



Contents lists available at SciVerse ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Brief report

Depressive tendencies and pathological narcissism among psychiatric outpatients

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ARTICLE INFO

Article history:

Received 24 June 2011

Received in revised form 14 August 2011

Accepted 29 August 2011

Available online xxxxx

Keywords:

Narcissistic personality

Depression

Clinical sample

ABSTRACT

This study examined the relationship between components of pathological narcissism and types of depressive tendencies among a sample of 117 psychiatric outpatients. Findings revealed that depressive themes concerning dependency were associated with narcissistic grandiosity. Depressive tendencies concerning self-criticism were positively associated with narcissistic vulnerability.

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1. Introduction

Narcissism has been conceptually associated with depression since its inception as a clinical construct. Psychodynamic formulations have linked depression with narcissistic identification and self-reproach (Freud, 1917), compensatory grandiosity (Miller, 1979), and emptiness and shame (Kohut and Wolf, 1978). In a review of this literature, Anastasopoulos (2007) describes narcissistic pathology as an element in the susceptibility to depression. Pathological narcissism, as currently conceptualized, involves self-regulatory deficits in the forms of grandiosity and vulnerability (Pincus and Lukowitsky, 2010; Ronningstam, 2011). Grandiosity includes arrogance, self-inflation, and a dominant, exploitative approach toward others. In contrast, vulnerable narcissism involves feelings of inadequacy, inhibition, and hypersensitivity.

Despite an abundant literature, empirical knowledge of pathological narcissism is limited due to a frequent reliance on non-clinical samples and shortcomings in the measurement of broad narcissistic psychopathology (Pincus et al., 2009). While there is limited literature to indicate an association between Narcissistic Personality Disorder and Major Depression (Pulay and Grant, in press), recent studies have identified a link between pathological narcissistic traits and depressive symptoms (Chabrol et al., 2010), and between pathological narcissism and contingent self-views, considered a risk factor for depression (Fetterman and Robinson, 2010). In a non-clinical sample, Tritt et al. (2010) found an association between narcissistic vulnerability and depressive temperament, the non-acute trait expression of major depression.

The present study was developed to further investigate the link between pathological narcissism and depressive tendencies. Two broad and fundamental dimensions, consisting of (1) interpersonal relatedness and (2) self-definition, have been examined as underlying themes of depression (Blatt and Zuroff, 1992). While these components are optimally balanced, distortion or neglect of one or the other of these dimensions is associated with psychopathology (Blatt and Zuroff, 1992), with depressive experience centering around either relational concerns such as abandonment and dependency or self-definition issues such as self-criticism and control. Clarifying how these themes are related to narcissistic grandiosity and vulnerability can improve empirical understanding of pathological narcissism and the susceptibility to depression. In the present study we hypothesized that grandiosity and vulnerability, as variations of self-regulatory impairment, would be differentiated in their association with depressive tendencies.

2. Method

2.1. Participants

Participants were 117 adults obtaining outpatient psychiatric treatment at Surrey Mental Health and Substance Use Services in Surrey, British Columbia, Canada. Following a clinical screening interview, conducted by experienced psychiatric nurses, patients are admitted for outpatient mental health care on the basis of suffering serious mental health impairment such as mood, anxiety, or personality dysfunction. Comprehensive case formulations, rather than formal diagnoses, are used to guide patients' treatment.

Of the 117 participants, 73% ($N=82$) were female. Mean age was 36 years ($S.D.=11.8$). Marital status consisted of 37% ($N=43$) single, 41% ($N=47$) married or common-law, and 21% ($N=24$) separated or divorced. In terms of employment, 31% ($N=36$) were unemployed, 24% ($N=28$) worked full-time, 15% ($N=17$) part-time, and 29% ($N=34$) indicating an alternate situation (e.g., student or stay-at-home parent). Fifty-three percent ($N=60$) had received previous psychiatric treatment.

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Table 1
Associations between pathological narcissism and depressive temperament, controlling for acute depressive symptoms.

		DEQ dependency	β	t	p	DEQ self-criticism	β	t	p
Step 1	PHQ-9 total score		0.11	1.25	0.216		0.47	6.50	0.000
Step 2	Narcissistic grandiosity		0.45	3.54	0.001		−0.25	−2.39	0.019
	Narcissistic vulnerability		−0.07	−0.54	0.589		0.56	5.41	0.000

2.2. Measures

The Pathological Narcissism Inventory (PNI; Pincus et al., 2009) is a 52-item self-report measure used to assess pathological narcissism, providing composite scores for narcissistic grandiosity and vulnerability. The PNI has been found to have excellent internal consistency, with a total Cronbach's alpha reported at 0.95 (Pincus et al., 2009). The Depressive Experiences Questionnaire (DEQ; Blatt et al., 1979) is a 66-item self-report measure used to examine two major personality dimensions of depressive tendencies: relatedness/dependency and self-definition/self-criticism. The DEQ has good internal consistency, with Cronbach's alpha of at least 0.80 for dependency and 0.75 for self-criticism (Zuroff et al., 1990). The Patient Health Questionnaire (PHQ-9) is a frequently used 9-item self-assessment that reliably measures depressive severity (Cronbach's $\alpha = 0.89$; Kroenke et al., 2001).

2.3. Procedure

After providing informed consent, participants completed questionnaire packages as they attended the clinic and waited for their first appointment. No further participation was required.

3. Results

Participants were found on average to be suffering from a moderately severe degree of depressive symptoms, as indicated by a mean PHQ-9 score of 16.4 (S.D. = 6.7). Depressive symptom severity was controlled for in the regression analysis. The level of pathological narcissism in our sample was comparable to that in a large non-clinical sample, with mean total PNI scores of 2.33 (S.D. = 0.76) for males and 2.36 (S.D. = 0.88) for females compared with 2.19 (males; S.D. = 0.76) and 2.27 (females; S.D. = 0.75) reported by Pincus et al. (2009).

A two-step regression analysis was conducted for each of the two depressive experience dimensions, dependency and self-criticism. The total PHQ-9 score was entered first, and the two PNI narcissism dimensions, vulnerability and grandiosity, entered second. For DEQ dependency, a significant association with narcissistic grandiosity was found (see Table 1). Narcissistic vulnerability was not significantly related with dependency. For DEQ self-criticism, a significant positive association with narcissistic vulnerability was found, whereas a significant negative association with narcissistic grandiosity was found.

4. Discussion

Our findings provide further support for a link between pathological narcissism and depressive temperament, pointing toward differences in depressive susceptibility based on the nature of narcissistic pathology. Depressive themes concerning relatedness and dependency were associated with narcissistic grandiosity, while depressive tendencies surrounding self-definition and self-criticism were associated with narcissistic vulnerability.

The relationship between grandiosity and dependency may appear counterintuitive: grandiose narcissists are renowned for being arrogant and self-inflated—hardly the picture of connectedness and neediness. However, theorists have noted that narcissistic grandiosity is intertwined with obtaining admiring responses from others (Pincus and Lukowitsky, 2010). In this sense, the individual with grandiose features may be more likely to suffer depressive states in the context of violated expectations of external validation. The focus on others reflected by the DEQ dependency dimension may come at the expense of a stable sense of self (Blatt and Zuroff, 1992). Patients with narcissistic features may compensate for this through grandiose

fantasies and reliance on admiration from others, becoming depressed upon the failure of such efforts.

The relationship between self-critical depressive experience and narcissistic vulnerability is congruent with theoretical accounts of shame as a driving affect in pathological narcissism (Kohut and Wolf, 1978; Morrison, 1983). Patients with narcissistic vulnerability are likely to experience depressive exacerbations of a chronic sense of deficit. This finding also suggests that the self-criticism commonly seen in depressed patients may involve deeper narcissistic issues, potentially fuelling further depressive episodes. Recognition of this can allow for treatment and relapse-prevention protocols that target shame and hypersensitivity.

This study is limited by the use of self-report measures, in which narcissistic patients could present an enhanced view of themselves; future research could be improved with observer-rated assessments. A further limitation is the lack of diagnostic information for the sample. Nonetheless, our findings are likely generalizable to—and useful for—psychiatric practice due to our sample of clinically distressed patients receiving outpatient mental health care. Such investigation of pathological narcissism in clinical samples has been much-desired.

Establishing links between narcissism and depressive tendencies offers greater hope of understanding and intervening in what is often regarded as challenging and perplexing psychopathology. For example, clinicians might address the perceived needs for external validation and admiration underlying the depressive susceptibility of patients with grandiose features. Narcissistically vulnerable patients may benefit more from interventions that enhance interpersonal relatedness and challenge self-criticism. Teasing out themes of relatedness and self-definition may be essential in fostering recovery, and in helping patients with narcissistic features to feel better understood by the clinicians treating them.

Acknowledgements

The authors wish to acknowledge Gail Howell-Jones, PhD for project support and assistance.

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