Recent Research On Narcissistic Personality Disorder

Internet Mental Health: Editor's Choice


**Comorbidity of DSM-IV Personality Disorders in unipolar and bipolar affective disorders: a comparative study.**

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The aim of this study was to compare the prevalence of Personality Disorders assessed by Structured Clinical Interview for Axis-II in 155 inpatients diagnosed with Unipolar Disorder vs inpatients with Bipolar Disorder (39). The most frequent Axis II diagnoses among Unipolar inpatients were Borderline (31.6%), Dependent (25.2%), and Obsessive-Compulsive (14.2%) Personality Disorders. Among Bipolar inpatients, the most prevalent personality disorders were Borderline (41%), Narcissistic (20.5%), Dependent (12.8%), and Histrionic disorders (10.3%). Using chi squared analysis, few differences in distribution emerged between the two groups: Unipolar patients had more recurrent Obsessive-Compulsive Personality Disorder than Bipolar patients (chi(1)2=6.24, p<.005). Comorbid Narcissistic Personality Disorder was significantly more frequent in the Bipolar than in the Unipolar group (chi(1)2=6.34, P<.01). Considering the three clusters (DSM-IV classification), there was a significant difference between the groups, Cluster C (fearful, avoidant) diagnoses being more frequent in the Unipolar than in the Bipolar group (48.4% vs 20.5%, respectively). Cluster B (dramatic, emotionally erratic) diagnoses were found more frequently in patients with Bipolar Disorders (71.8% vs 45.2% in Unipolar patients, chi(2)2=10.1, p<.006). The differences in the distribution and prevalence of Personality Disorders between the two patient groups are discussed.

PMID: 15460367 [PubMed - indexed for MEDLINE]


**Pessimistic mood in decompensated narcissistic patient.**

Yang PS, Huang TL.

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We report the negative emotional state as pessimistic mood of a case with narcissistic personality disorder during the period of narcissistic decompensation. In addition, we identified the clinical differences between pessimistic mood and depressive disorder. An 28-year-old unmarried woman experienced herself, her life and the external object as futile and disappointing after repeated failure to satisfy her grandiose fantasies about the search for ideal love. The patient then gave up her formerly gratifying activities, and fell into a prolonged state of negative emotions and passivity dominated by pessimistic mood characterized by an overwhelming sense of futility. The patient did not respond to medical treatment with antidepressants firstly. However after a 2-year course of intensive psychotherapy, the patient was able to restore her zest to find a new boyfriend with a more rational and realistic attitude. Clinically, decompensated narcissistic patients do not exhibit the typical attitude of worthlessness or guilty feelings, and are devoid of certain specific depressive emotions (e.g., sadness, sorrow, etc.). In contrast, decompensated narcissistic patients with pessimistic mood exhibit a dominant sense of futility and other negative emotions presented as outrage and disappointment. The purpose of this case report was to emphasize the importance to recognize clinical features of pessimistic mood for the differential diagnosis and management of the decompensated narcissistic patient.

Publication Types:

- Case Reports

PMID: 15239200 [PubMed - indexed for MEDLINE]


Comment on:


Assessing suicidal youth with antisocial, borderline, or narcissistic personality disorder.

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OBJECTIVE: This paper has 3 objectives. First, we review the epidemiologic evidence for the association between suicidal behaviour and suicide in individuals
diagnosed with antisocial, borderline, or narcissistic personality disorder. Second, we examine whether any potentially modifiable risk factors are associated with these diagnoses, based on existing empirical evidence. Last, we discuss clinical approaches to assessing youth with antisocial, borderline, or narcissistic personality disorder presenting at risk for suicide. METHOD: We reviewed the English-language literature for the last 12 years (from January 1, 1991, to December 31, 2002), using as search terms the names of the 3 disorders, as well as the key words suicide, suicidal behaviour, youth, and adolescents. RESULTS: Patients with antisocial or borderline personality disorder are likely to be at increased risk for suicidal behaviour when they demonstrate such comorbid disorders as major depressive episodes or substance abuse disorders, when they experience recent negative life events, or when they have a history of childhood sexual abuse. CONCLUSIONS: For patients with antisocial personality disorder, the risk of violence has to be judged in addition to the risk of suicide or self-harm. For patients with borderline personality disorder, interventions are determined by differentiating acute-on-chronic from chronic risk of suicidal behaviour. Finally, patients with narcissistic personality disorder can be at high risk for suicide during periods when they are not suffering from clinical depression. These episodes can seem to be unpredictable.

Publication Types:
- Comment
- Review

PMID: 12866335 [PubMed - indexed for MEDLINE]


Comment in:

Personality disorders and violence among female prison inmates.

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The current study seeks to expand our understanding of the increasingly well-documented relationship between mental disorder and violence, specifically by examining the relationship between Axis II disorders and community and
institutional violence among a cohort of 261 incarcerated women. Drawing from an initial screening of 802 female inmates in maximum security, we sampled to identify 200 nonpsychotic women who met criteria for one of the four Cluster B personality disorders, and 50 nonpsychotic women who did not meet criteria for these disorders. Each inmate was interviewed with the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II). Information regarding instant offense and institutional behavior was obtained from prison files and a self-report inventory. The analyses indicated a high degree of comorbidity between the various Cluster B diagnoses and a significant association with various types of violent crime and nonviolent criminality. Significant relationships were found between Antisocial Personality Disorder and institutional violence, and Narcissistic Personality Disorder and incarceration for a violent crime. Cluster A diagnosis was unexpectedly found to be associated with both incarceration for a violent crime and incarceration for prostitution.

PMID: 12539904 [PubMed - indexed for MEDLINE]


Differentiating narcissistic and antisocial personality disorders.

Gunderson JG, Ronningstam E.

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The conceptual, clinical, and empirical overlap between the constructs of narcissistic personality disorder (NPD) and antisocial personality disorder (ASPD) is reviewed and their descriptive discriminability is investigated. Twenty-four patients with NPD and 16 patients with ASPD were compared on 33 characteristics for pathological narcissism assessed with the semistructured Diagnostic Interview for Narcissism. The results confirm a sufficiently broad array of similarities that the question of whether these categories should be kept separate (as they are in DSM-IV) is underscored. The results also indicate important areas of difference. The NPD sample was best discriminated from the ASPD sample by their grandiosity, that is, the tendency to exaggerate their talents, and to regard themselves as more unique and superior.

PMID: 11345846 [PubMed - indexed for MEDLINE]


The etiology of narcissistic personality disorder.

Fernando J.

This paper presents a view of the etiology of narcissistic personality disorder
which, while not new, is at variance with the commonly held position that this disorder is the outcome of the insufficient gratification of the normal narcissistic needs of infancy and childhood. The contrary thesis is presented: that narcissistic personality disorder is the outcome of narcissistic overgratification during childhood. A fixation to this overgratification interferes with the normal maturation and integration of the superego, leading to difficulties in self-esteem regulation and to a tendency to massive externalization. Clinical material is presented to support this view.

Publication Types:

- Case Reports

PMID: 9990828 [PubMed - indexed for MEDLINE]


Identifying the unique and common characteristics among the DSM-IV antisocial, borderline, and narcissistic personality disorders.

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A clinical chart-review study of the Cluster B personality disorders (PDs) was conducted to evaluate the specificity of DSM-IV criteria for the Antisocial Personality Disorder (ANPD), Borderline Personality Disorder (BPD), and Narcissistic Personality Disorder (NPD). Eight-six outpatients meeting DSM-IV criteria for a PD were identified through a retrospective chart-review procedure. Records of these 86 patients were independently rated on all of the ANPD, BPD, and NPD symptom criterion for the DSM-IV. High interrater reliabilities were obtained for the presence or absence of a PD and symptom criteria for ANPD, BPD, and NPD (all kappa > or = .80). The sample consisted of ANPD (n = 20), BPD (n = 25), NPD (n = 15), and other personality disorders (OPD; Cluster A and C; n = 26). Five ANPD criteria reliably differentiated ANPD patients from BPD and NPD patients (1, 2, 3, 6, 7), and two criteria did not differentiate this group from either intracluster category (4, 5). BPD criteria also differentiated BPD patients from ANPD and NPD patients; however, the specific criteria that effectively differentiated categories were dependent on the group comparisons. BPD criteria (1, 2, 3, 6, 7) differentiated BPD and ANPD patients. BPD and NPD patients could be discriminated on other BPD criteria (2, 3, 5, 6, 7, 8). NPD criteria showed a similar ability to differentiate patients. NPD criteria differentiated NPD and BPD patients on DSM-IV criteria of 1, 3, 4, 5, 7, and 9. NPD and ANPD patients could be differentiated on other NPD criteria (1, 2, 3, 4, 5, 9). The results of this study provide general support for the use of specific
criteria for these three disorders in the differential comparison of related and unrelated PDs. The utility of items that describe essential features are discussed.

PMID: 9777280 [PubMed - indexed for MEDLINE]


**Brief communication: pathological narcissism in bipolar disorder patients.**

*Stormberg D, Ronningstam E, Gunderson J, Tohen M.*

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The occurrence of pathological narcissism in bipolar patients, and the diagnostic relation between narcissistic personality disorder (NPD) and bipolar disorder (BD), were investigated. The Diagnostic Interview for Narcissism (DIN) was administered to bipolar patients when manic and when euthymic. The scores were compared to those of an NPD sample and a control group of general psychiatric patients. **Euthymic bipolars do not exhibit a higher level of pathological narcissism or a higher prevalence of NPD than psychiatric patients in general. However, when manic, bipolar patients do appear similar to the narcissistic group, sharing 12 out of 14 of the identifying criteria for NPD. The results support the inclusion of mania in the differential diagnosis of NPD.**

PMID: 9661104 [PubMed - indexed for MEDLINE]


**Pathological narcissism and narcissistic personality disorder in Axis I disorders.**

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This paper presents available information on the comorbidity of narcissistic personality disorder (NPD) and pathological narcissism with major mental illness. A review of empirical studies reporting on the prevalence of NPD in Axis I disorders, and of theoretical and clinical literature on narcissistic pathology in major mental illness, forms the basis for an analysis of this interface. The results show that prevalence rates of NPD in Axis I disorders rarely exceed those found in the general psychiatric or personality disorder populations (i.e., less than 22%). NPD was found at high rates in individuals with a substance use disorder (12-38%) or bipolar disorder (4-47%); it was present at very low rates or absent in persons with obsessive-compulsive disorder. Higher prevalence rates were
reported in the studies that used the Millon Clinical Multiaxial Inventory I or II than in those that employed the Structured interview for DSM-III Personality Disorders or the Structured Interview for DSM-III-R Personality Disorders--Revised. There is no evidence implicating a significant relationship between NPD and any specific Axis I disorder. A comparison of theoretical and clinical studies with empirical ones reveals major differences in the views regarding the presence and significance of NPD in Axis I disorders. However, the results highlight trends of interacting comorbidity between NPD and substance use disorders, bipolar disorder, depression, and anorexia nervosa.

PMID: 9384963 [PubMed - indexed for MEDLINE]


Content validity of the DSM-IV borderline and narcissistic personality disorder criteria sets.

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This study sought to empirically evaluate the content validity of the newly revised DSM-IV narcissistic personality disorder (NPD) and borderline personality disorder (BPD) criteria sets. Using the essential features of each disorder as construct definitions, factor analysis was used to determine how adequately the criteria sets covered the constructs. In addition, this empirical investigation sought to: 1) help define the dimensions underlying these polythetic disorders; 2) identify core features of each diagnosis; and 3) highlight the characteristics that may be most useful in diagnosing these two disorders. Ninety-one outpatients meeting DSM-IV criteria for a personality disorder (PD) were identified through a retrospective analysis of chart information. Records of these 91 patients were independently rated on all of the BPD and NPD symptom criteria for the DSM-IV. Acceptable interrater reliability (kappa estimates) was obtained for both presence or absence of a PD and symptom criteria for BPD and NPD. The factor analysis, performed separately for each disorder, identified a three-factor solution for both the DSM-IV BPD and NPD criteria sets. The results of this study provide strong support for the content validity of the NPD criteria set and moderate support for the content validly of the BPD criteria set. Three domains were found to comprise the BPD criteria set, with the essential features of interpersonal and identity instability forming one domain, and impulsivity and affective instability each identified as separate domains. Factor analysis of the NPD criteria set found three factors basically corresponding to the essential features of grandiosity, lack of empathy, and need for admiration. Therefore, the NPD criteria set adequately covers the essential or defining features of the disorder.

PMID: 8980869 [PubMed - indexed for MEDLINE]
Gender differences in personality disorders in psychiatrically hospitalized adolescents.

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OBJECTIVE: The authors examined gender differences in DSM-III-R personality disorders in adolescent psychiatric inpatients. METHODS: Structured diagnostic interviews were reliably performed with a series of 138 consecutively admitted adolescent inpatients. To reduce variability due to heterogeneity of axis I diagnoses, a subgroup of 87 patients with major depression was retested for gender differences. RESULTS: Females were significantly more likely than males to meet the criteria for borderline personality disorder. Narcissistic personality disorder was diagnosed only in males. A similar pattern was observed in the subgroup of patients with major depression. CONCLUSIONS: The findings suggest potentially important gender differences in personality disorders in adolescent inpatients.

PMID: 8678180 [PubMed - indexed for MEDLINE]

Changes in pathological narcissism.

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OBJECTIVE: This study investigated types of change that occur over time in the psychopathology of narcissistic patients. METHOD: Baseline scores on the Diagnostic Interview for Narcissism of 20 patients, clinically diagnosed as having narcissistic personality disorder, were contrasted with their scores 3 years later by means of t tests and chi-square statistics. The authors then compared these changes in narcissism with the patients' accounts of their life events during the interval between the two assessments. RESULTS: A significant decrease in the overall level of pathological narcissism was found, particularly in the areas of interpersonal relations and reactivity. At follow-up, 60% of the subjects had reached the cutoff score on the diagnostic interview that indicated significant improvement, and 40% remained unchanged, with a high level of pathological narcissism. A high baseline level of narcissism in interpersonal relations was associated with absence of change at follow-up. Examination of life events in the interval between assessments suggests that changes in pathological narcissism are
related to three kinds of experiences: achievements, new durable relationships, and disillusionments. CONCLUSIONS: The instability of narcissistic psychopathology found in this study raises questions about the construct validity of narcissistic personality disorder as a diagnostic category and about the core construct of pathological narcissism.

PMID: 7840360 [PubMed - indexed for MEDLINE]


**Sexual narcissism: a validation study.**

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Sexual narcissism, an egocentric pattern of sexual behavior, has recently been described in the literature and has been discovered to be associated with cluster B type personality disorders. Although the research seems to have validated sexual narcissism as a characteristic of borderline and histrionic personality disorders, it is yet to be tested with narcissistic personalities. In an effort to further explore this relationship as well as the validity of sexual narcissism, this study systematically compared a sample (ages 24-33 years) of males with narcissistic personality disorder with an adequately matched sample of males without personality disorders. As compared to the control group, narcissistic men were found to have significantly lower self-esteem, more negative attitudes toward sex, greater egocentric patterns of sexual behavior, more conservative or traditional gender-role orientation, and greater sexual preoccupation. Despite these findings, there were no significant differences between the groups on sexual depression and the narcissistic men evidenced significantly higher sexual esteem. Implications for these findings are discussed.

PMID: 8169963 [PubMed - indexed for MEDLINE]


**Prevalence and stability of the DSM-III-R personality disorders in a community-based survey of adolescents.**


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OBJECTIVE: The purpose of this study was to estimate the prevalence, concurrent validity, and stability of DSM-III-R personality disorders in a large
community-based sample of adolescents. METHOD: A randomly selected community sample of 733 youths ranging in age from 9 to 19 years was followed over a 2-year period. The protocol consisted of structured interviews with the adolescents and their mothers and self-report questionnaires. Algorithms for 10 DSM-III-R axis II disorders were developed to produce diagnoses at two levels of severity; these were validated against multiple indicators of distress and functional impairment. RESULTS: The overall prevalence of personality disorders peaked at age 12 in boys and at age 13 in girls and declined thereafter. Obsessive-compulsive personality disorder was the most prevalent moderate axis II disorder, narcissistic personality disorder the most prevalent severe disorder, and schizotypal personality disorder the least prevalent axis II disorder, based on both moderate and severe diagnostic thresholds. All moderate axis II disorders were associated with significantly greater odds for at least five of 12 diagnostic validators. Longitudinal follow-up revealed that although most axis II disorders did not persist over a 2-year period, subjects with disorders identified earlier remained at elevated risk for receiving a diagnosis again at follow-up. CONCLUSIONS: These findings suggest that a substantial minority of adolescents who are not in treatment qualify for DSM-III-R personality disorder diagnoses and that these diagnoses are associated with increased risk of psychological distress and functional impairment.

PMID: 8328570 [PubMed - indexed for MEDLINE]


**DSM-III-R narcissistic personality disorder evaluated by patients' and informants' self-report questionnaires: relationships with other personality disorders and a sense of entitlement as an indicator of narcissism.**

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Modified versions of the revised Personality Diagnostic Questionnaire (PDQ-R) for DSM-III-R personality disorders (PDs) were completed by 60 patients and their informants. Patients' ratings gave a mean number of 4.5 PDs per subject and narcissistic (NAR) PD in 42%. Informants' ratings gave NAR PD in 38%. For patients and informants, NAR PD scores (i.e., the number of positive NAR PD criteria for each subject) were significantly correlated with histrionic (HIS) and borderline (BOR) PD scores and with scores of some PDs outside DSM-III-R's "cluster B." Also, there were significant correlations between patients' and informants' NAR PD scores and between NAR PD scores and total number of positive criteria (i.e., for all 13 PDs) for patients and informants. For patients' ratings, there were significant associations between NAR PD and HIS, BOR, and passive-aggressive (PAG) PDs and, for informants' ratings, between NAR and
There was no significant association between patients' and informants' diagnoses of NAR PD. Grandiosity, the most characteristic feature of narcissism, is related to NAR PD criteria 3 through 6. The patients' evaluation of criterion 6 (i.e., "Has a sense of entitlement ...") shows satisfactory item-total correlation and endorsement frequency, together with "fair to good" reliability when patients' and informants' ratings are compared (kappa = 0.62). The identification of a sense of entitlement by the patient may be a relatively reliable and valid indicator of narcissism.

PMID: 1451453 [PubMed - indexed for MEDLINE]

Arch Gen Psychiatry. 1990 Jul;47(7):676-80.

The diagnostic interview for narcissistic patients.

Gunderson JG, Ronningstam E, Bodkin A.

Psychosocial Research Program, McLean Hospital, Belmont, Mass 02178.

This report describes the content and development of a semistructured interview, the Diagnostic Interview for Narcissism. The interview evaluates 33 features of pathological narcissism covering five domains of function: grandiosity, interpersonal relations, reactiveness, affects and moods, and social and moral adaptation. Its utility is established by reliability studies and by developing a scoring system from a sample of 24 prototypic narcissistic patients who were compared with 58 others. Because narcissistic personality disorder is a widely used diagnosis whose inclusion in DSM-III-R was without reference to an empirical base, this instrument offers a method for doing much-needed research.

PMID: 2360861 [PubMed - indexed for MEDLINE]


Identifying criteria for narcissistic personality disorder.

Ronningstam E, Gunderson J.

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The authors report an exploratory effort to identify useful criteria for narcissistic personality disorder. They used the semistructured Diagnostic Interview for Narcissism to assess 24 narcissistic patients and 58 others on 33 characteristics imputed to pathological narcissism. The following characteristics were significantly more common among the patients with narcissistic personality disorder: a sense of superiority, a sense of uniqueness, exaggeration of talents, boastful and pretentious behavior, grandiose fantasies, self-centered and self-
Narcissistic personality disorder in childhood.

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Narcissistic personality disorders can be identified in childhood and adolescence using the same diagnostic criteria as for adults. There are, however, additional descriptive characteristics specific to children: in particular, quality of friendships, quality of performance in school, gaze aversion, pathologic play, and separation anxiety. Various developmental pathways may present a special risk for the formation of narcissistic personality disorder: having narcissistic parents, being adopted, being abused, being overindulged, having divorced parents, or losing a parent through death. The diagnosis of narcissistic personality disorder has important implications for treatment. The goals of treatment (in intensive psychoanalytic psychotherapy) are to work on the grandiose self, the pathologic defense mechanisms that interfere with development, and interactions with parents and peers. Concomitant parent counseling or family therapy is strongly recommended to work on the maladaptive narcissistic defenses operating at the family level, which help to maintain the disorder.

Publication Types:

- Case Reports

PMID: 2798202 [PubMed - indexed for MEDLINE]