

Narcissism and Eating Disorders in Adolescent Population

Amianto F*, Rainis M, Spalatro A, Abbate Daga G and Fassino S

Neurosciences Department, University of Torino, Turin, Italy

***Corresponding Author:** Federico Amianto, Neurosciences Department, University of Torino, Turin, Italy.

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Abstract

Eating disorders are still challenging with respect to their pathogenic mechanisms. Specific personality traits have been evidenced to characterize their diagnosis and are linked to specific problems in their management. Nevertheless, personality traits do not explain the relationship with other pathogenic factors such as attachment disorders and family dynamics.

The present review focuses on the relationship between eating disorders, narcissistic personality traits and attachment dynamics in adolescent population.

Vulnerable narcissism is strongly associated with eating disorder symptoms because of the tendency to base self-worth on appearance. Vulnerable narcissism is rising in the age group going from 16 to 21, which is also at the highest risk for the onset of eating disorders. Indeed, if the narcissistic needs are not empathically responded to during adolescence, they are repressed and the self becomes vulnerable to fragmentation. Self-regulatory deficits are seen as prerequisites for developing an eating disorder because the person attempts to compensate for these self-regulation disturbances through disordered eating patterns.

These findings are relevant to the treatment since the presence of narcissism might have a negative impact on the therapeutic course. Moreover, such characteristics need to be included in the case-formulation in order to shape treatment which primarily should validate the inconsistencies of the self-expressed by narcissistic defences.

Keywords: *Narcissism; Eating Disorders; Adolescent Population; Vulnerable Narcissism*

Review

Even though in the least twenty years treatments of Eating Disorders have proved some efficacy even with respect to their long-term outcome, these disorders are still challenging with respect to their pathogenic mechanisms. One aspect that has been widely considered as a specific risk factor is personality. Specific personality traits have been proven to characterize each eating disorder diagnosis [1,2], and some personality traits have been demonstrated as a common “core” to all eating and mental disorders [3]. Moreover, some personality traits were linked to specific problems in the management of eating disorders, such as dropout [4-6] or resistance [7]. Nevertheless, the study of personality traits did not fully succeed in explaining the inner psychological dynamics that produce the eating symptoms and in particular the relationship between personality traits and other pathogenic factors such as attachment disorders and family dynamics [8,9].

The present literature review aims to highlight another approach to the study of personality in eating disorders, and in particular it focuses on the relationship between eating disorders, narcissistic personality traits and attachment dynamics as a possible pathogenic circle underlying the expression of eating symptoms in adolescent population.

Like the story of Narcissus, narcissism in personality traits as conceived by Diagnostic and Statistical Manual of Mental Disorders (DSM) classification is characterized by a grandiose and inflated self-concept [10]. Core features of narcissism include exaggerated sense of self-importance, vanity and exhibitionism, feelings of superiority and entitlement, arrogance, a lack of empathy and a willingness to manipulate and exploit others to achieve personal goals [11-14]. High levels of attention to personal aspects and a desire to display appearance are integral components of narcissism [15,16]. These drive the link consistently reported by the literature between narcissism and eating disorder symptoms [17-21]. Narcissistic personality features characterize adolescent personality in general. Narcissistic traits are common in adolescent individuals affected by any mental disorder, nevertheless, based on the meta-analysis of Cassin and Ranson [22], narcissistic personality disorder is diagnosed in 2% to 16% of eating disorder patients, with the lower estimate of 2% arising from the more reliable assessment procedures.

A reason for this discrepancy may be the fact that the majority of studies on eating disorder symptoms measure narcissism as a unitary construct [19,23,24] rather than examining different types of narcissism separately. A study that is an exception to this is that of Gordon, *et al.* [25] who sought to examine the relationships between two facets of narcissism, vulnerable and grandiose [26-28], and eating disorder symptoms. Grandiose narcissists suffer from fantasies of unlimited success and power, while believing they are “special”, and therefore requiring excessive admiration; they maintain their positive self-views by devaluing others’ opinions, exaggerating their sense of superiority, and acting aggressively toward critics. Grandiose narcissism is represented in the current (DSM-5) criteria for narcissistic personality disorder [29], while vulnerable narcissism is more characterized by hypersensitivity to the opinions of others, insecurity, an intense desire for approval, and poor self-image. When they perceive negative feedback from others, vulnerable narcissists tend to experience intense humiliation and to withdraw from social encounters so that to avoid real or imaginary disparagement [28-30]. Based upon previous research [17,18], Gordon, *et al.* [25] 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 [31]. The hypotheses were tested cross-sectionally in a sample of 355 male and female adolescent undergraduate students. This was a particularly relevant population in light of evidence that narcissism is rising in this age group [32] and that this age group (16 to 21) is at the highest risk for the onset of eating disorders [33]. Results conformed to prediction, in that vulnerable narcissism tended to be associated with eating disorder symptoms, and this relationship was partially linked to self-worth being dependent upon looks. Vulnerable narcissism might be a risk factor for eating disorders because of a drive to improve self-worth through the enhancement of physical appearance, and this leads them to resort to behaviors such as dieting, excessive weight lifting, and purging. Even though grandiose narcissists also excessively rely on their appearance [15], they may be buffered from eating disorder symptoms because they do not found their self-worth on looks. 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 [34].

Other studies in literature [17,18,23,24] concluded that any relationship between eating pathology and narcissism is not sufficiently explained by the “core” narcissism (feelings of grandiosity, entitlement, and inflated self-importance), but also by narcissistic defenses. Narcissistic defenses serve the function of maintaining the individual’s level of self-esteem against threat. While these defenses can serve to support core narcissism they can also maintain a minimal level of self-esteem in individuals who already have a relatively poor self-concept but who see even that level as threatened. This is the case of adolescents without a narcissistic personality disorder. Adolescents display a fragile self-esteem since their adult identity is developing and their child identity is severely wounded by their physical and psychological growth. Hence adolescents express narcissistic features in those situations, mainly social and relational ones, in which they perceive a menace to their fragile self-esteem. Given the poor self-esteem of many adolescent patients with eating disorders [35,36], it is possible to hypothesize that such narcissistic defenses would be relevant to these patients. A study of Waller, *et al.* [21] found that the ‘poor me’ defence style was the narcissistic defence approach most strongly associated with the core thought processes of the eating disordered. The ‘poor me’ defence style sees oneself as being poorly treated by others. Thus, the presentation is a ‘martyred’ one, where self-esteem is maintained by seeing the self as being misunderstood and subject to intolerable demands. The ‘poor me’ defence style

stands in contrast to 'bad you' approach, otherwise referred to as 'poisonous pedagogy'. This involves seeing others as wrong and in need of direction. Narcissists deploying the 'bad you' defence typically view their therapist as being faulty; needing to be taught their job by the patient. There was some link between certain eating disordered attitudes and 'bad you', in the study, but the 'poor me' defence mechanism was more strongly linked with eating disorders [21].

Another study [37] determined the links between eating pathology and different elements of narcissism (both the core pathology and the defensive style). 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. The study showed a clear association between specific personality traits and different eating pathology; this research suggested that bulimic attitudes and behaviors are associated with classic narcissistic personality traits, and that the anorexic characteristics of drive for thinness and low BMI are associated with the "poor me" (vulnerable or repressed) form of narcissism in which others are viewed as abusive and the individual must, like a martyr, place the needs of others first. 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 to 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 [37].

While eating disorders can affect individuals from different age groups, the average age of onset takes place during adolescence [38]. Adolescence is a period of various transitions [39] and of frequent struggles with the narcissistic equilibrium [40]. Therefore, it is worth investigating self-regulation in adolescence using operationalized definitions of the various models of regulation. If the narcissistic needs and the affects of the child are not empathically solved, they are repressed. The self becomes vulnerable to the experience of fragmentation. At some point in an individual's personal development, there will be an attempt to compensate for these self-regulation disturbances (caused by unmet self-object needs) with disordered eating patterns. Thus, within the self-psychological framework, self-regulatory deficits are seen as prerequisites for developing an eating disorder and, particularly AN [9,41]. The purpose of the study by Karwautz., *et al.* [23,24] was to investigate the different modes of self-regulation in adolescent anorexia nervosa (AN); the study demonstrated that the self-system is experienced as highly unstable, that idealization is used as mode of regulation, and that the dimension of the 'classic narcissistic self' is less important in this patient group. Evaluation the system of self-regulation was found to be useful and can be used for (used to plan) planning treatment in the individual patient according to their needs [23,24]. The interpretation of the eating disorders' outburst as an attempt of regulating the self when narcissistic defences are inadequate links the troubles of attachment dynamics in the adolescent subjects with the problems in family functioning (included disturbing personality traits of parents; [8]), with the expression of extreme personality patterns which are sometimes different from (different from) those expressed in childhood [9].

In conclusion, all these findings are potentially relevant to the treatment of the (senza the) eating disorders. The presence of narcissism or narcissistic defenses might have a negative impact on the therapeutic relationship. Other practitioners have indicated that narcissistic personality traits can interfere with therapy in such ways across a range of disorders [42,43]. Therefore, it will be important to identify any narcissistic traits early on in the assessment process. Such characteristics need to be included in the case formulation in order to shape treatment. Treatment with (in that) such cases will need to be modified including the specific aim of recognizing and satisfying the unmet (unmet) narcissistic needs of adolescence. This can be reached using attachment and empathy as (as well as oppure specific relational and emotional instruments such as attachment and empathy) specific relational and emotional instruments to facilitate the working relationship [44-47], thus reducing the risk of drop-out and enhancing the patient's ability to tolerate the challenges inherent in work utilizing techniques that can reduce eating pathology [21].

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