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When grandiosity and vulnerability collide: Implicit and explicit self-esteem in patients with narcissistic personality disorder

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ABSTRACT

Background and objectives: Narcissistic personality disorder (NPD) is characterized by reports of grandiosity including exaggerated illusions of superiority and entitlement (DSM-IV-TR, APA, 2000). Based on clinical theories (e.g., Kernberg, 1975), many researchers argue that high explicit self-esteem in narcissists masks underlying implicit vulnerability (low implicit self-esteem). Conversely, based on social learning theories (i.e., Millon, 1981), people with NPD are characterized by implicit grandiosity (high implicit self-esteem). We test these competing hypotheses in patients diagnosed with NPD.
Methods: The present study examined implicit self-esteem (using an Implicit Association Test) and explicit self-esteem (using a self-report questionnaire) in patients with NPD in comparison to non-clinical and clinical, non-NPD (Borderline Personality Disorder, BPD) control groups.
Results: Patients with NPD scored lower on explicit self-esteem than non-clinical controls. In comparison to patients with BPD, NPD patients scored higher on explicit and implicit self-esteem. Moreover, within the group of NPD patients, damaged self-esteem (i.e., low explicit, high implicit) was associated with higher narcissistic psychopathology.
Limitations: In both clinical groups we included participants seeking psychiatric treatment, which might influence explicit self-esteem. Longitudinal studies are needed to further assess self-esteem stability in NPD patients in comparison to the control groups.
Conclusions: Our findings are indicative of vulnerable facets in patients with NPD (i.e., low explicit self-esteem). Furthermore, damaged self-esteem is connected to specific psychopathology within the NPD group. Implications for research on NPD are discussed.

1. Introduction

According to the DSM-IV-TR (APA, 2000), narcissistic personality disorder (NPD) is characterized by a "pervasive pattern of grandiosity, need for admiration, and lack of empathy" (Saß, Wittchen, & Zaudig, 2003, p. 781). One question that inspires enduring debates is whether narcissistic grandiosity reflects exaggerated ego robustness or an attempt to mask underlying implicit vulnerability. In the present study, we addressed a gap in the literature by providing a clearer description of the grandiose self in patients with NPD. Furthermore, we investigated whether pathological narcissism is accompanied by deep-seated feelings of insecurity; if so, this would represent a vulnerable aspect of NPD.

Here, we use the term 'pathological narcissism' to refer to a diagnosis of NPD as defined in the DSM-IV-TR (APA, 2000), and the term 'normal narcissism' to refer to non-clinical levels of narcissistic tendencies (e.g., Miller & Campbell, 2008; Pincus & Lukowitsky, 2010; Zeigler-Hill, Green, Arnau, Sisemore, & Myers, 2011). Although no study has empirically assessed the difference between normal and pathological narcissism, most authors agree that they are associated but distinct dimensions of personality (e.g., Pincus et al., 2009). Before describing our study in detail, we provide information on implicit and explicit self-esteem.

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1.1. Implicit and explicit self-esteem

Several studies provide evidence that individuals may report grandiose feelings of self-worth but simultaneously have negative attitudes about themselves of which they are unaware (Bosson, Brown, Zeigler-Hill, & Swann, 2003; Jordan, Spencer, Zanna, Hoshino-Browne, & Correll, 2003). The deliberative evaluation of the self that is assessed with direct self-report measures is called explicit self-esteem (e.g., Kernis, 2003). The automatic, overlearned, presumably non-conscious evaluation of the self is called implicit self-esteem (Greenwald & Banaji, 1995; Pelham & Hetts, 1999) and is assessed with indirect measures that infer self-evaluations from reactions to self-relevant stimuli (Bosson, Swann, & Pennebaker, 2000). According to dual-process models, explicit and implicit self-esteem reflect two separate systems of information processing (Epstein, 1994; Strack & Deutsch, 2004; Wilson, Lindsey, & Schooler, 2000): Explicit self-esteem is part of the reflective system while implicit self-esteem is part of the impulsive system of information processing. This duality is also emphasized in recent studies which showed that explicit self-esteem predicts reflected and controlled responses, while implicit self-esteem predicts spontaneous and affective behavior (Conner & Barrett, 2005; Rudolph, Schröder-Abé, Riketta, & Schütz, 2010).

Implicit and explicit self-esteem are usually uncorrelated or only weakly correlated (Hofmann, Gawronski, Gschwendner, Le, & Schmitt, 2005; Krizan & Suls, 2008). Thus, individuals can show different combinations of explicit and implicit self-esteem levels. In particular, two types of self-esteem discrepancies occur: (a) fragile self-esteem (a combination of high explicit and low implicit self-esteem; Bosson et al., 2003), and (b) damaged self-esteem (a combination of low explicit and high implicit self-esteem; Schröder-Abé, Rudolph, & Schütz, 2007). Individuals with fragile self-esteem are assumed to possess high explicit self-esteem that masks low implicit self-esteem (see Bosson et al., 2003). Recent research provided evidence that this self-esteem combination is associated with defensive efforts to protect high explicit self-esteem after ego-threats (e.g., Jordan et al., 2003; McGregor & Marigold, 2003). The term damaged self-esteem was first described by Schröder-Abé et al. (2007). Some researchers assume that individuals with damaged self-esteem have high explicit self-esteem that decreases with time while their implicit self-esteem remains high, given that implicit self-esteem is relatively resistant to negative life events (see Schröder-Abé et al., 2007).

According to some authors, explicit and implicit self-esteem are established during different stages of the life span, which could account for some cases of discrepant self-esteem. For instance, Bowlby (1982) assumed that the foundation of judgments about the self develops during interactions with primary caregivers. According to Bowlby, if information from early interactions is threatening, it is selectively excluded and consequently exists primarily on an implicit level. During meaningful interactions with others throughout life, positive judgments might develop and coexist with former negative judgments about the self along an explicit–implicit continuum (also see Shaver & Mikulincer, 2003). Even though Bowlby did not use the term implicit and explicit self-esteem, he concluded that an individual may report a certain conscious attitude, while holding a contrasting attitude at a deeper, less conscious level of information processing. Similarly, Wilson et al. (2000) argue that people adopt explicit attitudes that coexist with their older (and sometimes contradictory) implicit attitudes. Moreover, Greenwald and Banaji (1995) argue that explicit attitudes reflect recent and accessible events, while implicit attitudes have their origins in past inaccessible experiences. Explicit self-esteem changes until adulthood and reaches core stability around the age of 30 (Robins & Trzesniewski, 2005), while implicit self-esteem is presumably established in early childhood during interactions with primary caregivers. A recent empirical finding supports this assumption. According to a study by DeHart, Pelham, and Tennen (2006), implicit self-esteem levels are related to people's early interactions with their parents (e.g., higher implicit self-esteem is demonstrated by individuals with more nurturing parents). Early experiences (e.g., overvaluation or devaluation in early childhood years) might therefore affect implicit self-esteem while divergent later experiences (e.g., critical life events) could impact explicit self-esteem, thus leading to implicit–explicit discrepancies. Nevertheless, implicit self-esteem might be also malleable. Recent studies provide preliminary evidence that implicit measures show short-term fluctuations in reaction to social cues (Weisbuch, Sinclair, Skorinko, & Eccleston, 2009) or academic feedback (Park, Crocker, & Kiefer, 2007). Thus, it is not clear whether implicit attitudes change over the long term.

Recent findings link specific psychiatric disorders with certain patterns of explicit and implicit self-esteem. For example, people with body dysmorphic disorder exhibit low implicit self-esteem in comparison to non-clinical controls (Buhlmann, Teachman, Gerbershagen, Kikul, & Rief, 2008). Moreover, several studies also examined the relation between depression and implicit self-esteem. While all studies point to lower explicit self-esteem among depressed persons compared to non-clinical and clinical control groups (e.g., Valiente et al., 2011), the findings for implicit self-esteem are inconsistent. One recent study provided evidence that remitted depressed patients with three or more episodes had lower implicit self-esteem than remitted depressed patients with less than three episodes (Risch et al., 2010). In contrast, other studies suggest that high implicit self-esteem is prevalent in depressed individuals in comparison to healthy controls (De Raedt, Schacht, Franck, & De Houwer, 2006; Franck, De Raedt, & De Houwer, 2007; Gemar, Segal, Sagrati, & Kennedy, 2001; Valiente et al., 2011) and in depressed patients with suicidal ideation (Franck, De Raedt, Dereu, & Van den Abbeele, 2007).

These findings with psychiatric patients highlight the fact that high implicit self-esteem is not necessarily advantageous (Schröder-Abé et al., 2007). In particular, the combination of explicit and implicit self-esteem seems to correlate with psychological dysfunction. For instance, within a group of BPD patients those with larger discrepancies between implicit and low explicit self-esteem exhibited more symptoms (e.g., autoaggression; Vater, Schröder-Abé, Schütz, Lammers, & Roepke, 2010). Furthermore, damaged self-esteem is associated with lower psychological well-being and emotion regulation difficulties among non-clinical individuals (Schröder-Abé et al., 2007).

1.2. Self-esteem and narcissism

Several authors have proposed that specific parenting styles lead to narcissistic features that compensate for unmet narcissistic needs. Kernberg (1975) provided a theoretical approach to understanding grandiosity in narcissists which has been labeled the 'mask model' (Campbell, Bosson, Goheen, Lakey, & Kernis, 2007; Gregg & Sedikides, 2010). According to Kernberg, individuals possess multiple self-representations which become integrated during empathic interactions with significant others during childhood. In Kernberg's view, pathological narcissism arises from invalidating and inconsistent interactions with primary nurturing figures. Specifically, inadequate parenting leads to deep-seated feelings of inferiority which are accompanied by attempts to maintain positive explicit self-concepts despite a general lack of (implicit) confidence. Consequently, narcissists possess colliding self-representations. Furthermore, narcissistic grandiosity develops as a defense against