



Expanding the utility of the malignant self-regard construct[☆]



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ABSTRACT

The empirical and theoretical literature suggest that several proposed personality disorders (PDs) – Masochistic/Self-Defeating, Depressive, and Vulnerably Narcissistic – may be related through a common self-representation known as Malignant Self-Regard (MSR). To assess this construct, the MSR Questionnaire (MSRQ) was developed. Though its initial psychometric properties were very strong, the present study extended these findings by examining the relationship of the MSRQ with measures of other PDs and depressive subtypes, and by establishing four-week and eight-week test–retest reliability in two samples ($N_s=840, 911$) of undergraduate students. The MSRQ was internally consistent and temporally stable over four and eight weeks. It was positively correlated with measures of introjective and anaclitic depression, measures of Self-Defeating, Depressive, and Vulnerably Narcissistic personalities (r_s ranging between 0.60 and 0.82), and other select PDs. After controlling for depressive symptoms and self-esteem, the highest remaining partial correlations were with Vulnerably Narcissistic, Self-Defeating, Depressive, and Avoidant personalities. A factor analysis of the MSRQ with measures of other PDs yielded a two-factor solution, with MSR loading most strongly on one factor, along with Vulnerably Narcissistic, Avoidant, Depressive, and Self-Defeating personalities. It is concluded that MSR is a psychometrically supported construct that might have good clinical utility in explaining personality pathology that has historically been difficult to assess.

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1. Introduction

Historically, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) has included a number of different personality disorders (PDs) in the appendices as potential diagnostic categories. Three of these include Masochistic, Self-Defeating, and Depressive PDs (American Psychiatric Association [APA], 1980, 1994, 2001, 1987). Furthermore, a renewed interest in Narcissistic PD has led to the identification of two subtypes – grandiose and vulnerable – that are phenotypically different, yet share a common problem with self-esteem regulation and self-regard (Pincus and Lukowitsky, 2010). While the DSM has not included any of these proposed categories or the vulnerable subtype of narcissism in its descriptions of personality disorders, interest in these types of personality pathology remains high (Caligor et al., 2007; Huprich, 2009; Pincus et al., 2009; Ronningstam, 2009; Miller and Maples, 2011; Tritt et al., 2010; McWilliams, 2011; Huprich, 2012; Huprich et al., 2012).

Huprich (2014) reviewed the theoretical and empirical

relationship among Masochistic, Self-Defeating, Depressive, and Vulnerably Narcissistic personalities. Across all four personality types, he identified similar patterns of self and other representations, relational styles, affects experienced and related affective difficulties, comparable behavioral patterns including avoidance and self-defeat, and developmental experiences of inadequate support and mirroring. Empirically, he found that all of these personality pathologies overlap with each other. Specifically, measures of these pathological personalities were intercorrelated, with r_s ranging between .54 and .65 (Huprich and Nelson, 2014). On semi-structured, diagnostic interviews, overlap rates of these types have been found to be as high as 70% (Huprich et al., 2006). Furthermore, all of these personality types share a common vulnerability to depression, with rates of Major Depressive Disorder and Dysthymic Disorder ranging between 18 and 95%, with most clinical studies reporting overlap rates of at least 42% or higher (Huprich, 2014).

Considering these issues together, Huprich (2014) suggested that the aforementioned personalities are unified by the way in which the self is experienced and engages with others. He described this overarching construct as malignant self-regard (MSR), a phenomenon characterized by experiencing frustration and disappointment with others and attributing it toward the self in a personally harmful way. The process of MSR is self-discrediting

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and attacking, and minimizes the effect of others' actions (or lack thereof) on the self. Outside of one's awareness, there frequently exist underlying desires for recognition, appreciation, care, and positive attention that often go unfulfilled or are only partially met. In fact, individuals with MSR frequently deny themselves opportunities for such recognition or pleasure, as these desires are often viewed critically, possibly as indicators of arrogance or shameless self-enhancement. MSR is often observed in interpersonal contexts, though it is manifested most frequently in the depressive or dysphoric affect and pessimism of the individual who is unappreciated or under-recognized. Characteristics of those with MSR include: depression, shame, beliefs about being inadequate, fantasies of approval, pessimism, masochism or self-defeating behaviors, hypersensitive self-focus, perfectionism, and difficulty expressing anger.

One particularly interesting aspect of the MSR construct is that it describes a type of self-representation, which has now become an area of interest in Section III of the DSM-5 (APA, 2013). Specifically, it has been suggested in Section 3 that individuals with personality pathology frequently have impairments in the ways in which they view or understand themselves and in their relationships to others. This is described as the individual's level of functioning and may be useful for documenting the degree to which the person experiences impairment from his/her personality pathology. In fact, it has been suggested that one of the reasons why some personality disorders have not garnered adequate empirical support for inclusion in DSM revisions is because they have not been assessed in the domains in which impairment most exists (Livesley, 2003; Huprich, 2012; Bender et al., 2011; Luyten and Blatt, 2013). Thus, a construct that can assess personality pathology in domains more relevant to the nature of an individual's impairment, and which has empirical support and clinical utility, may hold promise to advance our understanding of certain types of personality pathology which heretofore have been met with mixed support.

With the aim of empirically validating this construct, the Malignant Self-Regard Questionnaire was created (MSRQ; Huprich, 2011). The MSRQ is a 52-item, Likert self-report questionnaire that assesses the aforementioned qualities. In order to evaluate its psychometric properties, Huprich and Nelson (2014) assessed 651 undergraduate students. They found the measure to be internally consistent (Cronbach's alpha, $\alpha=0.93$) and to be correlated with measures of Self-Defeating ($r=0.57$), Depressive ($r=0.69$), and Vulnerably Narcissistic ($r=0.76$) personality symptom totals. A factor analysis with an orthogonal rotation of the total scores for the MSRQ, the Depressive Personality Disorder Inventory (DPDI; Huprich et al., 1996), the Vulnerable subscale score of the Pathological Narcissism Inventory (PNI-Vulnerable; Pincus et al., 2009), and the self-report version total score of the Structured Clinical Interview for DSM-III-R Personality Disorders scale for Self-Defeating Personality Disorder (First et al., 1995) yielded one factor that accounted for 72% of the variance, with all scores having high loadings (MSRQ=0.91; PNI-Vulnerable=0.78; DPDI=0.78; and SDPS=0.70). The MSRQ was more highly correlated with the PNI-Vulnerable subscale and its corresponding facets ($r_s=0.50-0.70$) than it was for the PNI-Grandiose subscale and its corresponding facets ($r_s=0.04-0.44$). While the MSRQ was positively correlated with measures of depression ($r=0.69$) and Neuroticism ($r=0.60$), it was much less associated with the prediction of depressive symptoms and neuroticism than with measures of Self-Defeating, Depressive, and Vulnerably Narcissistic personalities. Huprich and Nelson (2014) interpreted these findings to indicate that the MSRQ is less related to depressive symptoms or trait-neuroticism than the personality types from which the construct was derived.

While these findings are promising, the extent to which MSR is associated with other PDs is unknown, as is its relationship to

anaclitic and introjective measures of depression, and its test-retest reliability. With regard to the latter, there have been no formal investigations of this type of reliability with the MSRQ; thus, it is important to evaluate the measure's stability, given it purports to assess a personality construct which, by definition, is anticipated to be relatively stable over time. With regard to other PDs, MSR is a construct that might be associated with other kinds of personality pathology. For instance, Depressive PD has been empirically associated with Avoidant, Borderline, and Obsessive-Compulsive PDs (McDermut et al., 2003; Huprich et al., 2006). Self-Defeating PD is often comorbid with Dependent and Borderline PDs (Skodol et al., 1994). Narcissistic PD (as assessed in the DSM framework) is often comorbid with many other PDs, including Borderline, Schizotypal, Histrionic, and Obsessive-Compulsive PDs (Stinson et al., 2008). Thus, it is possible that the MSRQ (a derivative of Depressive, Self-Defeating, and Vulnerably Narcissistic personalities) may be correlated with measures of many existing PDs.

Finally, with regard to the relationship of MSR with anaclitic and introjective depression, it is well established that both anaclitic (relational) and introjective (self-definition) forms of depression are associated with personality pathology (Klein et al., 1988) and other forms of psychopathology (Luyten and Blatt, 2013). For instance, introjective depression has been associated with Depressive and Narcissistic PDs, in addition to Avoidant, Obsessive-Compulsive, Passive-Aggressive, Paranoid and Schizotypal PDs (Descheemaeker et al., 2013). Thus, when considering MSR, problems with self-definition would be expected to occur, given MSR's emphasis on the maintenance of positive self-regard and an overall sense of well-being (Luyten and Blatt, 2013). However, the MSR construct also incorporates the idea that individuals' self-regard is dependent upon interactions and appreciation from others, and that it is within a relational framework that MSR would be activated. Thus, it is anticipated that the MSRQ would be correlated with measures of both introjective and anaclitic depression; however, the association with introjective depression is predicted to be stronger than the relationship with anaclitic depression.

Thus, the present study was designed to evaluate more fully the psychometric properties of the MSRQ and evaluate its utility as a measure of personality pathology relative to extant measures of personality and psychopathology. To assess test-retest reliability, we evaluated MSRQ scores in a large sample of undergraduates over both four-week and eight-week intervals, thus allowing us to consider both stability and dependability (Watson, 2004) of the measure. The distinction between dependability and stability has become particularly relevant since Watson (2004) relayed concerns with failing to discriminate between them. Dependability refers to the correlation between two administrations of the same tests when the "lapse of time is insufficient for people themselves to change with respect to what is being measured" (Cattell et al., 1970, p. 30). It is only after ascertaining a measure's dependability that evidence for true change and construct stability can be established. Watson suggested that short-term dependability be measured at two weeks following baseline, when true change is unlikely, and can therefore be attributed to measurement error. From there, he recommended that temporal stability be assessed two months post baseline, a length of time which has the potential to produce true change. By following these suggestions, one can be more precise in identifying the sources of variability in the measure and better understand the construct itself. Test-retest reliability data, as will be described in further detail below, was collected separately from the replication and continued validation sample.

To assess construct validity, we examined the MSRQ's correlations with measures of Self-Defeating, Depressive, and Vulnerably

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