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Narcissistic personality disorder: relations with distress and functional impairment

Joshua D. Miller[a,*], W. Keith Campbell[a], Paul A. Pilkonis[b]

[a]University of Georgia, Athens, GA 30602, USA
[b]Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center, Pittsburgh, PA, USA

Abstract

This study examined the construct validity of narcissistic personality disorder (NPD) by examining the relations between NPD and measures of psychologic distress and functional impairment both concurrently and prospectively across 2 samples. In particular, the goal was to address whether NPD typically "meets" criterion C of the *DSM-IV* definition of Personality Disorder, which requires that the symptoms lead to clinically significant distress or impairment in functioning. Sample 1 (n = 152) was composed of individuals receiving psychiatric treatment, whereas sample 2 (n = 151) was composed of both psychiatric patients (46%) and individuals from the community. Narcissistic personality disorder was linked to ratings of depression, anxiety, and several measures of impairment both concurrently and at 6-month follow-up. However, the relations between NPD and psychologic distress were (*a*) small, especially in concurrent measurements, and (*b*) largely mediated by impaired functioning. Narcissistic personality disorder was most strongly related to causing pain and suffering to others, and this relationship was significant even when other Cluster B personality disorders were controlled. These findings suggest that NPD is a maladaptive personality style which primarily causes dysfunction and distress in interpersonal domains. The behavior of narcissistic individuals ultimately leads to problems and distress for the narcissistic individuals and for those with whom they interact.

1. Introduction

Narcissistic personality disorder (NPD), despite substantial interest from a theoretical perspective, has received very little empirical attention [1]. In fact, some have concluded that "most of the literature regarding patients suffering with NPD is based on clinical experience and theoretical formulations, rather than empirical evidence" [[2], p 303]. A large majority of empirical studies on narcissism come from a social-personality psychology perspective which, although methodologically sophisticated and important, may not pertain to NPD given the reliance on undergraduate samples and the use of the Narcissistic Personality Inventory (NPI) [3]. Trull and McCrae [4] have noted that narcissism measured by the NPI appears to be made up of high Extraversion, low Agreeableness, and low Neuroticism from the Five-Factor Model of personality [5], whereas *DSM* definitions suggest low Agreeableness, *high* Neuroticism, and *no* relation with Extraversion. These authors suggest that "most narcissistic scales do not square well with *DSM-III-R* criteria for NAR" [[4], p 53]. The field must be cautious about relying on these studies to inform our knowledge of NPD. The few empirical studies of NPD that have used clinical samples and *DSM*-based measures have focused on the underlying factor structure and item content [6-8]. In particular, there is a striking lack of data regarding the impairment and distress associated with NPD. Central to the issue of validity for any *DSM* disorder is whether it is actually associated with distress or impairment—in fact criterion C for PD from *DSM-IV* [[9], p 689] mandates that one of the 2 be present to make a PD diagnosis. Although there is good evidence for the functional impairment of PDs in general [10,11], and certain specific PDs such as borderline [12], schizotypal, and avoidant [13], it is still quite unclear whether NPD predicts psychologic distress and problems in various life domains.

As noted, the association between NPD and psychologic distress is particularly unclear. The *DSM-IV* suggests that these individuals have a "very fragile" self-esteem (p 714), are "very sensitive to injury from criticism or defeat" (p 715), and that "sustained feelings of shame or humiliation. . .may be associated with social withdrawal" and "depressed mood"

* Corresponding author. Department of Psychology, University of Georgia, Athens, GA 30602, USA. Fax: +1 706 542 8048.
E-mail address: jdmiller@uga.edu (J.D. Miller).

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(p 716). However, given the derivation of the *DSM* over time, these statements appear to be the result of expert opinion rather than empirical findings. Results from clinical samples are both sparse and contradictory. In fact, a meta-analysis of the relations between the FFM and *DSM* PDs found an effect size (ie, *r*) of only 0.03 between Narcissism and Neuroticism, which measures emotional stability and the tendency to experience negative affective states such as depression, anxiety, and shame [14]. However, this hides the substantial variability of the findings; of the 18 included effects, 5 were significantly positive, 7 were significantly negative, and 6 were nonsignificant. Within clinical samples, the effect size was 0.14 suggesting a small but significant relation to Neuroticism. There has also been some speculation that narcissism may be linked to higher rates of suicide [2], although the data are quite limited.

Alternatively, Watson et al [15] found significant *negative* relations between measures of narcissism (derived from the Minnesota Multiphasic Personality Inventory-2 [16]) and depression in 2 clinical samples. Studies on comorbidity between PDs and Axis I disorders have not found a relation between NPD and depression or anxiety-related disorders [17-20]. Furthermore, findings from the large nonpsychiatric literature on narcissism conducted from a social-personality perspective suggest a negative relation between narcissism and psychologic distress. Research using the Narcissism Personality Inventory has suggested that narcissistic individuals are psychologically resilient, relatively immune to psychopathology, and manifest primarily interpersonal impairment [21,22]. Indeed, a reading of the social personality might lead one to conclude that narcissism, as a result of being composed of high positive and low negative affect and high self-esteem, is an adaptive trait [23].

Where the clinical lore and social-personality data do converge is on the interpersonal impairment linked with narcissism. The *DSM-IV* postulates that "interpersonal relations are typically impaired due to problems derived from entitlement, the need for admiration, and the relative disregard for the sensitivities of others" (p 716). Empirical studies of narcissism in the social-personality literature find that it predicts a self-centered, selfish, and exploitative approach to interpersonal relationships, including game-playing, infidelity, a lack of empathy, and even violence [24,25]. The negative consequences of narcissism are felt especially strongly by those who are involved with the narcissist [26]. How quickly this personality style manifests this interpersonal impairment is up for debate. There is some evidence that the interpersonal difficulties associated with narcissism are only apparent over time, with narcissism being associated with apparently positive interpersonal functioning during initial relationship stages [27,28]. However, other studies have found that individuals with unrealistically high positive self-evaluations are rated negatively by independent raters after a very brief competitive interaction with a peer [29]. Unfortunately, there are very few data on NPD and interpersonal impairment using clinical samples. There are data from therapeutic relationships where items from a measure of countertransference were rated by a sample of psychiatrists and psychologists for patients with NPD. The authors of this study found that "clinicians reported feeling anger, resentment, and dread in working with patients with NPD; feeling devalued and criticized by the patient; and finding themselves distracted, avoidant, and wishing to terminate the treatment" [[30], p 894]. These findings provide strong support for the interpersonal impairment these individuals experience as even trained clinicians experience strong negative feelings about these types of clients.

Given the relatively stronger evidence of a link between NPD and interpersonal impairment than between NPD and psychologic distress, it is plausible that NPD, at times, leads to clinically significant depression and/or anxiety, but these negative affective states are probably secondary to the interpersonal impairment. That is, NPD may lead individuals to experience failure in a number of important domains (eg, romance) that might lead to psychologic distress; however, this distress may not be endemic to NPD. This may differ from other PDs such as borderline in which negative affectivity appears to be an intrinsic part of the disorder.

The goals of the current study are as follows: (1) To assess the association between NPD and psychologic distress including depression and anxiety. (2) To assess the association between NPD and impairment, including indices of romantic, social, occupational, and general impairment, as well as the spillover effects of NPD on significant others.

Table 1

Axis I diagnoses-current	Sample 1		Sample 2	
	n	%	n	%
Affective disorders only	54	35.5	31	20.5
Anxiety disorders only	13	8.6	12	7.9
Substance abuse disorders only	6	3.9	7	4.6
Comorbid affective and anxiety disorders	31	20.4	19	12.6
Comorbid affective and substance abuse disorders	11	7.2	7	4.6
Comorbid anxiety and substance abuse disorders	3	2.0	1	0.7
Comorbid affective, anxiety, and substance abuse disorders	7	4.6	2	1.3
Other diagnoses (eg, eating disorders, somatoform disorders)	14	9.2	17	11.3
None (V codes or past diagnoses only)	13	8.6	55	36.4

Total n = 152 (sample 1) patients who received a "best estimate" consensus diagnosis at intake. Total n = 151 (sample 2) who received a "best estimate" consensus diagnosis at intake.