



# Pathological narcissism and maladaptive self-regulatory behaviours in a nationally representative sample of Canadian men



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## ABSTRACT

Clinical observation has linked externalizing coping strategies such as substance overuse and aggressive behaviours with narcissistic personality dysfunction. This study examined the relationship between pathological narcissism and maladaptive self-regulatory behaviours among Canadian men. An online survey was distributed among a stratified, nationally representative sample of 1000 men from across Canada. The survey included brief self-report measures of pathological narcissism, maladaptive externalizing coping behaviours, and general psychological distress. After controlling for the effects of age and general psychological distress, pathological narcissism was found to be significantly associated with alcohol overuse and aggressive behaviour. Significant though modest interaction effects were found between pathological narcissism and age – with regards to drug use – and distress – with regards to risk-taking behaviour. The findings point to the need for attention to narcissistic dysfunction as a clinical and public health issue among men.

## 1. Introduction

Narcissistic personality attributes continue to fascinate the public. The label “narcissistic” carries a profound stigma, often used to denote a self-absorbed and socially offensive individual who ultimately deserves rebuke. Yet a form of narcissism well-known to clinicians (Ogrodniczuk, 2013; Ronningstam, 2005) is associated with distress and impairment (Miller et al., 2007), and linked with other clinical concerns including interpersonal problems (Ogrodniczuk et al., 2009), depressive tendencies (Kealy et al., 2012), and suicidality (Ansell et al., 2015; Blasco-Fontecilla et al., 2009). This personality constellation, known as pathological narcissism, hinges upon distortions and fluctuations of self-image and admiration needs (Cain et al., 2008; Pincus et al., 2015; Ronningstam, 2011); severe clinical presentations are often diagnosed as narcissistic personality disorder. Where a stable but dynamic view of the self – including realistic positive appraisals – is a normal component of identity, pathological narcissism is defined by unstable and/or maladaptive regulation of self-image (Pincus and Lukowitsky, 2010; Ronningstam, 2011). Grandiose features – involving inordinate self-inflation and admiration-seeking – and vulnerable features – involving dysphoria and diminished self-esteem – often co-exist in a manner that can appear incongruous and perplexing. Indeed, while

narcissistic subtypes have been described using various labels (see Cain et al. (2008) for a review), fluctuations between grandiose and vulnerable states are commonly observed (Gore and Widiger, 2016), and mixed presentations feature prominently in the clinical and theory-based literature (Caligor et al., 2015; Cooper, 2009; Kernberg, 2014; Kohut and Wolf, 1978; Kealy and Rasmussen, 2012; Levy, 2012; Pincus et al., 2014). This latter literature widely regards deficiencies and distortions of self-image as constituting the core of pathological narcissism: “narcissistic patients are desperately attempting to manage their vulnerability” (Gabbard and Crisp-Han, 2016, p. 116).

The maladaptive self-regulatory strategies of those who suffer from pathological narcissism extend beyond fantasies of brilliance and admiration. Several authors have noted that narcissistic patients may turn to externalizing, sensation-seeking behaviours in order to diminish awareness of shame-related affects or combat feelings of emptiness (Grosch, 1994; Kernberg, 1984; Kohut and Wolf, 1978). Drugs or alcohol may be employed in an attempt to neutralize painful experiences of narcissistic injury, while risk-taking behaviour (e.g., reckless driving, risky sexual activity) may contribute a sense of aliveness during times when admiring responses from others are in short supply. Kohut also described the phenomenon of narcissistic rage, wherein the individual explodes with anger and/or aggression in response to feelings of

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inadequacy, shame, or humiliation (Kohut, 1972). Externally directed rage is thus thought to temporarily relieve the painful affects associated with a weakened self-representation and restore a sense of potency.

Partial support for the association between narcissistic features and maladaptive self-regulatory strategies can be found in the empirical literature (see Dowgwillo et al. (2016) for a review). Among college undergraduates, grandiose narcissism has been found to be associated with alcohol and drug use (Buelow and Brunell, 2014; Hill, 2015; MacLaren and Best, 2013), including binge drinking (Luhtanen and Crocker, 2005), as well as aggressive and dangerous driving (Edwards et al., 2013; Hill, 2015) and risky behaviours (Buelow and Brunell, 2014; Foster et al., 2009). Pathological narcissism, encompassing both grandiose and vulnerable features, was found to be associated with substance overuse in a sample of Iranian undergraduates (Mowlaie et al., 2016). Among student samples, aggression has been linked with both vulnerable (Fossati et al., 2010; Krizan and Johar, 2015; Lobbetael et al., 2014) and grandiose narcissism, particularly in the context of ego threat experiences (Bushman and Baumeister, 1998; Fossati et al., 2010; Lobbetael et al., 2014). Among clinical samples, narcissistic grandiosity has been associated with aggressive behaviour among both inpatient (Goldberg et al., 2007) and outpatient samples (Ellison et al., 2013).

Studies investigating the relationship between narcissism and maladaptive self-regulatory behaviours in more representative community samples are comparatively scarce. Findings from the National Epidemiologic Survey on Alcohol and Related Conditions revealed associations between features of grandiose narcissism and substance use (Stinson et al., 2008), as well as reports of violent behaviour – particularly when combined with impulsive traits (Larson et al., 2015). Interestingly, community studies have found an inverse relationship between narcissism and age, with higher levels of narcissistic personality features observed among younger adults (Stinson et al., 2008). Identity-related maturational processes may contribute to reduced narcissistic dysfunction (Cramer, 2017), and perhaps to a broadening of self-regulatory strategies. Given the relatively limited perspective of narcissism assessed in previous studies, further research regarding these associations in large representative community samples is warranted. The present study examined pathological narcissism – including vulnerable elements – and maladaptive self-regulatory behaviours in a nationally representative sample of Canadian men. Examining this issue among men is particularly warranted given their higher rates of substance abuse and aggression compared to women (Archer, 2004; Brady and Randall, 1999).

Our first objective was to explore the severity of narcissistic tendencies among Canadian-based men in the general community. We included age in this exploration and in subsequent analyses, due to most previous narcissism research involving young adult samples, and given previous reports of significant age differences in narcissistic dysfunction. Our second objective was to investigate the relationship between narcissistic features and men's use of unhealthy coping strategies, including drug and alcohol overuse, angry and aggressive behaviour, and risk-taking behaviour. Since these coping responses are likely to be influenced by psychological distress, we sought to control for this when examining narcissism and maladaptive self-regulatory behaviours. We hypothesized that pathological narcissism would be significantly positively associated with each of the aforementioned maladaptive behaviour domains, even after controlling for the effects of general psychological distress. Finally, we examined potential interactions between pathological narcissism, age, and psychological distress. This was an exploratory investigation regarding the potential moderating effects of age and distress on the relationship between pathological narcissism and maladaptive behaviours.

## 2. Methods

### 2.1. Sample

The sample was a non-probability sample of 1000 Canadian men who took part in a national survey regarding men's mental illness, conducted in April 2016. Respondents were sourced from a Canadian online survey provider and screened regarding eligibility criteria, which consisted of being over the age of 19 years, being able to read English, and having access to the internet. Weighted randomization was then used to select respondents for the survey. Further screening was done to meet stratification quotas, in order to reflect the distribution of Canadian males by age and by region, according to 2011 national census data. Screening also removed non-completed and inappropriate (e.g. non-differential) responses (the survey software required all items to be completed). Together with stratification, this resulted in a reduction from the number of initial respondents from 1488 to a final sample of 1000 men from across Canada's regions. Participants' age ranged from 19 through 86; the mean age was 49.6 years ( $SD = 14.6$ ). The majority of men were employed, with  $n = 520$  working full-time,  $n = 82$  working part-time, and  $n = 89$  self-employed. Retired men comprised nearly a quarter of the sample,  $n = 226$ . Five percent,  $n = 54$ , indicated that they were unemployed and looking for work, and  $n = 36$  reported being unable to work due to disability. The remainder were students ( $n = 50$ ), not seeking employment ( $n = 12$ ), and stay-at-home parents ( $n = 8$ ). Eighty-five percent of participants had been educated beyond high school, including  $n = 441$  having obtained a university degree,  $n = 205$  with a college or trade school diploma, and  $n = 204$  having partial college or university education.

### 2.2. Procedure

Ethics approval was obtained from the University of British Columbia Research Ethics Board. Following screening for eligibility and sample stratification, participants completed the online survey measures listed below. Participants were reimbursed for their time with proprietary panel points, which could later be exchanged for various rewards.

### 2.3. Measures

#### 2.3.1. Pathological narcissism

Pathological narcissism was assessed using the Super Brief Pathological Narcissism Inventory (SB-PNI; Schoenleber et al., 2015), a 12-item measure that was developed as a very brief version of the Pathological Narcissism Inventory (PNI; Pincus et al., 2009). The PNI assesses both grandiose and vulnerable features of pathological narcissism (a higher-order factor structure reflects these two domains), and provides a total score for overall severity of pathological narcissism (Pincus, 2013; Wright et al., 2010). Likewise, the narcissistic dysfunction assessed by the SB-PNI encompasses both grandiose and vulnerable elements. Responses to items are provided using a 6-point scale ranging from “not at all like me” (0) to “very much like me” (5). Narcissistic grandiosity is reflected in six items, such as “I often fantasize about performing heroic deeds,” “I like to have friends who rely on me because it makes me feel important,” and “I often fantasize about accomplishing things that are probably beyond my means”. The remaining six items capture narcissistic vulnerability, including “It's hard to feel good about myself unless I know other people admire me,” “When others get a glimpse of my needs, I feel anxious and ashamed,” and “I am preoccupied with thoughts and concerns that most people are not interested in me”. Due to SB-PNI grandiosity and vulnerability subscales being highly correlated in the present sample,  $r = 0.69$ ,  $p < 0.001$ , and in accordance with conceptual accounts of typically intertwined grandiosity and vulnerability (Caligor et al., 2015; Kealy and Rasmussen, 2012; Ronningstam, 2011), the total pathological

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