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ASSESSMENT OF NARCISSISTIC PERSONALITY DISORDER: A MULTI-METHOD REVIEW

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ABSTRACT. *This review examines the available empirical data for the diagnosis of narcissistic personality disorder (NPD) for three methods of assessment: semi-structured interviews, self-report inventories, and projective techniques. Issues of reliability, validity, and clinical utility are examined for each instrument (or scale). An overview of the relative advantages, disadvantages, and empirical support for each method of assessment in the diagnosis of NPD is presented in a discussion after the review of the salient literature. In general, it was found that semi-structured interviews are a fairly reliable and valid method of diagnosis for Axis II disorders but, for the most part, these studies have used woefully small samples of NPDs. In general, self-report instruments were best at screening for the presence or absence of personality disorder, identifying members of personality disorder clusters, and identifying negative instances of specific personality disorders or clusters. Self-report inventories and the structured interviews are often in disagreement concerning presence of specific personality pathology. In general, previous studies have found the tendency for self-report measures to diagnose personality disorders at much higher frequencies than do clinicians. Moreover, self-report measures frequently attributed two or more personality disorders to a particular individual. Additionally, research with projective methods over the last decade has shown this mode of assessment to be useful in the differential diagnosis of NPD from both*

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related and unrelated personality disorders. It seems prudent that the clinician and researcher alike should employ multiple methods of measurement and utilize information in a systematic and theoretical fashion when evaluating a patient for NPD diagnosis. Copyright © 1996 Elsevier Science Ltd

NARCISSISTIC PERSONALITY DISORDER (NPD) was included as a diagnostic category in the *Diagnostic and Statistical Manual of Mental Disorders (3rd ed.) (DSM-III)* (American Psychiatric Association, 1980) in large part due to widespread interest in the theoretical and clinical concept of narcissism by psychotherapists (Kernberg, 1970, 1975; Kohut, 1971, 1977; Meissner, 1978; Pulver, 1970; Stolorow, 1975; Teicholz, 1978). However, justification for regarding NPD as an independent diagnostic entity having distinguishable features from other personality disorders has been the matter of some controversy (Loranger, Oldham, & Tulis, 1982; Pope, Jonas, Hudson, Cohen, & Gunderson, 1983; Masterson, 1981; Siever & Klar, 1986; Vaillant & Perry, 1985). In fact, almost no empirical work focusing exclusively on NPD had been conducted until the late 1980s. In their review of data concerning *DSM-III-R* (American Psychiatric Association, 1987) descriptors of NPD Gunderson, Ronningstam, and Smith (1991) stated that "it [NPD] remains a disorder about which there has been little empirical evidence and around which basic questions of description, clinical utility and validity still remain" (p. 167).

However, recent efforts have begun to systematize and describe the characteristic features of NPD. In this effort to illuminate the various questions surrounding the nosological aspects of NPD, investigators have attempted to develop specific criteria on a number of assessment measures that may aid in the differentiation of NPD from other personality disorders. In particular, several phenomenological studies by Gunderson and Ronningstam (Gunderson, Ronningstam, & Bodkin, 1990; Ronningstam, 1988; Ronningstam & Gunderson, 1988, 1990, 1991) have focused on identifying different characteristics of NPD patients and has led to the development of the *Diagnostic Interview for Narcissism* (DIN). Also, self-report measures have been shown to be useful in the diagnosis of personality disorders in general and scales designed to assess NPD have received extensive use (Chatham, Tibbals, & Harrington, 1993; Colligan, Morey, & Offord, 1994; Millon, 1987; Morey, Waugh, & Blashfield, 1985; Wink & Gough, 1990). In addition, several studies using projective methods of assessment have shown promise in the differential diagnosis of NPD (Berg, 1990; Berg, Packer, & Nunno, 1993; Farris, 1988; Gacono, Meloy, & Heaven, 1990; Gacono, Meloy, & Berg, 1992; Hilsenroth, Hibbard, Nash, & Handler, 1993; Hilsenroth, Fowler, Padawer, & Handler, in press).

Several authors have called for research concerning the differential diagnosis and treatment of individuals suffering from character pathology (Berg, 1983; Blatt & Lerner, 1983; Lerner, 1988; Kernberg, 1975; Westen, 1990). All have stressed the importance of careful diagnostic assessment of these individuals, especially utilizing psychological testing, for treatment planning, management of transference, and countertransference issues. The ability to distinguish narcissistic pathology specifically, and the assessment of personality disorders in general, would enable practicing clinicians to make more appropriate decisions in choosing treatment strategies for such persons. Identification of variables related to pathological expressions of narcissism is only a starting point. A further step will be identification of those features of NPD that are the most outstanding and important in differential diagnosis (Davis, Blashfield, & McElroy, 1993). The fact that narcissistic traits commonly occur in other,

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