International Journal of Personality Psychology
2023, Vol. 9, 88-94
https://doi/10.21827/ijpp.9.41103

Narcissistic personality syndrome in relation to emotional states: Preliminary findings in a Dutch psychiatric outpatient sample

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The aims of the current study was to investigate the relation between the narcissistic personality syndrome (NPS) and schema modes, which refer to the predominant emotional state, schemas, and coping responses that are active for an individual at a particular time. Participants consisted of 25 clients who filled out the Schema Mode Inventory and 25 clinicians who provided assessment of NPS using the Shedler-Westen Assessment Procedure. This study showed a significant correlation between NPS and a lack of frustration tolerance (i.e., undisciplined child mode). There were no significant relations with self-aggrandizement (i.e., self-aggrandizer mode), feeling intensely angry (i.e., angry child and enraged child modes), and trying to suppress painful emotions by compulsively and excessively committing to distracting and soothing activities, such as abusing drugs (i.e., detached self-soother mode). This preliminary study contributes to our understanding of pathological narcissism in Dutch outpatient clients. We point to the importance of a self-reported lack of frustration tolerance as a potentially valuable diagnostic characteristic of pathological narcissism. We additionally emphasize the importance of diagnostic approaches based on clinical judgement when it comes to pathological narcissism.

Keywords: personality assessment, narcissistic personality syndrome, schema modes, pathological narcissism

The diagnostic classification of narcissistic personality disorder (NPD) focuses on a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy. Even though attention to narcissistic personality pathology has increased since the appearance of the classification NPD in the Diagnostic and Statistical Manual of Mental Disorders (DSM), NPD is still one of the least studied personality disorders (PDs) (Tanzilli et al., 2017). However, prevalence rates are up to 6% in the general population and up to 15% in clinical samples (Andrea & Verheul, 2017), which is comparable to the prevalence of borderline PD. The majority of narcissism research is based on self-reports, which can raise concerns about validity of the NPD diagnoses (Miller et al., 2021). For example, as Shedler (2015) illustrated, a client with pathological narcissism would likely not report a lack of empathy but it is something that clinicians notice in their interaction with a client. Thus, it is important to include the clinician's subjective experience with the client's perspective in personality assessment (Shedler, 2015).

To provide a valid and clinically useful tool to assess personality pathology based on clinical judgement, Westen and Shedler developed the Shedler-Westen Assessment Procedure (SWAP-200; Westen & Shedler, 1999a; 1999b). The SWAP aims to strengthen the reliability of clinical judgement by combining it with actuarial methods. They identified several SWAP personality syndromes (PS), also referred to as prototypes, including the Narcissistic Personality Syndrome (NPS) (Westen & Shedler, 1999b). A personality syndrome refers to a detailed description of a disorder or syndrome in its pure form instead of a description of an individual person. The NPS is characterized by self-aggrandizement, grandiosity, entitlement, and a tendency to treat others as public to gain admiration (see also the Appendix). The use of NPS based on the SWAP-200 appears to have advantages over the categorical classification NPD. One advantage is that, because NPS is based on clinical judgment, pathological narcissism may probably be easier to identify. A second advantage is that NPS is expressed as a dimensional measure, i.e., a client's individual NPS score indicates the degree to which it matches the prototype (Shedler, 2009; Shedler & Westen, 2004), adhering to the fact that narcissism varies on a spectrum from normal to pathological. This is consistent with the recommendation of Ronningstam and Weinberg (2013) who argue that assessing narcissism requires an integrative dimensional understanding with diagnostically meaningful features, such as internal distress and painful experiences of self-esteem fluctuations, self-criticism, and emotional dysregulation. Studies have, for example, shown that internal emotional distress is associated with narcissistic personality functioning (Baskins-Sommers, Krusemark, & Ronningstam, 2014; Kacel, Ennis, & Pereira, 2017; Weiss & Miller, 2018). Similarly, Loeffler and colleagues (2020)

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reported that maladaptive emotion regulation strategies are associated with narcissism.

In schema therapy (ST), a common treatment approach for clients with a narcissistic personality disorder (Behary & Davis, 2015; Behary & Dieckman, 2013; Young, Klosko, & Weishaar, 2003), fluctuating emotional states or schema modes (SMs) are a core component. Modes are combinations of emotional states, schemas (i.e., organized patterns of thought), and coping responses that are triggered at a particular time. By definition, modes are transient states – they alter depending on the situation one is in, creating a temporary "way of being". Within therapy, the focus is on healthy and unhealthy schema modes. Healthy modes refer to feeling interested and self-reflective in an appropriate manner, and feeling happy and at peace. Unhealthy modes can take many shapes. For example, some modes refer to childhood emotions (e.g., feeling abandoned), whereas other modes refer to dysfunctional feelings, withdrawing from feelings, or acting out. In schema therapy, 14 schema modes are distinguished. They are divided across five organizational domains: (1) child modes, which refer to feeling, thinking and acting in a "childlike" manner; (2) avoidant coping modes involve attempts to protect oneself from pain by means of avoiding; (3) parent modes relate to self-directed criticism or demands that reflect internalized parent behavior and emotional stance; (4) overcompensatory modes refer to extreme attempts to overcompensate painful feelings; and (5) the healthy domain refers to expression of healthy, balanced self-reflection, and feelings of joy (Young et al., 2003).

ST theory assumes that individuals with pathological narcissism make prominent use of five of the 14 schema modes: the *self aggrandizer* mode, the *detached self-soother* mode, the *angry child* mode, the *enraged child* mode, and the *undisciplined child* mode. The *self aggrandizer* mode refers to a state of arrogance, competitiveness, and urges for status to compensate inner feelings of failure and emotional rejection. The *detached self-soother* mode refers to detachment from painful feelings or cope with a tough situation using a substance or behavior that is numbing or soothing. The *angry child* mode refers to angry feelings in response to unmet needs or unfair treatment. These feelings may culminate into uncontrolled anger and impulsive aggression in the *enraged child* mode. The *undisciplined child mode* refers to acting on impulse to get what you want.

Several studies examined the correlation between personality disorders and SMs (schema modes) to gain a better understanding of the more temporarily fluctuating features of PDs (personality disorders) (Bamelis et al., 2011; Jacobs et al,, 2019; Puri et al., 2021). With regard to NPD (narcissistic personality disorder), associations were found with the following SMs: *attention and approval seeker, undisciplined child, detached self-soother, self-aggrandizer and angry child* and *enraged child* (Bamelis et al., 2011; Jacobs et al., 2019).

The present study

The aim of this preliminary study was to identify which schema modes correlated with the narcissistic personality syndrome as measured by the SWAP-200 in a sample of individuals who received outpatient psychiatric care in a psychiatric facility in the Netherlands. Based on theoretical assumptions and previous studies concerning NPD, we hypothesized that NPS is characterized by *self-aggrandizer, detached self-soother, undisciplined child, angry child* and *enraged child* modes. According to the SWAP-200 manual (Shedler, 2009), in addition to entitlement and the desire to be the center of attention in order to gain admiration, NPS is primarily characterized by grandiosity and self-aggrandizement that serve as a defense function to ward off feelings of inferiority, fear, and loneliness. These feelings are experienced only when defense mechanisms fail.

METHOD

Setting and participants

This preliminary study was conducted at Vincent van Gogh, a general mental health facility in the Netherlands. Clients who voluntarily sought outpatient treatment and for whom a personality assessment was indicated by their primary psychologist were asked to participate in this study. They were assured that participating would not affect the course of their treatment. Clients with active psychotic episodes and substance dependency requiring inpatient detox were excluded from participating in this study since such mental states can interfere with diagnosing PDs. Other reasons for exclusion were insufficient command of the Dutch language and/or full scale IQ < 80. In addition, clients who received ST for longer than three months in the past three years were excluded because it may be assumed that changes in modes have occurred as a result of the treatment. Our sample thus consisted of 25 clients. They gave their informed consent after receiving both written and verbal information about the study, which is in line with the Declaration of Helsinki. The sample consisted of 100% Caucasian individuals of whom 68% identified with the female gender and 32% with the male gender. The mean age of the sample was 32 years (SD = 11.9; range 18-57).

Materials

Narcissistic Personality Syndrome

The Shedler-Westen Assessment Procedure, Dutch Language Version (SWAP-200-NL; Egger et al., 2012) was used to assess narcissistic personality syndrome. The SWAP-200 is completed by the clinician who rates and ranks a client on 200 items into 8 fixed response categories that range from non-descriptive to highly descriptive for the client. Examples of items are "Tends to see own unacceptable feelings or impulses in other people instead of in himself/herself", "Tends to express anger in passive and indirect ways", and "Tends to distort unacceptable wishes or feelings by transforming them into their opposite". A software program then generates descriptions of the personality syndromes, the trait dimensions, and the DSM PD classification characteristic of the client. In our study, we only used the narcissistic personality syndrome description.

In this study, we focused on the narcissistic personality syndrome (NPS). An individual NPS T-score indicates the degree of agreement with the NPS prototype (Shedler, 2009;

Table 1. Spearman rank correlations between narcissistic personality syndrome and schema modes, and other statistics.

	SWAP-200 NPS					
Schema modes	Internal consistency	Mean	SD	correlation	*p*-value	CI
Undisciplined child	.72	2.94	1.10	.418*	.037	.010 to .707
Angry child	.91	3.16	1.31	.147	.483	-.265 to .514
Enraged child	.95	2.07	1.21	.124	.553	-.286 to .496
Detached self-soother	.75	3.60	1.31	-.079	.709	-.460 to .327
Self-aggrandizer	.82	2.66	0.97	.117	.397	-.237 to .537

Note: The correlations were considered significant if the two tailed p value was < 0.05.

Shedler & Westen, 2004). The psychometric properties of the SWAP-200 have proven to be acceptable to good in mental health care (Blagov et al., 2012; Lie Sam et al., 2020). The interrater reliability of the SWAP-200 is above r = .80 in all studies to date (e.g., Shedler, 2015; Westen & Muderrisoglu, 2003, 2006), the test–retest reliability runs between r = .68 and r = .97 (Cogan & Porcerelli, 2012; Shedler, 2015). The diagnostic scales of the SWAP have shown predictive validity with a wide range of external criterion variables (Shedler, 2015). Given the fact that T-scores were used, internal consistency were not calculated in our sample (Westen and Shedler, 1999b).

Schema modes

Emotional states or schema modes were assessed with the Schema Mode Inventory (SMI; Young et al., 2007; Dutch translation: Lobbestael et al., 2010). The SMI consists of 118 items that are scored by the client on a frequency 6-point Likert scale (1 = never; 6 = always). The SMI measures the presence of 14 SMs. A higher score indicates a more prominent presence of a schema mode. Previous studies have shown good internal consistency of the subscales with Cronbach's alpha ranging from .76 to .96 (Lobbestael, 2012).

In our study, we only used mean scores of *self-aggrandizer, the undisciplined child, the detached self-soother, the angry* and *the enraged child.* Internal consistencies in our sample were adequate to good with Cronbach's alpha ranging from .72 to .95.

Procedure

The institutional review board of Vincent van Gogh, a mental health organization in The Netherlands, reviewed the study for legal, administrative, and ethical approval (reference: HR/2020-011). After clients gave their informed consent, the data were collected in a timeframe of eight weeks. On the 25 clients, information was gathered from the clients themselves (SMI) and from their clinicians (SWAP-200). On a secure digital platform (swapanalyse.nl), 25 clinicians completed a questionnaire for demographic information of the clients (gender, age, relationship status, education level, daily activities and country of birth) and scored the SWAP-200-NL. The cases received a research ID number, which ensured anonymity. The data were transported to a data file. All data were saved on a secure external hard drive that only the principle investigator (RD) could access.

Preceding participation, the clinicians followed a 3-hour training by the principle investigator (RD) in which the use and background of the SWAP-200-NL was explained as well as the use of the SWAP-200-NL scoring program. Clinicians were instructed to complete the SWAP200-NL after conducting a comprehensive clinical interview with their clients (which takes approximately two and a half hours) or through therapeutic engagement (a minimum of six treatment sessions). The first author, who is a clinical psychologist, provided support to the participating clinicians via email, phone, or personal contact in case of ambiguities or difficulties in completing the SWAP-200-NL.

Statistical analyses

The Statistical Package for the Social Sciences version 25 (SPSS 25) was used for data analyses. Given the small sample and non-normal distribution of our sample, we used Spearman rank correlations for testing our hypotheses.

RESULTS

The correlations between the between the SWAP-200 NPS (M = 40.42 SD = 6.33) and the five schema modes. See Table 1 for correlation values and further statistics.

We only found a significant positive correlation between NPS and the *undisciplined child*, r = .418, p = .037, 95% CI [.010 to .707], which - according to Cohen (1977) - can be considered a medium strong positive relationship.

DISCUSSION

To our knowledge, this is a first study to examine the relationship between schema modes and narcissistic personality syndrome as measured by the SWAP-200. Consistent with our hypothesis, the results showed a significant positive correlation between NPS and the *undisciplined child* mode – indicating that higher scores on the NPS are associated with higher scores on the *undisciplined child* mode. This finding is consistent with previous empirical confirmation of this correlation between undisciplined child mode and Narcissistic Personality Disorder (NPD) (Bamelis, 2011). *Undisciplined child* SM refers to clients' lack of frustration tolerance and their inability to force themselves to complete routine or boring tasks (Young et al., 2003) and it may reflect

the lack of adequate boundaries in childhood, which is believed to be one of the causes of NPD (Fernando, 1998).

Studies have reported this association between parental indulgence and permissiveness on the one hand and pathological narcissism on the other hand (Barry et al., 2007; Brummelman et al., 2016; Eberly-Lewis et al., 2018; Miller & Campbell, 2008; Segrin et al., 2013). However, other studies have shown associations between pathological narcissism and parental coldness and emotional control as well (Barry et al., 2007; Capron, 2004; Cramer, 2015; Horton et al., 2006; Miller & Campbell, 2008; Miller et al., 2010). One might infer that both too much or too little encouragement and stimulation to persevere, and too much or too little parental trust and guidance both play a role in the development of indiscipline as an adult (i.e., *undisciplined child*).

None of the other expected SMs correlated significantly with NPS. Given this general limitation of this study, the results should be considered preliminary. We will therefore only briefly discuss alternative explanations, starting with the unconfirmed correlation between NPS and *self-aggrandizer*. Indeed, grandiosity is the most studied cognitive mechanism in pathological narcissism and has been confirmed by several studies (Grijalva & Zhang, 2016). The association between NPD and *self-aggrandizer* SM has also been previously confirmed empirically (Bamelis et al., 2011; Lobbestael et al., 2008). Besides the small sample size, our results may also lack such a correlation because clients only occasionally experience grandiose emotional states that are short lived (Dimaggio et al., 2002; Ronningstam, 2009; Young et al., 2003). As a result, clients may not report these emotional states due to not recognizing or acknowledging them at the time of completing a questionnaire. Another possible explanation is that clients with NPS differ from clients with NPD in terms of recognizing, acknowledging and reporting *self-aggrandizer* states. After all, an NPS diagnosis is based on clinical judgment, whereas NPD is not.

Results also showed no correlation between *detached self-soother* SM and NPS. Aside from the small sample size, another possible explanation is that individuals with narcissism successfully block the awareness of vulnerable emotions rather than adopt self-soothing behaviours (Bamelis et al., 2011). In fact, recent network analysis on modes (Aalbers, 2021) showed a positive association between *lonely child* SM and *detached self-soother* SM in individuals without PDs, but not in individuals with PDs (Aalbers, 2021). They hypothesize that people without a PD are able to adopt self-soothing measures as adequate coping and people with a PD are not.

Regarding the failure to confirm associations between NPS and the *angry and enraged child* SMs, we would like to add that associations might have been found in a differently distributed sample (e.g., a sample of only individuals with narcissistic personality disorders) or in a different (e.g., forensic) setting. Moreover, it may be influential that the SMI asks to rate frequency, i.e., how often a person is generally convinced of the statement or how often they feel that way. Thus, the outcome measure indicates how often a person self-reports being angry, but does not indicate the extent to which a person experiences anger. Because emotional states are transient, they may not be reported as a result of this line of questioning, whereas they may be reported if asked to what extent they recognize, for example, an angry emotional state in themselves.

Limitations and future suggestions

While this study increases our understanding of the relationship between SM and NPS, the results of this study are preliminary and should be viewed in light of several limitations. First and foremost, our sample was small and homogeneous as all participants consisted of Dutch psychiatric Caucasian outpatients who were predominantly female. Second, our study did not examine the influence of comorbid (personality) disorders. Therefore, no inferences can be made on the potential impact on the relationship between SMs and NPS. Third, SM were assessed using a self-report instrument, therefore its outcomes may be biased because clients may have under- or over-reported their maladaptive emotional states due to social desirability or poor self-perception (McGee, 2016; Perinelli, & Gremigni, 2016). Finally, our study had a correlational design. No inferences can be made on causality of pathological narcissism. Future studies with larger and various samples (e.g., different gender composition and higher levels of externalizing characteristics); with more ethnic diversity; with diverse settings (outpatient vs. inpatient settings; forensic settings) and with different data sources (e.g., self-report, observer-report, physiological measures) and a longitudinal design are necessary to make definitive statements about the (predictive) value of SMs in relation to pathological narcissism.

Concluding remark

This study provides a first exploration of the relationship between NPS and SMs in a Dutch sample of psychiatric outpatients. This study shows an association between the frustration intolerance and the narcissistic personality syndrome. It is however unclear whether the observed correlation and absence of other correlations represent a complete picture. From a theoretical perspective, our study adds to our understanding of pathological narcissism. Future research should examine the clinical usefulness of diagnostic approaches other than those that use a DSM-5 classification and focus on a larger sample.

ACCOUNTS

Disclosure and funding

We have no known conflict of interest to disclose and received no financial support for the research, authorship and/or publication of this article.

Open science statement

Data is not available upon request as the data reflects privacy sensitive information of clients who received outpatients care from Vincent van Gogh.

Acknowledgments

The authors take responsibility for the integrity of the data, the accuracy of the data analyses, and have made every effort to avoid inflating statistically significant results. We

kindly thank all clients and clinicians for their time and effort spent on this study. We thank Kim Lie Sam Foek-Rambelje for critical discussion on the subject and helpful comments, and Annemiek Samsom for her help with data collection.

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Received May 30, 2023
Accepted October 26, 2023

Appendix

SWAP description of narcissistic personality syndrome (Derived from Shedler, 2009)

Patients who match this prototype have fantasies of unlimited success, power, beauty, talent, brilliance, etc. They appear to feel privileged and entitled, and expect preferential treatment. They have an exaggerated sense of self-importance, and believe they can only be appreciated by, or should only associate with, people who are high-status, superior, or otherwise "special."

They seek to be the center of attention, and seem to treat others primarily as an audience to witness their own importance, brilliance, beauty, etc.; tend to be arrogant, haughty, or dismissive; competitive (whether consciously or unconsciously); to feel envious; and to think others are envious of them; expect themselves to be "perfect" (e.g., in appearance, achievements, performance, etc.).

They are likely to fantasize about finding ideal, perfect love; tend to lack close friendships and relationships; to feel life has no meaning; to feel like they are not their true selves with others, so that they may feel false or fraudulent.

For most narcissistic patients, grandiosity and self-importance serve a defensive function, to ward off painful feelings of inadequacy, smallness, anxiety, and loneliness. They want to feel important and privileged, and when defenses are operating effectively, they do. When defenses fail, there is a powerful undercurrent of negative affect and feelings of inadequacy, often accompanied by rage.

They may alternately idealize and devalue others, including the therapist. When they idealize someone with whom they are connected, they feel special or important by virtue of association. When they devalue someone, they feel superior.

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