

NARCISSISM FROM THE PERSPECTIVE OF THE FIVE-FACTOR MODEL

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Narcissistic personality disorder (NAR) is defined in the third, revised edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)*; American Psychiatric Association, 1987) as “a pervasive pattern of grandiosity (in fantasy and behavior), lack of empathy, and hypersensitivity to the evaluation of others, beginning by early adulthood and present in a variety of contexts” (p. 351) and is diagnosed on the basis of the presence of at least five of nine criteria indicating these traits. Such attributes may also be conceptualized as extreme, dysfunctional variants of certain personality traits described by the five-factor model (FFM) of normal personality, such as conceit, toughmindedness, and self-consciousness. This chapter outlines the principles just described and uses a case study to illustrate the utility of the FFM in describing and conceptualizing narcissism.

The primary dimension of normal personality (as defined by the FFM) that relates to narcissism is antagonism (the polar opposite of agreeableness). Widiger, Trull, Clarkin, Sanderson, and Costa (see Table 1 in chapter 3 of this book) suggest that NAR criteria primarily involve extremely low variants of the Agreeableness facets of Modesty (indicating arrogance and conceit), Altruism (indicating self-centeredness, selfishness, and exploitation), and Tendermindedness (indicating lack of empathy), with the clinical literature also suggesting low Straightforwardness (e.g., manipulativeness). Furthermore, these investigators determined that the criteria also suggest high variants of Openness to Fantasy (e.g., “fantasies of unlimited success, power, brilliance, beauty, or ideal love”; American Psychiatric Association,

1987, p. 351) and the Neuroticism facets of Self-Consciousness (hypersensitivity to evaluations) and Hostility (rage).

However, such predictions of the narcissistic patient’s presentation on an inventory of normal personality may not be as straightforward as direct extrapolations from the *DSM-III-R* criteria suggest. A complication that is likely to arise in the evaluation of narcissistic patients is suggested by the criterion “reacts to criticism with feelings of rage, shame, or humiliation (*even if not expressed*)” (American Psychiatric Association, 1987, p. 351; italics added). The ambiguity of the narcissistic patient’s response to criticism is even more explicit in the third edition of *DSM (DSM-III)*, in which it was stated that these individuals may display a “cool indifference” to criticism, rejection, or defeat by others (American Psychiatric Association, 1980, p. 317). In fact, it has been proposed to delete this item in the fourth edition of the *DSM (DSM-IV)* (American Psychiatric Association, in press), in part because of the ambiguity and complexity of its assessment (Gunderson, Ronningstam, & Smith, 1991). Narcissistic patients are very vulnerable and self-conscious, but they at times express this through a complete denial of any faults or insecurities (Kernberg, 1984). Thus, narcissistic patients may deny the existence of their own vulnerability, self-consciousness, and hostility. On the sole basis of the *DSM-III-R* criteria for NAR, it may be predicted that narcissistic patients will score high on the Neuroticism facets of Self-Consciousness and/or Vulnerability. However, narcissistic patients may deny feelings of shame and inferiority and thereby

produce average or even low scores on these facet scales.

Costa and McCrae (1990) supported this supposition, finding significant negative correlations between the Minnesota Multiphasic Personality Inventory (MMPI) and the Millon Clinical Multiaxial Inventory (MCMI) scales for NAR and the NEO Personality Inventory (NEO-PI; Costa & McCrae, 1985) Neuroticism scale. Similarly, in a combined factor analysis of the five factors and several personality disorder scales, Wiggins and Pincus (1989) found that both the MMPI and the Personality Adjective Check List (PACL) Narcissistic scales loaded negatively on Neuroticism. Trull (1992) likewise found a significant negative relation between the MMPI Narcissistic scale and NEO-PI Neuroticism in a clinical population of personality-disordered individuals, further supporting the contention that narcissistic patients tend to present themselves as psychologically healthy rather than as vulnerable to emotional weakness.

An additional complication of this issue involves the narcissistic patient's reasons for seeking treatment. Although theoretically one would predict a lack (or at least a denial) of depression and anxiety in patients with NAR, clinical experience suggests that they seek treatment in response to overwhelming discomfort brought about by the failure of their typical modes of defense against precisely these feelings of depression and/or anxiety. In such cases, it is likely that elevations will then occur on these facets of Neuroticism, at least in the early stages of treatment. In other words, a poorly defended narcissist may produce elevations on Neuroticism (an accurate portrayal of his or her vulnerability), whereas a rigidly defended narcissist may produce extremely low scores (reflecting a defensive denial of vulnerability).

The following case illustration further clarifies both the expected relation between NAR and the FFM and the additional issues that may ensue from both the patient's denial of traits evident to others and his or her temporary state-related symptoms.

CASE ILLUSTRATION: PATRICIA

Presenting Complaint

Patricia was a 41-year-old married woman who presented at an outpatient mental health clinic com-

plaining of interpersonal difficulties at work and recurring bouts of depression. She described a series of jobs in which she had experienced considerable friction with co-workers, stating that people generally did not treat her with the respect she deserved. She attributed her depression to the recent suspicion that perhaps people did not like her because of her behavior; she indicated that she wished to explore this possibility further in therapy so as to discover how to act with others so that they would not continue to be hostile toward her. The immediate reason for her entrance into treatment was her recent failure to succeed in a supervisory position at the bank at which she was employed—a failure that she said was very damaging to her self-esteem.

History and Clinical Description

Patricia was an only child. She described her parents as reserved to the point of coldness, stating that both were busy with their jobs and disapproved of displays of affection. Patricia said that she always felt that she was not appreciated for herself but only for what she accomplished. As an adult, Patricia had few friendships and had had only three romantic relationships, including her marriage at the age of 35. At the time she entered treatment, she reported having little time for friendships because of her long hours at work. She described her marriage as unsatisfying, stating for example that her husband was very childish (e.g., referring to his sentimentality on anniversaries as “adolescent”).

Patricia reported a long history of banking jobs in which she had experienced interpersonal discord. Shortly before her entrance into treatment, Patricia was demoted from a supervisory capacity at her current job because of her inability to effectively interact with those she was supposed to supervise. She described herself as always feeling out of place with her co-workers and indicated that most of them failed to adequately appreciate her skill or the amount of time she put in at work. She reported that she was beginning to think that perhaps she had something to do with their apparent dislike of her. However, even during the initial treatment sessions, her descriptions of her past and current job situations quickly and inevitably reverted to defensive statements concerning others' mistreatment and lack

of appreciation of her. Despite her stated goal of changing her own behavior so as to be better liked, it quickly became clear that her actual wish was to cause her co-workers and supervisors to realize her superiority and to treat her accordingly. Patricia stated several times, for example, that the tellers at the bank were jealous of her status and abilities as a loan officer and that this made them dislike her.

Five-Factor Description

Figure 1 provides Patricia's description of herself in terms of the domain and facet scales of the Revised NEO Personality Inventory (NEO-PI-R; Costa & McCrae, 1992b). This section describes the salient features of Patricia's self-description, especially those pertaining to narcissism, and gives examples of situations or statements that illustrate each extreme score.

As stated earlier, Agreeableness is the dimension most central to narcissism. Patricia described herself as low on five of the six facets of the Agreeableness domain. Her very low score on the facet of Modesty suggested grandiosity and arrogance about her own abilities compared with others'. Patricia often made condescending remarks about co-workers working under her, indicating that they were inferior to her in intelligence and abilities and thus had little or nothing to offer her. For example, she described one incident in which she was assigned an assistant whom she was expected to train but who could also help her with her duties. Instead of accepting such help, Patricia told her boss and the assistant that she did not see how someone so much younger and less skilled than herself could be anything but a drain on her time and energy.

Her low level of Altruism, indicating perhaps selfishness and exploitation, was evidenced in her manipulation of her work situation so that others were required to do tasks she considered beneath her while leaving more desirable tasks for herself. In one such situation, Patricia pretended to have a back injury as an excuse to avoid sales work, thus forcing the other employees to do this less pleasant job while she was given more prestigious loan accounts. Lack of empathy was suggested by Patricia's low score on the Tendermindedness facet scale. For example, she reported one incident in which a friend had agreed to meet her for dinner but was late because her child

was ill; Patricia was highly offended and irritated by what she referred to as her friend's "lack of consideration" in being late. She felt no compassion for her friend or the child.

The remaining facets of Agreeableness are less central to the construct of narcissism but were additional aspects of Patricia's personality. Her tendency toward suspiciousness, as indicated by her low Trust score, was exemplified by her belief that others did not like her and conspired against her to make her job harder (e.g., by "purposely" failing to get necessary paperwork to her on time). Finally, her low score on the Compliance scale suggested uncooperativeness; this was perhaps illustrated by her tendency not to follow instructions at work and to refuse to cooperate with her husband at home. For example, although her boss had asked Patricia not to stay at the bank after hours because of security considerations, she often stayed late to work, saying that the boss's request was "stupid and restrictive." Furthermore, she regularly ignored her husband's requests that she do at least some of the housework, for which he did in fact take most of the responsibility despite also pursuing a career in law.

On the Neuroticism domain, Patricia described herself as both depressed and anxious. As mentioned earlier, this pattern may be expected in narcissistic patients when their defensive systems are poor, particularly on first entering treatment. Although mood states do not generally affect the assessment of normal personality, clinical depression is often manifested on personality inventories in the area of Neuroticism (Costa & McCrae, 1992a). More specifically, elevations on Neuroticism tend to occur when patients are depressed and tend to decrease on their recovery from depression. This was the case with Patricia.

Patricia also exhibited an elevation on the Angry Hostility facet scale, which was apparent in her tendency to become enraged when criticized or "treated badly." On the other hand, she described herself as low on Vulnerability and Self-Consciousness, the former indicating an ability to deal well with stress and the latter suggesting feelings of security, poise, and an absence of feelings of inferiority or embarrassment. As noted earlier, this issue is complicated by the distinction between the patient's self-report and

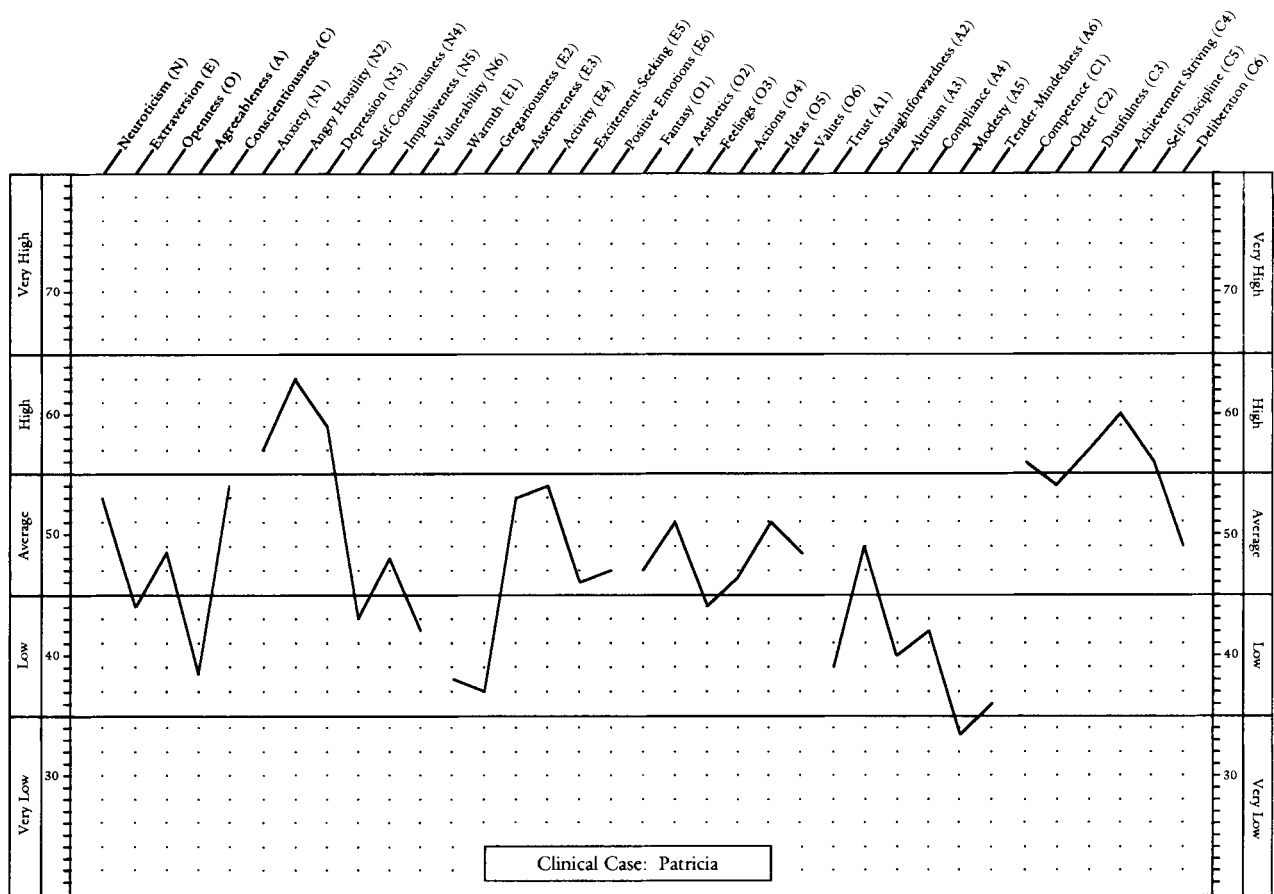


FIGURE 1. Revised NEO Personality Inventory profile of Patricia. Profile form from *The NEO Personality Inventory Manual* by P. T. Costa, Jr. and R. R. McCrae, 1985, Odessa, FL: Psychological Assessment Resources. Copyright 1985 by Psychological Assessment Resources.

others' view of him or her. Although Patricia denied feelings of humiliation and insecurity, such feelings were evident in her behavior and reactions toward others. For example, when criticized, Patricia would blush and either defensively make excuses for her behavior ("They can't expect me to work any harder than I already work!") or negate the criticism through a narcissistic stance ("She's just envious of me because I'm smarter than she is"). This behavior would be interpreted by many clinicians as a defensive reaction to deep-seated insecurity, regardless of the denial of such feelings.

Patricia described herself as low on Extraversion, specifically on the facets of Warmth and Gregariousness. Although the Extraversion domain is not theoretically central to narcissism, in Patricia's case her low scores on these facets seemed to be almost secondary to her narcissistic qualities. For example, low

Warmth implies coldness and distance from others. This was exemplified in Patricia by the infrequency with which others called her or visited with her to talk about their problems; when they did, she responded with intellectual advice usually delivered in a condescending manner, such as "When you're older, you'll understand better how things are." Furthermore, her solitary nature in having few friends, not seeking out social groups, and keeping to herself at work was indicative of low Gregariousness but may in fact have resulted in part from actual rebuffs from others in response to her antagonistic behavior.

A final interesting aspect of Patricia's self-description involved her elevations on several facets of the Conscientiousness domain. She perceived herself as accomplished, persistent, strongly committed to standards of conduct, and tending to strive for excellence. These elevations may indicate a classic

narcissistic inflation of self-image, especially given that she was, even by her own report, having considerable difficulties at work.

TREATMENT

Knowledge of Patricia's levels on the five broad domains of the FFM and their facets was an aid to the conceptualization of her case in terms of personality pathology. Certain aspects of such pathology may either contribute to or constitute difficulties in treatment. Awareness of these aspects can be invaluable to the clinician in formulating treatment issues. In Patricia's case, her long-standing pattern of antagonism made the formation of a therapeutic relationship difficult. Patricia was often condescending toward and critical of her therapist, refusing at times to believe that anyone could understand her problems or help her in any way. Her lack of trust interfered with treatment as well; she was slow to develop confidence in her therapist's benevolent intent. Patricia's low compliance was also evident in treatment, as might be expected, through lateness or missed sessions as well as noncompliance with payment.

However, Patricia's depression and anxiety were motivating factors in entering and continuing treatment. Her low levels of vulnerability and self-consciousness alerted the clinician to a potential tendency toward a defensive denial. As treatment progressed, the feelings of depression and anxiety decreased, whereas her awareness of her vulnerability and self-consciousness increased. Patricia gradually came to realize that she often felt unable to deal with stresses at work and that she reacted to possibly imagined criticism and lack of respect with rage and

shame, perhaps because of her feeling as a child that nothing she did was "good enough" for her parents.

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