



The associations between two facets of narcissism and eating disorder symptoms

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ABSTRACT

The current study sought to examine the relationships between two facets of narcissism (vulnerable and grandiose) and eating disorder symptoms. Based upon previous research (Davis, Claridge, & Cerullo, 1997), it was predicted that the vulnerable narcissism facet would be more strongly associated with eating disorder symptoms because of the tendency for vulnerable narcissists to base their self-worth on their appearance (Zeigler-Hill, Clark, & Picard, 2008). The hypotheses were tested cross-sectionally in a sample of 355 male and female undergraduate students. Results generally conformed to prediction, in that vulnerable narcissism tended to be positively correlated with eating disorder symptoms, and this relationship was partially mediated by self-worth that is contingent upon physical appearance. Our findings are consistent with the notion that vulnerable narcissism is a risk factor for eating disorder symptoms because it is associated with a drive to improve self-worth through the enhancement of physical appearance.

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1. Introduction

The literature consistently reports a link between narcissism and eating disorder symptoms (Davis, Claridge, & Cerullo, 1997; Steiger, Jabalpurwala, Champagne, & Stotland, 1997; Steinberg & Shaw, 1997; Waller, Sines, Meyer, Foster, & Skelton, 2007). The current study sought to expand upon the extant literature by examining how two facets of narcissism (grandiose and vulnerable; Dickinson & Pincus, 2003) are related to eating disorder symptoms, and testing whether a specific contingency of self-worth (basing one's worth on appearance) mediates the relationship between vulnerable narcissism and eating disorder symptoms. This cross-sectional study was conducted in a sample of college undergraduate students. This may be a particularly relevant population in light of evidence that narcissism is rising in this age group (Twenge, Konrath, Foster, Campbell, & Bushman, 2008) and that this age group (18 to 21) is at the highest risk for the onset of eating disorders (Hudson, Hiripi, Pope, & Kessler, 2007).

1.1. Two facets of narcissism

There is a body of empirical research suggesting that narcissism is best represented as consisting of two types: a grandiose type and a vulnerable type (see Cain, Pincus, & Ansell, 2008 for a review). Grandiose narcissism is represented in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; APA, 2000)* criteria for narcissistic personality disorder, and is characterized as: having a

grandiose sense of self, a preoccupation with fantasies of unlimited success, power, and ideal love, a belief that one is "special", a requirement for excessive admiration, a sense of entitlement, a pattern of exploiting others for personal gain, a lack of empathy, a tendency to envy of others and a belief that one is envied, and the display of arrogant, haughty behaviors and attitudes. Individuals with high levels of grandiose narcissism tend to maintain their positive self-views by devaluing others' opinions, exaggerating their sense of superiority, and acting aggressively toward those who are critical toward them (Pincus & Lukowitsky, 2010).

Though vulnerable narcissism shares some features of grandiose narcissism/narcissistic personality disorder (i.e., the willingness to exploit others for personal gain, sense of entitlement, grandiose fantasies), it is otherwise not well represented in the current version of the *DSM-IV-TR* (Pincus & Lukowitsky, 2010). Vulnerable narcissism is characterized by hypersensitivity to the opinions of others, insecurity, an intense desire for approval, and poor self-image (Pincus & Lukowitsky, 2010; Ronningstam, 2009). Rather than exhibiting arrogant attitudes and behaviors when they perceive negative feedback from others, individuals with high levels of vulnerable narcissism tend to experience intense shame and to withdraw to avoid criticism (a feature that overlaps with avoidant personality disorder; Dickinson & Pincus, 2003).

Recently, clinical scientists have presented compelling arguments for the value of decomposing complex psychopathology constructs and studying them in their unidimensional components (McGrath, 2005; Smith, McCarthy, & Zapolski, 2009; Strauss & Smith, 2009). Specifically, Smith et al. (2009) emphasized how the disaggregation of constructs could advance scientific understanding of psychopathology by improving validity and clinical utility, and Pincus and Lukowitsky (2010) specifically highlight the importance of this with regard to the

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construct of narcissism. However, the majority of studies on eating disorder symptoms measure narcissism as a unitary construct, rather than examining the two types of narcissism separately (e.g., Davis, Karvonen, & McCreary, 2005; Karwautz et al., 2001; Steiger et al., 1997).

In a study that is an exception to this, Davis et al. (1997) found that pathological narcissism (defined as being interpersonally exploitative, having a sense of entitlement, and intense need for approval from others; cf. vulnerable narcissism) was positively correlated with weight preoccupation, while grandiose narcissism (as measured by the Narcissistic Personality Inventory; Raskin & Hall, 1979) was negatively correlated with weight preoccupation in a nonclinical female undergraduate sample. Their findings suggest that grandiose narcissism may be associated with a reduced risk for eating disorder symptoms, while vulnerable narcissism may confer greater risk (Davis et al., 1997). However, it is unknown whether Davis et al.'s (1997) findings would generalize to samples that include males or to other types of eating disorder symptoms.

1.2. Narcissism and physical appearance

Few studies have empirically tested hypotheses that explain the link between narcissism and eating disorder symptoms. One explanation may be related to narcissism's association with excessive attention to personal appearance (Back, Schmukle, & Egloff, 2010; Buffardi & Campbell, 2008; Vazire, Naumann, Rentfrow, & Gosling, 2008). While both types of narcissism seem to be related to heightened attention to physical appearance, Zeigler-Hill, Clark and Pickard (2008) found that only vulnerable narcissism was related to basing one's self-worth on appearance. This may explain why only the vulnerable type of narcissism was found to be related to higher levels of weight preoccupation in the study by Davis et al. (1997). Perhaps vulnerable narcissists' strong drive to achieve a sense of self-worth through enhancement of their physical appearance leads them to resort to eating disorder behaviors such as dieting, excessive weight lifting, and purging. Meanwhile, even though grandiose narcissists also tend to place excessive attention on their physical appearance (e.g., Back et al., 2010), they may be buffered from disordered eating because they do not base their self-worth on it. Their tendency to cope with negative feedback (perhaps including feedback about physical appearance) by devaluing other's opinions and maintaining grandiose self-views may serve to protect them from disordered eating and preoccupation with weight.

1.3. The current study

Based upon theoretical reasoning and previous research (Davis et al., 1997), it was hypothesized that vulnerable narcissism would increase the risk for eating disorder symptoms (and therefore be positively correlated to drive for thinness, bulimic symptoms, and drive for muscularity) while grandiose narcissism would be associated with decreased risk for eating disorder symptoms (and therefore be negatively correlated with these eating disorder symptom variables). Furthermore, we proposed that the association between vulnerable narcissism and eating disorder symptoms would be mediated by having self-worth that was contingent upon physical appearance (Zeigler-Hill et al., 2008).

2. Method

2.1. Participants

The sample consisted of 355 participants (187 female, 168 male) with a mean age of 19.80 years ($SD = 2.41$; age range = 18–48). The ethnic composition of the sample was 90% White, 3% Black/African-American, 4% Asian, 1% Hispanic, and 1% Other. Demographic variables

were examined by gender, and there were no meaningful group differences observed for age $t(1, 353) = -.29, p = .77$ or ethnicity (91% of the women were White; 90% of the men were White). All participants were enrolled in undergraduate psychology courses at a Midwestern university, and received course credit in exchange for their participation. All procedures were approved by the university's internal review board, and the participants provided informed consent prior to participation.

2.2. Measures

2.2.1. Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979)

The NPI is a widely-used, self-report questionnaire that assesses levels of grandiose narcissism. The scale was found to have the highest internal reliability among commonly used narcissism measures (Soyer, Rovenpor, Kopelman, Mullins, & Watson, 2001) and has established construct validity (e.g., through comparisons of the NPI to observational data; Raskin & Terry, 1988). The scale is comprised of self-descriptive statements in a true-false format (e.g., "I am an extraordinary person,") with higher scores indicating higher levels of grandiose narcissism. The Cronbach's alpha was .87 in the current sample.

2.2.2. Hypersensitive Narcissism Scale (HSNS; Hendin & Cheek, 1997)

Vulnerable narcissism was measured using the HSNS, which is a self-report questionnaire. The HSNS is composed of ten items that reflect characteristics of vulnerable narcissism such as self-absorption (e.g., "I easily become wrapped up in my own interests and forget the existence of others"), insecurity (e.g., "When I enter a room I often become self-conscious and feel that the eyes of others are upon me"), and criticism sensitivity (e.g., "My feelings are easily hurt by ridicule or the slighting remarks of others"). Items are rated on a 5-point scale (1 = very uncharacteristic or untrue, strongly disagree to 5 = very characteristic or true, strongly agree), and higher scores reflect higher levels of vulnerable narcissism. The scale has good convergent validity (as evidenced through high correlations with related personality constructs), good discriminant validity (as evidenced by low correlations with the NPI), and high internal consistency in three college samples (Hendin & Cheek, 1997). The Cronbach's alpha in the current sample was .71.

2.2.3. Eating Disorder Inventory (EDI; Garner, Olmstead & Polivy, 1983)

The EDI is widely-used, reliable, and valid self-report measure that consists of statements about eating disorder-related attitudes and behaviors (Garner et al., 1983). Similar to previous research (e.g., Vetrone, Cuzzolaro, Antonozzi, & Garfinkel, 2006), the original EDI (which consists of 64 items) was chosen over newer versions of the EDI (e.g., EDI-2; Garner, 1991; which consists of 91 items) in an effort to reduce the total length of the questionnaires administered. Respondents are asked to rate each statement on a scale from 1 (never) to 6 (always). The current study used the Drive for Thinness subscale (EDI-DT), which includes statements such as, "I am preoccupied with the desire to be thinner," and the Bulimia subscale (EDI-B) which includes statements such as, "I stuff myself with food." Drive for thinness and bulimic symptoms were chosen as dependent variables because they are the EDI scales that are most directly related to the DSM-IV-TR's current eating disorder diagnoses (anorexia nervosa and bulimia nervosa).

Though the current sample is from a nonclinical population, 11% scored in the clinical range on the EDI-B scale, while 16% scored in the clinical range on the EDI-DT scale. In addition, 8% reported thinking about vomiting to lose weight either frequently, usually, or always, while 8% reported going on eating binges where they felt they could not stop either frequently, usually, or always. After conducting an extensive examination of the EDI in three samples (archival clinical, treatment study, and nonpatient college), Espelage et al. (2003)

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