

Interpersonal problems associated with narcissism among psychiatric outpatients: A replication study

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Summary

Background: Narcissistic personality disorder is the subject of increasing attention in the literature. However, there remains a relative absence of empirical work that has examined narcissism in clinical samples, especially efforts to replicate previous findings. Findings from a previous large-scale study [1] suggest that narcissism is associated with considerable interpersonal impairment.

Aims: The objective of the present study was to replicate the findings of Ogrodniczuk and colleagues in an independent sample of psychiatric outpatients.

Method: Consecutively admitted patients (N=53) to a day treatment program completed measures of narcissism, interpersonal problems, and general psychiatric distress. The association between narcissism and interpersonal impairment at baseline and post-therapy was examined. The relation of narcissism to treatment discharge status was also investigated. Partial correlation analyses were used.

Results: At baseline, higher levels of narcissism were significantly associated with more interpersonal impairment, particularly characterized by domineering, vindictive, and overly nurturing behaviour. Baseline narcissism was also significantly related to interpersonal impairment at post-therapy. Change in interpersonal difficulties following treatment was not significantly associated with baseline narcissism. Treatment discharge status also was unrelated to narcissism.

Discussion: Implications for further treatment and clinical considerations are discussed.

Conclusions: The findings largely replicate those of Ogrodniczuk and colleagues' earlier study, underscoring prominent interpersonal impairment associated with narcissism and supporting the notion of narcissistic personality disorder as a valid clinical construct.

Narcissism, Interpersonal Functioning, Psychiatric Outpatients

Narcissistic personality disorder is described as a pervasive pattern of grandiosity, need for admiration, and lack of empathy [2]. Being preoccupied with fantasies of unlimited success, pa-

tients with pathological levels of narcissism believe they are special and unique, have a sense of entitlement, are exploitive and arrogant. They exaggerate minor achievements, expect praise and recognition without doing anything to earn it, and feel entitled to express their opinion without being burdened by listening to those of others. Perhaps not surprisingly, narcissistic pathology tends to be accompanied by a multi-

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tude of interpersonal problems. Presenting as haughty, arrogant, entitled, and dismissive can leave others feeling befuddled, angry, insulted, and helpless. Difficulties interacting with others place narcissistic patients at risk for significant disruptions in their career, social, and family-life trajectories.

The scientific literature on NPD includes discussion of the scarcity of evidence supporting its validity [3,4]. Links et al. [5] conclude, "Most of the literature regarding patients suffering with narcissistic personality disorder is based on clinical experience and theoretical formulations, rather than empirical evidence" (p. 303). At the time of the DSM-5 working group discussions to consider changes to the personality disorder construct and diagnosis, only 4% of the 15,000 scientific articles on DSM-IV personality disorders focused on NPD [4]. This is in contrast to escalating prevalence rates for NPD, with a recent epidemiological study [6] finding a 6.2% lifetime prevalence in the general population and an even higher prevalence of 9.4% in younger cohorts (20-29 year olds).

Some studies have shown NPD to suffer from low discriminant validity, sharing common traits with other personality disorders and thus contributing to high rates of comorbidity within the personality disorder class [4,7,8], though this is a problem that is hardly specific to NPD alone. Without research clearly supporting the DSM-IV operationalization of NPD (or a valid alternative), the DSM-5 working group's proposal was to remove NPD from the DSM-5 [9]. However, a major shift in classification to include dimensional common traits would likely disrupt continuity with the DSM-IV to such an extent that our previous knowledge of NPD may become irrelevant [7]. Significantly, NPD was reinstated in the DSM-5 after strong disapproval from the wider community arguing that the evidence—regardless of its limited scope—and wealth of clinical experience suggest significant utility to the specific diagnosis of NPD.

As interpersonal functioning is central to the proposed DSM-5 criteria for NPD [10], empirical knowledge regarding the relationship between NPD and interpersonal functioning could help to support the clinical utility of the NPD construct. The vast majority of studies of narcissism have occurred within the social-person-

ality psychology field with non-clinical samples. While these non-clinical studies provide a wealth of knowledge on trait narcissism, their relevance for validating the NPD construct is limited [11,12]. Nevertheless, studies of non-clinical samples have linked narcissism to the interpersonal difficulties of hostility [13], a domineering/vindictive style ([14,16], coldness, defensiveness, and emotionally detached attachment behaviours [17] and antagonism [18,19].

Fewer studies have investigated interpersonal functioning in clinical samples of NPD [11]. Among such studies, that of Ogdorniczuk et al. [1] is the largest to date to examine the association between narcissistic pathology and interpersonal functioning. High levels of narcissistic features were significantly associated with greater levels of distress and interpersonal problems, specifically with domineering, vindictive, and intrusive behaviour. Even when controlling for other Cluster B personality disorders (histrionic, antisocial and borderline), narcissism uniquely predicted interpersonal problems, especially in the domineering and vindictive dimensions. Domineering and vindictive behaviour were found to decline as a function of treatment, whereas intrusiveness did not. In terms of the utility of the NPD construct, narcissism was strongly associated with failure to complete treatment, with the high narcissism group experiencing a 63% dropout rate, nearly twice that of the low and moderate narcissism groups.

Replication of research findings—obtaining the same findings with other samples for the hypothesis tested in the original study—is necessary for valid conclusions [20]. Recent research has shed light on the problem of limited replicability in psychological research: only 36-47% of original studies are successfully replicated [21]. These concerns are echoed in clinical research, with many studies finding poor replicability [22,23]. The present study was developed to add confidence to the findings obtained by Ogdorniczuk et al.'s [1] by attempting to replicate findings regarding narcissistic pathology and interpersonal problems among patients with personality dysfunction.

The objectives of the current study are similar to those of the original study by Ogdorniczuk et al. [1]: (1) To assess the association between narcissism and interpersonal problems,

both concurrently and longitudinally; (2) To assess the unique predictive power of narcissism in predicting interpersonal problems, when controlling for the other Cluster B personality disorders (i.e., Histrionic, Antisocial, Borderline); and (3) To assess whether narcissism is associated with treatment outcomes, such as failure to complete treatment and change in interpersonal impairment.

METHOD

Patients and Recruitment

Fifty-three consecutively admitted patients to the Day Treatment Program (DTP) of the University of Alberta Hospital in Edmonton, Canada served as participants in this study. The DTP is known to community referral sources as an outpatient service that treats patients with personality disorders or maladaptive personality disorder traits. The DTP offers an ongoing, structured therapeutic milieu characterized by an emphasis on psychodynamic group psychotherapy. Patients attend the program daily for seven hours Monday through Thursday, and a half-day on Friday. Patients participate for a time-limited period of 18 weeks. One to two patients are admitted and a corresponding number complete the program in a given week. No individual therapy is offered. The primary inclusion criteria for the program included the presence of a DSM-IV personality disorder or significant personality dysfunction that does not fully meet criteria for any particular DSM-IV Axis II disorder, and a minimum age of 18. Exclusion criteria included active psychosis, organic mental disorder, acute suicidality, active substance abuse in need of primary attention, and involvement with another mental health agency. Ethics approval for the study was obtained from the local hospital and university ethics boards. After complete description of the study to the subjects, written informed consent was obtained.

Assessment Measures

Each patient completed three self-report measures for the purpose of this study. These included the Wisconsin Personality Inventory-IV [WIS-

PI-IV; 24], the Inventory of Interpersonal Problems-64 [IIP-64; 25], and the Outcome Questionnaire-45 [OQ-45; 26]. The WISPI-IV was completed at baseline only. The IIP-64 and OQ-45 were completed at baseline and at the end of treatment. Baseline Axis I and Axis II diagnoses were assigned by the DTP therapist who conducted the initial intake assessment according to the DSM-IV-TR [2].

Narcissism was assessed with the WISPI-IV [24], a 214-item self-report questionnaire organized into 11 scales, with each scale corresponding to one of the DSM-IV personality disorders. The WISPI-IV items and scales were derived from the DSM personality disorder symptom criteria. However, they are different from other self-report measures of personality disorder (e.g., SCID-II) because they have been translated and reformulated according to an interpersonal theory of personality [27]. Validation studies demonstrate excellent internal consistency and test-retest reliability [24] and good convergent and discriminant validity with the SCID-II [28,29]. Each item on the WISPI-IV is rated on a 10-point scale (1 = "Never or not at all true of you"; 10 = "Always or extremely true of you") and patients are asked to rate their usual selves during the past five years or more. Summary scores for each scale (mean rating of the items for each scale) were computed.

Interpersonal problems were assessed with the IIP-64 [25]. The IIP-64 is a self-report instrument designed to assess problems in interpersonal interactions that either are reflected by difficulties in executing particular behaviours (It is hard for me to ...), or difficulties in exercising restraint (I do ... too much). The instrument is based upon interpersonal theories of behaviour [30-32]. The scale consists of 64 items (8 subscales of 8 items each) that are rated on a 5-point scale. The subscales can be modelled geometrically as a circumplex model. Each subscale represents an octant within this model. The 8 subscales reflect interpersonal problems characterized by the following adjectives: Domineering, vindictive, cold, socially avoidant, non-assertive, exploitable, overly nurturant, and intrusive. In addition to the subscales, the IIP-64 provides a total score, reflecting overall distress associated with interpersonal problems. For the present study, the subscale scores were used to de-

scribe interpersonal behaviours associated with narcissism, while the total score was used to reflect overall interpersonal distress. The IIP-64 is a widely used instrument and has strong psychometric properties [33].

General psychiatric distress was assessed with the symptom distress subscale of the OQ-45 [OQ-45; 26], a 45-item self-report measure. The items address common symptoms and problems (mostly depressive and anxiety-based) that occur across the most frequently occurring psychiatric disorders. Each item is rated using a 5-point Likert scale, with a range of 0 to 4. The OQ-45 is frequently used and possesses good psychometric properties [34].

Statistical Analyses

Partial correlation, controlling for confounding variables, was used to examine the association between narcissism and interpersonal problems. Sex, age, and baseline symptom distress were examined as potentially confounding variables (using *t*-test and bivariate correlation) and included in the partial correlation analyses as covariates, if necessary. Antisocial, borderline, and histrionic WISPI-IV subscale scores were included as covariates in some analyses. Analysis of variance was used to examine the relationship between narcissism and treatment discharge status. The effect of narcissism on changes in IIP-64 scores was examined using regression analyses, with the pre-post difference score on the IIP serving as the dependent variable. Significance was set at $p < 0.05$ (2-tailed).

RESULTS

Participant Characteristics

The sample consisted of 53 patients (34 females and 19 males), with a mean age of 41.2 years ($SD = 11.5$). Thirty-six percent ($N = 19$) were single, 34% ($N = 18$) were married, 13% ($N = 7$) were separated, 11% ($N = 6$) were divorced, and 6% ($N = 3$) indicated an alternate marital status. Forty-two percent ($N = 22$) of participants had a high school education or less, and 58% ($N = 32$) were educated beyond high school (such as trades training, college, university). Ninety-

three percent ($N = 49$) had received psychiatric treatment in the past, and 30% ($N = 16$) had been previously hospitalized for psychiatric difficulties. Seventy percent ($N = 37$) of the patients were not working at the time of admission, with 9% ($N = 5$) working part-time and 21% ($N = 11$) working full-time. The most prevalent DSM-IV Axis II diagnoses were Avoidant (35.8%), Borderline (22.6%), and Obsessive-Compulsive (18.9%), while 7.5% of patients met full criteria for Narcissistic Personality Disorder. The most prevalent DSM-IV Axis I diagnoses were Obsessive Compulsive Disorder (56.6%), Agoraphobia (41.5%), Social Phobia (34%), and Post Traumatic Stress Disorder (32.1%).

Potential confounding variables

There were no significant associations between narcissism and either age ($r = 0.08$, $p = 0.56$) or current symptom distress ($r = 0.10$, $p = 0.50$). Similarly, there was no significant association between narcissism and sex ($t = 1.22$, $p = 0.23$). Symptom distress was, however, significantly correlated with the total score from the IIP ($r = 0.43$, $p < 0.01$); thus symptom distress was included as a covariate in subsequent partial correlation analyses in order to control for its association with interpersonal problems.

Narcissism and interpersonal problems – concurrent findings

Narcissism was significantly associated with overall interpersonal distress ($r = 0.43$, $p < 0.003$), after controlling for the effect of general symptom distress. Concerning specific interpersonal behaviours, narcissism was significantly associated with the domineering ($r = 0.46$, $p < 0.001$), vindictive ($r = 0.41$, $p < 0.005$), intrusive ($r = 0.41$, $p < 0.004$), and overly nurturing ($r = 0.39$, $p < 0.007$) octants of the IIP circumplex.

We also examined whether narcissism was uniquely associated with interpersonal problems once we controlled for the effects of the three other Cluster B personality disorders (histrionic, antisocial, and borderline), in addition to general symptom distress. This is a very conservative test because it requires narcissism to

predict interpersonal problems over and above other personality disorders that are related to narcissism. We found that, after controlling for the effects of these other variables, narcissism remained significantly related to overall interpersonal distress ($r=0.40$, $p < 0.009$), as well as the domineering ($r=0.35$, $p < 0.022$), vindictive ($r=0.34$, $p < 0.024$) and overly nurturing ($r=0.38$, $p < 0.013$) octants of the circumplex.

Narcissism and treatment participation

Thirty-seven patients completed treatment (i.e., finished the full 18-week treatment program – therapeutic discharge), reflecting a completion rate of 73%. Narcissism was not significantly associated with discharge status ($F=1.29$, $p = 0.29$).

Narcissism and interpersonal problems – longitudinal findings

Baseline narcissism was highly correlated with overall interpersonal distress at end of treatment, even when controlling for symptom distress and the effects of other Cluster B personality disorders ($r=0.59$, $p < 0.001$). With regard to specific interpersonal problems, narcissism was significantly correlated with domineering ($r=0.51$, $p < 0.004$), vindictive ($r=0.55$, $p < 0.002$), cold ($r=0.51$, $p < 0.005$), avoidant ($r=0.50$, $p < 0.006$), exploitative ($r=0.45$, $p < 0.009$), overly nurturing ($r=0.52$, $p < 0.004$), and intrusive ($r=0.46$, $p < 0.012$) dimensions, after controlling for the effect of general symptom distress and the effects of other Cluster B PDs.

Amongst treatment completers, significant reductions were observed in overall interpersonal distress and across all 8 interpersonal domains. However, change in IIP-64 scores was not statistically associated with baseline narcissism.

DISCUSSION

This study replicated Ogronczuk et al.'s [1] original study that examined the association between narcissism and interpersonal problems among a large clinical sample of outpatients attending a psychotherapeutic day treatment pro-

gram. As in the original study, after controlling for the effects of the other Cluster B personality disorders, the present study found narcissism to be significantly associated with the domineering and vindictive interpersonal domains at baseline, suggesting that these interpersonal styles may specifically discriminate narcissism from other personality disorders. These findings align with the patterns seen in non-clinical samples [13-16] and clinical descriptions [35-37]. The findings of the present study also replicated Ogronczuk et al.'s association of narcissism with intrusiveness at post-therapy. Intrusiveness is consistent with clinical descriptions of narcissism, with Millon and Davis [37] detailing the persistent social intrusiveness employed by the narcissistic patient to cultivate his or her image of superiority.

Of interest, our study also highlighted the overly nurturing dimension as a characteristic of narcissism. In a study of interpersonal functioning and goal-oriented behaviours, Holtforth et al. [38] found that problems at both positive poles of the interpersonal circumplex (i.e. domineering and overly nurturing) consistently linked to strong approach behaviours towards goals (e.g. striving for status or intimacy). Our association of narcissism with the overly nurturing dimension differs from the majority of studies that describe narcissists to have antagonistic behaviours [18,19], and opposes findings describing cold and detached behaviours [17]. However, linking overly nurturing behaviours to excessive striving for status or intimacy conceptually fits our theoretical understanding of narcissist's need to boost their fragile sense of self [37,39,40]. The differences in interpersonal behaviour patterns between studies emphasizes the heterogeneity of the narcissism construct, perhaps illustrating the notion that different observable behaviours may be employed to achieve the same goals of alleviating the underlying fragile sense of self.

Our study did not find narcissism to be significantly associated with treatment completion, unlike Ogronczuk et al.'s original study, and more recently those of Campbell et al. [41] and Ellison et al. [42], which found narcissism to be related to higher dropout rates. These differences may relate to our smaller sample size and to the fact that we recorded only discharge status

[therapeutic discharge (completed treatment), administrative discharge (patient asked to leave program), self discharge (patient-initiated premature termination)] but not number of weeks in the program.

Our findings regarding the longitudinal association between baseline narcissism and interpersonal problems at the end of treatment suggest that problematic interpersonal interactions is a persistent problem in NPD. Interestingly, narcissism was more highly correlated with dimensions of the IIP at post-treatment than at pre-treatment. Though an explanation for this finding is not immediately clear, it may be an artefact of the treatment experience whereby highly narcissistic patients become more aware of the breadth of their interpersonal dysfunction after 18 weeks of intensive, group-based treatment. Such a finding deserves further exploration in future studies.

Similar to Ogrodniczuk et al.'s study, significant reductions were observed in all interpersonal dimensions. The magnitude of improvement, however, was not associated with narcissism in either study. These findings were also echoed in Ellison et al.'s [42] study showing that pathological narcissism did not significantly interfere with symptom change in psychotherapy. As discussed in Ogrodniczuk et al.'s original paper, these findings may support the conclusions that treatment specifically designed to treat personality disorders can be successful in modifying the problematic interpersonal behaviours of narcissism [43]. While narcissistic patients have significant interpersonal impairments that may make therapy difficult, these findings suggest that they can achieve therapeutic change with appropriately focused treatments.

The findings of the present study should be considered in the context of various limiting factors. First, the self-report nature of our measures may not fully reflect narcissistic dysfunction, since narcissistic patients may employ socially desirable responses to present themselves favourably. However, as suggested in the original study by Ogrodniczuk et al. [1], the WISPI-IV is considered sufficiently capable of capturing variation in the severity of narcissistic features among participants [28]. Second, our study did not use a naturalistic follow-up procedure (i.e., follow-up without treatment). Thus, we did not

study the outcomes for the participants who left treatment prematurely. Third, our sample size was relatively small, limiting the generalizability of our findings. Fourth, our sample was drawn from a day treatment program that serves considerably impaired and symptomatic patients. The extent to which our findings generalize to the broader outpatient population is unclear. Finally, as the WISPI-IV was designed to be consistent with the DSM-IV, we assessed only the grandiose subtype of narcissism, characterized by grandiosity, aggression, and dominance [44]. The field is moving toward accepting a vulnerable subtype of narcissism, involving a more internalizing picture of shame, negative affect and avoidance, which is not captured in the DSM-IV/5 construct of NPD [42,44,45]. The focus on the observable manifestations of narcissism described in the DSM-IV/5 may improve discriminant validity, but limit construct validity as the scope of the disorder is narrowed.

Notwithstanding these limitations, the findings of the present study support Ogrodniczuk et al.'s conclusions of prominent distress caused by interpersonal problems associated with narcissism in clinical populations, particularly within the domineering, vindictiveness, and intrusive domains. Our results provide further support for the validity of narcissism as a pathological personality style associated with impaired functioning. While narcissistic pathology tends to make treatment more difficult, both Ogrodniczuk et al.'s and our study show that people with narcissism can change with the appropriate treatment. By more clearly delineating the specific impairments associated with narcissism, we hope future research may advance treatments to target these impairments.

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