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A Review: Examining Narcissism in Eating Disorders: The Relationship Between Two Types of Eating Disorders—Anorexia Nervosa and Bulimia Nervosa—and Two Forms of Narcissism

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A Review: Examining Narcissism in Eating Disorders: The Relationship Between Two Types of Eating Disorders—Anorexia Nervosa and Bulimia Nervosa—and Two Forms of Narcissism

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ABSTRACT: This research investigates the relationship between narcissism and eating disorders (EDs). Two forms of narcissism are studied, as each are present in the individual (O'Brien, 1987). The first form, core narcissism, is major, and refers to the way the individual views themselves while the second form, narcissistic defenses, are minor, serving only to protect the sense of self (Waller et al., 2006; O'Brien, 1987). Core narcissism is exhibited as grandiose or vulnerable narcissism where grandiose includes feelings of entitlement and high self-esteem while vulnerable includes low self-esteem and self-criticality (Maples et al., 2011). The narcissistic defenses can be displayed as poisonous pedagogy ("bad you") or narcissistically abused ("poor me") (O'Brien, 1987). Furthermore, the eating disorders studied were the second and third most common eating disorders, anorexia nervosa and bulimia nervosa, respectively (National Institute of Mental Health, 2017). Within anorexia nervosa, both the binge-purge type and restricting type were included. This study was conducted as a review of studies and scholarly articles. The specific question asked within this review is: does a correlation exist between the two forms of narcissism, core narcissism and narcissistic defenses, and anorexia nervosa or bulimia nervosa? This study thus concluded that there is a positive association between those with an eating disorder and high levels of narcissism. Specifically, there is a clear correlation of vulnerable narcissism to eating disorders, and bulimia nervosa is the eating disorder most strongly linked to high narcissism levels.

KEYWORDS: eating disorders; narcissism; narcissistic personality disorder; anorexia nervosa; bulimia nervosa

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INTRODUCTION

Significance of Mental Health Disorders

Mental illness affects nearly 1 in 5 individuals in the United States (National Alliance on Mental Health, 2016). On its own, mental illness is rather broadly defined as "health conditions involving changes in emotion, thinking and/or behavior" (American Psychiatric Association, 2018). Over time, the attitudes of Americans towards seeking professional help for mental illnesses have become more positive (Parcesepe & Cabassa, 2012). However, the outlooks on those with mental illness has conversely become more negative as the American public has grown to see these individuals as more dangerous with time (Parcesepe & Cabassa, 2012). Therefore, mental health disorders remain a large concern for society and the individual due to its prevalence and continued stigmatization (National Alliance on Mental Health, 2016; Parcesepe & Cabassa, 2012).

Although feeding and eating disorders, defined by the DSM-5 as constituting anorexia nervosa, bulimia nervosa, and six other disorder subtypes, are not the most common mental health disorders, they are one of the most negatively impactful in terms of mortality and overall health (American Psychiatric Association, 2013; Smink et al., 2012). Eating and feeding disorders directly harm both physical and mental wellbeing, thus contributing to risk factors for death including improper nutrition and suicide (Crisp et al., 2006). In fact, eating and feeding disorders are consistently identified as having the highest risk of death of all mental disorders (DeNoon, 2011). In particular, anorexia nervosa is the deadliest of all mental health disorders (DeNoon, 2011). Anorexia nervosa has a risk of death six to eighteen times the average risk, depending on age of first diagnosis, and constitutes 0.50% of deaths per year (DeNoon, 2011). Following just behind anorexia nervosa is bulimia nervosa with a twofold increased risk of death and accounting for 0.17% of deaths per year (DeNoon, 2011). These percentages account for over 2.2 million combined deaths per year and over $65 billion in spending for all eating disorders in the United States, explaining the concern to understand these disorders (DeNoon, 2011; Preidt, 2020; United States Census Bureau, 2021).

DSM-5 and Purpose of the Review

Our knowledge regarding diagnosis of mental health disorders can be referenced in the Diagnostic and Statistical Manual of Mental Disorders, also known as the DSM. The fifth edition of this guidebook, the DSM-5, groups mental health disorders into twenty groups (American Psychiatric Association, 2013). This review will serve to focus on two of the groupings, feeding and eating disorders, and personality disorders.

Many studies support that there is a positive correlation between eating disorders and characteristics of other mental health disorders, not limited to narcissistic personality disorder (American Psychiatric Association, 2013). This phenomenon of two mental health disorders is defined as comorbidity. In those with bulimia nervosa, comorbidity occurs across nearly all other mental disorder groups listed in the DSM-5. In anorexia nervosa, there is also a wide spectrum to comorbidity occurrence, but an especially high correlation to anxiety, bipolar, and depressive disorders (American Psychiatric Association, 2013).

Although feeding and eating disorders are additionally highly comorbid with other mental disorders including anxiety and depressive disorders, this study chooses to look into narcissistic personality disorder due to its similarities with a self-oriented focus and a need for order and control (National Eating Disorders Association, 2019; Smith & Robinson, 2020). Specifically, the correlation of the two forms of narcissism with anorexia nervosa and with bulimia nervosa will be examined, rather than examining the relative onset of each and causation for the other. Through this, the review will help to better understand the foundations of each disorder and to recognize warning signs for the possible development of the other disorder if correlation is found between the two. This review, in particular, will allow for a comparison of several of the studies conducted over the past thirty years to recognize common themes and provide better supported data.

BACKGROUND INFORMATION

Feeding and Eating Disorders

According to the DSM-5, "the standard classification of mental disorders," eating disorders are defined as a "persistent disturbance of eating and related behaviors that results in altered consumption or absorption of food which significantly impairs physical health or psychosocial functioning" (American Psychiatric Association, 2013). Eating and feeding disorders are further grouped into 8 subtypes: 1. pica, 2. rumination

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disorders, 3. avoidant/restrictive food intake disorder, 4. anorexia nervosa, 5. bulimia nervosa, 6. binge eating disorder, 7. other specified feeding or eating disorder, and 8. unspecified feeding or eating disorder (American Psychiatric Association, 2013).

The three most common types of eating disorders are defined as binge eating disorder, anorexia nervosa, and bulimia nervosa (Howard, 2018). This study does not focus on binge eating disorder even though it is the most common type of eating disorder due to the fact that more people in the United States receive treatment for binge eating disorder as compared with anorexia nervosa and bulimia nervosa (Hoek & Hoeken, 2003; National Institute of Mental Health, 2018). Nearly 43% of those diagnosed with binge eating disorder obtain treatment while only 33% and 6% of those diagnosed with anorexia nervosa and bulimia nervosa, respectively, obtain treatment (Hoek & Hoeken, 2003; National Institute of Mental Health, 2018). Although this study does not address binge eating disorder, it is important to understand its definition for proper distinguishing from bulimia nervosa. Binge eating disorder is characterized by binge eating episodes occurring once a week for at least three months (American Psychiatric Association, 2013). The binge eating episodes must not be followed by self-compensatory behaviors, for it is otherwise bulimia nervosa (American Psychiatric Association, 2013). These binge eating episodes are defined as eating an excessive amount of food in a short period of time with a feeling of loss of control (American Psychiatric Association, 2013). Similarly, bulimia nervosa also has the binge eating component, except it is followed by self-compensatory behaviors such as taking laxatives, vomiting, fasting, or performing an excess level of physical activity to prevent weight gain (American Psychiatric Association, 2013). Similarly, this pattern of behaviors must happen at least once a week for three months (American Psychiatric Association, 2013). However, unlike in binge eating disorder, there must be a presence of, primarily, compensatory behavior as well as a high dependence on the value of weight in determining an individual's self-worth in bulimia nervosa (American Psychiatric Association, 2013).

Anorexia nervosa is characterized by over restriction of energy intake, leading to a dangerously low body weight, a disturbance in how the body is experienced, and an intense fear of becoming fat or gaining weight (American Psychiatric Association, 2013). Anorexia nervosa is further divided into the restricting type and the binge-purge type (American Psychiatric Association, 2013). Although both are based on the three previously defined criteria, the distinguishing factor is whether binging and purging is present (American Psychiatric Association, 2013). Binging and purging are present in the binge-purge type, but not in the restricting type (American Psychiatric Association, 2013). Binge-purge type anorexia nervosa and bulimia nervosa have similar criteria, however in bulimia nervosa there is not a severe restriction of calorie intake (American Psychiatric Association, 2013). Further, those with anorexia nervosa are underweight while those with bulimia nervosa are often of average weight (American Psychiatric Association, 2013).

Binge eating disorder can be simplified to eating an unusually large amount of food in one sitting while having a feeling of no control (American Psychiatric Association, 2013). Bulimia nervosa also contains these periods of uncontrollable eating but is followed by compensatory behaviors to rid of the food such as purging or fasting (American Psychiatric Association, 2013). Lastly, anorexia nervosa, restricting type involves a severe restriction of food while the binge-purge type involves just as the name describes—bingeing on food and purging (American Psychiatric Association, 2013). When categorizing these three common eating disorders, it is important to note that an individual cannot be diagnosed with two at the same time (American Psychiatric Association, 2013).

Narcissism, Narcissistic Defenses, and Narcissistic Personality Disorder

As narcissistic personality disorder is defined as a mental health disorder, classified under Cluster B Personality Disorders in the DSM-5, it too has defining criteria (American Psychiatric Association, 2013). This criteria includes nine possible traits, of which at least five must be met: 1. exaggerated idea of self-importance, 2. sense of entitlement, 3. preoccupation with fantasies of excellence, 4. excessive admiration, 5. idea of being special and misunderstood by people deemed "below" them, 6. manipulation of others, 7. lack of empathy, 8. envy of others or belief that others envy them, and 9. arrogant behaviors (American Psychiatric Association, 2013). Much research, however, focuses on narcissism as a personality construct and its correlation to eating disorders, rather than solely analyzing narcissistic personality disorder (Davis, 1998; Goldner et al., 1999; Karwautz et al., 2001; Maples et al., 2011; Sines et al.,

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2008; Steiger et al., 1997; Waller et al., 2006). The same will be done within this review of the literature as both narcissism and pathological narcissism, also known as narcissistic personality disorder, will be included (American Psychiatric Association, 2013).

Narcissism is made of two components which can be referenced in Figure 1, below (O'Brien, 1987).

The first is core narcissism, which is the main element of narcissism, while the second is narcissistic defenses, which serve to protect the self-esteem of the individual (Waller et al., 2006). Furthermore, core narcissism can take two forms—vulnerable narcissism or grandiose narcissism (Rosenfeld, 1987; Waller et al., 2006). Grandiose narcissism is defined by high levels of self-esteem, entitlement, and showy behavior whereas vulnerable narcissism is defined by low levels of self-esteem, self-criticality, and social withdrawal (Rosenfeld, 1987; Waller et al., 2006). These levels of low self-esteem, self-criticality, and social withdrawal are due to disappointment from not meeting such high expectations stemming from fantasies and feelings of entitlement (Dakanalis et al., 2016). Furthermore, they are both rooted in their dependence on approval from others in order to establish their level of self-esteem (Waller et al., 2006). From these descriptions, it is clear that the criteria for narcissistic personality disorder is exclusively based upon the definition of grandiose narcissism, which is indeed the more typically considered form of narcissism (Yakeley, 2018).

Narcissistic defenses can be described as traits existing to protect the individual's sense of self (Waller et al., 2006). These, similarly, are also found in two forms— poisonous pedagogy and narcissistically abused (Waller et al., 2006). Poisonous pedagogy is simplified as "bad you" where the individual sees everyone around them as in need of their help and direction whereas narcissistically abused can be seen as "poor me" where the individual excessively gives to other people, putting others' needs before themselves and seeing themselves as martyred and put under intolerable demands (Waller et al., 2006).

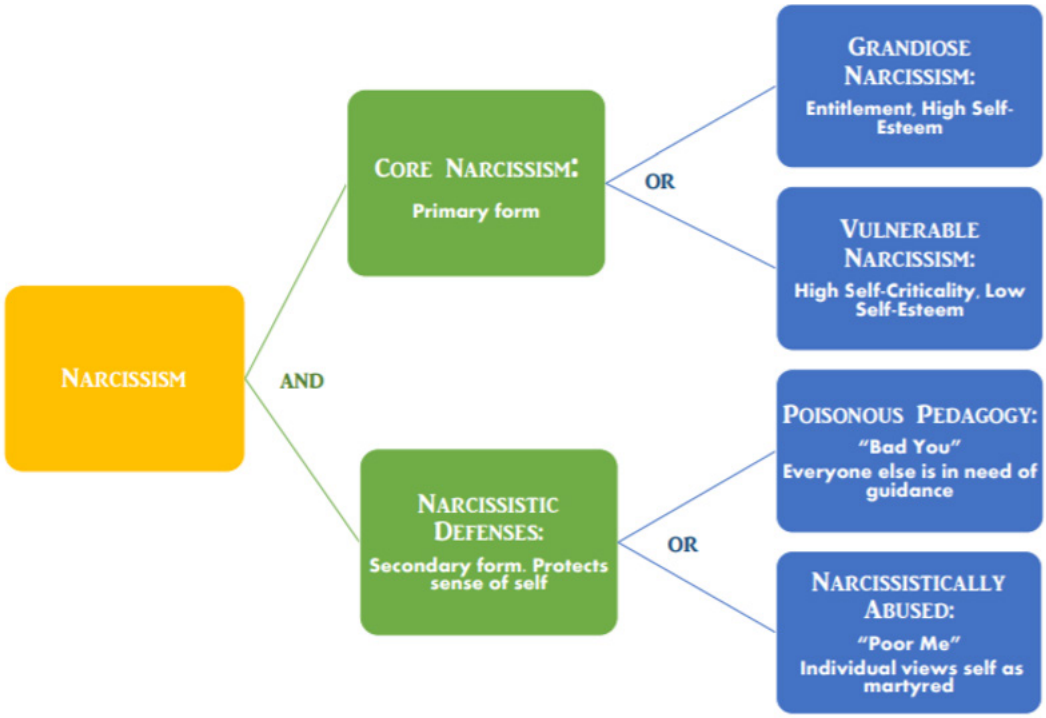

Figure 1. Components of Narcissism

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STUDIES ON NARCISSISM AND EATING DISORDERS

Although extensive research, including this review, studies the relation of bulimia nervosa and anorexia nervosa to narcissism, these two are not the most prevalent of the eating disorders, falling at 0.6% and 0.3%, respectively, second and third to binge eating disorder which has an overall prevalence of 1.2% in adults (National Institute of Mental Health, 2017).

To measure eating disorders, self-report questionnaires are often used. These questionnaires included the Eating Disorders Inventory (EDI), the Eating Disorder Examination Questionnaire (EDE-Q), and the Eating Attitudes Test-26 (EAT-26) (Brunton et al., 2005; Campbell & Waller, 2010; Dakanalis et al., 2016; Godt, 2008; Gordon & Dombeck, 2010; Karwautz et al., 2001; Littrell, 2015; Maples et al., 2011; Waller et al., 2006; Zerach, 2014). However, some studies did not use a questionnaire to measure disordered eating as the studied population only included those with a diagnosed eating disorder according to the DSM-5 criteria and who were receiving treatment (Boucher et al., 2015; Davis, 1998; Farstad et al., 2016; Goldner et al., 1999). Regarding narcissism, self-report questionnaires such as the O'Brien Multiphasic Narcissistic Inventory (OMNI), Pathological Narcissism Inventory (PNI), Narcissistic Personality Inventory (NPI-40), Dimensional Assessment of Personality Pathology-Basic Questionnaire (DAPP-BQ), and Hypersensitive Narcissism Scale are used (HSNS) (Boucher et al., 2015; Brunton et al., 2005; Campbell & Waller, 2010; Dakanalis et al., 2016; Farstad et al., 2016; Goldner et al., 1999; Gordon & Dombeck, 2010; Littrell, 2015; Maples et al., 2011; Sines et al., 2008; Steiger et al., 1997; Waller et al., 2006; Zerach, 2014). OMNI is used for core narcissism as well as both the narcissistic defenses while NPI-40 is used for grandiose core narcissism and HSNS is used for vulnerable core narcissism (Hendin & Cheek, 1997; O'Brien, 1987; Raskin & Hall, 1979). DAPP-BQ is used for a more general inventory of personality pathology and PNI is used for both grandiose and vulnerable core narcissism (Livesley et al., 1991; Pincus et al., 2009).

A study performed by Steiger et al. (1997) found that core narcissism is positively associated with all eating disorders (EDs). Over time, this area of research progressed, and the narcissistic defenses became more widely studied. "Narcissism and Eating Characteristics in Young Non-Clinical Women" was one of the first to study this, determining that there is large support for the association of bulimia nervosa with the narcissistically abused defense (Brunton et al., 2005). Many replications have taken place since these. For the purpose of this review, they can simply be divided into those studying core narcissism and those studying narcissistic defenses.

Firstly, we will address core narcissism in both the grandiose and vulnerable forms. In the two years following the Steiger et al. (1997) study, two studies supported the finding that there is a positive correlation between narcissism and eating disorders (Davis, 1998; Goldner et al., 1999). Then, in the early 2000s, further research was conducted. In 2001, a study conducted by Karwautz et al. specified that those with anorexia nervosa did not show a classic narcissistic self, slightly straying from the previous findings. However, this did not mean that those with anorexia nervosa did not exhibit narcissism at all, but perhaps a form different from the classic grandiose narcissistic self, such as the vulnerable narcissist (Karwautz et al., 2001). Thus, further support was needed regarding the relationship between anorexia nervosa and core narcissism.

In 2005, Brunton et al. determined that narcissistic personality disorder was positively associated with bulimia nervosa, but not anorexia nervosa. In 2008, Kristine Godt found data that also supported the 2005 study where cooccurrence of other personality disorders in general were much more common in those with bulimia nervosa. Then in the 2010s, the research began to narrow even more as the different types of narcissism— vulnerable and grandiose— were studied in their correlation to eating disorders. In 2010 and 2011, respectively, Gordon & Dombeck and Maples et al. performed studies that found that only vulnerable narcissism was related to eating disorders, specifically bulimia nervosa. The Gordon & Dombeck (2010) study involved both males and females studied as one group, pointing to a possible correlation of vulnerable narcissism to bulimia nervosa in males. Subsequently, in 2013, David Wall further supported the 2005 study, finding that narcissistic personality disorder is positively associated with bulimia nervosa. In 2014 and 2015, Zerach as well as Boucher et al., respectively, found that both grandiose and vulnerable narcissism were positively associated with eating disorders. It was not until 2015 that Littrell introduces research solely with males. This study determined that there was a positive correlation between grandiose narcissism and eating disorder symptoms in white, male, college students, but not with vulnerable narcissism. However, the following year, Dakanalis et al.

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(2016) also performed a study including both males and females analyzed separately, finding the opposite to be true, and in support of other studies including that of Gordon & Dombeck (2010) and Maples et al. (2011), where vulnerable narcissism is positively associated to bulimic behaviors. Lastly, Farstad et al., (2016) found that there is a higher level of narcissism in those with bulimia nervosa, supporting the 2005 study, yet again.

The second to be addressed are studies on the two narcissistic defenses—narcissistically abused and poisonous pedagogy (O'Brien, 1987). Studies on the narcissistically abused include "Narcissism and Narcissistic Defenses in the Eating Disorders" which determined that the narcissistically abused core defense has the strongest correlation to eating disorders (Waller et. al, 2006). Restricting type anorexia nervosa also had a correlation to the poisonous pedagogy defense (Waller et al., 2006). Even though an association was found between restricting type anorexia nervosa and the poisonous pedagogy defense, there was still a greater association with the narcissistically abused defense (Waller et. al, 2006). Similarly, Brunton et al. (2005) found an association between restricting type anorexia nervosa and the narcissistically abused defense. Another study performed in 2008, entitled "Core Beliefs and Narcissistic Characteristics Among Eating Disordered and Non-Clinical Women" found that there was also a high level of narcissistically abused defense in those with EDs but nothing of statistical significance in the poisonous pedagogy defense (Sines et al., 2008). In 2010, a study by Campbell and Waller also determined that a high level of narcissistically abused defense correlated with characteristics of EDs. Then, in 2013, Wall found the same to be true, but more specifically with anorexia nervosa, restricting type.

SUMMARY OF FINDINGS

Based on the research, it is clear that there is a correlation of vulnerable narcissism to EDs and that bulimia nervosa is more consistently related to vulnerable narcissism and narcissistic personality disorder (Boucher et al., 2015; Brunton et al., 2005; Dakanalis et al., 2016; Farstad et al., 2016; Gordon & Dombeck, 2010; Maples et al., 2011; Wall, 2013; Zerach, 2014;). However, there is debate as to whether anorexia nervosa is related to narcissism and if grandiose narcissism positively correlates with eating disorders (Boucher et al., 2015; Brunton et al., 2005; Gordon & Dombeck, 2010; Karwautz et al., 2001; Littrell, 2015; Maples et al., 2011; Wall, 2013; Waller et al., 2006; Zerach, 2014). There are several studies claiming that narcissism is positively related to all EDs (Davis, 1998; Goldner et al., 1999; Steiger et al., 1997). However, these studies did not individually examine the types of eating disorders or distinguish between the forms of narcissism (Davis, 1998; Goldner et al., 1999; Steiger et al., 1997). This may explain why these studies claimed that all eating disorders are related to narcissism, as one of the disorders, presumably bulimia nervosa, skewed the results in this direction (Boucher et al., 2015; Davis, 1998; Goldner et al., 1999; Steiger et al., 1997; Zerach, 2014). Furthermore, only three studies claim that grandiose narcissism is related to all eating disorders, while all of the others claim that only vulnerable narcissism correlates with eating disorders or there is not a distinction made between the two types of core narcissism (Boucher et al., 2015; Littrell, 2015; Zerach, 2014).

In terms of the studies on narcissistic defenses, all agree that the narcissistically abused defense is strongly correlated to all eating disorders (Brunton et al., 2005; Campbell & Waller, 2010; Sines et al., 2008; Waller et al., 2006; Wall, 2013). There is, however, a disagreement in terms of poisonous pedagogy. In one study by Waller et al. (2006), there is found to be only a correlation to restrictive type anorexia nervosa while a study performed by Sines et al. (2008) finds that poisonous pedagogy is not related to any ED at a statistically significant level. Essentially, it is supported that the narcissistically abused defense, or the "poor me" defense, has a positive correlation to eating disorders, but there is conflicting evidence as to whether this is true for the poisonous pedagogy, or "bad you" defense (Brunton et al., 2005; Campbell & Waller, 2010; Sines et al., 2008; Wall, 2013; Waller et al., 2006).

A summary for the findings of the studies included within this review of the literature can be found in Table 1.

DISCUSSION

After analyzing these studies, it is apparent that there are several gaps within the current research on eating disorders and narcissism. Of importance are the gaps within gender due to the differences in presentation of eating disorders in males and females (Kinasz et al., 2016). As noted, there were very few relevant studies analyzing males in these conditions which may be explained by the underdiagnosis of males in terms of

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Study	Findings		
	Anorexia Nervosa	Bulimia Nervosa	Eating Disorders in General
Boucher et al., 2015			Associated with grandiose and vulnerable core narcissism.
Brunton et al., 2005	Restricting type anorexia nervosa associated with narcissistically abused defense.	Associated with narcissistic personality disorder.	
	Not associated with narcissistic personality disorder.		
Campbell & Waller, 2010			Associated with narcissistically abused defense.
Dakanalis et al., 2016		Associated with vulnerable narcissism in males and females.	
Davis, 1998			Associated with narcissism.
Farstad et al., 2016		Associated with narcissism.	
Godt, 2008		Associated with personality disorders in general.	
Goldner et al., 1999			Associated with narcissism.
Gordon & Dombeck, 2010		Associated with vulnerable narcissism in men and women.	
		Not associated with grandiose narcissism in men and women.	
Karwautz et al., 2001	Not associated with classic narcissistic self.		
Littrell, 2015			Associated with grandiose narcissism in males.
			Not associated with vulnerable narcissism in males.
Maples et al., 2011		Associated with vulnerable narcissism.	
		Not associated with grandiose narcissism.	
Sines et al., 2008			Associated with narcissistically abused defense.
			Not associated with poisonous pedagogy defense.
Steiger et al., 1997			Associated with core narcissism.
Wall, 2013	Restricting type anorexia nervosa associated with narcissistically abused defense.	Associated with narcissistic personality disorder.	
Waller et al., 2006	Restricting type anorexia nervosa associated with poisonous pedagogy defense and narcissistically abused defense.		Associated with narcissism.
			Associated with narcissistically abused defense.
Zerach, 2014			Associated with grandiose and vulnerable core narcissism.

Table 1. Summary of Study Findings

Table 1 continued. Summary of Study Findings

eating disorders (Strother et al., 2012). One reason for this may be due to social pressures of men as well as the criteria for eating disorders being shaped towards females (Strother et al., 2012). Several social norms prevent males from recognizing and talking about their disordered eating in order to seek treatment and support (Strother et al., 2012). In addition, males generally appear with different presentations than females, seeking to gain muscle mass rather than thinness and participating in excessive exercise as a compensatory behavior rather than vomiting or laxatives (Strother et al., 2012). Therefore, much of eating disorder criteria does not identify these traits of men and fails to accurately diagnose them, thus excluding many males from studies involving typical eating disorder criteria (Strother et al., 2012). However, the studies involving analysis of men for eating disorders and narcissism presented inconsistent results. One study involving only white, college-aged men determined that there is no correlation between vulnerable narcissism and eating disorders in males while another by Dakanalis et al. (2016) studying both males and females determined that there was no gender difference in vulnerable narcissism levels for those with bulimia nervosa. The results from the two studies would be consistent if there was no correlation in females with bulimia nervosa to higher narcissism levels. However, this was not true; there was a positive correlation. Therefore, this review recognizes any methodological, conceptual, and sample differences that may have led to inconsistencies within the varying

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study findings.

Further, there is a limited age range of participants in these studies, as the majority of participants were college aged students rather than older adults, children, or adolescents. A reason for this may point to the difference in detection of, diagnoses, and treatment for mental health disorders in children and adolescents (Elia, 2019). Therefore, future studies should broaden the participant sample to analyze males, varied races, and varied ages in their eating habits and other personality traits. This research should start so broadly because individuals who are not young, white females may be less likely to be formally diagnosed with an eating disorder due to narrow eating disorder criteria; however, their behaviors may still reflect an eating disorder or personality disorder (Mitchison et al., 2014; Strother et al., 2012).

CONCLUSION

This review analyzing the correlation between core and narcissistic defenses with anorexia nervosa or bulimia nervosa shows a generally positive association between individuals with an eating disorder and having narcissistic traits. This claim becomes less steadfast as more specifics arise since there is disagreement as to whether vulnerable narcissism or grandiose narcissism, or both, relate to eating disorders and if it applies to all eating disorders, or only bulimia nervosa. Although there is disagreement amongst certain research, the general trend suggests that vulnerable narcissism is most associated with eating disorders. In addition, bulimia nervosa is most associated with narcissistic traits while the narcissistically abused defense is the one of the two defenses most associated with eating disorders. Regardless, there is still need for further research in order to confirm these correlations and better understand bulimia nervosa, anorexia nervosa, and narcissism as a personality construct.

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WORKS CITED

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychiatric Association. (2018, August). *What is mental illness?* https://www.psychiatry.org/patients-families/what-is-mental-illness

Boucher, K., Begin, C., Girouard, M., & Ratte, C. (2015). The relationship between multidimensional narcissism, explicit and implicit self-esteem in eating disorders. *Psychology*, *6*(15), 2025-39. https://doi.org/10.4236/psych.2015.615200

Brunton, J.N., Lacey, J.H., & Waller, G. (2005). Narcissism and eating characteristics in young nonclinical women. *The Journal of Nervous and Mental Disease*, *193*(2), 140-43. https://doi.org/10.1097/01.nmd.0000152784.01448.fe

Campbell, M., & Waller, G. (2010). Narcissistic characteristics and eating-disordered behaviors. *International Journal of Eating Disorders*, *43*(6), 560-64. https://doi.org/10.1002/eat.20739

Crisp, A., Gowers, S., Joughin, N., McClelland, L., Rooney, B., Nielsen, S., Bowyer, C., Halek, C., Hartman, D., Tattersall, M., Hugo, P., Robinson, D., Atkinson, R., & Clifton, A. (2006). Death, survival and recovery in anorexia nervosa: A thirty five year study. *European Eating Disorders Review*, *14*(3), 168-75. https://doi.org/10.1002/erv.704

Dakanalis, A., Clerici, M., & Carrà, G. (2016). Narcissistic vulnerability and grandiosity as mediators between insecure attachment and future eating disordered behaviors: A prospective analysis of over 2,000 freshmen. *Journal of Clinical Psychology*, *72*(3), 279-92. https://doi.org/10.1002/jclp.22237

Davis, C. (1998). Normal and neurotic perfectionism in eating disorders: An interactive model. *International Journal of Eating Disorders*, *22*(4), 421-26. https://doi.org/10.1002/(SICI)1098-108X(199712)22:4<421::AID-EAT7>3.0.CO;2-O

DeNoon, D.J. (2011, July 12). *Deadliest Psychiatric Disorder: Anorexia*. WebMD. https://www.webmd.com/mental-health/eating-disorders/anorexia-nervosa/news/20110711/deadliest-psychiatric-disorder-anorexia.

Elia, J. (2019, May). *Overview of mental disorders in children and adolescents*. Merck Manual Professional Version. https://www.merckmanuals.com/professional/pediatrics/mental-disorders-in-children-and-adolescents/overview-of-mental-disorders-in-children-and-adolescents

Farstad, S.M., Mcgeown, L.M., & Ranson, K.M. (2016). Eating disorders and personality, 2004–2016: A systematic review and meta-analysis. *Clinical Psychology Review*, *46*, 91-105. https://doi.org/10.1016/j.cpr.2016.04.005

Godt, K. (2008). Personality disorders in 545 patients with eating disorders. *European Eating Disorders Review*, *16*(2), 94-99. https://doi.org/10.1002/erv.844

Goldner, E.M., Srikameswaran, S., Schroeder, M.L., Livesley, W., & Birmingham, C. (1999). Dimensional assessment of personality pathology in patients with eating disorders. *Psychiatry Research*, *85*(2), 151-59. https://doi.org/10.1016/s0165-1781(98)00145-0

Gordon, K.H., & Dombeck, J.J. (2010). The associations between two facets of narcissism and eating disorder symptoms. *Eating Behaviors*, *11*(4), 288-92. https://doi.org/10.1016/j.eatbeh.2010.08.004

Hendin, H.M., & Cheek, J.M. (1997). *Hypersensitive narcissism scale*. PsycTESTS Dataset. https://doi.org/10.1037/t09484-000

Hoek, H.W., & Hoeken, D.V. (2003). Review of the prevalence and incidence of eating disorders. *International Journal of Eating Disorders*, *34*(4), 383-96. https://doi.org/10.1002/eat.10222

Howard, C. (2018, May 10). *Three common types of eating disorders*. USA Mental Health First Aid. https://www.mentalhealthfirstaid.org/external/2018/05/3-common-types-of-eating-disorders/

Karwautz, A., Volkl-Kernstock, S., Nobis, G., Kalchmayr, G., Hafferl-Gattermayer, A., Wober-Bingol, C., & Friedrich, M. (2001). Characteristics of self-regulation in adolescent patients with anorexia nervosa. *British Journal of Medical Psychology*, *74*(1), 101-14. https://doi.org/10.1348/000711201160830

Kinasz, K., Accurso, E.C., Kass, A.E., & Grange, D.L. (2016). Does sex matter in the clinical presentation

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

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13.2: 1-11

of eating disorders in youth? *Journal of Adolescent Health*, *58*(4), 410-16. https://doi.org/10.1016/j.jadohealth.2015.11.005

Littrell, C.K. (2015). *Facets of narcissism in relation to muscle dysmorphia and eating disorder symptomotology* (Publication No. 1493) [Masters thesis, Western Kentucky University]. TopSCHOLAR.

Livesley, W.J., Jackson, D.W., & Schroeder, M.L. (1991). Dimensions of personality pathology. *Canadian Journal of Psychiatry*, *36*(8), 557-62. https://doi.org/10.1177/070674379103600802

Maples, J., Collins, B., Miller, J.D., Fischer, S., & Seibert, A. (2011). Differences between grandiose and vulnerable narcissism and bulimic symptoms in young women. *Eating Behaviors*, *12*(1), 83-85. https://doi.org/10.1016/j.eatbeh.2010.10.001

Mitchison, D., Hay, P., Slewa-Younan, S., & Mond, J. (2014). The changing demographic profile of eating disorder behaviors in the community. *BMC Public Health*, *14*(1). https://doi.org/10.1186/1471-2458-14-943

National Alliance on Mental Health. (2016). *Mental health facts in America*. https://www.nami.org/nami/media/nami-media/infographics/generalmhfacts.pdf

National Eating Disorders Association. (2019, August 22). *Temperament and personality*. https://www.nationaleatingdisorders.org/toolkit/parent-toolkit/temperament-and-personality

National Institute of Mental Health. (2017). *Eating disorders*. https://www.nimh.nih.gov/health/statistics/eating-disorders.shtml

National Institute of Mental Health. (2018). *Eating disorders: Facts about eating disorders and the search for solutions.* https://www.nimh.nih.gov/health/publications/eating-disorders-new-trifold/index.shtml.

O'Brien, M.L. (1987). Examining the dimensionality of pathological narcissism: Factor analysis and construct validity of the O'Brien Multiphasic Narcissism Inventory. *Psychological Reports*, *61*(2), 499-510. https://doi.org/10.2466/pr0.1987.61.2.499

Parcesepe, A.M., & Cabassa, L.J. (2012). Public stigma of mental illness in the United States: A systematic literature review. *Administration and Policy in Mental Health and Mental Health Services Research*, *40*(5), 384-99. https://doi.org/10.1007/s10488-012-0430-z

Pincus, A.L., Ansell, E.B., Pimentel, C.A., Cain, N.M., Wright, A.G., & Levy, K.N. (2009). Initial construction and validation of the Pathological Narcissism Inventory. *Psychological Assessment*, *21*(3), 365-79. https://doi.org/10.1037/a0016530

Preidt, R. (2020, August 21). *Eating disorders cost billions in the U.S. WebMD*. https://www.webmd.com/mental-health/eating-disorders/news/20200821/eating-disorders-cost-billions-in-the-us

Raskin, R.N., & Hall, C.S. (1979). *Narcissistic Personality Inventory*. PsycTESTS Dataset. https://doi.org/10.1037/t00001-000

Rosenfeld, H. (1987). *Impasse and interpretation: Therapeutic and anti-therapeutic factors in the psychoanalytic treatment of psychotic, borderline, and neurotic patients* (1st ed.). London, UK: Routledge. https://doi.org/10.4324/9780203358887

Sines, J., Waller, G., Meyer, C., & Wigley, L. (2008). Core beliefs and narcissistic characteristics among eating-disordered and non-clinical women. *Psychology and Psychotherapy: Theory, Research and Practice*, *81*(2), 121-29. https://doi.org/10.1348/147608307x267496

Smink, F.R., Hoeken, D.V., & Hoek, H.W. (2012). Epidemiology of eating disorders: Incidence, prevalence and mortality rates. *Current Psychiatry Reports*, *14*(4), 406-14. https://doi.org/10.1007/s11920-012-0282-y

Smith, M., & Robinson, L. (2020, July). *Narcissistic Personality Disorder*. HelpGuide. https://www.helpguide.org/articles/mental-disorders/narcissistic-personality-disorder.htm#:~:text=Narcissistic%20personality%20disorder%20involves%20a,selfish%2C%20patronizing%2C%20and%20demanding

Steiger, H., Jabalpurwala, S., Champagne, J.E., & Stotland, S. (1997). A controlled study of trait narcissism in anorexia and bulimia nervosa. *International Journal of Eating Disorders*, *22*(2), 173-78. https://doi.org/10.1002/(sici)1098-108x(199709)22:23.0.co;2-c

Strother, E., Lemberg, R., Stanford, S.C., & Turberville, D. (2012). Eating disorders in men: Underdiagnosed,

THE PEGASUS REVIEW:
UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE RESEARCH JOURNAL

URJ

13.2: 1-11

undertreated, and misunderstood. *Eating Disorders*, *20*(5), 346-55. https://doi.org/10.1080/10640266.2012.715512

United States Census Bureau. (2021). *U.S. and world population clock*. Retrieved February 24, 2021, from https://www.census.gov/popclock/

Wall, D. (2013). Narcissism and eating disorders. *Remuda Review*, *7*(1).

Waller, G., Sines, J., Meyer, C., Foster, E., & Skelton, A. (2006). Narcissism and narcissistic defenses in the eating disorders. *International Journal of Eating Disorders*, *40*(2), 143-48. https://doi.org/10.1002/eat.20345

Yakeley, J. (2018). Current understanding of narcissism and narcissistic personality disorder. *BJPsych Advances*, *24*(5), 305-15. https://doi.org/10.1192/bja.2018.20

Zerach, G. (2014). The associations between pathological narcissism, alexithymia and disordered eating attitudes among participants of pro-anorexic online communities. *Eating and Weight Disorders*, *19*(3), 337-45. https://doi.org/10.1007/s40519-013-0096-x