Interpersonal and Individual Factors in the Grandiose Fantasies and Threats to Self-esteem of A Non-clinical Sample

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Abstract: This study aimed to investigate whether interpersonal factors play a prominent role in the construction of narcissistic fantasies, by comparing memories of threat to self-esteem, grandiose fantasies and imaginary relaxing scenes.

A non-clinical group of university students produced written descriptions of each of these three types of scene. The qualitative features of the texts were analyzed and the contents were classified along three different dimensions: biological, psychological and interpersonal.

Memories of threat to self-esteem and grandiose fantasies were found to be mainly interpersonal in content, while the relaxing scenarios were characterized by both relational and biological elements.

INTRODUCTION

According to DSM-IV [1], the distinguishing features of patients suffering from Narcissistic Personality Disorder (NPD) are grandiose fantasies of power, success and superiority, a feeling of entitlement, a lack of empathy towards others, and a tendency to exploit others [2-7]. However, Horowitz [8] and Dimaggio, *et al.* [9] noted that behind their grandiose states, narcissists conceal a deep sense of shame and a tendency to feel criticized and humiliated. Horney [10] provides a detailed clinical description of how the grandiose self-image of these individuals covers up for undermined self-esteem. Kernberg [3] stresses that narcissists alternate conscious sensations of insecurity and inferiority with fantasies about omnipotence and a feeling of grandiosity. Thus, individuals with NPD feel themselves to be excluded, despised, and ostracized [3-5, 7, 11-16].

Research findings support the idea that narcissists enact a series of maneuvers to defend themselves from the unacceptable feeling of low self-worth underlying their inflated self-image [17]. Grandiose fantasies are among these maneuvers. There is wide consensus that the grandiose "armour" is a defense against their feelings of inferiority, inadequacy, incapability, and embarrassment. In turn, these feelings are the fruit of a strong sensitivity to criticism [3, 4, 18].

Individuals with NPD invariably interpret criticism as an all-out attack on their self-esteem, perceiving it as a threat of exclusion from society. They typically react to their fear of feeling excluded by entering grandiose states and conceiving fantasies of power, success, and triumph. Thus, narcissistically inflated self-esteem seems to be of a defensive nature and its role is to mask an unconscious and unacceptable feeling of low self-worth [17]. When individuals with highly narcissistic traits perceive their feeling of personal importance to be under threat, they compensate by viewing themselves in an unrealistically positive light [2, 19], preferring to be admired rather than nurtured by others [20]. Again, according to Tracy and Robins [21], in order to maintain an inflated sense of self-esteem, they may adopt a highly defensive self-regulatory style, denying negative experiences and overemphasizing positive ones.

However, grandiose fantasies are an inappropriate defense mechanism: they actually reinforce the tendency of narcissists to think in terms of worth, rank, and self-evaluation and lead them to engage in continuous monitoring of their own self-worth. Thus, the interpersonal style of individuals with NPD is characterized by the need for admiration and the tendency to keep others at a distance [3, 4, 11, 18, 22-24].

In a recent theoretical and empirical review, Bosson, *et al.* [25] discussed the hypothesis of fragile self-esteem in narcissistic personality. They found that, while some studies had confirmed that narcissism reflects high explicit self-esteem masking low implicit self-esteem, other studies had failed to replicate this model. Some studies reported an inverse association between narcissism and self-esteem [26, 27], while others reported a positive association [28, 29].

Bosson *et al.* [25] cite some alternative hypotheses that might shed light on these inconsistent findings: a) the possibility that there are two subtypes of narcissism, grandiose and vulnerable; b) the possibility that narcissists might show solid, high self-esteem in the performative field (e.g., study,

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work, etc.) and fragile self-esteem in the affective-relational domain [30]. Another possible explanation is that narcissists may display self-esteem that is both high and fragile, meaning that their self-esteem is good but easily threatened, fluctuating, requiring constant validation, and maintained through self-deception [31]. Thus, it is possible that narcissism correlates with very high but unstable self-esteem [31, 32]. In turn, this instability is related to high emotional reactivity to challenging events that have negative implications for the self [16, 33, 34].

To summarize, empirical research does not provide conclusive confirmation of the hypothesis of masked low self-esteem in narcissism and hinders a definitive generalization of this model. However, some data confirm that individuals affected by narcissism display at least a fragile component to their self-esteem, suggesting that the hypothesis may be applied to a subgroup of narcissists. We conjecture that this subgroup might largely include the population of narcissistic individuals that seek psychotherapy treatment.

Apart from the different alternative interpretations described above, there seems to be wide consensus about the important role played by interpersonal and social domains in the dynamics of narcissistic self-esteem. Little is known about the qualitative features of grandiose fantasies and crises of self-esteem in individuals with NPD. Following those theories that emphasize the importance of social relationships in determining the origin, development and maintenance of Self and personal identity, whether typical or atypical [35-46], the aim of this study was to investigate whether the interpersonal dimension played a more prominent role than other dimensions – namely the biological-bodily dimension and the psychological-intrapsychic dimension – in the construction of memories of threat to self-esteem, grandiose fantasies and imaginary relaxing scenes.

These three dimensions are drawn from Engel's biopsychosocial model [47, 48], a general theory of human functioning which can be used to describe and understand patients' subjective experiences of illness [49]. This model identifies biological, psychological, and social dimensions as the categories used to classify and explore both external reality and internal states [47, 49-51].

We used this three-dimensional model to carry out a qualitative analysis of the subjective experience of: (a) narcissistic grandiose fantasies; (b) memories of threats to self esteem; (c) relaxing scenarios. All three types of scene were induced in a non-clinical group of individuals during the experiment outlined in the Method section below.

Our hypotheses were that:

1. The interpersonal dimension would be prominent in all three kinds of scene because we assumed that the interpersonal dimension is central to activate the narcissistic attitude. In fact, individuals with NPD would be prone to interpret in interpersonal relationships as an all-out attack on their self-esteem, perceiving it as a threat of exclusion from society. Consequently, they react to their fear of feeling excluded by interpersonal relationships by entering grandiose states and conceiving fantasies of power, success, and triumph. When individuals with highly narcissistic traits perceive their feeling of personal impor-

tance to be under threat, they compensate by viewing themselves in an unrealistically positive light [19, 20], preferring to be admired rather than nurtured by others [3, 4, 11, 18, 20-24];

2. Grandiose fantasies and memories of threats to self-esteem would bear a close structural relationship to one another and be structurally different to the relaxing scenarios. This hypothesis is based on the theory of Horowitz [8] and Dimaggio, Semerari, Falcone, Nicolò, Carcione, & Procacci [9] that in individuals with NPD grandiose states are a pathological coping strategy aimed at managing a deep sense of low self-esteem, insecurity and inferiority [2-5, 7, 10-16]. According to our hypothesis, in narcissistic individuals grandiose fantasies and low self-esteem worries are interwoven with each other and may even reinforce each other. Therefore, narcissistic grandiose fantasies would be failed attempt to suppress thoughts of exclusion and low self-esteem that paradoxically winds up reinforcing these negative feelings. On the other hand, a relaxing scenario totally lacking any reference to worth, rank, or self-evaluation might distract the person from feelings of low self-esteem [52].

METHOD

Participants and Procedure

94 university students (85 female and 9 male; mean age: 22.73; standard deviation: 4.20; range from 20 to 25) were instructed by a researcher to produce consecutively: a) a personal memory of the worst threat to self-esteem ever experienced, b) a grandiose fantasy capable of counterbalancing the threat to self-esteem and c) an imaginary relaxing scenario. The participants were required to provide a detailed written description of the contents of each of the imagined scenes.

Individuals who had been previously diagnosed with psychiatric disorders were excluded from the data analysis[1].

Written informed consent was obtained from the study participants.

Data Analysis

Four independent judges (age range: from 30 to 35 years; gender distribution: 1 male and 3 females; theoretical approach: two systemic-constructivist therapists, one cognitive psychotherapist; and one psychodynamic therapist) used five-point Likert scales to rate the biological, psychological and interpersonal content of each text, following Engel's biopsychosocial model as cited above [47, 48].

The three dimensions used to categorize the scenes were not mutually exclusive, but could coexist with varying degrees of intensity[2].

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[1] 25 participants did not submit their protocols, while 11 others spontaneously informed the researchers of having received prior psychiatric diagnoses and their protocols were consequently disregarded.

[2] Thus the rating scales were used to establish the degree to which each of the 3 main dimensions (biological, psychological and social-relational) featured within each of the described scenes.

A scenario was judged to contain "biological" elements when the written report contained references to bodily appearance, sensations or states (for example: "my body looks fat", "I am blushing"). The psychological dimension involved descriptions of psychic, mental, emotional, cognitive states and references to personality traits (e.g. "I am shy", "I feel stupid"). The interpersonal dimension regarded significant interactions with other people, where "significant" was defined as having impact on the self-image of the participant within the scenario (e.g.: "my mother's criticism made me feeling worthless", "all the people around me compliment me on my beauty").

The joint-probability of agreement showed high concordance among three of the raters (= .80). Since the evaluations of the fourth rater (female; 32 years old) were markedly different from those of the other three raters, they were excluded from the data analysis. It should be noted that the evaluations of this fourth rater were highly interpretative and influenced by her psychodynamic theoretical background, as acknowledged by the rater herself.

In order to understand specific differences between the scores for each dimension (hypothesis 1) we implemented a Kruskal–Wallis one-way analysis of variance by ranks which compared the three dimensions for each of the three types of scene.

To explore possible structural analogies between the different types of scene (hypothesis 2), Spearman correlation tests were also carried out between the dimensions and the scenes, compared two at a time. In this way it was possible to compare the presence and the co-variation of the three dimensions across the three types of scene.

RESULTS

Kruskal–Wallis one-way analysis of variance by ranks revealed significant differences between dimensions in each scenario: memories of threat to self-esteem (χ^2 (2) = 37.029, p < .001), grandiose fantasies (χ^2 (2) = 44.299, p < .001) and relaxing imagery (χ^2 (2) = 97.843+, p < .001). Post-hoc analyses showed that in memories of threat to self-esteem and in grandiose fantasies all the three dimensions had significantly different average scores between each other with the interpersonal showing the highest score, the biological showing the lowest and the psychological an intermediate score; while in relaxing imagery the biological and the interpersonal dimension were significantly higher than the psychological dimension but did not significantly differ with each other. Table **1** reports descriptive results and post-hoc results.

Table **2** reports Spearman correlation and shows that there was a significant correlation between memories of threat to self-esteem and grandiose fantasies in the biological dimension. However, this significant correlation has not a relevant meaning since the scores were basically the lowest point on the scale.

Furthermore, the raters judged that the narratives of threat to self-esteem and grandiose fantasies were connected to each other in 34 cases out of 94 (36.2%), while only in 1 case (1.1%) was there a connection between the grandiose fantasy and the relaxing scene. Specifically, one third of the participants when imagining the grandiose scenario, re-evoked their threat to self-esteem memory, now transformed into a positive scenario (e.g. passing an exam brilliantly as opposed to failing it miserably).

DISCUSSION

Regarding hypothesis 1, the results indicate that the qualitative features of both grandiose fantasies and memories of threat to self-esteem are frequently classified as interpersonal. This finding seems to confirm the first hypothesis of this work and suggests that the undermined self-esteem of narcissism may be due to a self-constructed lack of social recognition. Thus, the narcissistic themes of high worth, fear

Table 1.   Descriptive Results and Post-Hoc Differences

	Biological	**Psychological**	**Interpersonal**
Memories of threat to self-esteem	.20 (.77) [a]	1.41 (1.69) [b]	3.59 (1.14) [c]
Grandiose fantasies	.17 (.73) [a]	.88 (1.54) [b]	2.98 (1.71) [c]
Relaxing imagery	.91 (1.37) [a]	.09 (.48) [b]	1.00 (1.63) [a]

Means with different superscripts across rows differ significantly at p < .05.

Table 2.   Correlation Between Memories of Threat to Self-Esteem and Grandiose Fantasies in each Dimension

		Memories of Threat to Self-Esteem		
		Biological	**Psychological**	**Interpersonal**
Grandiose fantasies	Biological	.66*	-.10	-.04
	Psychological	.03	.06	-.05
	Interpersonal	.11	.03	.15

*p < .05

of criticism and undermined self-esteem are mainly related to the social world of human relationships. In fact, social rank and comparison with others contribute significantly to the construction of self, relationships and the world in terms of worth, value and esteem [53-57].

The parallel between memories of threat to self-esteem and grandiose fantasies may imply that there is a link between these two categories of mental content, as previously suggested by Horowitz [8] and by Dimaggio *et al.* [9]. This link is further confirmed by the significant correlation between the memories of threat to self-esteem and grandiose fantasies on the biological dimension. It would also appear to be confirmed by the judgment of the raters, who identified narrative continuity between accounts of threat to self-esteem and grandiose fantasies in more than one third of cases. However, these results may not be considered conclusive. In particular, there is no direct confirmation that grandiosity serves to compensate for and camouflage low self-esteem.

Nonetheless, analyses of the relaxing scenarios may be interpreted as providing additional indirect confirmation of the model. In fact, relaxation is not associated whatsoever with social rank or competition, but rather with the experiencing of pleasurable bodily sensations.

In conclusion, relational dimensions are significantly present in all three types of induced scene. However, in the relaxing scenarios, the biological dimension also featured strongly.

Regarding hypothesis 2, analyses provided no significant result in support of the theory of the association between grandiosity and lowered self-esteem by Horowitz [9], and Dimaggio *et al.* [9].

Finally, some critical limitations of these findings must be pointed out. Firstly, the research was carried out using a non-clinical sample. This limits the possibility to generalize the results to patients with NPD. Secondly, the study was exploratory in design and cannot provide an exhaustive explanation of the factors underlying the tendency to use grandiose fantasies to compensate for memories of threat to self-esteem. Finally, another possible limitation of this study is the use of an *ad hoc* tool for classification and analysis of the scenes. Nonetheless, the fact that classification scores were corroborated by independent judges should serve to at least partially guarantee the validity of the tool.

REFERENCES

[1] American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed. Washington DC: Author 2000.

[2] John OP, Robins RW. Accuracy and bias in self-perception: individual differences in self-enhancement and the role of narcissism. J Per Soc Psycho 1994; 66: 206-19.

[3] Kernberg OF. Borderline conditions and pathological narcissism. New York: American Psychiatric Press 1975.

[4] Kohut H. The analysis of the self. New York: International University Press 1971.

[5] Kohut H. The restoration of the self. New York: International University Press 1977.

[6] Millon T, Davis RD. Disorders of personality: DSM-IV and Beyond. 2nd ed. New York: Wiley 1996.

[7] Ryle A, Kerr I. Introducing cognitive analytic therapy. Principle and practice. Chichester: Wiley 2002.

[8] Horowitz MJ. Clinical phenomenology of narcissistic pathology. Psychi Clin N Am 1989; 12: 531-9.

[9] Dimaggio G, Semerari A, Falcone M, *et al*. Metacognition, states of mind, cognitive biases and interpersonal cycles. Proposal for an integrated model of Narcissism. J Psycho Int 2002; 4: 421-51.

[10] Horney K. New ways in psychoanalysis. New York: Norton 1939.

[11] Dimaggio G, Fiore D, Lysaker PH, *et al*. Early narcissistic transference patterns: an exploratory single case study from the perspective of dialogical self theory. Psycho Psychother 2006; 79: 495-516.

[12] Modell AH. Psychoanalysis in a new context. New York: International University Press 1984.

[13] Twenge JM, Campbell WK. Isn't it fun to get the respect that we're going to deserve? Narcissism, social rejection, and aggression. Perso Soc Psycho Bull 2003; 29: 261-72.

[14] Bateman AW. Thick- and thin-skinned organisations and enactment in borderline and narcissistic disorders. Int J Psychoanal 1998; 79: 13-22.

[15] Bursten B. The relationship between narcissistic and antisocial personalities. In: Kernberg OF, Ed. Narcissistic personality disorder: Psychi. Clinics of North America. Philadelphia: Saunders 1989; pp. 571-84.

[16] Westen D. The relations among narcissism, egocentrism, self-concept and self-esteem: Experimental, clinical and theoretical considerations. Psycho Cont Thou 1990; 13: 183-239.

[17] Campbell WK, Sedikides C. Self-threat magnifies the selfserving bias: a metaanalytic integration. Rev Gen Psychol 1999; 3: 23-43.

[18] Akhtar S, Thomson JA. Overview: Narcissistic personality disorder. Am J Psychiatry 1982; 139: 12-20.

[19] Gabriel MT, Critelli JW, Ee JS. Narcissistic illusions in self-evaluations of intelligence and attractiveness. J Pers 1994; 62: 143-55.

[20] Campbell WK. Narcissism and romantic attraction. J Pers Soc Psychol 1999; 77: 1254-70.

[21] Tracy JL, Robins RW. Death of a (narcissistic) salesman: An integrative model of fragile self-esteem. Psychol Inq 2003; 14: 57-62.

[22] Cooper A. Further developments in the clinical diagnosis of narcissistic personality disorder. In: Ronningstam EF, Ed. Disorders of narcissism: Diagnostic, clinical, and empirical implications. American Psychiatric Press: New York 1998; pp. 53-74.

[23] Robins RW, Paulhus DP. The character of self-enhancers: Implications for organizations. In: Hogan RT, Roberts BW, Eds. Per Psycho in the Workplace. American Psychological Association: Washington, DC 2001; pp. 193-219.

[24] Gabbard G. Transference and countertransference in the treatment of narcissistic patients. In: Ronningstam EF, Ed. Disorders of narcissism: Diagnostic, clinical, and empirical implications. American Psychiatric Press: New York 1998; pp. 125-45.

[25] Bosson JK, Lakey CE, Campbell WK, Zeigler-Hill V, Jordan CH, Kernis MH. Untangling the links between narcissism and self esteem: a theoretical and empirical review. Soc Pers Psycho Com [serial on the Internet]. 2008 May [cited 2008 May, 2]. 2. Available from: http://www.blackwell-synergy.com/doi/abs/10.1111/j.1751-9004.2008.00089.x

[26] Rose P. The happy and unhappy faces of narcissism. Pers Individ Differ 2002; 33: 379-91.

[27] Soyer RB, Rovenpor JL, Kopelman RE, *et al*. Further assessment of the construct validity of four measures f the narcissism: replication and extension. J Psychol 2001; 135: 245-58.

[28] Raskin R, Terry H. A principal-components analysis of the narcissistic personality inventory and further evidence of its construct validity. J Pers Soc Psychol 1988; 54: 890-902.

[29] Raskin R, Novacek J, Hogan R. Narcissistic self-esteem management. J Pers Soc Psychol 1991; 60: 911-18.

[30] Crocker J, Luhtanen RK, Cooper ML, Bouvrette A. Contingencies of self-worth in college students: theory and measurement. J Pers Soc Psychol 2003; 85: 894-908.

[31] Kernis MH. Toward a conceptualization of optimal self-esteem. Psychol Inq 2003; 14: 1-26.

[32] Kernis MH, Cornell DP, Sun CR, *et al*. There's more to self-esteem than whether it is high or low: The importance of stability of self-esteem. J Pers Soc Psychol 1993; 65: 1190-204.

[33] Rhodewalt F, Madrian JC, Cheney S. Narcissism, self-knowledge organization, and emotional reactivity: the effect of daily experiences on self-esteem and affect. J Pers Soc Psychol Bull 1998; 24: 75-87.

[34]   Zeigler-Hill V. Discrepancies between implicit and explicit self-esteem: implications for narcissism and self-esteem instability. J Pers 2006; 74: 119-44.

[35]   Bateson G. Steps to an ecology of mind. London: Chandler Publishing Company 1972.

[36]   Bowlby J. Attachment and loss. London: Hogarth Press 1969; Vol. 1.

[37]   Bowlby J. Attachment and loss. Separation: Anxiety and Anger. London: Hogarth Press 1973; Vol. 2.

[38]   Bowlby J. Attachment and loss. Loss: sadness and depression. London: Hogarth Press 1980; Vol. 3.

[39]   Guidano VF. The complexity of the self. New York: Guilford 1987.

[40]   Guidano, VF. The self in process. Toward a post-rationalist cognitive therapy. Guilford Press, New York 1991.

[41]   Kelly GA. The psychology of personal constructs. Norton: New York 1955; Vol. 1-2.

[42]   Mascolo MF, Mancuso JC. The functioning of epigenetically-evolved emotion systems: a constructive analysis. Int J Pers Construct Theory 1990; 3: 205-22.

[43]   Mascolo MF, Mancuso JC. Constructive processes in self-evaluative emotional development. In: Neimeyer G, Neimeyer R, Eds. Advances in personal construct psychology. JAI Press, Greenwich, CT 1992; Vol. 2: pp. 27-54.

[44]   Schaffer HR. The origins of human social relations. Academic Press: New York 1971.

[45]   Schaffer HR. The child's entry into a social world. Academic Press: London 1984.

[46]   Ugazio V, Castiglioni M. Socialization models and the construction of self. J Construct Psychol 1998; 11: 3-29.

[47]   Engel GL. The need for a new medical model: a challenge for biomedicine. Science 1977; 196: 129-36.

[48]   Engel GL. The clinical application of the biopsychosocial model. Am J Psychiatry 1980; 137: 535-44.

[49]   Epstein K, Borrell-Carrio R. The biopsychosocial model: exploring six impossible things. Fam Syst Health 2005; 23: 426-31.

[50]   Gabbard G. A neurobiologically informed perspective on psycho-therapy. Br J Psychiatry 2000; 177: 117-22.

[51]   Gabbard G. Mind, Brain and Personality Disorders. Am J Psychol 2005; 162: 648-55.

[52]   Ruggiero GM, Veronese G, Castiglioni M, Sassaroli S. Grandiose fantasies and low self-esteem: an experimental study 2011, (manuscript in preparation).

[53]   Cole P, Tan P. Emotion socialization from a cultural perspective. In: Grusec JE, Hastings PD. Handbook of socialization: Theory and research. New York: Guilford Press 2007; pp. 516-42.

[54]   Cowan P, Cowan CP. Developmental psychopathology from family systems and family risk factors perspectives: Implications for family research, practice, and policy. In: Cicchetti D, Cohen DJ. Developmental psychopathology, Vol 1: Theory and method, 2nd ed. Hoboken: John Wiley & Sons Inc 2006; pp. 530-87.

[55]   Hermans HJM, Dimaggio G. Self, identity, and globalization in times of uncertainty: a dialogical analysis. Rev Gen Psychol 2007; 11: 31-61.

[56]   Madigan S. Watching the other watch: a social location of problems. In: Brown C, Augusta-Scott T, Eds. Narrative therapy: making meaning, making lives. Sage Publications: Thousand Oaks 2007; pp.133-50.

[57]   Gilbert P. Depression: the evolution of powerlessness. Hove: Lawrence Erlbaum Associates Ltd. and New York: Guilford 1992.