life. Those with high scores on entitlement recalled that in their early life they were severely punished by their parents. Moreover, those who feared threats of being abandoned by their caregivers had high scores on entitlement and exploitativeness.

2.6.3 Parenting styles

This was the way parents' brought up their children. The parenting style played an important role in the children's development. Dalouw, Van Ede and Louw (2003) talked of different parenting styles as follows:

The authoritarian parent; these parents placed a high value on conformity and obedience that they could even reject their children if they did not comply with their

wishes. The parent expected the child to obey always, if they didn't, the children were punished severely. Their children usually had a lower self-esteem. They had poor relationships with others and were likely to be antisocial.

The authoritative parent; they set rules for their children but also allow their children freedom with limits. They encouraged their children to contribute to family discussions that had to be made. Children brought up using this parenting style had high self-esteem; they internalize moral values in a better way and performed better academically. This was the most positive parenting style.

The permissive parent; Children were well cared for and parents exercised little control over their children: so children did as they wished. These children were impulsive, aggressive and lack self-control. They did not like responsibility and did less well in school. They also appeared to be less mature in behavior. The uninvolved parent; these parents were undemanding, indifferent to their children and emotionally detached from them. They did the minimum that was expected from them as caregivers of their children. These parents had little or no interest to their children or had overwhelming personal problems such children showed disturbances in their relationships with other people, they were likely to be impulsive and antisocial. They also achieve less at school. Although the authoritative parenting was the most acceptance style, most parents of adolescents use a combination of these styles.

2.6.4 Dimensions of parental behavior

Dimensions of parental behavior can be categorized into two;

(i)The love-hostility dimension

(ii)The autonomy-control dimension

The love hostility dimension refers to the loving behavior of parents which was characterized by acceptance, understanding and approval. These parents used corporal punishment minimally and promoted positive discipline through explanations and praise. These enabled children to act independently develop their own identity and self-confidence.

The autonomy control dimension refers to parents who allowed their children realistic freedom as opposed to those who exercised exceptionally strict control over their children. Parents who allowed freedom for their children and control them authoritatively had adolescents who were confident and outgoing. They had high self-esteem, they were responsible and autonomous. Parenting was in effect, a two – way process. Adolescents also influenced their parents' behavior. Difficult adolescents made it difficult for their parents to maintain a positive disposition (Dalouw, et al., 2003).

As Duffy (2011) and Bergman, et al (2010) reported that narcissism was on rise in western society, so it was also rising in Kenya because Kenya has embraced the western culture of individualism. They encouraged educators to recognize narcissism and attempted to foster less narcissistic professionals. As a result, this study was to investigate the influence of birth position, gender, counseling techniques and parenting styles on the students' perception on sub-clinical narcissism in secondary schools in Trans-Nzoia County to help students with sub-clinical narcissism in order to develop desirable behaviors that were to enable them cope with others in the team work society in the current school set ups. The findings were also meant to help teacher counselors in planning school guidance and counseling programs that address adolescent needs and design effective preventive and treatment interventions to

decreases narcissistic tendencies and to handle students in secondary schools. Moreover, the findings were to help parents, guardians and caregivers to bring up their children in the best way.

2.7 Summary of the Literature Review

Most studies on narcissism were done in western countries such as USA and involved under graduate students at the universities and dealt with narcissism as a clinical or pathological problem. This study was done in a less developed country; it involved students at the secondary school level and sub clinical narcissism which was a personality disorder that was found in the normal population.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Overview

This chapter comprises of the research design, geographical location of the study, and research population, sample, and sampling. It also presents data collection instruments, pilot study, validity of the research instruments, and reliability of the research instruments. Then finally presents data collection procedures, scoring of the instruments, data analysis and ethical considerations.

3.2 Research Design

This study used ex post facto research design where the relational or associative type of ex post factor design was employed. Ex post facto is a design in which the independent variable was not manipulated but it only determined its effects on the dependent variables, which had already occurred by the time the data, was being collected (Kothari, 2003). This ex post facto was useful because the study had no control over sub-clinical narcissism among students. In addition, it was useful in investigating the influence of birth position, gender, counseling techniques and parenting styles on the students' perception on sub-clinical narcissism in secondary schools in Trans-Nzoia.

3.3 Geographical Location of the Study

The study area was Trans Nzoia County which lies between latitude $00^{\circ}52'$ and $10^{\circ}18'$ N of the equator and longitude $34^{\circ}38''$ and $35^{\circ}23''$ E of the prime meridian. It covered a total area of $2,495\text{KM}^2$ forming 0.42 % of the Republic of Kenya (GOK, 2013). Trans-Nzoia County had three sub-counties: Trans-Nzoia West, Trans-Nzoia

East and Kwanza. Trans-Nzoia County had a total of 251 schools with 68,998 students. Trans-Nzoia County had 47 counties and 3 sub-counties. It comprized of 5 constituencies; Endebess, Cherangany, Saboti, Kwanza and Kiminini. It boards the Republic of Uganda to the West, Bungoma and Kakamega to the South, West Pokot county to the East and Elgeyo Marakwet and Uasin Gishu counties to the South East (GOK, 2013). One of the main socio cultural activities in this county was the male circumcison among the Bukusu community which was done during the even years. Moreover, traditional marriage proposals and marriages were practiced among the Nandi community. Trans-Nzoia County was known mainly for maize farming. Other crops grown were; beans, potatoes, tomatoes, onions, wheat, sunflower, mangoes and bananas. Dairy farming was practiced both in large scale and small scale. Poultry farming, pig rearing and bee keeping was also practiced but in a smaller scale.

3.4 Research Population

The research population for the study was 1500 students. Trans-Nzoia West had a population of 700 students, Trans-Nzoia East had a population of 300 students and Kwanza had a population of 500 students. Public secondary schools were 8 in total and 2 private secondary schools. Making a total of 10 schools with trained teacher counselors were.

3.4.1 Sampling procedures

The sample of the teacher counselors who participated in this study was obtained through purposive sampling. This is a sampling technique that allows a researcher to use cases that have the required information with respect to the objectives of the study (Mugenda, O & Mugenda, A., 2010). In this study the only 10 schools with trained teacher counselors were selected through purposive sampling. The sample of the

students who participated in this study was obtained by simple random sampling. Simple random sampling involved giving a number to every subject or member of the accessible population, placing the numbers in a container and then picking any number at random. The numbers corresponding to the numbers picked are included in the sample (Mugenda & Mugenda, 2010). In this study, the sample of students was obtained by the researcher by assigning numbers to all the 450 students and placing the numbers in a box. The researcher selected 450 students by picking the 450 participants randomly from the numbers assigned in the box. 45 students were picked from each of the 10 schools to form the sample. There were 237 male students and 213 female students making a total of 450 students.

3.4.2 Sample size

In this study the sample size was 10 teacher counselors who were purposefully selected from schools with teacher counselors in Trans-Nzoia County. The sample size for students was 450 in total and 45 students from each school who were selected using simple random sampling. The matrix tables showing the sample size was as follows.

Table 3.1: The matrix table showing the sample size

Form	Sample Size
One	120
Two	120
Three	120
Four	90
total	450

Source: Researcher (2016)

3.5 Data Collection Instruments

3.5.1 Questionnaires for students

The research data was collected by a closed type of questionnaire. A questionnaire consists of a number of questions printed or typed in a definite order on a form or set of forms (Kothari, 2004). The questionnaire contained a list of 38 questions. 3 questions comprised of personal questions which enabled categorization of students. The second section B of the questionnaire comprised of 20 statements which were used to measure the perception of students on sub-clinical narcissism where they were rated as follows; 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree and 5 for strongly agree. The higher the score; the higher the level of sub clinical narcissism a student had. For each statement the participant chose the item from each statement by ticking the appropriate rating. These statements were adopted and modified from Narcissistic Personality Inventory (NPI) which was adopted and modified from previous instruments Narcissistic Personality Inventory (NPI) which was developed by Raskin and Terry (1988) and guided by the research objectives.

The Narcissistic Personality Inventory (NPI) was taken to be a more useful measure for sub-clinical narcissism than that of pathological narcissism (Maxwell, Donnellan, Hopwood & Ackerman, 2011). Narcissistic Personality Inventory (NPI) was preferred among narcissism researchers due to its so high levels of test-retest and internal consistency reliability (Del Rosario & White, 2005). The items in the NPI scale were the researcher also adopted and modified an instrument for measuring parenting styles that was developed by Robinson, Mandleco, Olsen, and Hart, (1995). Then the last section C of the questionnaire was made up of 15 questions on parenting styles adopted and modified from the instrument that was used by Robinson, et al (1995).

The first 5 questions were to find out whether the parents were authoritative, the second 5 to find out whether the parents were authoritarian and the last 5 whether the parents were permissive. The respondents were required to tick either Yes or No. Yes answers were scored 1 and No answers were scored 0. High score in each category indicated the parenting style. Highest score was 5 and the lowest was 0.

3.5.2 Interview schedule for teacher counselors

The researcher also used an interview schedule to collect data. Interview method of collecting data involved presentation of oral-verbal stimuli and terms of oral-verbal responses (Kothari, 2004). The interview for the teacher counselor comprised of a total of 3 closed questions. The first question required the teacher counselor to identify the birth position that was mostly affected by sub-clinical narcissism. The second, to identify the gender that was mostly affected by sub-clinical narcissism and lastly, the techniques the teacher counselor used to handle students with sub-clinical narcissism.

3.6 Pilot Study

A pilot study was carried out in 4 schools in the study area. These selected schools had chaplains who also act as teacher counselors. A total of 40 students and 4 teacher counselors took part in the pilot. They were asked to respond to the questionnaire and interview. The data collected was used to test the reliability of the instruments in carrying out the study

3.6.1 Validity of the research instruments

Validity refers to whether the research has measured what it was supposed to measure or not. It is aimed at finding out whether there is a gap between the information sought and the data collected (Serem, Boit & Wanyama, 2013). Content validity of

the research instrument was attained by developing questions based on objectives of the study. Then the instrument was given to experts in the department of Educational Psychology whose suggestions and views were sought to find out whether the instrument would actually measure what it was purported to measure. Their suggestions were incorporated into the final construction of the instrument that was used to collect data.

3.6.2 Reliability of the research instruments

Reliability refers to whether a particular tool or instrument would give the same results if it is used repeatedly by one researcher or used by different researchers at once (Serem, Boit & Wanyama, 2013). The responses in the questionnaire and the interview schedule in pilot study were recorded then the correlation method was employed to test the reliability of the questionnaire and the interview schedule using split-half method. Pearson product moment correlation co efficiency and a correlation index of 0.7 were obtained for all the instruments hence making the instruments reliable for the study.

3.7 Scoring of Instruments

The second section B of the questionnaire comprised of 20 statements which were used to measure the perception of students on sub-clinical narcissism where they were rated as follows; 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree and 5 for strongly agree. The higher the score; the higher the level of sub clinical narcissism a student had. For each statement the participant chose the item from each statement by ticking the appropriate rating. These statements were adopted and modified from Narcissistic Personality Inventory (NPI) which was adopted and modified from previous instruments (Narcissistic Personality Inventory NPI) which

was developed by Raskin and Terry (1988) and guided by the research objectives. The highest score was 5 and the lowest was 1. The researcher also adopted and modified an instrument for measuring parenting styles that was developed by Robinson, Mandleco, Olsen, and Hart, (1995). Then the last section C of the questionnaire was made up of 15 questions on parenting styles adopted and modified from the instrument that was used by Robinson, et al (1995). The first 5 questions were to find out whether the parents were authoritative, the second 5 to find out whether the parents were authoritarian and the last 5 whether the parents were permissive. The respondents were required to tick either Yes or No. Yes answers were scored 1 and No answers were scored 0. High score in each category indicated the parenting style. Highest score was 5 and the lowest was 0.

The interview schedule was scored by verbally stating Yes or No. Yes answers were scored 1 and No answers scored 0. The highest score was 1 and the lowest was 0. High score indicates the technique that was employed by the teacher counselor.

3.8 Data Collection Procedures

The researcher obtained the permit from the National Commission for Science, Technology and Innovation, the County Director of Education Trans-Nzoia and the County Commissioner Trans-Nzoia County. The researcher used the permit to introduce herself to Head Teachers, teacher counselors and participants. Then the participants were met through the assistance of guidance and counseling departments in the different schools. The participants were also assured of the confidentiality and were given the consent letter to read. They were also informed that they were free to participate at their own will. After filling the questionnaire, the researcher collected the questionnaires through the assistance of the teachers in charge of counseling in the

schools. The researcher then interviewed the teacher counselors and filled their answers in the interview schedules prepared.

3.9 Data Analysis

Data generated was coded and fed into the Statistical package for and Social Sciences (SPSS) version 21 for analysis and interpretation. The data was analyzed using the One-way Analysis of Variance (ANOVA). One way Analysis of Variance refers to analysis of variance where groups are being compared on only one variable but different levels. There is only independent variable that is measured in either nominal or ordinal scale while the dependent variable is measured at either ratio or interval scale (Mugenda & Mugenda, 2010). In this study the independent variables with different level were at a nominal scale while the dependent variable; perception of students' which had two levels was at an interval scale thus One-way Analysis of Variance (ANOVA) was appropriate for the analysis. The items on the Narcissistic Personality Inventory (NPI) were rated on a Likert scale of a 5 response category as follows; 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree and 5 for strongly agree. Higher scores represent higher levels of sub-clinical narcissism.

The highest score was 5 and the lowest score was 1. The respondents were required to tick the appropriate rating. The respondents were also asked to tick either Yes or No in order to indicate the parenting style of their parents. Yes answers were scored 1 and No answers were scored 0. High score in each category indicated the parenting style. Highest score was 5 and the lowest was 0.

The teacher counselors were to respond to the interview schedule by giving the techniques that they used and the techniques that they did not use. They were to pick by verbally stating Yes or No. Yes answers were scored 1 and No answers scored 0.

The highest score was 1 and the lowest was 0. All hypotheses were tested at a level of significance of 0.05.

3.10 Ethical Considerations

A letter authorizing the researcher to carry out the research was obtained from the National Commission for Science, Technology and Innovation the County Education Officer, the County Commissioner Trans-Nzoia County and verbal consents were obtained from the informants. The participants were informed of the research objectives, methods and its relevance and assured of confidentiality. No person was forced into participating in the study and their respects were accorded. Participants were informed not to write their names or personal identifications on the questionnaire. The questionnaires were numbered for the purposes of identification during the coding of data.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND

DISCUSSION

4.1 Overview

This chapter presented the analysis according to the objectives. It presents demographic descriptions and analysis by objectives. The first objective was the influence of birth position on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County, the second objective was the influence of gender on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County, thirdly it was the influence of selected counselling techniques on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County and lastly, the influence of parenting styles on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. This is presented in Table 4.2 below.

4.2 Demographic Descriptions

Table 4.1: Description of sample based on gender and birth position of students

	Gender		Total
	male	female	
First born	44	70	114
Mid born	145	95	223
Last born	48	27	75
Only child	0	21	21
Total	237	213	450

Source: Researcher (2016)

The descriptive statistics in Table 4.1 indicated that 52.7% of the samples were male students while 47.3% were female students. It was also revealed that majority of the students were mid born (52%) followed by first born (29.3%). This information is illustrated in Figure 2 and Figure 3 below.

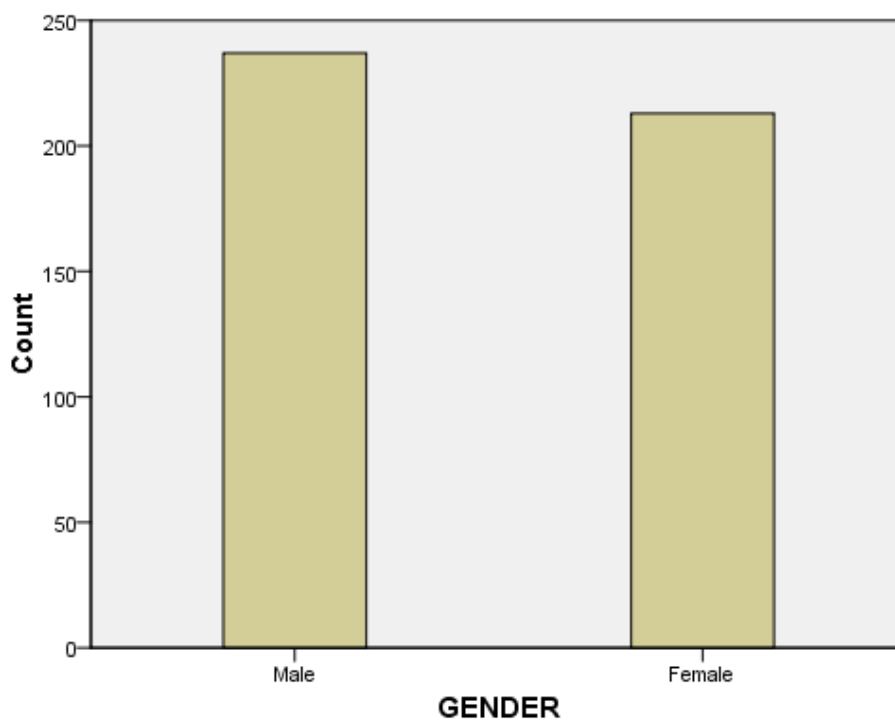


Figure 2: Bar graph for gender

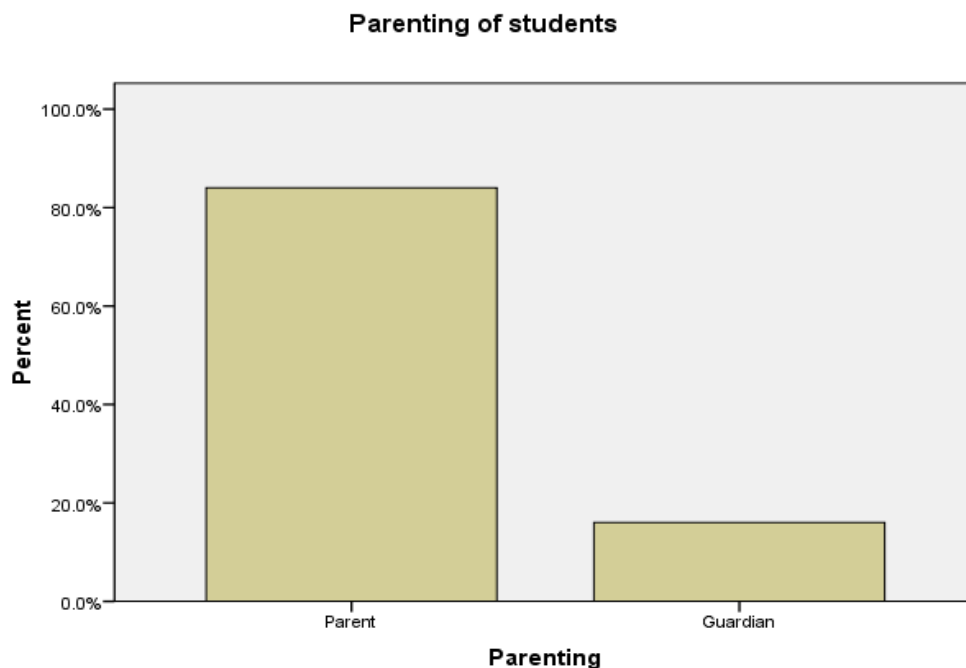


Figure 3: Bar graph for parenting of students

Source: Researcher (2016)

The descriptive information in the bar graph revealed that 84% of the students were cared for by their biological parents while 16% were cared for by their guardians.

Table 4.2: Frequencies of students' perception of sub-clinical narcissism

Students perception	Frequency	Percentage
Strongly agree	80	17.8
Disagree	81	18
Neutral	102	22.7
Agree	99	22
Strongly agree	98	19.6
Total	450	100.0

Source: Researcher (2016)

It was revealed in Table 4.2 that 17.8% of the students in secondary schools strongly agreed with the statements, 18% disagree with the statements, 22.7% were neutral , 22% agreed with the statements and 19.6% strongly agreed with the statements.

4.3 Analyses by Objectives

4.3.1 Birth position and students' perception of sub-clinical narcissism

In order to achieve this objective, the following research question was posed; what is the influence of birth position on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County? To respond to this question the respondents (students) were asked to respond to item 2 of section A of the questionnaire for students and section B which was a Narcissistic Personality Inventory (NPI) scale for finding out the students' perception on narcissism. This generated data on an interval scale on the dependent variable and nominal scale on the independent variable. The mean scores for the various birth positions were computed and the descriptive statistics presented in Table 4.3.

Table 4.3: Mean scores and standard deviation based on birth position

		Perception		
Birth position	Frequency	Mean	Sd	%
First born	114	3.070	1.400	25.3
Mid born	240	3.050	1.386	53.3
Last born	75	3.147	1.343	16.7
Only child	21	3.143	1.375	4.7
Total	450	2.607	1.092	100

Source: Researcher (2016)

Table 4.3 indicated that mid born students were more affected by narcissism with a mean of 3.070 which accounted for 53.3%. The next position was the first born with a mean of 3.050 which is equivalent to 25.3%. The next was the last born position which had a mean of 3.147 which was equivalent to 16.7%. The least affected birth position was the only children with a mean of 3.143 which accounted for 4.7%. This information is further illustrated in Figure 4 below.

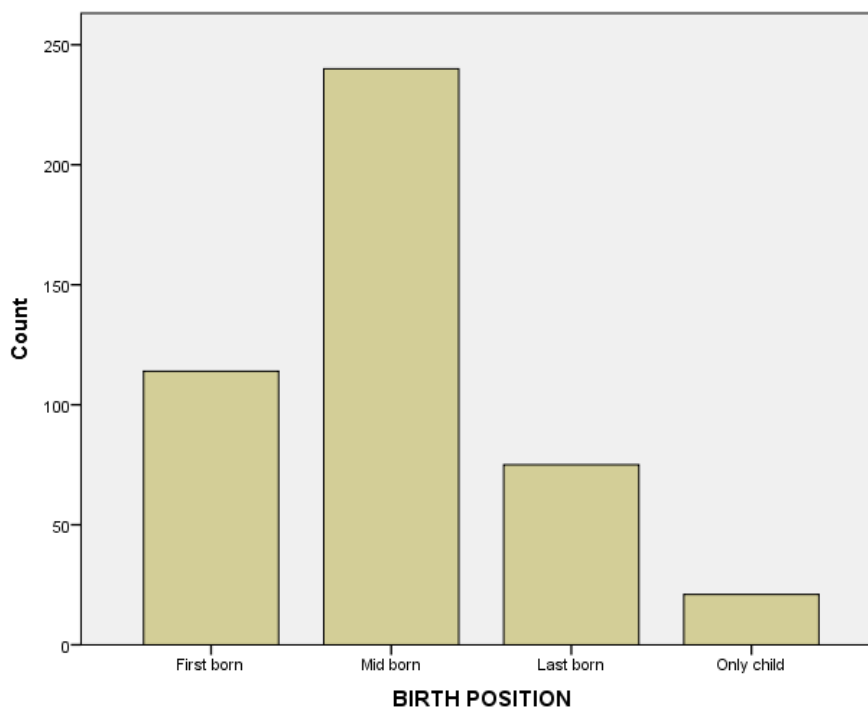


Figure 4: Bar graph for birth positions

Source: researcher (2016)

The information in the graph indicated that mid-born students were more affected by sub-clinical narcissism followed by first born students then last born and very few students who were only children.

Table 4.4: Percentage of birth position according to teacher counselors' perception

Birth position	Frequency	Percentage
First born	2	20%
Mid born	3	30%
Last born	3	30%
Only child	2	20%
Total	10	100%

Source: Researcher (2016)

According to teacher counselors, the students who were mostly affected by narcissism were mid born and last born each accounting for 30% while the least affected by narcissism were first born and only children with 20% each. In order to determine if the mean scores gave significant differences, the mean scores based on the birth positions according to students was used to calculate the one way Analysis Of Variance (ANOVA) because the dependent variable generated an interval scale while the independent variable generated a nominal scale and the results were presented in Table 4.5.

Table 4.5: Analysis of Variance for birth position

Source of variation	SS	df	MSS	F	Sig
Between groups	.634	3	.211	.111	.954
Within groups	848.797	446	1.903		
Total	849.431	449			

Source : Researcher (2016)

The first objective for this study was to find out the influence of birth position on the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.

Results in Table 4.5 revealed that there was no significant difference between the mean scores $F(3,446) = .111, P > 0.05$. The observed value .111 was greater than the level of significance of 0.05. Therefore, the null hypothesis which stated that there is no significant influence of birth positions on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County was not rejected. As a result, the researcher concluded that there was no significant influence of birth positions on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. This implied there was no particular birth position of students that was mostly affected by sub-clinical narcissism. A student at any birth position may be affected by sub-clinical narcissism.

4.3.2 Gender and students' perception of sub-clinical narcissism

The second objective of this study was to establish the gender influence on student's perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. To achieve this objective answers to the following research question was sort, what is the influence of gender on students' perception of narcissism in Trans-Nzoia County? To answer the research question respondents indicated their gender in item 1 of the questionnaire for students. They were also requested to rate the 20 items in the students' perception of sub-clinical narcissism Narcissistic Personality Inventory (NPI) to show their perception by ticking either strongly disagree, disagree, neutral, agree and strongly agree. The responses to the 20 items were scored as follows; 1 for strongly disagree, 2 for disagree, 3 for neutral, 4 for agree and 5 for strongly agree,

generating data on a nominal scale for the independent variable; and interval scale for the dependent variable. The mean scores based on gender were computed and results presented in Table 4.6.

Table 4.6: Mean scores and standard deviation based on gender and students' perception

Gender	Frequency	Perception		
		Mean	SD	%
Male	237	3.089	1.364	52.7
Female	213	3.061	1.391	47.3
Total	450	3.076	1.375	100

Source: Researcher (2016)

Table 4.6 revealed that male students had a higher positive perception for narcissism with a mean of 3.089 equivalent to 52.7 % compared to female students who had a mean of 3.061 which accounted for 47.3%. Based on teacher counselors 60% of the male students were mostly affected by sub-clinical narcissism. While 4 teachers counselors reported that 40% of the female students were affected by sub-clinical narcissism as compared to male students. The results are presented in table 4.7 below.

Table 4.7: Percentage based on the teacher counselor's perception

Gender	Frequency	Percentage
Female	6	60
Male	4	40
Total	10	100

Source: researcher (2016)

To test if the two mean scores had a significant difference, one way Analysis of Variance (ANOVA) was conducted using the data on gender according to the students' perception and the results of the inferential statistic were presented in table 4.8 below.

Table 4.8: Results for variance based on gender and students' perception

Source of variation	SS	df	MSS	F	Sig
Between groups	.85	1	.85	.045	.832
Within groups	846.346	448	1.896		
Total	849.431	449			

Source: Researcher (2016)

Results in table 4.8 indicated that there was no significant difference between the mean scores $F(1,448) = .045, P > .05$. The observed value .045 was less than the level of significance 0.05 therefore the null hypothesis which stated that, there is no significant influence of gender on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County; was rejected. The second objective of this study was to establish the gender influence on student's perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. The researcher concluded that gender had an influence on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. The gender that was more affected by narcissism was the males whose mean was 3.089 higher than that of the females which was 3.061.

4.3.3 Counseling techniques and students' perception of sub-clinical narcissism

The third objective of this study was to determine the influence of counseling techniques on students' perception of sub-clinical narcissism used by the teacher counselors in secondary schools in Tran-Nzoia County. The following research question assisted in achieving this objective; what counseling techniques influence the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County? To answer this question, teachers through an interview schedule were asked to select the techniques they used in handling students suffering from sub-clinical narcissism from the list provided in item 3 of the interview guide. The findings of the study were presented in Table 4.9.

Table 4.9: Selected counseling techniques used by teacher counselors in dealing with students suffering from sub-clinical narcissism

Counseling technique	YES		NO	
	Frequency	%	Frequency	%
Modeling	8	80	2	20
Role playing	7	70	3	30
Rehearsal	3	30	7	70
Reversed roles	4	40	6	60
Imaginal structuring	5	50	5	50
Exposures	9	90	1	10
Systematic desensitization	7	70	3	30

Source: Researcher (2016)

Results in Table 4.9 revealed that most teacher counselors 90% used exposure while (10%) of the teacher counselor did not use exposure. Then 80% of the teacher counselors used modeling while 20% of them did not use modeling. The third most used method by teacher counselor was the systematic desensitization 70% of the teacher counselors used systematic desensitization while 30% of the teacher counselors did not use this technique. Role play was also used by 70% by teacher counselors and only 30% of them did not use it. 50% teacher counselors use imaginal restructuring while 50% did not use this technique in handling narcissists. Reversed role was used by 40% of the teacher counselors and was not used by 60% of the teacher counselors. The least used technique of counseling by teacher counselors was the rehearsal technique which was used by 30% teacher counselors and this technique was not used 70% of the teacher counselors.

4.3.3.1 Rehearsal

In order to determine if the two mean scores had a significant difference, one way Analysis of Variance (ANOVA) was conducted using mean scores based on rehearsal according to teacher counselors and the students' perception of sub clinical narcissism and the results were presented in table 4.10.

Table 4.10: Results for variance based on rehearsal and students' perception

Source of variation	SS	df	MSS	F	Sig
Between groups	.817	1	.817	1.600	.242
Within groups	4.083	8	.510		
Total	4.900	9			

Source : Researcher (2016)

Results in Table 4.10 indicated that there was no significant difference between the mean scores $F(1, 8) = 1.600, P > .05$. According to this result, the observed value 1.600 was greater than the level of significance 0.05 therefore the hypothesis which stated that the counseling technique has no significant influence on the students' perception of sub-clinical narcissism was not rejected. As a result rehearsal as a counseling technique did not influence the narcissistic behavior. The researcher concluded that rehearsal as a counseling technique that was used by the teacher counselors did not change the narcissistic behavior in secondary schools in Trans-Nzoia County.

4.3.3.2 Reversed roles

In order to determine whether the two mean scores had a significant difference, one-way (ANOVA) was conducted using mean scores based on reversed roles according to teacher counselors and the students' perception of sub clinical narcissism and the results were presented in Table 4.11.

Table 4.11: Results for variance based on reversed roles and students' perception

Source of variation	SS	df	MSS	F	Sig
Between groups	.043	1	.043	.071	.797
Within groups	4.857	8	.607		
Total	4.900	9			

Source: Researcher (2016)

Results in Table 4.11 indicated that there was no significant difference between the mean scores $F(1, 8) = .071, P > .05$. The observed value .071 was greater than the level of significance 0.05 therefore the hypothesis which stated that the counseling technique has no influence on the students' perception of sub clinical narcissism in secondary schools in Trans-Nzoia County was not rejected. Therefore reversed roles

as a technique of counseling did not influence the students' perception of sub clinical narcissism in secondary schools in Trans-Nzoia County. The researcher concluded that rehearsal as a counseling technique that was used by the teacher counselors in secondary schools in Trans-Nzoia County did not change the narcissistic behavior of students in secondary schools in Trans-Nzoia County.

4.3.3.3 Imaginal restructuring

In order to establish whether the two mean scores had a significant difference, one way Analysis of Variance (ANOVA) was conducted using mean scores based on imaginal restructuring according to teacher counselors and the students' perception of sub clinical narcissism and the results were presented in Table 4.12.

Table 4.12: Results for variance based on imaginal restructuring and students' perception

Source of variation	SS	df	MSS	F	Sig
Between groups	.817	1	.817	1.600	.242
Within groups	4.083	8	.510		
Total	4.900	9			

Source: Researcher (2016)

Results in Table 4.12 indicated that there was no significant difference between the mean scores $F(1, 8) = 1.600, P > .05$. According to this result, the observed value 1.600 was greater than the level of significance 0.05 therefore the hypothesis which stated that the counseling technique has no significant influence on the students' perception of sub-clinical narcissism was not rejected. As a result imaginal restructuring technique of counseling did not influence the students' perception of sub-clinical narcissism. The researcher concluded that rehearsal as a counseling technique that

was used by the teacher counselors did not change the narcissistic behavior of students in secondary schools in Trans-Nzoia County.

4.3.3.4 Exposures

In order to find out if the two mean scores had a significant difference, one way Analysis of Variance (ANOVA) was conducted using mean scores based on exposures according to teacher counselors and the students' perception of sub clinical narcissism and the results were presented in Table 4.13.

Table 4.13: Results for variance based on exposures and students' perception

Source of variation	SS	df	MSS	F	Sig
Between groups	1.067	1	.400	.400	.424
Within groups	4.500	8	.510		
Total	4.900	9			

Source: Researcher (2016)

Results in Table 4.13 indicated that there was no significant difference between the mean scores $F(1, 8) = .711, P > .05$. According to this result, the observed value of .711 was greater than the level of significance 0.05 therefore the hypothesis which stated that the counseling technique has no significant influence on the students' perception of sub-clinical narcissism was not rejected. As a result exposures as a counseling technique did not influence the students' perception of sub-clinical narcissism. The researcher concluded that exposures as a counseling technique that was used by the teacher counselors did not change the narcissistic behavior among students in secondary schools in Trans-Nzoia County.

4.3.3.5 Systematic desensitization

To investigate whether the two mean scores had a significant difference, one way Analysis of Variance (ANOVA) was conducted using mean scores based on systematic desensitization according to teacher counselors and the students' perception of sub clinical narcissism and the results were presented in Table 4.14.

Table 4.14: Results for variance based on systematic desensitization and students' perception

Source of variation	SS	df	MSS	F	Sig
Between groups	.805	1	.805	1.572	.245
Within groups	4.095	8	.512		
Total	4.900	9			

Source: Researcher (2016)

Results in Table 4.14 indicated that there was no significant difference between the mean scores $F(1, 8) = 1.572, P > .05$. According to this result, the observed value 1.572 was greater than the level of significance 0.05 therefore the hypothesis which stated that the counseling technique has no significant influence on the students' perception of sub-clinical narcissism was not rejected. As a result systematic desensitization as a counseling technique did not influence the students' perception of sub-clinical narcissism. The researcher concluded that as counseling systematic desensitization technique that was used by the teacher counselors did not change the narcissistic behavior in secondary schools in Trans-Nzoia County.

4.3.3.6 Role play

In order to determine if the two mean scores had a significant difference, one way Analysis of Variance (ANOVA) was conducted using mean scores based on role play

according to teacher counselors and the students' perception of sub clinical narcissism and the results were presented in Table 4.15.

Table 4.15: Results for variance based on role play and students' perception

Source of variation	SS	df	MSS	F	Sig
Between groups	.043	1	.043	.071	.797
Within groups	4.857	8	.607		
Total	4.900	9			

Source: Researcher (2016)

Results in Table 4.15 indicated that there was no significant difference between the mean scores $F(1, 8) = .071, P > .05$. According to this results, the observe value .071 was greater than the level of significance 0.05 therefore the hypothesis which stated that the counseling technique has no significant influence on the students' perception of sub-clinical narcissism was not rejected. Since role play as a counseling technique did not influence the students' perception of sub-clinical narcissism, then it was concluded that role play as a counseling technique that was used by the teacher counselors did not change the narcissistic behavior in secondary schools in Trans-Nzoia County.

4.3.3.7 Modeling

In order to find out if the two mean scores had a significant difference, one way Analysis Variance (ANOVA) was conducted using mean scores based on modeling according to teacher counselors and the students' perception of sub clinical narcissism and the results were presented in Table 4.16.

Table 4.16: Results for variance based on modeling and students' perception

Source of variation	SS	df	MSS	F	Sig
Between groups	1.376	1	1.376	3.124	.115
Within groups	3.524	8	.440		
Total	4.900	9			

Source: Researcher (2016)

Results in Table 4.16 indicated that there was no significant difference between the mean scores $F(1, 8) = 3.124, P > .05$. According to this result, the observed value 3.124 was greater than the level of significance 0.05 therefore the hypothesis which stated that the counseling technique has no significant influence on the students' perception of sub-clinical narcissism was not rejected. As a result modeling as a counseling technique did not influence the students' perception of sub-clinical narcissism. The researcher concluded that modeling as counseling technique that was used by the teacher counselors did not change the narcissistic behavior in secondary schools in Trans-Nzoia County.

Results in Table 4.10 to table 4.16 respectively indicated that there was no significant difference between the mean scores: rehearsals, $F(1, 8) = 1.600, P > .05$, reversed roles, $F(1, 8) = .071, P > .05$, imaginal restructuring, $F(1, 8) = 1.600, P > .05$, exposures, $F(1, 8) = .711, P > .05$, systematic desensitization, $F(1, 8) = 1.572, P > .05$, role play, $F(1, 8) = .071, P > .05$, modeling, $F(1, 8) = 3.124, P > .05$. The counseling techniques used by teacher counselors did not influence the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. According to the results these techniques the null hypothesis which stated that there is no significant influence of the counseling techniques and students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County was not rejected. This meant

that rehearsals, reversed roles, imaginal restructuring, exposures systematic desensitization and modeling that were used by the teacher counselors did not influence the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. It was therefore concluded that teacher counselors may have used other techniques in order to change positively the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County because the techniques used were not effective.

4.3.4 Parenting styles and students' perception of sub-clinical narcissism

The last objective was to determine the influence of parenting styles on sub-clinical narcissism among students in secondary schools in Trans-Nzoia County. In order to achieve this objective, the following research question was posed; what is the influence parenting style on students' perception of sub-clinical narcissism among secondary school students in Trans-Nzoia County? To answer this question, the researcher requested the participants to respond to section B and C of the questionnaire for the students. The graphical representation on this variable was presented in Figure 5 below.

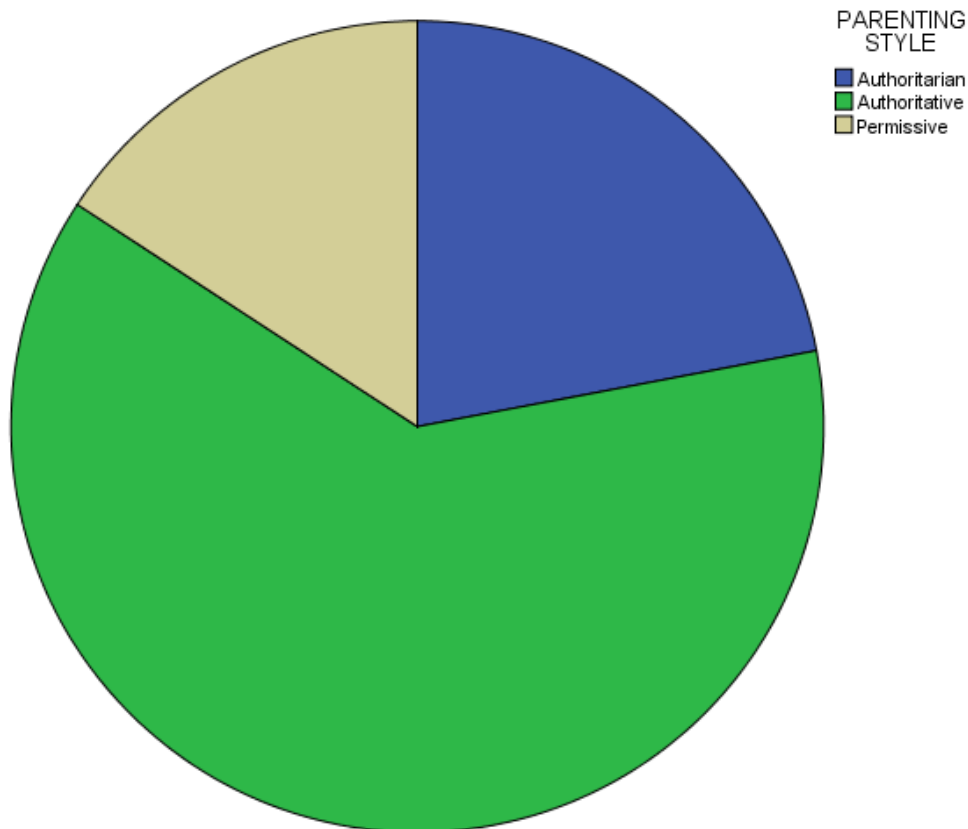


Figure 5: Parenting Styles.

Source : Researcher (2016)

The figure showed that most parents and guardians were authoritative followed by authoritarian parents and guardians and very few parents and guardians were permissive. The mean score for the two categories were computed in order to find out whether they had any significant difference and the findings were presented in Table 4.17 below.

Table 4.17: Mean scores and standard deviation based on parenting styles

Perception				
Parenting	Frequency	Mean	SD	%
Authoritarian	99	3.191	1.345	22
Authoritative	280	3.057	1.385	62.2
Permissive	71	2.986	1.387	15.8
Total	450	3.076	1.375	100

Source: Researcher (2016)

Results in Table 4.11 revealed that students who came from homes where parents/guardians were authoritarian (22%) were more likely to experience sub-clinical narcissism followed by students whose parents or guardians were permissive (15.8%). The least affected students were those whose parents or guardians were authoritative (62.2%). In order to test whether there was any significant difference, one way Analysis of Variance (ANOVA) was conducted and the results were presented in Table 4.12.

Table 4.18: Analysis of Variance for parenting styles

Source of variation	SS	df	MSS	F	Sig
Between groups	1.813	2	1.003	.529	.590
Within groups	847.425	447	1.896		
Total	849.431	449			

Source: Researcher (2016)

The last objective was to determine the influence of parenting styles on sub-clinical narcissism among students in secondary schools in Trans-Nzoia County.

The results in Table 4.11 revealed that there was no significant difference in the mean scores, $F(2,447) = .529$, $P > 0.05$. The observed value .529 was greater than the level of significance of 0.05. Therefore, the null hypothesis which stated that parenting styles has no significant influence on students' perception of sub-clinical narcissism among students in secondary schools in Trans-Nzoia County was not rejected. Therefore it was concluded that parenting styles had no influence on students, perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. It was concluded that parenting style did not cause narcissism in secondary schools in Trans-Nzoia County.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview

This chapter discussed the results, their implications and recommendations for future research studies.

5.2 Discussion of the Findings

The purpose of this study was to investigate the influence of birth position, gender, selected counseling techniques and parenting styles on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.

5.2.1 Birth position and students' perception of sub-clinical narcissism

According to the teacher counselors, in Table 4.4 mid born accounting for 30% and last born also accounting for 30% were more affected by narcissism in Trans-Nzoia County. According to the findings, the mid born were more affected because of unpredictable or unavailable care giving from parents.

From the findings of this study, the results in Table 4.5 revealed that there was no significant difference between the mean scores, $F(3,446) = .111, P > 0.05$. Observed value .111 was greater than the level of significance of 0.05. Therefore the birth position had no influence on the students' perception of sub-clinical narcissism. Due to high poverty levels and the demands of life, parents neglected and gave very little attention to their children because they had to be away in search of money to meet the demands of their families. This made the students or children to look for jobs such as maize weeding and harvesting where they experienced child abuse which led to low

self-esteem causing narcissism. Groomsman and Cooper (2006) list severe emotional abuse in childhood as a cause of this disorder.

After testing the hypothesis, the results of this study did not support previous research. The results indicated that the birth position had no influence on the students' perception of sub-clinical narcissism. This implied that a student at any birth position may be affected by sub-clinical narcissism in secondary schools in Trans-Nzoia County.

5.2.2 Gender and students' perception of sub-clinical narcissism

Based on the teacher counselors in Table 4.7, 60% male students were more affected by sub clinical narcissism compared to female students where 40% were narcissistic in Trans-Nzoia County. The findings in this study were similar to the DSM-IV (2005) which stated that 50% to 75% of individuals diagnosed with Narcissistic Personality Disorder (NDP) were male. This could be because; males were encouraged to be more aggressive, independent and non-empathetic in the society. Materialism may have increased and students today may have markedly higher and more unrealistic expectations of educational attainment and success (Konrath, 2006).

From the results of this study, male students had a higher positive perception for narcissism as compared to the female students. The male students had a mean of 3.089 while the females had a mean of 3.061. Results in table 4.8 indicated that there was a significant difference between the mean scores $F(1,448) = .045, P > .05$. The observed value .045 was greater than the level of significance 0.05 therefore gender had no influence on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. The findings in this study were similar to the previous findings where males had a higher perception for narcissism as compared to the

female students. This could be due to the societal conditions where male students were expected to be entitled, aggressive and were considered to be more important than the female students. There had been so many campaigns that had been done to sensitize the girl child against cultures that oppress them. This made them to be more entitled and to develop high-self-esteem thus making them to be more narcissistic though their narcissistic level is slightly lower than that of the male students.

Similar to the findings of this study, Grijalva, Newton, Tay, Donnellan, Harms, Robins, Davis and Yan (2015) carried out a research on narcissists at the University of Buffalo at school of management and reported that on average, men were more narcissistic than women. Narcissism caused an inability to maintain long healthy relationships, unethical behavior and aggression (Grijalva, 2015). Narcissism also boosted self-esteem, emotional stability and the tendency to become a leader. Grijalva, et al (2015) studied gender differences in three aspects of narcissism, leadership or authority, grandiose or exhibitionism and entitlement. They found out that the widest gap was in entitlement, suggesting that men were more likely than women to exploit others and feel entitled to certain privileges. Men exhibited more assertiveness and desire for power. Grijalva et al (2015) however, found out that the exhibitionism aspects in both genders were equally likely to display vanity or self-absorption thus it was similar to the findings of this study where both males and females may be influenced by sub-clinical narcissism.

Ames, Rose and Anderson (2006) carried out five studies on undergraduate university students on narcissism and found out that in the first study, men had slightly higher mean levels of narcissism across both measure of Narcissistic Personality Inventory (NPI)-16 and Narcissistic Personality Inventory (NPI-40) in their research to find out

the correlation between Narcissistic Personality Inventory (NPI)-16 and Narcissistic Personality Inventory (NPI-40) where self-esteem between genders was being researched on. Ames et al (2006) in their second and third study they found out that narcissism was positively correlated to openness, extra version, and self-esteem and monitoring where men scored higher in narcissism than women. In their fourth study, men showed higher levels of narcissism in group tasks and their cooperativeness. In the last study, men also showed marginally higher levels of narcissism in the correlation between narcissism and estimated accuracy controlling for self-esteem accuracy and actual accuracy (Ames, et al., 2006).

Narcissism also arose from gender stereotype and expectation from our society. The lack of women in senior leadership roles may partly arise from the differences between stereotypes of femininity and leadership. Grijalva, et al (2015) reported that women often received harsh criticism for being aggressive or authoritative which made women to suppress displays of narcissism but because men were encouraged to be aggressive so they tended to be narcissistic in behavior. The findings in this study were also different to Rose (2002) who reported that the rise in narcissism among women was directly related to increase in self-esteem, positive effect, and extraversion and life satisfaction, likeability (Oltmanns et al., 2004), enhanced performance on public evaluation tasks (Wallace & Baumeister, 2002) and leadership (Brunell, Gentry, Campbell & Kuhnert, 2006). The women were driving the increase in narcissism (Konrath, 2006) which was consistent with the findings that the general increase in agentic traits and assertiveness was stronger for women (Twenge, 2001). Young and Pinsky (2006) in their study to assess the degree of narcissism among celebrities, MBA students and general population, female celebrities were found to be significantly more narcissistic than their male counterparts. Similar to the findings in

this study, in the population at large, men were more narcissistic than women. Their analysis showed that celebrities may have narcissistic tendencies prior entering the industry. Female celebrities scored significantly higher on exhibitionism, superiority and vanity than male celebrities. After testing the hypothesis to find out whether there was a significant difference of gender on the students' perception of sub-clinical narcissism, the results showed that there was significant influence. From the findings of this study it was concluded that male students were affected more by sub-clinical narcissism than the female students.

5.2.3 Counselling techniques and students' perception of sub-clinical narcissism

From the findings in Table 4.9, 90% of the teacher counselors used exposures to handle narcissists among secondary school students. 80% of the teacher counselors' used modeling, 70% of them used role play and the least technique used is rehearsal which was used by 30% of the teacher counselors. According to Corey (2008) who used the CBT (Cognitive-Behavioral Therapy) to treat narcissists, Corey used exposures, imaginal restructuring, systematic desensitization, role plays and rehearsals to deal with narcissists. These were the same techniques that were used by teacher counselors in Trans-Nzoia County to deal with narcissists. The techniques that were mainly used by teacher counselors were exposures, modeling and role play. Results in table 4.10 to Table 4.16 respectively indicated that there was no significant difference between the mean scores: counseling techniques : rehearsals , $F(1, 8) = 1.600, P > .05$, reversed roles , $F(1, 8) = .071, P > .05$, imaginal restructuring, $F(1, 8) = 1.600, P > .05$, exposures , $F(1, 8) = .711, P > .05$, systematic desensitization, $F(1, 8) = 1.572, P > .05$, role play, $F(1, 8) = .071, P > .05$, modeling, $F(1, 8) = 3.124, P > .05$. The counseling techniques used by teacher counselors did not influence the students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County.

The techniques used by the teacher counselors may have been ineffective in changing the behavior of students with sub clinical narcissism because they may have lacked enough knowledge on the narcissistic personality disorder and how to use systematic desensitization, role play, modeling, exposures, rehearsals, reversed role and imaginal restructuring in handling students with sub clinical narcissism.

Different from the findings of this study, Wright and Furnham (2004) believe that treatments of (Narcissistic Personality Disorder) NPD traditionally come from psychodynamic and psychoanalytic framework. The aim of the treatment was for the patient to idolize the therapist because they did not get to idolize their parents when they were children. Parents also got to know their child-parent relationship which may have led to their (Narcissistic Personality Disorder) NPD. Behavioral treatments focus on contexts in which the narcissistic behaviors occur and the behaviors that cause them harm. Cognitive therapies focused on developmental issues and on building the therapist-client relationship to modify the narcissists' beliefs. Treatment varied with severity and symptoms presented (Kernberg, 2010).

Family and couples therapy was also effective in treating Narcissistic Personality Disorder (NPD) (Harman & Waldo, 2004). Similar to the findings of this study, Cognitive-Behavioral Therapy (CBT) seemed to be more relevant to classroom and profession-teacher interactions. Cognitive-Behavioral Therapy (CBT) model was based on the premise that attribution bias was the main source of dysfunctional affects and conduct. Proponents of Cognitive-Behavioral Therapy (CBT) argued that dysfunctional behaviors were largely due to the fraction of certain schemes or mental templates that produced consistently biased judgments and a tendency to make associated mental errors. Cognitive-Behavioral Therapy (CBT) treatment strategies

were based on these components of narcissism; grandiosity, hypersensitivity to evaluation and lack of empathy. Cognitive-Behavioral Therapy (CBT) aims include; adjusting the patient's grandiose self-view, minimizing cognitive focus on evaluation, enhancing awareness of others feelings, activating more empathy and eliminating exploitative behavior. Imaginal restructuring may be used to alter perceptions of grandiosity. A patient may fantasize about singing a hit song to thousands of people. The therapist was to keep the patient in finding pleasure in the church choir. Systematic desensitization was used to decrease hypersensitivity to evaluation. The therapist gradually exposed the patient to increasing degrees of feedback so that the patient can develop tolerating skills, using and benefiting from evaluation. Lack of empathy can be tackled in three ways. This lack should be brought to the patient's attention. Emotional schemes relating to the feeling and reactions of others needed to be activated. This was done by role plays and role rehearsals in which the patient assumed the role of another with emphasis on how the other was likely to feel. Alternative ways to treat and interact with others were suggested and discussed. New beliefs were introduced to help the patient articulate the affective recognition of others' reactions and act out these beliefs such as to give a compliment to someone else (Westerman, et al 2013).

From these findings it was concluded that the teacher counselors were unable to change the behavior of students with sub-clinical narcissism using systematic desensitization, role play, modeling and exposures, rehearsals, reversed role and imaginal restructuring. Teacher counselors may have needed more training on how to identify and handle sub clinical narcissism using the Cognitive Behavior Therapy (CBT).

5.2.4 Parenting styles and students' perception of sub-clinical narcissism

From the findings in this study, different from previous research, parenting styles had no influence on students' perception of sub-clinical narcissism. Results in Table 4.11 revealed that there was no significant difference. The mean scores $F(2,447) = .529$, $P > 0.05$. The observed value .529 was greater than the level of significance of 0.05. Therefore, the null hypothesis which stated that parenting styles has no significant influence on students' perception of sub-clinical narcissism among students in secondary schools in Trans-Nzoia County was not rejected. This meant that the parenting style did not cause sub clinical narcissism in among students in secondary schools in Trans-Nzoia County. Most parents were employing authoritative type of parenting.

Results in Table 4.11 revealed that students who came from homes where parents or guardians were authoritarian (22%) were more likely to experience sub-clinical narcissism followed by students whose parents or guardians were permissive (15.8%). The least affected students were those whose parents or guardians were authoritative (62.2%). Bergman, et al (2012) suggests that narcissism was increasing due to parenting styles and societal conditions. Special treatment and over indulgence by parents resulted in a child valuing him or herself highly regardless of real attainments (Million & Davis, 2000). Most of the parents were authoritative in the way they treat their children. This was because most parents may have been aware of the rights of their children. Moreover, may be most parents were educated so they were aware of the best ways of bring up their children. Parents and caregivers were likely to be less narcissistic. Thus, they made good role models for their children. From this study students in Trans-Nzoia County were less likely to develop sub-clinical narcissism as

a result of parenting style because most parents and caregivers were neither authoritarian nor permissive in parenting their children.

Capron (2004) categorized pampering into four: overindulgence, over permissiveness, over domineering and over protection. To explore their relationship with narcissism in 200 undergraduates, based on the results, Capron (2004) suggested that individuals who were over indulged in childhood were more likely to possess narcissistic personality traits in adulthood. Gender differences were found in parental overindulgence. For women, parental overindulgence caused unhealthy traits of exhibitionism, exploitativeness and entitlement and also a healthy trait of authority. On the other hand, for men, overindulgence caused unhealthy trait of exhibitionism and entitlement and also caused a healthy trait of self-efficiency. Savage (2011) found that the permissive parenting style was correlated with unhealthy, exploitativeness /entitlement traits of narcissism. However, the permissive style was co related with the authoritative style. Parenting that was warm, caring and understanding was associated with lower level of unhealthy narcissistic traits with greater self-esteem. Parental permissiveness and authoritarianism combined to predict greater narcissistic tendencies. More narcissistic students were reported to have permissive and authoritarian parents and less likely to have authoritative parents.

Overindulgent parents were permissive, authoritarian or both (Walcheski, Bredehoft & Leach, 2007). Overindulgence as measured by authors scale had a significantly positive relationship with authoritarian and permissive parenting styles. No significant relationship was found with being authoritative. Lack of supervision, inconsistent discipline and corporal punishment was found to be positively related to child and adolescent unhealthy narcissism (Savage, 2011).

Bredehoft and Leach (2006) investigated overindulgence in relation to adult disposition in 74 undergraduates. The results showed that more overindulgence was significantly correlated with dysfunctional attitudes, lower self-efficiency and more self-righteousness. Otway and Vignoles (2006) suggested that narcissism was fostered by childhood experiences due to constant praise from parents together with messages of coldness and rejection rather than warmth and acceptance. Praise contributed to feelings of insecurity. They warned against the self-esteem movement of encouraging copious amounts of unconditional praise.

Horton, Bleau and Drwecki (2006) investigated the relationship between narcissism and the parenting dimensions of monitoring psychological control and warmth. Monitoring refers to an attempt of the parent to enforce rules and know the whereabouts of the child. Psychological control refers to manipulation of a child through guilt induction or withdrawal of love. Parental warmth refers to extent to which the parent provides emotional and material resources for the child. They predicted that healthy narcissism was predicted by less parental monitoring and more parental warmth. They suggest that indulgent permissive parenting was linked to healthy narcissism. Just like Millon (1996) and Kohut (1977) who reported that parents who lavish affection upon their children without setting boundaries for them may enable a narcissistic self to develop.

Horton, et al (2006) from their research on the relationship between parenting and narcissism found out that the more parental warmth participants reported, the higher the levels of narcissism they reported. The more the warmth of the parent and physiological control that participants reported, the higher their unhealthy narcissism scores tended to be. He also found out that the higher the level of psychological

control and the lower the levels of monitoring, the higher the participants unhealthy narcissism scores were. Sex also interacted significantly with psychological control and warmth monitoring for men it caused unhealthy narcissism while psychological control and warmth for females caused unhealthy narcissism. Moreover unhealthy narcissism was not caused by monitoring. Thus, parental indulgence was associated with ultimate psychological benefit. In contrast, lenient parenting was associated with unhealthy narcissism. From the findings of this study, it was concluded that sub-clinical narcissism in secondary schools in Trans-Nzoia County was not caused by parenting style because the parenting style that was used by most parents or guardians was authoritative. Thus, sub-clinical narcissism may have been caused by other factors.

5.3 Conclusion

This study was aimed at establishing the influence of birth position, gender, counseling techniques and parenting styles on students' perception of sub-clinical narcissism in secondary schools in Trans-Nzoia County. The findings revealed that any student no matter the birth position: whether a first born, mid born, last born or only child could be affected by sub-clinical narcissism. Moreover, from the findings it was concluded that male students had a higher perception of sub clinical narcissism therefore was likely to be influenced by sub-clinical narcissism as compared to the female students. In addition, the counseling techniques- exposures, role play, modeling, systematic desensitization; rehearsals, reversed roles and imaginal restructuring- that were used by teacher counselors in Trans-Nzoia County which did not influence the students' perception of sub-clinical narcissism in dealing with students with sub-clinical narcissism in secondary schools in Trans-Nzoia County.

Last but not least, students in Trans-Nzoia County were less likely to develop sub-clinical narcissism caused by the parenting style because their parents, guardians and caregivers were authoritative. Thus parents, guardians and caregivers should be authoritative. In a nutshell, it was established that all students in secondary schools could be affected by sub-clinical narcissism no matter their birth position. Male students were more likely to be affected by sub-clinical narcissism. The counseling techniques that were used by the teacher counselors in dealing with students suffering from sub-clinical narcissism were; rehearsals, reversed roles, imaginal restructuring exposures, role plays modeling and systematic desensitization were ineffective. Lastly, most parents, guardians and caregivers in Trans-Nzoia County were authoritative therefore they reduced the tendency of their children being affected by sub-clinical narcissism.

5.4 Recommendations of the Study

From the findings of this study all students or children no matter their birth position were affected by sub-clinical narcissism. Male students had a higher perception of sub-clinical narcissism as compared to female students. Therefore male students should be treated in ways that may help them to reduce sub-clinical narcissism. The counseling techniques used by teacher counselors in handling students with sub-clinical narcissism were ineffective. These techniques were: rehearsals, reversed roles, imaginal restructuring exposures, role plays modeling and systematic desensitization. Therefore the teacher counselors may require more training on sub-clinical narcissism and use of those selected counseling techniques. Lastly, the parenting styles used by the parents and guardians of these students did not cause sub-clinical narcissism. The authoritative type of parenting style that was mostly employed was the recommended type of parenting.

5.5 Suggestions for Further Research

This research represented a small step towards better understanding of sub-clinical narcissism in secondary schools only.

- i) Further studies should incorporate research on sub-clinical narcissism among students in higher learning institutions and pupils in primary schools.
- ii) Further studies should increase the sample size to enable generalizability of the findings.
- iii) Further studies should also focus on potential solutions to indiscipline cases that have been caused by prevalence of sub-clinical narcissism among students in secondary schools.
- iv) Further studies should also address how students with sub-clinical narcissism should be trained, assessed and intergraded into learning institutions.
- v) Moreover it should incorporate evaluations of counseling techniques and their ability to reduce narcissistic tendencies.

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APPENDICES

Appendix I: Informed Consent Letter

MOI UNIVERSITY,

P.O BOX 3900,

ELDORET

Dear participant,

I am Mercy W. Njenga, a master of philosophy (Educational psychology/Guidance and Counseling) student of Moi University. I am carrying out a research on “The influence of birth position, gender, counseling techniques and parenting styles on the students’ perception of Sub-clinical Narcissism among Secondary School students in Trans-Nzoia County in Kenya.”

Currently I am collecting data for the study by use of questionnaires. You are among the students who have been chosen to participate in this study. You are kindly requested to respond to the questions genuinely. Your cooperation in completing the attached questionnaire will be highly appreciated and will be very useful in improving counseling services in secondary schools. All information is meant for the research only and it will be treated with confidentiality. Please do not write your name on this questionnaire.

Yours faithfully,

MERCY WANJIRU NJENGA
EDU/PGGC/1003/14
CELL PHONE NO: 0716515898

Appendix II: Questionnaire for Students

Below are statements that you are required to respond to. Please respond to all statements as honestly as possible.

Section A: Students' biodata

1. Please state your gender Male Female
2. Which born are you in your family.
First born Mid born Last born Only child
3. Who takes care of you? Parent Guardian

Section b: Students' perception of sub-clinical narcissism.

Instructions: Here you will find a list of 20 statements that you may agree or disagree with. Using a scale of 1 to 5 below, indicate how strongly you agree or disagree with each statement by ticking the appropriate number. Please respond to all the statements as honestly as possible.

5 – Strongly agree (SA)

4 – Agree (A)

3- Neutral (N)

2 – Disagree (D)

1 – Strongly disagree (SD)

Statement	1(SD)	2(D)	3(N)	4(A)	5(SA)
I am good at influencing people	1	2	3	4	5
I can dare to do anything	1	2	3	4	5
I like to be complimented	1	2	3	4	5
I always defend myself	1	2	3	4	5
I do not like to be the center of attention/attraction	1	2	3	4	5
I am not different from other people	1	2	3	4	5
I am not sure whether I can make a good leader	1	2	3	4	5
I like to give other people orders	1	2	3	4	5
I insist upon getting the respect I deserve	1	2	3	4	5
I do not like to show off my body	1	2	3	4	5
I do not like to look at my body	1	2	3	4	5
I try not to show off	1	2	3	4	5
I like people to do things for me	1	2	3	4	5
I have a strong desire for power	1	2	3	4	5
I like to look myself in the mirror	1	2	3	4	5
People sometimes believe what I tell them	1	2	3	4	5
I am a born leader	1	2	3	4	5
I expect things to be done for me by other people	1	2	3	4	5
I never get satisfied until I get what I want	1	2	3	4	5
People learn a lot from me	1	2	3	4	5

Section C: Parenting styles

In this section you will find a set of 15 questions kindly answer them by either ticking Yes or No. The highest score indicates the parenting style of your parent.

Authoritative parenting style

Statement	Yes	No
My parent/guardian respects my feelings and needs		
My parents/guardian consider my wishes before doing something		
My parents/guardian explain to me how they feel about my behavior		
My parents/guardian encourage me to speak freely		
My parents/guardian provide comfort and understanding when I am upset		

Authoritarian parenting style

Statement	Yes	No
My parents/guardian yell at me when I am wrong		
My parents/guardian like to criticize me		
My parents/guardian always threaten me when I am wrong		
My parents/guardian reminds me of my past bad behavior		
My parents/guardian punishes me by denying me privileges		

Permissive parenting style

Statement	Yes	No
My parents/guardian ignore my bad behavior		
My parents/guardian always protects me even when I am wrong		
My parents/guardian spoils me		
My parents/guardian allow me to come home at any time		
My parents/guardian finds it difficult to discipline me		

Appendix III: Interview Guide for Teacher Counsellors

Tick the appropriate answers in the boxes provided.

1. Which birth position is mostly affected by narcissism?

First born

Last born

Mid born

Only child

2. Which gender is mostly affected by narcissism?

Male

Female


3. Which techniques of counseling have you been using in dealing with sub-clinical narcissism?

Counseling techniques	Yes	No
Modeling		
Role play		
Rehearsal		
Reversed roles		
Imaginal restructuring		
Exposures		
Systematic Desensitization		

Appendix IV: Research Permits

CONDITIONS

- You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit**
- Government Officers will not be interviewed without prior appointment**
- No questionnaire will be used unless it has been approved.**
- Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.**
- You are required to submit at least two(2) hard copies and one(1) soft copy of your final report**
- The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice**

REPUBLIC OF KENYA

NACOSTI
National Commission for Science, Technology and Innovation

RESEARCH CLEARANCE PERMIT
Serial No: A/16/1982/9215

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:

MISS. MERCY WANJIRU NJENGA
of MOI UNIVERSITY, 4432-30200
Kitale, has been permitted to conduct
research in Transzoia County

on the topic: THE INFLUENCE OF
COUNSELING IN DEALING WITH SUB
CLINICAL NARCISSISM AMONG
SECONDARY SCHOOL STUDENTS IN
TRANS-NZOIA COUNTY

for the period ending:
2nd April, 2017

Permit No : NACOSTI/P/16/71982/9215
Date Of Issue : 12th April, 2016
Fee Received :ksh 1000




Applicant's Signature


Director General
National Commission for Science, Technology & Innovation



**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2213471,
2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No. **NACOSTI/P/16/71982/9215**

Date: **12th April, 2016**

Mercy Wanjiru Njenga
Moi University
P.O Box 3900-30100
ELDORET.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*The influence of counseling in dealing with sub clinical narcissism among secondary school students in Trans-Nzoia County,*" I am pleased to inform you that you have been authorized to undertake research in **Trans Nzoia County** for the period ending **2nd April, 2017.**

You are advised to report to **the County Commissioner and the County Director of Education, Trans Nzoia County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.


BONIFACE WANYAMA
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Trans Nzoia County.

The County Director of Education
Trans Nzoia County.



MINISTRY OF EDUCATION SCIENCE & TECHNOLOGY
State Department of Education

Telegrams:
 Telephone: Kitale 054-31653 – 30200
 Fax: 054-31109
 Email: transzoiacde@gmail.com
 When replying please quote:



County Director of Education,
 Trans Nzoia,
 P.O. Box 2024 – 30200
KITALE.

Ref. No. TNZ/CNT/CDE/R.GEN/1/VOL.I/167

Date: 6th May, 2016

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION – MERCY WANJIRU NJENGA

The above named has authority to carry out research on “The influence of counseling in dealing with sub clinical narcissism among secondary school students in Trans-Nzoia County.” for a period ending 2nd April, 2017 in Trans-Nzoia County.

This is therefore to authorize the person to collect data and/or carry out activities related to this particular exercise in Trans-Nzoia County. Whoever may be concerned is requested to co-operate and assist accordingly.

Thank you.

For:
 COUNTY DIRECTOR OF EDUCATION
 TRANS-NZOIA
 P. O. Box 2024-30200, KITALE
 054-31109



J. K. WAMOCHO
COUNTY DIRECTOR OF EDUCATION
TRANS-NZOIA



THE PRESIDENCY

Telephone: 054 – 30020

Fax No: 054 – 30030

MINISTRY OF INTERIOR
AND
COORDINATION OF
NATIONAL GOVERNMENT

COUNTY COMMISSIONER'S OFFICE
TRANS NZOIA COUNTY
P.O BOX 11 - 30200
KITALE

E-mail: cctransnzoiacounty@yahoo.com

When replying please quote

TNZC/CONF/ED.12/2/VOL.II/ 33

6th May, 2016

TO WHOM IT MAY CONCERN

RESEARCH AUTHORIZATION

This is to inform you that **Mercy Wanjiru Njenga** of **Moi University** has been authorized by National Commission for Science, Technology and Innovation to carry out research on “**The influence of counseling in dealing with sub clinical narcissism among secondary school students in Trans Nzoia County,**” for a period ending **2nd April, 2017**

Please accord her the necessary assistance.

COUNTY COMMISSIONER
TRANS-NZOIA COUNTY
P. O. Box 11 - 30200 KITALE

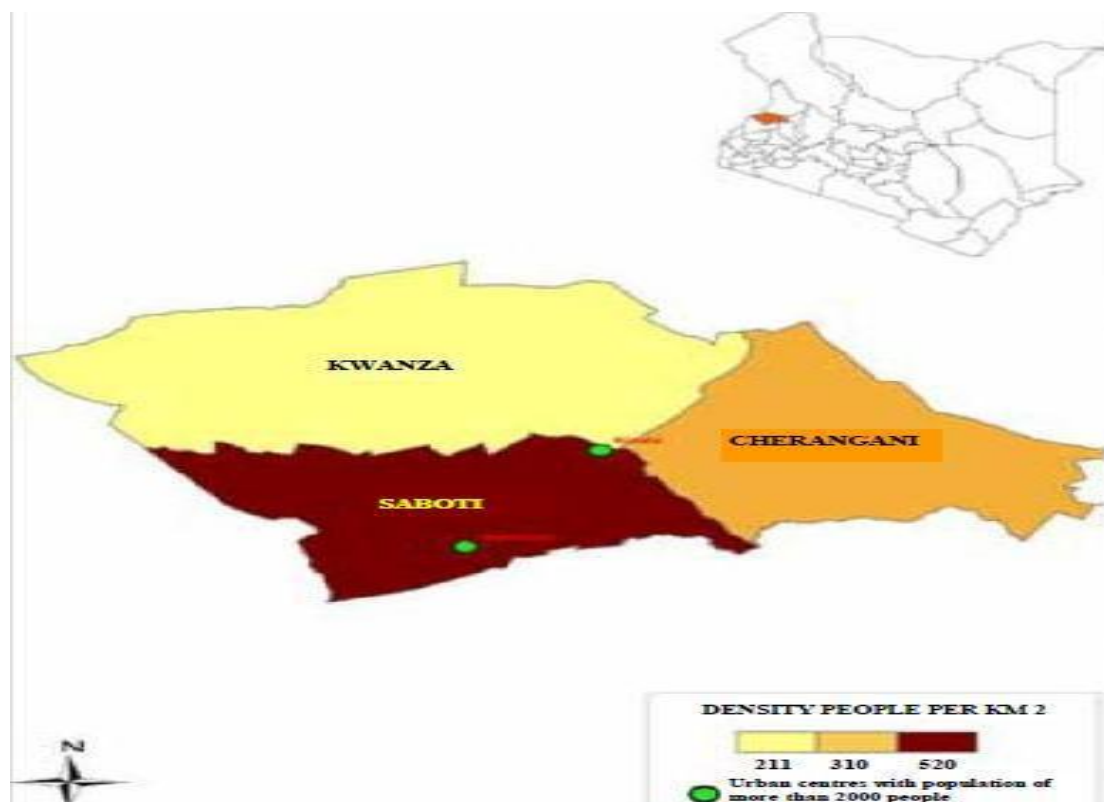
OGASO BRUNO
FOR: COUNTY COMMISSIONER
TRANS NZOIA COUNTY

Appendix V: The Map of Trans-Nzoia County

Trans-Nzoia County has 47 counties and 3 sub-counties. It comprises of 5 constituencies; Endebess, Cherangany, Saboti, Kwanza and Kiminini. It borders the Republic of Uganda to the West, Bungoma and Kakamega to the South, West Pokot county to the East and Elgeyo Marakwet and Uasin Gishu counties to the South East (GOK 2013).

Figure 6

THE MAP OF TRANS-NZOIA COUNTY, KENYA



Source: Trans-Nzoia County Commissioner's Office (2016)