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Narcissism and Eating Characteristics in Young Nonclinical Women

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Abstract: The aim of this study was to determine the potential relationship among borderline personality disorder traits, specific aspects of narcissism, and different elements of eating pathology. Fifty-two nonclinical female participants completed standardized measures of narcissism, borderline personality disorder traits, and eating pathology. Data were analyzed using correlations. Specific associations were found, suggesting that different elements of narcissism are linked with different eating characteristics. Bulimic attitudes were linked with narcissistic personality disorder and borderline personality disorder traits. In contrast, restrictive eating attitudes and a low body mass index were associated with a repressed form of narcissism (which involves putting others' needs before one's own). If these findings are replicated in a clinical group, treatment of restrictive and bulimic cases might need to address different personality features.

Key Words: Eating attitudes, narcissism, personality.

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The etiology of eating disorders is complex and is likely to include interactions among social, genetic, biological, psychological, and cultural factors (Lilenfield et al., 2000). The role of personality in eating disorders has recently been reviewed (Wonderlich and Mitchell, 2001). The authors suggest that the two most important research issues in this field are the role of personality as a causal factor in the onset of eating disorders and the potential impact of personality on treatment. However, methodological issues (e.g., use of cross-sectional studies, population studies) make it hard to address those questions conclusively within the existing literature (e.g., Davis et al., 1997a; Lilenfield et al., 2000; Steiger et al., 1992; Vitousek and Manke, 1994).

Most of the literature to date shows a relationship between anorexia nervosa and obsessionality, perfectionism, and harm avoidance (e.g., Braun et al., 1994; Klump et al., 2000; Vitousek and Manke, 1994), whereas bulimia nervosa has been linked with impulsivity, affect dysregulation, and novelty seeking (e.g., Bulik et al., 1995; Gartner et al., 1989; Levin and Hyler, 1986). Although these associations have face validity, clinical experience suggests that the picture is often more complex. For example, there is a well-described link between bulimia nervosa and obsessive compulsive disorder (e.g., Albert et al., 2001; Bulik et al., 2001).

Other authors have suggested that narcissism is the core personality feature in the eating disorders (e.g., Johnson, 1991; Ronningstam, 1996; Steiger et al., 1997). Narcissism is a complex concept characterized by an outward persona of grandiosity, entitlement and a lack of empathy with others. It is hypothesized to be a defense against feelings of vulnerability and low self-esteem (Kopelman and Mullins, 1992; Miller, 1992). A certain degree of narcissism is essential to maintain self-esteem (Davis et al., 1997b). However, excessive use of narcissistic defenses or excessive repression of healthy narcissism can become pathological (O'Brien, 1987). Many of the clinical studies to date use measures of narcissism that assess only the outward grandiose persona, whereas the underlying feelings of vulnerability or repressed narcissism are ignored.

Narcissism has been shown to differentiate eating-disordered patients from both psychiatric and normal controls (Lehoux et al., 2000; Steiger et al., 1997). Furthermore, it continues to differentiate recovered bulimics from controls (Lehoux et al., 2000), suggesting that it is a trait rather than being state-dependent. The pattern of linkage might differ according to the dominant eating characteristic. For example, restrictors may tend to manage their narcissistic vulnerabilities with an overcontrolled, obsessional stance, whereas bingers/purgers might regulate their affect through novelty seeking and impulsive acts (Steiger et al., 1997). Studies in nonclinical populations have also linked narcissism to abnormal eating attitudes (Davis et al., 1997a; Steiger et al., 1992). However, it is also important to understand the different defensive styles that can overlie the basic narcissistic disturbance to explain varying behavioral expressions of the same underlying problem.

The aim of this study was to determine the links between eating pathology and different elements of narcissism (both the core pathology and the defensive style). Borderline personality disorder traits were also measured because they are the strongest personality predictors of weight preoccupation in nonclinical samples (Davis et al., 1997a; Steiger et al., 1992). A nonclinical population was used to reduce the problems that can arise in such a study because of the effect of the eating disorder on personality characteristics.

METHODS

Participants

The participants were 52 young adult women. They were all medical students at a large south London teaching hospital. Their average age was 20.5 years (SD = 1.7), and they had a reported mean body mass index (BMI = weight [kg]/height [m]²) of 21.6 (SD = 2.5).

Measures and Procedure

The participants were approached during lectures. They completed measures of eating attitudes, narcissism, and borderline personality traits. Demographic data regarding gender, age, ethnicity, height, and weight were also reported. All of the measures used have been validated in nonclinical groups (Conte et al., 1980; Garner et al., 1984; O'Brien, 1987).

Eating Disorders Inventory

The Eating Disorders Inventory (EDI; Garner et al., 1984) is a well-established self-report measure of eating attitudes and behaviors. A shortened version was used, measuring only eating characteristics (drive for thinness, body dissatisfaction, and bulimia scales). Higher scores reflect greater levels of eating pathology.

O'Brien Multiphasic Narcissistic Inventory

The O'Brien Multiphasic Narcissistic Inventory (OMNI; O'Brien, 1987) is a measure of pathological narcissism, consisting of three subscales: narcissistic personality, poisonous pedagogy, and narcissistically abused personality. The Narcissistic personality subscale reflects the DSM-III diagnostic criteria for narcissistic personality disorder (American Psychiatric Association, 1980). The poisonous pedagogy subscale describes the belief that one can and should control others. Finally, the narcissistically abused personality subscale reflects the placing of others' needs before one's own (to the point of martyrdom). Higher scores indicate greater levels of narcissism.

Borderline Symptom Inventory

The Borderline Symptom Inventory (BSI; Conte et al., 1980) is a self-report questionnaire that measures borderline personality disorder symptoms. Higher scores reflect greater levels of borderline personality pathology.

Data Analysis

Because the data were not normally distributed, Spearman ρ correlations were used to test the reliability of the association between personality traits and eating attitudes.

One-tailed tests were used throughout, in keeping with the directional hypothesis (higher levels of personality pathology associated with higher levels of eating pathology).

RESULTS

Characteristics of the Group

The average BSI score was 5.4 (SD = 5.9). This is similar to normative nonclinical values in other studies (Conte et al., 1980). Mean scores on the subscales of the OMNI were also comparable with normal student populations (O'Brien 1987, 1988): narcissistic personality = 4.6 (SD = 2.2); poisonous pedagogy = 5.0 (SD = 2.5); narcissistically abused personality = 3.8 (SD = 2.4). Mean EDI scores were broadly similar to those of other control groups (Garner et al., 1984): drive for thinness = 2.8 (SD = 4.0); bulimia = 1.1 (SD = 2.6); body dissatisfaction = 8.3 (SD = 7.6).

Associations of Eating Characteristics With Personality Pathology

Table 1 shows the associations between the students' personality characteristics and eating attitudes. Specific associations were found, indicating that different personality characteristics are linked with different eating attitudes. Both borderline personality disorder and narcissistic personality disorder traits were positively associated with bulimic eating attitudes. Borderline personality disorder traits were also correlated with a low BMI. In contrast, the martyred form of narcissism (measured by the narcissistically abused personality scale) was associated with restrictive eating attitudes and a low BMI.

DISCUSSION

This study shows a clear association between specific personality traits and different eating pathology. One form of repressed narcissism (narcissistically abused personality), which relates to putting others' needs before one's own, was associated with the anorexic characteristics of drive for thinness and low BMI. Both narcissistic personality disorder and borderline personality disorder traits were related to bulimic attitudes. Addi-

TABLE 1. Association (One-Tailed Spearman ρ) of Personality Characteristics With Eating Attitudes ($N = 52$)

	BMI	Eating Disorder Inventory		
		Drive for thinness	Bulimia	Body dissatisfaction
Borderline Symptom Inventory	-.30*	.23	.28*	.17
OMNI scales				
Narcissistic Personality Disorder	-.15	.19	.32*	.25
Poisonous Pedagogy Scale	-.19	.13	.15	.13
Narcissistically Abused Scale	-.31*	.29*	.10	.12

* $p < .05$.

tionally, borderline personality disorder traits were associated with a low BMI.

These findings correspond with those of other authors (e.g., Davis et al., 1997a; Steiger et al., 1992) but demonstrate specific relationships between different aspects of eating behaviors and personality traits. DSM-IV (American Psychiatric Association, 1994) classifies both narcissistic personality disorder and borderline personality disorder in the Cluster B dramatic-erratic group of personality disorders. In this study, both the scale used to measure the construct of narcissism described in DSM-IV (the narcissistic personality disorder subscale) and the borderline personality disorder scale were linked to the same aspect of eating pathology (i.e., bulimia). This may reflect a link between the more impulsive, dramatic personality traits and impulsive eating behaviors. The inverse relationship between borderline personality disorder traits and BMI might reflect a higher level of purging behavior than among those with more narcissistic tendencies.

In contrast, the one form of repressed narcissism (putting others' needs before one's own) was associated with more restrictive attitudes, which have not been linked to Cluster B personality subtypes. It could be that repressed forms of narcissism are more akin to the Cluster C (anxious-avoidant) group of personality disorders, which have previously been associated with restrictive attitudes (although not as comprehensively as borderline characteristics and bulimia). Future work in this field might include measures of anxiety to test this connection. The other form of repressed narcissism tested in this study (the need to control others, measured by the poisonous pedagogy scale) did not show an association with any of the eating attitudes measured. This finding is counterintuitive, because clinical experience suggests that the need to control others is common in patients with eating disorders. However, because this was a nonclinical population, the levels of pathology present may not have been large enough to detect an effect, and there might have been clearer findings in a clinical population. Alternatively, the patients' need to control others could be a consequence of the illness rather than a predisposing trait. Such questions could be answered by repeating the study in clinical populations with a longitudinal design.

The specificity of these findings demonstrates the importance of considering testing all aspects of narcissism when exploring links with eating behaviors. If only the outward DSM-IV aspects of narcissism are measured, important relationships may be missed. If these findings are replicated in a clinical study, it could be assumed that these personality factors predispose to developing an eating disorder rather than being a consequence of it, because the links are present in a nonclinical group. If this were the case, it could be hypothesized that bulimics and anorexics have different underlying narcissistic pathologies, which could explain the difference in outward behaviors. For example, bulimics with narcissistic

personality disorder traits will have a strong sense of entitlement, which could override the desire to be thinner and could lead to bingeing. Alternatively, those who tend to repress their own emotional needs may also be able to suppress their need to eat, and thus have the capacity to develop anorexia nervosa.

In clinical terms, this information could be used in psychotherapy. Those with restrictive pathology could be helped to learn how meet their own needs while reducing the drive to meet everyone else's needs. In contrast, therapy for those with bulimic traits could concentrate on exploring the reasons for the beliefs about one's own importance, helping the individual to shift to a more adaptive pattern of beliefs and behaviors.

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