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Transmission risk behaviors in a subset of HIV-positive individuals: The role of narcissistic personality features

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ABSTRACT

Most people living with HIV/AIDS (PLWHA) take steps to protect their sexual partners. However, a minority of PLWHA continue to engage in sexual risk behaviors that might contribute to the transmission of HIV. Psychiatric conditions, including certain pathological traits, are associated with sexual risk behaviors. Research examining the association between narcissistic traits as they relate to HIV transmission risk is limited. In the present study, 303 PLWHA were recruited from an infectious disease clinic and completed questionnaires assessing narcissistic characteristics, substance use, sexual risk behavior, and intentions to use condoms in the future. Narcissistic traits predicted unprotected sex with partners who are HIV-negative or whose HIV status was unknown as well as lower intentions to use condoms, after controlling for demographic factors and substance use. Interventions focused on reducing the transmission of HIV should take into account associations between sexual risk behavior and narcissism.

1. Introduction

Advances in treatment have increased the average lifespan of people living with HIV/AIDS (PLWHA). Consequently, the number of individuals who could transmit the virus has grown with a majority remaining sexually active (Centers for Disease Control, 2008; Crepaz & Marks, 2002). Most PLWHA take steps to protect their sexual partners, including disclosure of serostatus, limiting their number of sexual partners, limiting their sexual partners to other PLWHA, and consistent condom use (Bauermeister, Giguere, Carballo-Dieguez, Ventuneac, & Eisenberg, 2010; Crepaz et al., 2009; Dixon, Saul, & Peters, 2010; Niderost, Gredig, Roulin, & Rickenbach, 2011). Yet, a minority of PLWHA continue to engage in HIV transmission risk behaviors (Gasiorowicz et al., 2005; Golden, Wood, Buskin, Fleming, & Harrington, 2007; Mutchler et al., 2008). As a result, it is important to develop interventions that will reduce risk behaviors that could result in HIV transmission.

Many psychosocial correlates of sexual risk behaviors have been identified in an effort to give direction to tailored interventions aimed at specific risk groups (Flowers, Sheeran, Beail, & Smith, 1997; Sikkema et al., 2010). Among HIV-positive samples, psychopathology has been linked with an increase in sexual risk behaviors for PLWHA who have been diagnosed with depression (Bradley, Remien, & Dolezal, 2008; Ryan, Forehand, Solomon, & Miller, 2008) and anxiety disorders including PTSD (Hart, James, Purcell, & Farber, 2008; Reisner, Mimiaga, Safren, & Mayer, 2009). Investigations into substance-related disorders with this population have revealed similar findings (Purcell et al., 2006; Shuper, Joharchi, Irving, & Rehm, 2009).

Potentially pathological traits, which may play a role in sexual risk behavior, have received less attention. While having traits consistent with a personality disorder has been shown to be related to high-risk sexual activity in HIV-negative populations (Lavan & Johnson, 2002), no study has specifically examined the role of narcissistic traits in transmission risk behaviors among a sample of PLWHA. Narcissistic traits are characterized by a heightened sense of self-importance and self-involvement. Individuals high in narcissism are prone to putting their own needs and desires ahead of others, may lack empathy, and may be manipulative and exploitative. Several studies have found associations between narcissistic characteristics and sexual risk, but all have been with HIV-negative samples. For example, one study of adolescents found that narcissistic traits were predictive of high-risk sexual behavior after controlling for overall personality disorder symptoms (Lavan & Johnson, 2002). Narcissistic traits have also been linked to less restrictive attitudes about sexual activity and low relationship commitment in young adults (Foster, Shrira, & Campbell, 2006; Reise & Wright, 1996) both of which may manifest in a greater number of sexual partners or riskier sexual behavior. Given the dearth of research examining narcissism as a possible factor in sexual risk behavior, the current study sought to investigate whether PLWHA who endorse items assessing

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narcissistic characteristics also tend to engage in greater HIV transmission risk behaviors.

2. Method

PLWHA receiving services from the Denver Health infectious disease clinic were invited to participate in the study. Eligibility criteria included: HIV-positive serostatus, age 18 or older, and ability to read English. Overall, 66% of participants invited to participate agreed to do so. Most common reasons for not participating were not having enough time (21%), and lack of interest (13%). Of the 310 participants, 7 (2.2%) did not complete the narcissism measure and were eliminated from analyses.

2.1. Participants

A total of 303 PLWHA were included in the study. The mean age was 43.7 years (SD = 9.1, range = 22–68). Participants included men who have sex with men (68.4%), heterosexual men (15.5%), women (15.5%) and transgender individuals (0.6%). Thirty-one percent reported a history of using injection drugs. The majority of participants were White (52%), followed by African American/Black (21%), Latino/a (21%), Native American (3%), and other/mixed racial or ethnic identity (3%). Participants reported modest educational attainment (M = 12.9 years, SD = 2.2) and income: 78% reported annual incomes less than $15,000 (US), 19% reported incomes between $16–45,000, and 2% reported incomes greater than $45,000. Participants had an average CD4 count of 396.7 (SD = 247.5). Thirty-four percent had undetectable viral loads and 82% had CD4 counts above 200 cells/mm^3 (a CD4 count below 200 greatly increases the potential for opportunistic infections and is one of the conditions used to define AIDS; Centers for Disease Control., 1992).

2.2. Procedure

On recruitment days, staff approached all PLWHA scheduled for appointments in the infectious disease clinic. Participants were informed that the purpose of the study was to examine HIV-related behaviors and attitudes of clinic attendees and were assured that their answers would not be shared with clinic staff. Participants completed the survey in a private area of the waiting room. Participants also gave permission to extract their most recent CD4 count and viral load from clinic records. Participants were paid $10 upon completion of the questionnaire. All study procedures and materials were approved by the Colorado Multiple Institutional Review Board.

2.3. Measures

2.3.1. Demographic characteristics

Participants were asked their age, gender, race/ethnicity, sexual orientation, income, and education.

2.3.2. Narcissism

We used 8 items from the narcissistic personality disorder scale of the Schedule for Nonadaptive and Adaptive Personality (SNAP) to assess narcissistic characteristics that parallel the diagnostic criteria for NPD (Clark, 1993). The SNAP is a factor analytically derived, self-report measure for the assessment of Axis II personality disorders (Clark, 1993). All SNAP scales have demonstrated internal consistencies and acceptable test–retest reliabilities. Sample items included "It takes someone really special to understand and appreciate me", and "I like to show off." The items were anchored on 5-point scales from 1 (strongly disagree) to 5 (strongly agree). Similar adaptations of SNAP scales have shown utility in previous research (Kalichman et al., 2001). The internal consistency of this measure was α = 0.63.

2.3.3. Substance use

Participants were asked questions concerning the frequency of use of alcohol, marijuana, ecstasy, cocaine, and methamphetamine in the previous 3 months. Participants also reported whether or not they had ever used a needle to inject illegal drugs. This measure is similar to measures employed in previous research (Benotsch et al., 2006).

2.3.4. Sexual behavior

Sexual behavior was measured by asking participants to report the number of times they had engaged in unprotected vaginal and anal intercourse in the past 3 months. Participants also recorded the number of sexual partners with whom they had engaged in each behavior. A separate question asked participants how many times they had unprotected vaginal or anal sex with a partner who was HIV-negative or whose HIV status was unknown. Participants were also asked how many times they had sex after having "too much" to drink and after using drugs in the previous 3 months. As with previous work, open response formats were used for the sexual behavior measures to reduce response bias and to minimize measurement error (Benotsch et al., 2006). Measures similar to these have been found to be reliable in self-reported sexual behavior assessments and to yield aggregate indices of HIV transmission risk that are comparable to those obtained by partner-by-partner sexual behavior assessments (Napper, Fisher, Reynolds, & Johnson, 2010; Pinkerton, Benotsch, & Mikytuck, 2007). Participants also indicated if they had ever had sex in exchange for money, drugs or a place to stay, and if they had ever provided money, drugs, or a place to stay to someone else in exchange for sex. Finally, participants indicated how regularly they used condoms with their most recent new sexual partner.

2.3.5. Intentions to use condoms

Participants were asked to indicate how likely they were to use condoms with their primary partner over the next 6 months. Participants also indicated how likely they were to use condoms with any new sexual partner over the next 6 months. Response choices ranged from 1 (Extremely sure I won't) to 5 (Extremely sure I will). Prior work has demonstrated that intentions to use condoms are one of the strongest predictors of future condom use (Sheeran & Orbell, 1998).

2.4. Data quality assurances and statistical analyses

All surveys were examined for inconsistencies and invalid responses. Missing data were omitted from analyses, resulting in slightly different ns for various statistical tests. Continuous narcissism scores were used in some analyses. To better highlight the relationship between narcissism and sexual risk behavior, in other analyses narcissism was dichotomized into high and low narcissism groups by using the median score to determine the groups. Two-tailed significance levels were used for all tests.

3. Results

Scores on the narcissism measure spanned the entire potential range (8–40) with a mean of 20.24 (SD = 5.52). Narcissism scores were not associated with age, education, or income and did not differ by race, gender, sexual orientation, or history of injection drug use. Narcissism scores were also unrelated to viral load and CD4 count.