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DIFFERENTIATING NARCISSISTIC AND ANTISOCIAL PERSONALITY DISORDERS

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The conceptual, clinical, and empirical overlap between the constructs of narcissistic personality disorder (NPD) and antisocial personality disorder (ASPD) is reviewed and their descriptive discriminability is investigated. Twenty-four patients with NPD and 16 patients with ASPD were compared on 33 characteristics for pathological narcissism assessed with the semistructured Diagnostic Interview for Narcissism. The results confirm a sufficiently broad array of similarities that the question of whether these categories should be kept separate (as they are in DSM-IV) is underscored. The results also indicate important areas of difference. The NPD sample was best discriminated from the ASPD sample by their grandiosity, that is, the tendency to exaggerate their talents, and to regard themselves as more unique and superior.

The association between narcissistic personality disorder (NPD) and antisocial personality disorder (ASPD) is affirmed by multiple studies using structured interviews. These have shown that about 25% of patients who met criteria for one of these diagnoses meet criteria for the other (Gunderson, Ronningstam, & Smith, 1991; Widiger & Corbett, 1993). The definitions of NPD and ASPD found in the DSM system are markedly different in nature and origin. While the initial DSM-III criteria of NPD were distilled by Millon from the largely psychoanalytic literature up to 1975 (Millon, 1981), the DSM-IV task force guided their revision of the NPD criteria set from empirical evidence regarding prevalence, comorbidity, criteria performance characteristics, and phenomenology (Gunderson, Ronningstam, & Smith, 1991). The original DSM-III definition of ASPD drew heavily upon the seminal longitudinal study of Robins (1966). The DSM-IV committee attempted to simplify the criteria and make them less culture-specific (Widiger & Corbett, 1993), but its definition still retains its focus on socially undesirable behaviors with relatively modest (compared to NPD) attention to intrapsychic features.

Both Kernberg (1975, 1984, 1989, 1992) and Gunderson (1984, 1988) consider antisocial and narcissistic personality disorder to have similar levels of severity with important implications for treatment planning and

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as dispositions for Axis I disorders. Kernberg even suggests that the antisocial personality disorder may be a subgroup of the narcissistic personality disorder.

Work by Hare and colleagues (Hart & Hare, 1997) has further underscored the overlap between these two diagnostic constructs. Using the Psychopathy Checklist (PCL) (Hare, 1980; Hare, Harpur, & Hakstian, 1990) they found that psychopathy has a two-factor structure. One factor was comprised of socially deviant traits already related to ASPD. The other, that is, "selfish, callous, and remorseless use of others," related to interpersonal traits often associated with NPD. Livesley and colleagues have subsequently replicated this work, specifically showing that "interpersonal disesteem" characterizes both ASPD and NPD (Livesley, Jackson, & Schroeder, 1992; Livesley & Schroeder, 1991). These findings raise the question of whether the NPD construct is the "white collar" version of ASPD. Millon (1987) and Wiggins and Pincus (1989) separately found that self-report scales of antisocial and narcissistic personality traits showed similarities on their interpersonal circumflexes.

The conceptual, clinical, and empirical evidences of "near neighbor" status have encouraged questions of whether NPD and ASPD are distinct or are variations of a common basic psychopathology. To investigate this question, in this study we use a semistructured interview, the Diagnostic Interview for Narcissism (DIN) (Gunderson, Ronningstam, & Bodkin, 1990), which includes both intrapsychic and social adaptational features. Unlike prior studies, samples that have their diagnoses of either NPD or ASPD clinically established are compared. In selecting our sample this way we lose the replicability of standardized interviews, but we hope to gain by bypassing some of the potential for artifactual overlaps because of the DSM criteria (where criteria for one PD may in fact be more correlated with another PD). The hope is that our samples might thus better approximate the clinical prototypes. This data will be used to explore whether the magnitude and areas of overlap suggest that these diagnoses are better classified as variants of a single type.

METHOD

SUBJECTS

Patients in this study were recruited from McLean Hospital's inpatient and outpatient services via a memo to the staff and from a forensic psychiatric facility (The Pinel Institute, Montreal). The forty subjects who were recruited all met the following criteria: (1) 17 to 45 years of age; (2) capable of participating in a diagnostic interview; (3) no known organic impairments, lifetime major psychosis, or concurrent substance abuse; and (4) a primary and official clinical diagnosis of either NPD or ASPD. The official clinical diagnoses for both personality disorders were made using the "LEAD" standard (Spitzer, 1983), reflecting longitudinal knowledge of the patient by multiple professionals, often with the benefit of inputs from consultants (often including the senior author). The NPD sample (n = 24) was comprised of 45% (N = 10) inpatients and 55% outpatients, almost all (n = 21) were recruited from McLean and the remaining 12.5% (n = 3) from the

Pinel forensic setting. The ASPD sample (N = 16) were all inpatients; 56% (n = 9) were recruited from McLean, and 44% (n = 7) came from the forensic setting. Sixteen (66%) of the NPD subjects had co-occurring Axis I disorders; most common were 11 with mood disorders and 5 with a substance abuse disorder. Nine (56%) the ASPD sample had co-occurring Axis I disorders; four had a mood disorder and four had a substance abuse disorder.

ASSESSMENTS

All patients were given the DIN (Gunderson, Ronningstam, & Bodkin, 1990), which includes 33 characteristics, called "statements," 10 of which overlap with the DSM-III-R (APA, 1987) and DSM-IV (APA, 1994) NPD criteria sets. The characteristics are grouped into five sections: Grandiosity, Interpersonal Relations, Reactiveness, Affect and Mood States, and Social and Moral Adaptations. Internal consistency for the entire interview is good (Alpha = .81), and the interrater reliability is also acceptable for statements (mean weighted kappa = 0.68), section scores (Intraclass R = 0.74–0.96; N = 18; $p < 0.0001$), and the total score (Intraclass R = 0.88

STATISTICAL METHODS

The diagnostic groups were compared on demographic data using Chi-squares. Diagnostic Interview for Narcissism scorings of the two groups were compared using t tests. Note that this analysis is not reported for the DIN's section on Social and Mood adaptation because it involves traits where the differences in the recruitment sites would preclude drawing conclusions about psychopathology (e.g., more criminal activity for the ASPD sample and higher achievement for the NPD sample were predictable). Finally, a stepwise discriminant analysis was used to identify the group of criteria that can most efficiently differentiate NPD from ASPD (Klecka, 1975; Tabachnic & Fidell, 1983). Each statement that emerges from this analysis has to contribute to the discriminating power of the combination of statements that have preceded it. Wilk's lambda was used as a stepwise criterion for evaluating the statistical significance of the discriminant functions.

RESULTS

The demographic data showed that while both samples had a predominance of males, the NPD sample had significantly better vocational functioning and were more often outpatients. Ten DIN characteristics significantly discriminated the ASPD and NPD samples ($p < 0.05$).

The grandiosity section significantly discriminated the narcissistic and antisocial groups and the most discriminating characteristics were all related to Grandiosity (Table 1). The NPD sample was significantly more apt to exaggerate their talents, capacities, and achievements in unrealistic ways (ST 1); to regard themselves as unique compared to other people (ST 5); and to regard themselves as generally superior to others (ST 6). The observed behaviors during assessments indicated that the narcissists were more self-centered and self-referential (ST 7), and more boastful and pre-

TABLE 1. Comparison of Mean Scores, NPD vs. ASPD, Using a Two-tail probability *T* test

Statement	Mean score NPD (n = 24)	Mean score ASPD (n = 16)	*T* test *p*-level (NPD vs. ASPD)
Section I: Grandiosity			
ST 1 Exaggeration[a,b]	1.13	0.38	0.001
ST 2 Belief in invulnerability	1.04	1.06	0.92
ST 3 Grandiose fantasies[a,b]	1.75	1.63	0.53
ST 4 Belief in not needing others	0.58	0.69	0.69
ST 5 Uniqueness[a,b]	1.25	0.50	0.0001
ST 6 Superiority[a,b]	1.46	0.69	0.001
ST 7 Self-centered/referential	1.75	1.31	0.031
ST 8 Boastful/ pretentious	1.50	0.94	0.031
Section I Section Score	10.46	7.19	0.0001
Section II: Interpersonal Relations			
ST 9 Needs admiring attention[a,b]	1.83	1.69	0.291
ST 10 Idealization	1.67	1.69	0.894
ST 11 Devaluation/contempt	1.67	1.56	0.517
ST 12 Envious[a,b]	1.29	1.31	0.922
ST 13 Entitlement[a,b]	1.46	1.25	0.340
ST 14 Arrogant/haughty[b]	0.88	0.44	0.087
ST 15 Exploitiveness[a,b]	1.00	1.63	0.024[d]
ST 16 Lacks empathy[a,b]	0.96	1.13	0.441
ST 17 Uncommitted to anyone	1.00	0.81	0.473
Section II Section Score	11.75	11.50	0.713
Section III: Reactiveness			
ST 18 Hypersensitive	1.58	1.63	0.841
ST 19 Reactions to criticism/defeat[a]	1.67	1.75	0.653
ST 20 Suicidal/self-destructive reactions	0.71	0.81	0.724
ST 21 Aggressive reactions	1.21	1.69	0.066
ST 22 Reaction to others' envy	1.17	0.94	0.431
Section III Section Score	6.33	6.81	0.408
Section IV: Mood States			
ST 23 Emptiness	1.29	1.63	0.226
ST 24 Boredom	1.33	1.56	0.407
ST 25 Meaninglessness	1.17	1.06	0.743
ST 26 Futility	1.21	1.31	0.740
ST 27 Badness (–)[c]	–0.90	–1.27	0.205
Section IV Section Score	4.21	4.38	0.847

[a]DSM III-R criteria for NPD.

[b]DSM-IV criteria for NPD.

[c]Presence of ST 27 characteristics is scored negatively against the diagnosis of NPD.

[d]Significantly more frequent in ASPD.

tentious (ST 8). The only significant difference to emerge from the Interpersonal Relations section of the DIN was exploitiveness (ST 15). Both samples were found to be exploitive, but the antisocials were significantly more so, and were judged to more actively take advantage of or use other people. The profiles of scores in the sections on Reactiveness, and Affects and Mood states were similar; that is, both groups are hypersensitive and have intense reactions to criticism, defeats, or disappointments, and both have feelings of emptiness, boredom, meaninglessness, and futility.

TABLE 2. Stepwise Discriminant Function Analysis for DIN Statements 1–27

Step statement	*p*-value for change in Lambda	Stand. Discriminant function coefficient
1. ST 5 Uniqueness	< 0.01	0.60545
2. ST 15 Exploitiveness	< 0.01	–0.56812
3. ST 1 Exaggeration	< 0.01	0.55485
4. ST 6 Superiority	< 0.05	0.63838
5. ST 23 Emptiness	< 0.05	–0.27536
6. ST 10 Idealization	ns	
7. ST 2 Invulnerability	< 0.05	

ns = not significant.

A stepwise discriminant function analysis (Table 2) showed that seven traits discriminate the two diagnostic groups. In particular, characteristics 1, 5, and 6 derived from the Grandiosity section discriminated the narcissistic patients. Notable also are that characteristic 15, exploitiveness, and characteristic 23, emptiness, distinguished the antisocial patients.

DISCUSSION

The psychodynamic perspective on the psychopathology that has dominated descriptions of NPD contrasts with the sociological perspective that has dominated descriptions of ASPD. This study shows that the characteristics that relate to patients' intrapsychic life identify both similarities and differences. These similarities include the fact that both diagnostic groups were occupied by grandiose fantasies, for instance, of being very successful, powerful, brilliant, rich, etc. (ST 3), both had similar levels of belief in their invulnerability (ST 2), and both groups generally acknowledged their need for others, in contrast to the illusory self-sufficiency that was expected (ST 4). There were also notable intrapsychic differences in the samples, namely, that the self-image of narcissistic patients involved significantly more conviction about being unique (ST 5) and superior (ST 6).

Important to psychotherapists are the overall similarities in the NPD and ASPD interpersonal relations and reactiveness, including such prototypic narcissistic features as arrogance, need for attention, entitlement, envy, and sensitivity to criticism. The only interpersonal characteristic that distinguished the two groups was that the antisocials were more exploitive. This, however, may have to do with the necessary emphasis in a structured interview such as the DIN on active (i.e., self-initiated, consciously aware) exploitation. Assessment directed at forms of exploitation that occur passively (i.e., unwittingly) as a result of feeling superior and entitled, or from being unempathic, were not assessed and might be expected to elevate the exploitiveness ratings in the NPD sample The overall pattern of similarity in interpersonal features confirms the finding of interpersonal proximity by Wiggins and Pincus (1989) and by Millon (1987). This similarity contrasts with the prevailing wisdom attributing a responsivity of NPD psychodynamic therapies (Groopman & Cooper, 1995) that

contrasts with the ineffectuality or even contraindication of such therapies for ASPD patients (Meloy, 1995).

Of note is the general failure of the DSM-III-R and DSM-IV criteria for NPD to distinguish these diagnostic groups: only uniqueness (ST 5) and exaggeration of talents (ST 1) proved to be useful. The fact that the DSM criteria for NPD exploitiveness and lack of empathy criteria were actually more common in the antisocial group points to the need either to find distinguishing qualities of these traits in the two disorders or to consider relocating these criteria into the criteria set for ASPD. We would suggest, for example, that the exploitiveness of ASPD sample is consciously related to materialistic or sexual gain, whereas for NPD this exploitation is often unconsciously motivated to enhance one's self-image by attaining admiration or power. We have previously suggested that the empathic failures of antisocial persons is not because of a disability but because of a lack of motivation (i.e., uncaring callousness), whereas the narcissists' empathic failures are because of an inability to identify with the feelings and needs of others (Gunderson, Ronningstam, & Smith, 1991).

This study has implications for future research. First, the results of the current study need to be replicated using other samples because of the limitations inherent in both the size, selection process, and the demographic idiosyncrasies of the present samples. This is particularly important given the potential for sociological variables (e.g., achievement levels, incarceration) to affect other characteristics such as self-image or openness of self-discovery. From this perspective, our results suggested that psychological characteristics can still differentiate these two putative personality types. A related second direction for future research derives from the limited assessments done in this study; the narcissistic sample was not assessed with an interview that systematically reviews the ASPD criteria. Less important than the predominantly behavioral criteria for ASPD in the DSM system are such criteria as the absence of remorse and potentially other psychological features that are attributed to ASPD. Equally important is the need to assess personality traits that are not presently tied to either DSM definition of these disorders, but that might identify new features that could better characterize or discriminate these disorders and that might extend and enrich the understanding of both constructs. Studies of the characterological patterns and family background in samples exposing an overlap of both disorders (i.e., antisocial narcissists and narcissistic antisocials) could highlight additional differential diagnostic information.

Though such additional studies would help with the issue of descriptive validity, it remains for these diagnoses to establish their separate validity by external validators such as therapeutic responsivity, longitudinal course, or familial aggregation of psychopathology.

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