Article Summary: Controversial issues in the diagnosis of narcissistic personality disorder: A review of the literature

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Ardelle Bland, Christine Buckingham, and Jennifer Del Corso
Regent University
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Overview

The author reviews literature on the controversial aspects of narcissistic personality disorder that have been debated including “(1) the issue of comorbidity that questions the validity of the diagnosis, (2) the issue of dimensional models of classification and what constitutes a narcissistic personality disorder, and (3) the role that culture plays in the diagnosis” (Rivera, 2001, p. 22). He also includes treatment suggestions for this disorder.

History

The author explains that the term narcissism comes from the Greek mythological character Narcissus (Hamilton, 1942). The author indicates that though the term was used previously in psychiatry, Freud (1914/1957) and Rank (1911) began to use it to describe patients who displayed egotistic ideations or characteristics. Then Otto Kernberg (1971, 1977) wrote about the origin of these characteristics as a reaction to childhood object relationships. This lead to inclusion of the disorder in the DSM-III.

Criticism of the DSM-IV

The author summarizes common criticisms of the DSM-IV as cited in literature as follows:

1. The lack of a structured, coherent, theoretical foundation underlying its taxonomy (Brown, 2000; Clark, 1995; Faust & Miner, 1986; Follette & Houts, 1996)
2. The inconsistent use of psychometric theory and methodology, including reliability and validity issues (Blashfield & Livesley, 1991; Nelson-Gray, 1991; Steiner, Tebes, Sledge, & Walker, 1995)
3. The questionable applications of its different diagnoses to one gender relative to the other (e.g., sex bias; Gallant & Hamilton, 1988; Kaplan, 1983; Ross, Frances, & Widiger, 1995)
4. The shift in focus across time from a clinically based biopsychosocial model to a research-based medical model (Fink, 1988; Rogler, 1997; Wilson, 1993) (p. 24).
The author adds that the addition of new categories, such as narcissistic personality disorder, is another concern, since some believe further research is needed (Follette & Houts, 1996; Guze, 1995; Sarbin, 1997).

Narcissistic Personality Disorder and Comorbidity

This disorder includes “a pervasive sense of grandiosity, need for admiration, and a lack of empathy for the feelings of others” (DSM-IV, 1994 as cited in Rivera, 2001, p. 24). Comorbidity is common with this diagnosis. The author cites a study which revealed that those who met criteria for this disorder also met criteria for other personality disorders (Gunderson, Ronningstam, and Smith, 1995). The author adds that another researcher found that 53.1% of those who met criteria for narcissistic personality disorder also met criteria for histrionic personality disorder, and 46.9% met criteria for borderline personality disorder (Morey, 1988). This makes sense given that Kernberg’s aforementioned research was on participants who had borderline personality disorder (Kernberg, 1975). From the high comorbidity rate, the author concludes that people may not perfectly fit into a DSM-IV category but may instead have features from multiple areas.

Culture

Cultural background considerations were added to the DSM-IV, but the author indicates that further consideration, in the way of empirical research specifically, is needed in the area of diagnosing narcissistic personality disorder. Certainly some traits or behaviors that correlate (positively or negatively) with narcissism are evident in certain cultures (Martinez, 1993; Smith, 1990). Interestingly, the International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10) does not include this disorder at all.
Treatment

The author outlines the following for treating narcissistic personality disorder:

1. A holistic approach should be taken. Incorporate a variety of assessment methods. Assess for comorbidity and determine how symptoms are affecting other disorders. (For example, a narcissist may present with depression due to an unmet desire for admiration).

2. Observe and include aspects of this disorder even when the client does not entirely meet criteria. Conceptualize on a continuum. Stay current on literature relevant to this disorder.

3. Take cultural context into consideration when diagnosing this disorder. Additionally, self-awareness is key. Professionals should determine their own level of narcissism, as it exists on a continuum. This is important, because if it is an unconscious part of their own personality, they will not see it in their clients. Finally, working with this disorder can be challenging personally and professionally.

Conclusion

The author concludes that narcissistic personality disorder is a controversial diagnosis due to the comorbidity with other diagnoses, the apparent need for more research, and cultural relevancy questions. He reiterates that the traits of this disorder occur on a continuum. He then takes us to the big picture which is that professionals should not lose sight of clients’ humanity when viewing them through the lens of personality disorders and diagnoses.
References


Sarbin, T. R. (1997). On the futility of psychiatric diagnostic manuals (DSMs) and the return of