

Narcissism in the Rorschach Revisited: Some Reflections on Empirical Data

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This study investigates the extent to which the Rorschach was able to identify accurately pathological expressions of narcissism according to the methodological recommendations offered by T. Nezworski and J. Wood (1995). Ninety-one patients who were found to meet *DSM-IV* criteria for an Axis II disorder (Cluster A personality disorders = 10; antisocial = 20, borderline = 25, histrionic = 5, narcissistic [NPD] = 15; Cluster C personality disorders = 16) and 50 nonclinical participants were compared on 5 Rorschach variables: reflection, pair, personalization, idealization, and the egocentricity index. The results of this study indicate that selected Rorschach variables can be used effectively to differentiate NPD patients from a nonclinical sample and from Cluster A, Cluster C, and other Cluster B personality disorders. Also, the reflection and idealization variables were found to be empirically related to *DSM-IV* diagnostic criteria for NPD and a self-report measure of NPD. Finally, these two variables could be used for classification purposes in ways that were clinically meaningful in the diagnosis of NPD.

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 because of widespread interest in the theoretical and clinical concept of narcissism by psychodynamic psychotherapists (Kernberg, 1970, 1975, 1984; Kohut, 1971, 1977; Pulver, 1970; Stolorow, 1975; Teicholz, 1978). However, the 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; Perry & Vaillant, 1989; Pope, Jonas, Hudson, Cohen, & Gunderson, 1983; Siever & Klar, 1986). In fact, almost no empirical work focusing exclusively on NPD had been conducted until the late 1980s. In their review of data concerning descriptors of NPD in the revised *DSM-III* (*DSM-III-R*; American Psychiatric Association, 1987), Gunderson, Ronningstam, and Smith (1991) stated, "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).

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However, there have been many recent efforts to systematize and describe the characteristic features of NPD (Gunderson, Ronningstam, & Bodkin, 1990). In this effort to illuminate the various questions surrounding the nosological aspects of NPD, several 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 (Colligan, Morey, & Offord, 1994; Millon, 1983, 1987; Morey, Waugh, & Blashfield, 1985). In particular, some studies have reported scores on the Rorschach to be useful in the differential diagnosis of NPD patients from other clinical groups (Berg, 1990; Berg, Packer, & Nunno, 1993; Farris, 1988; Gacono & Meloy, 1994; Gacono, Meloy, & Berg, 1992; Gacono, Meloy, & Heaven, 1990; Hilsenroth, Hibbard, Nash, & Handler, 1993).

Four Rorschach variables that have demonstrated some utility in these studies concerning the diagnosis of NPD have been an increased number of reflection (REF), personalized (PER), and idealization (IDEAL) responses, as well as an elevated egocentricity index (EGOI). Although the past research just cited indicates that the Rorschach may be helpful in differentiating NPD patients from other clinical groups, a recent review by Nezworski and Wood (1995) questioned the ability of the

Rorschach to accurately assess pathological manifestations of narcissism and related constructs such as self-focus or self-esteem.

Nezworski and Wood (1995) critically reviewed the literature in an effort to investigate the relationship between the egocentricity index, described in *The Rorschach: A Comprehensive System* (Exner, 1969, 1973, 1974, 1978, 1986, 1991, 1993), and self-focus, self-esteem, narcissism, ego functioning, depression, antisocial sociopathy, and homosexuality. Nezworski and Wood viewed self-focus as a construct that "appears to be closely related to narcissism and to involve a tendency to focus attention on the qualities and experiences of the self rather than those of the external world" (p. 191). Twenty-two Exner studies were examined, as well as 28 other articles and nine dissertations, which the authors suggested offer mixed results or demonstrate no relationships between EGOI and such characteristics. Studies supporting a relationship between reflections and the diagnosis of NPD (Berg, 1990; Gacono et al., 1992) are criticized and largely discounted by these authors for basing participants' diagnoses of narcissism on unspecified or circular (using Rorschach data) diagnostic criteria. Nezworski and Wood (1995) concluded by questioning the utility of the EGOI variable and, by extension, the Comprehensive System itself.

Four major methodological recommendations were offered by Nezworski and Wood (1995, p. 196) for future research using the Rorschach in the assessment of narcissism: (a) "well-defined, rigorously measured diagnostic criteria (e.g., DSM-III-R or DSM-IV criteria)" should be used in selecting patient groups; (b) "diagnosticians should be blinded to subjects' Rorschach scores"; (c) "reports should include appropriate measures of diagnostic performance (see Kessel & Zimmerman, 1993)"; and (d) "validated non-Rorschach measures" should be used to clarify findings.

In his comment on the Nezworski and Wood article (1995), Exner (1995, p. 200) noted that the reviewers based their analyses and conclusions on an assumption that the Comprehensive System includes a formalized measure for narcissism, EGOI, "a conclusion that would not be made by anyone thoroughly familiar with the system and its applications." Instead, he pointed to the reflection response as being the more likely specific measure for narcissism, whereas EGOI provides "a crude measure of self-concern or self-attention" (Exner, 1978, pp. 130-134), within a context of balance, with psychopathology suggested by either unusually low or high EGOI scores. Positing a direct one-to-one relationship between EGOI and any particular personality characteristic, including self-esteem and self-concept, was criticized as "marked oversimplification."

The purpose of this study was to investigate to what extent, if any, the Rorschach is able to identify accurately pathological expressions of narcissism according to the methodological recommendations offered by Nezworski and Wood (1995). This work is distinctive because it is the first to assess the test characteristics of NPD patients diagnosed according to the criteria of the fourth edition of *DSM (DSM-IV; American Psychiatric Association, 1994)*. Through a series of correlational analyses, it was possible to investigate relationships that might exist between the various test scores that are identified as being useful in the discrimination of NPD with *DSM-IV* criteria. Additionally, analyses examined the relationship between Rorschach variables

identified as being useful in the discrimination of NPD and a self-report measure of narcissism, the Minnesota Multiphasic Personality Inventory-2 Narcissistic Personality Disorder Scale (MMPI-2-NPD; Colligan et al., 1994; Morey et al., 1985).

This study also is the first to assess the clinical efficacy of Rorschach variables in the correct classification of individuals with NPD. Diagnostic efficiency statistics were calculated under four different conditions in a clinically relevant manner (Kessel & Zimmerman, 1993). These comparisons followed the rational progression of determining the ability of given variables to differentiate NPD from a nonclinical sample; from a group of unrelated Cluster A and C personality disorders; from a group of related, Cluster B, personality disorders; and finally from the entire clinical and nonclinical sample. The five different statistics calculated were sensitivity (SN, the ability of the test to identify correctly individuals with NPD); specificity (SP, the ability of the test to identify correctly non-NPD individuals as not having NPD); positive predictive power (PPP, the probability that an individual has NPD when the test identifies him or her as having NPD); negative predictive power (NPP, the probability that an individual does not have NPD when the test identifies him or her as not having NPD); and overall correct classification rate (OCC; the overall "hit rate" of the proportion of NPD patients and non-NPD patients correctly classified by the test).

Method

Participants

As part of a larger project investigating *DSM-III-R/DSM-IV* personality disorders (Blais, Hilsenroth, & Castlebury, 1997, in press; Castlebury, Hilsenroth, Handler, & Durham, in press; Hilsenroth, Handler, & Blais, 1996), all participants in this study were drawn from an archival search of files at a university-based outpatient psychological clinic, which was accomplished by an exhaustive search of case records of approximately 800 patients seen over a 7-year period. The selection of clinic cases proceeded in three phases. In the first phase, 217 patients were initially identified as having a personality disorder diagnosis given by a clinical team consisting of an advanced clinical PhD student and a supervising clinical faculty member. All faculty were licensed clinical psychologists with several years of applied clinical experience. Original diagnosis was rendered after an intake evaluation process and based on the patient's history, analysis of test data, and clinical interview, as well as session notes from the intake-assessment procedure.

In the second phase of data collection, these 217 patients were then rated for the presence or absence of *DSM-IV* diagnoses. The presence or absence of symptoms was determined in a retrospective review of patient records that included an evaluation report; session notes (detailing patient reports of history, symptoms, and topics discussed during the hour) from the assessment procedure; as well as session notes for the first 12 weeks of therapy and 3-month treatment reviews. Information regarding patient identity, diagnosis, and test data (including all Rorschach data) were appropriately masked or made unavailable to the raters when reviewing the case record. Raters in this study were four advanced doctoral students in a clinical psychology program approved by the American Psychological Association (APA). Raters had received additional coursework and training in the diagnosis of *DSM-IV* personality disorder symptoms prior to the rating of patient records. Interrater agreement was established by independent ratings of a randomly selected pool of 31 patients, and a kappa coefficient of .90 regarding the presence or absence of a *DSM-IV* personality disorder was obtained. Of the 217

patients reviewed in this manner, 91 were found to meet *DSM-IV* criteria for an Axis II disorder, with the following distribution: paranoid (PPD), $n = 4$; schizoid (SDPD), $n = 1$; schizotypal (STPD), $n = 5$ —Cluster A personality disorders (PPD, SDPD, STPD), $n = 10$; antisocial (ANPD), $n = 20$; borderline (BPD), $n = 25$; histrionic (HPD), $n = 5$; narcissistic (NPD), $n = 15$ —Cluster B personality disorders (ANPD, BPD, HPD, NPD), $n = 65$; avoidant (AVPD), $n = 9$; dependent (DPD), $n = 5$; obsessive-compulsive (OCPD), $n = 2$ —Cluster C personality disorders (AVPD, DPD, OCPD), $n = 16$.

The 91 patients identified through this retrospective analysis made up the sample. The sample consisted of 47 (52%) men and 44 (48%) women, with a mean age of 28 years ($SD = 8$) at admission. The average number of years of education completed by the patients was 14 years ($SD = 2$), and the mean Wechsler Full Scale IQ was 106 ($SD = 13$, range = 84–136; Wechsler, 1981). Fifty-one patients were single, 14 were married, 25 had been divorced, and 1 had been widowed. In the third phase, the records of these 91 patients were independently rated on all of the symptom criteria for Cluster B personality disorders (ANPD, BPD, HPD, NPD) of the *DSM-IV*, using the same case material and methodology as described earlier. Again, interrater reliability was established by independent ratings of a randomly selected pool of 25 patients. Average kappa values of interrater agreement regarding the presence or absence of *DSM-IV* symptom criteria for each Cluster B disorder were as follows: ANPD = .86, BPD = .80, HPD = .90, NPD = .90.

Students enrolled in undergraduate psychology classes at a large southeastern university served as participants for the nonclinical (NC) control group. These participants volunteered to take part in the study in exchange for extra course credit. Participants in the NC group were screened for a history of psychotherapy or psychiatric hospitalization. A sample of 50 participants was administered the Rorschach by advanced graduate students in an APA-approved clinical psychology PhD program. These graduate students had fully completed the testing curriculum in this program. This nonclinical group included 25 men and 25 women whose years of education ranged from 13 to 18 ($M = 14.8$) and whose mean age was 22.6.

Instruments

As stated previously, three Rorschach structural scores, REF, EGOI, and PER, have shown some utility in differentiating NPD from other related (Cluster B) and unrelated (Cluster C) personality disorders (Gacono et al., 1992; Hilsenroth et al., 1993). In addition to these three structural variables, the content score of idealization has also been found to be related to NPD (Gacono et al., 1992; Hilsenroth et al., 1993). The defense of idealization in this study was assessed by the Lerner Defense Scale (LDS; P. Lerner, 1991). The LDS is a Rorschach scoring system for the assessment of primitive defenses as seen in human responses *H*, as well as in quasi-human (*H*) and human detail *Hd* responses in some circumstances. To use a single idealization variable in the analyses, this score was first weighted according to rank (a continuum from high- to low-order idealization, 1–5). It was then collapsed into an overall derived score for that category (Hilsenroth et al., 1993; H. Lerner, Albert, & Walsh, 1987). For example, if there were three instances of idealization on a participant's protocol, one being at Level 1 and the other two instances at Level 3, the participant would receive a total idealization score of 7 ($1 + 3 + 3 = 7$).

Procedure

The administration and original scoring of the Rorschach followed the procedures articulated by Exner (1986, 1993), except in the case of the idealization variable, which was scored according to the procedures of P. Lerner (1991). For all cases, scoring of all projective vari-

ables used in this study was done by Mark Hilsenroth, who was unaware of diagnosis. For the purpose of interrater reliability (Weiner, 1991), 20 Rorschach protocols were chosen at random and rescored independently by Christopher Fowler, who was also unaware of the first coder's scores and of patient diagnosis. The two sets of scored protocols were compared with one another, and percentages of agreement were calculated for all relevant scoring categories. The resulting interrater agreement data for the four variables were 100% for REF; 98% for pairs (interrater agreement for this variable was calculated because this score is included in the EGOI); 90% for PER; and 88% for IDEAL. Rorschach protocols were scrutinized for validity, and 6 of the patients were found to have less than 14 responses and a Lambda above 1.0 and were therefore omitted from the study. Two patients had not been administered the Rorschach. In an effort to avoid redundancy with past analyses, 4 patients' Rorschach protocols that had been used in a previous study (Hilsenroth et al., 1993) were excluded from this investigation. This brought the number of patients in the study with usable Rorschach data to 79.

Results

An analysis of variance (ANOVA) showed that the mean number of Rorschach responses (*R*) did not vary significantly ($p = .59$) across groups. Kruskal-Wallis *H* and Mann-Whitney *U* statistics, corrected for ties, were performed across all groups and for individual group comparisons, respectively, concerning the four variables of interest. These variables were compared for main effects with the Kruskal-Wallis *H* test for independent samples. Findings were considered significant if they reached a .05 level. When Kruskal-Wallis *H* analysis revealed significance, the Mann-Whitney *U* was used for pairwise comparisons. Those variables that were found to differentiate NPD significantly from related and unrelated clusters of personality disorders, as well as from a nonclinical group, were placed into a correlation matrix with the *DSM-IV* Cluster B criteria. Rorschach variables were first normalized, and *Z* score transformations of the individual scores were used in the correlational analyses. Also, the sample was assessed for outliers, and no score was greater than three standard deviations from the normalized mean. These same Rorschach variables were also placed into a correlation matrix with both the overlapping scale (MMPI-2-NPD-O; where items are shared with other personality disorder scales) and the non-overlapping scale (MMPI-2-NPD-NO; where items are only found on an individual scale) versions of the MMPI-NPD-2. Finally these Rorschach variables were used in the calculation of diagnostic efficiency statistics.

Table 1 presents data concerning the ability of the selected Rorschach scores to identify NPD, compared with personality disorders from related and unrelated *DSM-IV* clusters and a nonclinical group. Kruskal-Wallis *H* analysis revealed significant main effect differences for all four Rorschach variables across the six groups ($p < .05$). Therefore all four variables were analyzed with the Mann-Whitney *U* for between-group differences. The utility of these variables was partially supported because the NPD patients produced protocols with a significantly greater number of reflection and idealized responses, compared with the Cluster A, Cluster C, and nonclinical groups ($p < .05$). In addition to proving effective in comparisons between the NPD patients with unrelated cluster personality disorders and a nonclinical sample, the reflection and idealization variables discriminated the NPD patients from those with

Table 1
Clinical and Nonclinical Group Comparisons of Rorschach Variables (N = 124)

Rorschach variables	Means						Kruskal-Wallis <i>H</i>	<i>p</i>	Group contrasts ^a
	ANPD (<i>n</i> = 16)	BPD (<i>n</i> = 23)	NPD (<i>n</i> = 12)	Cluster A (<i>n</i> = 10)	Cluster C (<i>n</i> = 13)	Nonclinical (<i>n</i> = 50)			
REF	0.3	0.6	2.3	0.3	0.3	0.3	16.5	.005	NPD > BPD, CA* NPD > ANPD, CC**** NPD > NC*****
EGOI	0.27	0.36	0.49	0.31	0.42	0.24	21.7	<.001	NPD > ANPD* NPD > NC***** BPD > NC***** CC > NC*****
PER	3.1	2.3	1.1	1.8	0.9	0.3	32.3	<.001	NPD, CC > NC* ANPD, BPD, CA > NC*****
IDEAL	1.8	4.3	4.8	0.9	2.5	1.9	30.5	<.001	NPD > ANPD, CA, CC, NC***** BPD > ANPD, CA**** BPD > NC*****
Pairs ^b	4.0	6.8	4.4	6.7	9.0	4.5	16.9	.005	CC > NPD* CC > ANPD, NC***** BPD > ANPD* BPD > NC****

Note. ANPD = antisocial personality disorder; BPD = borderline personality disorder; NPD = narcissistic personality disorder; REF = reflection; EGOI = egocentricity index; PER = personalization; IDEAL = idealization.

^aMann-Whitney *U* statistic. ^bPost hoc analysis.

p* < .05. ***p* < .01. ******p* < .005.

other Cluster B personality disorders. NPD patients had significantly more idealization responses than did the ANPD group and more reflection responses than did both the ANPD and the BPD groups.

Also, NPD patients had a significantly higher EGOI than did both the ANPD and nonclinical groups. The NPD patients produced more responses indicating that their reactions to the cards were imbued with idiosyncratic personalized experiences (PER) than did the nonclinical group (*p* < .05). Although the EGOI and PER variables evinced some ability to distinguish NPD patients from other comparison groups, these findings were not limited to just the NPD patients. Finally, after the a priori analyses were conducted, a post hoc examination of pair responses—the second component in the EGOI—was evaluated. The NPD sample was not found to have a significantly higher number of pair responses than any of the other comparison groups. In fact, the NPD group was found to have a significantly lower number of pair responses than the group with Cluster C personality disorders.

Because the reflection and idealization variables were robust in group comparisons of NPD patients with related and unrelated clusters of personality disorders, as well as with a nonclinical group, we then turned to an investigation of the relationship these variables might have with the *DSM-IV* Cluster B personality disorder criteria. Table 2 reports the correlation coefficients for the Rorschach reflection and idealization responses, with the corresponding *DSM-IV* Cluster B personality disorder criteria for the patients in the study with an Axis II diagnosis. The number of reflection responses that a patient produced in his or her Rorschach protocol was significantly and positively related (*r* = .33, *p* < .003) to the patient's total number of *DSM-IV* criteria for NPD.

Table 3 presents correlation coefficients for both the reflection

and idealization variables with the nine individual *DSM-IV* criteria for NPD. Three of the NPD criteria were significantly related to the number of reflection responses. In order of relative magnitude, these criteria were Criterion 2, fantasies of unlimited success (*r* = .31, *p* < .01); Criterion 5, sense of entitlement (*r* = .28, *p* < .02); and Criterion 1, grandiose sense of self-importance (*r* = .27, *p* < .02). The number of idealization responses was also significantly and positively related to NPD Criterion 2, fantasies of unlimited success (*r* = .25, *p* < .03). The six remaining NPD criteria that were not significantly related (*p* > .05) to either one of the variables were Criterion 3, belief that he or she is special or unique; Criterion 4, requires excessive admiration (REF *r* = .19, *p* = .09); Criterion 6, interpersonally exploitative; Criterion 7, lacks empathy; Crite-

Table 2
Correlations of Selected Rorschach Scores With DSM-IV Cluster B Criteria (N = 79)

Rorschach score	<i>DSM-IV</i> criteria			
	ANPD	BPD	HPD	NPD
REF	-.06	.10	.04	.33*****
IDEAL	-.20	.12	.19	.18

Note. *DSM-IV* = *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.); ANPD = antisocial personality disorder; BPD = borderline personality disorder; HPD = histrionic personality disorder; NPD = narcissistic personality disorder; REF = reflection; IDEAL = idealization. Participants were 79 outpatients with a *DSM-IV* personality disorder who had been administered the Rorschach (ANPD, *n* = 16; BPD, *n* = 23; HPD, *n* = 5; NPD, *n* = 12; Cluster A = 10 and Cluster C = 13).

******p* < .003.

Table 3
Correlations of Selected Rorschach Scores With the Individual DSM-IV NPD Criteria (N = 79)

Rorschach score	NPD-1	NPD-2	NPD-3	NPD-4	NPD-5	NPD-6	NPD-7	NPD-8	NPD-9
REF	.27***	.31****	.07	.19	.28***	-.04	.15	.08	.20
IDEAL	.04	.25**	.09	.17	.08	.00	.05	.12	.11

Note. DSM-IV = Diagnostic and Statistical Manual of Mental Disorders (4th ed.); NPD = narcissistic personality disorder; NPD-1 = grandiose sense of self-importance; NPD-2 = fantasies of unlimited success; NPD-3 = belief that he or she is special or unique; NPD-4 = requires excessive admiration; NPD-5 = sense of entitlement; NPD-6 = interpersonally exploitative; NPD-7 = lacks empathy; NPD-8 = envious beliefs; NPD-9 = arrogant and haughty behavior; REF = reflection; IDEAL = idealization. Participants were 79 outpatients with a DSM-IV personality disorder who had been administered the Rorschach (ANPD, n = 16, BPD, n = 23; HPD, n = 5; NPD, n = 12; Cluster A = 10 and Cluster C = 13). ** p < .03. *** p < .02. **** p < .01.

tion 8, envious beliefs; and Criterion 9, arrogant and haughty behavior (REF r = .20, p = .08). It appears that variables from the Rorschach are significantly related to individual DSM-IV NPD criteria.

Correlation coefficients between the reflection and idealization variables with the NPD scales for the MMPI-2 were investigated (Colligan et al., 1994; Morey et al., 1985). Fourteen of the items are unique to the NPD scale (NPD-NO), and the remaining 17 items (31 total) are duplicated in at least one other personality disorder scale (NPD-O). Both the overlapping (NPD-O) and nonoverlapping (NPD-NO) versions of the NPD scale were used in the correlational analyses. Sixty-two of the clinical patients in this study also had completed the MMPI-2, in which their F scale was less than T = 90 (Butcher, Dahlstrom, Graham, Tellegen, & Kraemmer, 1989). The number of reflection (r = .30, p < .02) and idealization (r = .31, p < .02) responses that a patient produced in his or her Rorschach protocol was significantly and positively related to the MMPI-2-NPD-NO scores. However, reflection (r = .14, ns) and idealization (r = .22, ns) were not significantly related to the MMPI-2-NPD-O.

After a review of data from normative populations (Exner, 1986, 1993) and the extant research on NPD (Berg et al., 1993; Gacono & Meloy, 1994; Gacono et al., 1992; Hilsenroth et al., 1993), a cutoff score of 1 was chosen for the reflection response and a total score of 5 or more was chosen as the cutoff score for the idealization response. To assess the clinical efficacy of the Rorschach variables reflection and idealization in classifying individuals with NPD, diagnostic efficiency statistics were calculated under four different conditions. Results of these analyses are presented in Table 4. These comparisons follow the rational progression of determining the ability of these scales to differentiate NPD patients (a) from a nonclinical sample, (b) from a group of unrelated personality disorders from Clusters A and C, (c) from a group of related Cluster B personality disorders, and (d) from the entire clinical and nonclinical sample. The five different statistics presented in Table 4 are sensitivity, specificity, positive predictive power, negative predictive power, and overall correct classification rate.

An analysis of these criteria revealed some similarities and some differences between these two variables in making a diag-

nostic classification of NPD. First, both criteria performed very well in the overall correct classification of those patients with NPD in relation to the nonclinical sample and unrelated personality disorder clusters. In addition, these criteria showed a moderate ability to correctly classify NPD from other Cluster B disorders. Comparatively, the use of the reflection criterion had a lower sensitivity (the ability of the test to correctly identify individuals with NPD) but a higher specificity (the ability of the test to correctly identify non-NPD individuals as not being diagnosed with NPD) than the idealization criterion, which had a very high level of sensitivity but a specificity slightly lower than that of the reflection criterion. Eleven of the 12 NPD patients had an idealization response of 5 or greater, and very few non-NPD patients produced a reflection response. Overall, these

Table 4
Diagnostic Efficiency Statistics for Selected Rorschach Scores

Rorschach score	SN	SP	PPP	NPP	OCC
NPD (n = 12) vs. Nonclinical (n = 50)					
REF ≥ 1	.67	.80	.44	.91	.77
IDEAL ≥ 5	.92	.76	.48	.97	.79
NPD (n = 12) vs. Cluster A & C (n = 23)					
REF ≥ 1	.67	.83	.67	.83	.77
IDEAL ≥ 5	.92	.78	.69	.95	.83
NPD (n = 12) vs. Cluster B (n = 44)					
REF ≥ 1	.67	.73	.40	.89	.71
IDEAL ≥ 5	.92	.55	.35	.96	.63
NPD (n = 12) vs. Total (n = 117)					
REF ≥ 1	.67	.78	.24	.96	.77
IDEAL ≥ 5	.92	.68	.23	.98	.71

Note. REF = reflection; IDEAL = idealization; NPD = narcissistic personality disorder; Cluster B = ANPD, n = 16, BPD, n = 23, HPD, n = 5; ANPD = antisocial personality disorder; BPD = borderline personality disorder; HPD = histrionic personality disorder; SN = sensitivity; SP, specificity; PPP = positive predictive power; NPP = negative predictive power; OCC = overall correct classification, hit rate.

two criteria (sensitivity and specificity) provide a good level of diagnostic efficiency in a comparison of the total sample with the NPD patients. In particular, the extremely high level of negative predictive power across all four comparisons suggests that these cutoff criteria provide a very good indication that those individuals who are identified as not having NPD most likely do not have this personality disorder. However, the low-to-moderate levels of positive predictive power suggest that these criteria, when found to be present, should be used cautiously with regard to assigning the diagnosis of NPD to an individual.

Discussion

The results of this study indicate that selected Rorschach variables can be used effectively to differentiate pathologically narcissistic patients from a nonclinical sample as well as from groups with Cluster A or Cluster C personality disorders. Also, the findings presented here show that variables from the Rorschach can be used to aid in the differential diagnosis of NPD patients in relation to other personality disorders from within *DSM-IV* Cluster B. The reflection and idealization variables were found to be related empirically to *DSM-IV* diagnostic criteria for NPD and a self-report measure of NPD. Finally, these variables from the Rorschach could also be used for classification purposes in ways that are clinically meaningful in the diagnosis of NPD.

The NPD patients had Rorschach protocols with a significantly higher number of personalized responses and a higher EGOI when compared with the nonclinical group. Although these variables provided some utility in the differentiation of NPD from the nonclinical group, these variables also differentiated many of the other clinical groups as well. Concerning this elevation in the EGOI of the NPD group, a post hoc analysis revealed that it is not the number of pair responses that is the source of these group differences. Rather, it is the number of reflection responses that is the important component in the findings concerning the EGOI in relation to the differential diagnosis of NPD, a finding anticipated by Exner (1995) in his comment on the Nezworski and Wood (1995) review.

The number of personalized responses on the Rorschach was once again found to be elevated in the protocols of the ANPD patients in comparison to the other diagnostic groups (Gacono et al., 1992). In contrast with Gacono's sample, our sample of patients with ANPD was not similar to patients with severe psychopathy and did not include the violent felons reported in the studies by Gacono and colleagues (Gacono & Meloy, 1994; Gacono et al., 1990, 1992). Instead, these patients in the present investigation were more representative of those individuals likely to be served in an outpatient setting. The high number of reflection responses developed by the ANPD patients with psychopathy in past studies may be related to a very high incidence of comorbid NPD. In their expanded treatise on patients with psychopathy (Gacono & Meloy, 1994), it is clear that a large number of these cases would meet *DSM-III-R* or *DSM-IV* criteria for NPD. Additionally, the findings of Gacono and Meloy (1994) suggest that the patient with psychopathy might be better understood clinically as a highly aggressive subvariant

of a patient with pathological narcissism, rather than as a patient with ANPD who also meets diagnostic criteria for NPD.

The most robust variables that were found to discriminate the NPD patients from all other groups were the number of reflection and idealization responses on the Rorschach. Both of these scores were found to be significantly greater in the NPD group when compared with the nonclinical, Cluster A, and Cluster C personality disorder groups. Additionally, in contrast to the other Cluster B personality disorders, the NPD patients had a significantly greater number of reflection responses than did both the ANPD and BPD groups, as well as a significantly greater incidence of idealization responses, when compared with the ANPD patients. Given the importance of these two variables in regard to both their theoretical salience and their diagnostic utility, the implications of these two scores in relation to the diagnosis of NPD will be explored at some length.

The current study also supports past research on NPD patients, in which idealization and reflection responses were found to occur frequently (Gacono et al., 1992; Hilsenroth et al., 1993). These consistent findings suggest a link between pathological narcissism and the reflection response. In regard to this link, the correlation between reflections and *DSM-IV* criteria for NPD is moderate ($r = .33, p < .003$). However, this does not make other formulations or interpretations concerning the meaning of reflection responses, such as self-esteem, self-focus (Exner, 1993; Greenwald, 1990; Sugarman, 1980), or a capacity for self-absorption (Viglione, 1990), incompatible with the present findings.

The results shown in Table 2 indicate that the number of reflection responses developed in outpatient protocols is significantly related to the total number of *DSM-IV* NPD criteria met by those patients. Also, reflection responses were not significantly related to other *DSM-IV* Cluster B criteria, which is a highly desirable finding when one is faced with questions of differential diagnosis. With regard to individual *DSM-IV* NPD criteria, the production of a reflection response was found to be associated with fantasies of unlimited success, sense of entitlement, and a grandiose sense of self-importance. It is interesting to note that this variable, derived from a projective test, was significantly related to *DSM-IV* NPD criteria associated with the intrapsychic or cognitive features pertaining to pathological narcissism more so than to behavioral expressions. Although the idealization score was not significantly related to the total number of *DSM-IV* NPD criteria, it was related to NPD Criterion 2, fantasies of unlimited success.

The relationship of these two scores to the more intrapsychic or internal characteristics of NPD suggests that the Rorschach may prove to be very useful when used in tandem with other methods of evaluation that are designed to assess more overt, behavioral expressions of NPD. An assessment using measures that evaluate both the intrapsychic as well as the interpersonal-behavioral aspects of NPD is optimal and provides clinicians with a richer understanding of these patients. This multidimensional assessment may be especially salient given that recent authors have criticized the exclusive use of self-report inventories concerning the assessment of NPD because these instruments tend to be more direct in identifying narcissistic traits and therefore are more likely to evoke defensive responses (Gunderson et al., 1990). Moreover, these authors also state

that NPD patients are particularly unable to view themselves in a realistic manner. Although interviews allow for the clinical observation of behavior, one has to wonder whether this same criticism might also apply, at least in part, to the semistructured interviews. Additionally, interviews have limitations of which clinicians should be well aware. Past research has indicated that clinicians may underestimate or minimize coexisting syndromes once the presence of one or two Axis II disorders have been recognized (Widiger & Frances, 1987). Unlike self-report inventories, which may include indexes that detect intentional response dissimulation (faking), exaggeration of symptoms, random responding, acquiescence, or denial, clinical interviewers may be susceptible to active attempts at malingering. Assessment of personality disorder criteria may be difficult through direct inquiry, and so it is questionable whether NPD patients would admit that they are egocentric, self-indulgent, inconsiderate, or interpersonally exploitive.

The relationship between the Rorschach scores and MMPI-2 NPD scales shows some interesting relationships and nonrelationships between the two modalities of assessment. Both idealization and reflection responses were related to the nonoverlapping version of the MMPI-2 NPD scale. This scale is composed of 14 items that are unique to the MMPI-2-NPD-NO scale and not used on any of the 11 personality scales developed by Morey and his colleagues (Colligan et al., 1994). This is in contrast to the finding that there is no significant relationship between these Rorschach variables and the MMPI-2-NPD-O scale on which 17 other items (31 total) are duplicated in at least one other personality disorder scale. This indicates that these Rorschach variables have a stronger relationship with a self-report measure designed exclusively to assess NPD rather than a broader and longer scale that shares items with related personality disorders. The implications from the correlations between these two Rorschach variables with the MMPI-2-NPD scales, as on Table 2, indicate that these variables, and more specifically the reflection response, may be well-suited in the differential diagnosis of NPD.

The diagnostic efficiency statistics of the Rorschach variables (reflection and idealization) performed well in the classification of NPD from the other groups in the study. In a comparison of the NPD patients with the total sample, an important finding was that almost no individual who was identified as not having NPD had one or more reflections or a total idealization score of greater than or equal to 5. In addition, the overall correct classification rate using these two criteria ranged from a low of .63 to a high of .83. This high probability of correct classification of NPD patients and non-NPD patients using the Rorschach criteria was effective in making a diagnostic assignment of NPD. It appears that an examination of the reflection and idealization Rorschach variables can be a useful tool in the diagnosis of NPD.

It is important to point out that although the reporting of diagnostic performance statistics may provide psychodiagnosticians with more clinically relevant information than a categorical analysis of group differences, this single sign approach is not truly clinically representative of the actual diagnostic decision-making process. A responsible assessment process entails a multimethod approach evaluating various dimensions of functioning, including test scores used in conjunction with informa-

tion gathered from a patient's history, behavioral observations, and interaction with the clinician during the testing procedures (Benjamin, 1993; Leary, 1957; Phillips, 1992; Rappaport, Gill, & Schafer, 1968; Schafer, 1954; Sugarman, 1981, 1991). Therefore, it is not suggested that clinicians use the presence of one or more reflection responses on the Rorschach as an indication of NPD. To do so would be a very concrete interpretation of the data presented here and would be clinically unsophisticated. What these data do suggest is that the presence of one or more reflection responses typically will be developed in outpatient populations by individuals who meet some of the *DSM-IV* criteria for NPD, but possibly not five of the nine criteria necessary for a positive diagnosis of NPD. Regarding this point, a mean of 3.4 NPD criteria were met by those in the clinical sample who produced one or more reflection responses. In addition, the presence of one or more reflection responses seems more strongly related to the patient's intrapsychic or cognitive characteristics than to the behavioral expressions of NPD. Subsequently, the presence or absence of one or more reflection responses can aid clinicians in the diagnostic decision-making process within a comprehensive assessment battery.

Recently, Gacono and Meloy (1994) have made two very salient points in regard to the interpretation of the reflection response that deserve to be highlighted given the current discussion. The first is that a combined analysis of structure, sequence, and content of a given reflection response can help to provide a clearer interpretation of meaning for a given individual (an ideographic approach) than having just one global hypothesis for the meaning of reflections (a nomothetic approach). Second, Gacono and Meloy have keenly observed that one reflection, although unexpected in any protocol, should not lead to the immediate diagnosis of pathological narcissism. Instead, interpretive formulations of the reflection response, or any other pathognomic indicator, should be evaluated in the context of the entire protocol and should not be interpreted in isolation from other structural (i.e., location, determinant, form quality) and content data. The implications of both of these suggestions will undoubtedly lead to more accurate information concerning self-esteem regulation, drive derivatives, object representations, and the use of defensive structures for each specific protocol examined, rather than being limited by a single interpretative statement. However, the interpretive approach just outlined is antithetical to "cookbook" formulations and will necessitate more work, training, and experience on the part of clinicians.

In stark contrast to the conclusions offered by Nezworski and Wood (1995), the findings of this study support and extend previous research using the Rorschach in the assessment of NPD (Berg, 1990; Berg et al., 1993; Farris, 1988; Gacono & Meloy, 1994; Gacono et al., 1992; Hilsenroth et al., 1993). The Rorschach data presented here may help the clinician to distinguish NPD patients from both clinical and nonclinical groups. In addition, the reflection and idealization variables were shown to be related to *DSM-IV* criteria and a self-report measure of narcissism. Also, the reflection (i.e., mirroring) and idealization responses represent two defensive operations that have been strongly associated with the theoretical literature concerning narcissistic character disorders (Kernberg, 1970, 1975, 1984; Kohut, 1971, 1977). The present findings reflect converging lines of evidence and support the use of the Rorschach as a

valuable instrument in the diagnosis of NPD as well as contribute to a conceptual understanding of narcissism and narcissistic pathology. In conclusion, we hope that further Rorschach research, using both structural and theoretically derived content scores, will also be able to meet the challenges posed by Nezworski and Wood (1995). The results of such inquiry will undoubtedly provide important and meaningful data to facilitate the diagnostic enterprise.

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New Editor Appointed for *Contemporary Psychology*: 1999–2004

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