



Deposited via The University of Sheffield.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/id/eprint/89330/>

Version: Accepted Version

Article:

Lawson, R., Waller, G., Sines, J. et al. (2007) Emotional awareness among eating-disordered patients: The role of narcissistic traits. *European Eating Disorders Review*, 16 (1). 44 - 48. ISSN: 1072-4133

<https://doi.org/10.1002/erv.838>

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

Emotional awareness among eating-disordered patients: The role of narcissistic traits

Rachel Lawson

Eating Disorders Section, Institute of Psychiatry, King's College London, UK and
South Island Eating Disorders Service, Canterbury District Health Board, New Zealand

Glenn Waller

Eating Disorders Section, Institute of Psychiatry, King's College London, and
Vincent Square Eating Disorders Service, London, UK.

Jennie Sines

Department of Human Sciences, University of Loughborough, UK.

Caroline Meyer

Department of Human Sciences, University of Loughborough, UK.

Corresponding author

Glenn Waller, Vincent Square Clinic, CNWL Mental Health NHS Trust, Osbert Street,
London SW1P 2QU, UK. Phone: +44-20-8237-2104. Fax: +44-20-8237-2280. email:
glenn.waller@iop.kcl.ac.uk

Emotional awareness among eating-disordered patients: The role of narcissistic traits**Abstract**

The narcissistic defences and a lack of emotional awareness (alexithymia) are both salient features of eating disorder pathology, as well as being linked to each other. As each of these characteristics impacts independently on treatment, it is important to understand how they interact within an eating-disordered population. The present study assessed the associations between the three core elements of alexithymia and the core and defensive elements of narcissism in this clinical group. Seventy eating-disordered patients completed standardised measures of alexithymia and narcissism, and multiple regression analyses were conducted in order to examine the relationship between these variables. Core narcissism (e.g., grandiosity, entitlement) was associated with difficulties in describing feelings to others, whereas the narcissistic defences were associated with difficulties in identifying feelings and distinguishing them from somatic experiences. These patterns of association suggest that different aspects of alexithymia are associated with different aspects of narcissism. Clinical suggestions are made for how these characteristics might require modifications of standard treatment approaches for the eating disorders.

Key words: eating disorders; narcissism; alexithymia; emotion

Emotional awareness among eating-disordered patients: The role of narcissistic traits

Alexithymia is a construct characterised by functional problems in emotional processing. Those problems include: difficulty in identifying and describing feelings; difficulty in distinguishing between feelings and the bodily sensations associated with emotional arousal; a paucity of fantasies and other imaginative activities; and a preference for focusing on external events rather than inner experiences (Hendryx, Haviland & Shaw, 1991; Taylor, Parker, Bagby & Bourke, 1996). There is evidence that women with eating disorders have such difficulties in identifying and expressing emotions (Bydlowski, Corcos, Jeammet, Paterniti, Berthoz, Laurier, Chambry, & Consoli, 2005; Cochrane, Brewerton, Wilson & Hodges, 1993; Corcos, Guilbaud, Speranza, Paterniti, Loas, Stephan & Jeammet, 2000; Taylor et al., 1996; Zonnevijlle-Bendek, van Goozen, Cohen-Kettenis, van Elburg & van Engeland, 2002). However, such patients do not differ from non-clinical controls in levels of externally-oriented thinking (Taylor et al., 1996; Troop, Schmidt & Treasure, 1995). This pattern suggests that there are specific deficits in the cognitive processing of emotion in the eating disorders, rather than deficits in operational cognitive style. Thus, the core issue for understanding and treating emotional issues in the eating disorders should be the affective deficits of alexithymia, rather than the associated cognitive disturbances (Laquatra & Clopton, 1994).

While there is little evidence that levels of alexithymia differ reliably across eating disorder diagnoses, there is a considerable degree of difference between individual patients. Personality and temperament issues seem to be critical determinants of the level of emotional experience. While some patients have relatively high levels of impulsivity in their expression of emotion (e.g., those with borderline personality disorder features), others are relatively averse to expressing their feelings (e.g., those with comorbid avoidant personality disorder features). Among eating-disordered patients, Sexton, Sunday, Hurt and Halmi (1998) found that the presence of either of these personality disorders is predictive of difficulty in expressing feelings to others. Other Cluster B personality pathologies (American

Psychiatric Association, 1994) might be expected to be particularly related to emotional regulation problems, given the dramatic, erratic nature of those personality styles. Of those personality characteristics, there is one that has particular links to the psychopathology of the eating disorders - narcissism. Patients with narcissistic features have difficulty with emotional states, particularly in identifying triggers for their emotions (Dimaggio, Nicolò, Popolo, Semerari & Carcione, 2006). High levels of narcissism are inversely related to empathy, particularly emotional responses to the feelings of others (Watson, Grisham, Trotter & Biderman, 1984).

There is a literature that posits a link between narcissism and emotional awareness. However, it is mostly psychoanalytic in nature (e.g., Davis & Marsh, 1986) being based on clinical opinion and example case studies. Therefore, the empirical support for this hypothesised link is weak. In addition, this literature has been largely concerned with the core elements of narcissism (grandiosity, entitlement and self-importance). While core narcissism has been linked to the eating disorders (e.g., Lehoux, Steiger & Jabalpurwala, 2000; McLaren, Gauvin & Steiger, 2001), it is also important to consider the role of the narcissistic defences in this clinical population (e.g., Waller, Sines, Meyer, Foster, & Skelton, in press). O'Brien (1987) has identified two narcissistic defensive styles that can accompany core narcissism - poisonous pedagogy (others are seen as wrong, and are in need of direction), and narcissistically abused personality (others are seen as abusive, and the needs of others are put first). Although alexithymia has been linked to both the eating disorders and core narcissism, it is not clear whether the narcissistic defences that are pertinent in the eating disorders are also linked to problems in emotional awareness among that clinical group.

From a clinical perspective, understanding the association between narcissistic personality features and alexithymia offers the prospect of being able to work more effectively with patients who present with the emotionally unstable features of narcissism. If such patients are unable to identify or explain emotional states, treatments will be needed that focus on this deficit, in order to help those patients to engage in therapy and to modify

any behavioural responses that can interfere with treatment for the eating disorder itself. Therefore, the aim of this study was to determine the associations between different facets of narcissism and alexithymia in an eating-disordered group.

Method

Participants

The participants were a clinical case series of 70 adult eating-disordered patients (69 women, one man) who were referred to an eating disorders service for treatment. All of the participants met DSM-IV diagnostic criteria (American Psychiatric Association, 1994) for an eating disorder. They consisted of nine cases of anorexia nervosa, 23 of bulimia nervosa, and 38 with an eating disorder not otherwise specified (e.g., not meeting all criteria for anorexia nervosa or bulimia nervosa). The mean age of the sample was 28.5 years ($SD = 8.66$, range = 18-59), while their mean body mass index ($BMI = \text{weight}[\text{kg}]/\text{height}[\text{m}]^2$) was 22.1 ($SD = 6.51$, range = 13.8-52.4).

Measures and Procedure

Ethical approval was granted by the local research ethic committee. The following two measures were given to the patients at assessment. They were asked to complete them and send them back in a pre-paid envelope. Participants were weighed and their height taken during assessment.

Toronto Alexithymia Scale – 20-item version (TAS-20; Bagby, Taylor & Parker, 1994a).

The TAS-20 is a 20-item measure of the three core elements of alexithymia - difficulty identifying feelings and distinguishing them from bodily sensations; difficulty describing feelings to others; and externally oriented thinking. The TAS-20 has good reliability and validity (Bagby, Taylor & Parker, 1994b), and is the most widely used instrument for measuring the construct of alexithymia (Taylor, 2000). Higher scores indicate higher levels of alexithymia.

O'Brien Multiphasic Narcissistic Inventory (OMNI; O'Brien, 1987). The OMNI is a 41-

item measure of narcissistic features. It has three scales: narcissistic personality (core elements of narcissism, such as entitlement); the poisonous pedagogy defence (the belief that one should control others, and the tendency to criticize others to govern their behaviour); and the narcissistically abused defence (placing the needs of others before one's own needs, but with a tendency to present oneself as 'martyred'). The OMNI has good reliability and validity (O'Brien 1987, 1988). Higher scores indicate greater levels of narcissism.

Data analysis

As previous work has shown that levels of narcissism and alexithymia do not differ substantially across eating disorder diagnoses (Corcos et al., 2000; Waller et al., in press), the clinical group was not subdivided by diagnosis for the analyses. This approach is in keeping with moves towards 'transdiagnostic' models of the eating disorders (Fairburn, Cooper & Shafran, 2003; Wade, Bergin, Martin, Gillespie & Fairburn, 2006; Waller, 1993). Multiple regression analyses (simultaneous entry method) were conducted to assess the associations between the three narcissism elements (OMNI scales) and the three dimensions of alexithymia (TAS-20 scales). The three facets of narcissism were used to predict levels of each of the three elements of alexithymia.

Results

The patients' mean narcissism scores on the OMNI were: Narcissistic Personality scale = 6.61 (SD = 3.16); Narcissistic Abused Personality scale = 5.46 (SD = 2.21); and Poisonous Pedagogy scale = 6.11 (SD = 2.91). Their mean alexithymia scores on the TAS-20 were: Difficulties Identifying Feelings scale = 21.5 (SD = 7.16); Difficulty Describing Feelings scale = 15.5 (SD = 5.07); and Externally-Oriented Thinking scale = 21.1 (SD = 9.02). Kolmogorov-Smirnov tests showed that all the OMNI and TAS-20 scales met the criteria for normal distribution ($P > .05$), with the exception of the TAS-20 Externally-Oriented Thinking scale ($Z = 1.45$, $P < .04$).

Table 1 shows the associations (multiple regression analyses) between narcissistic characteristics (OMNI scales) and each of the three individual elements of alexithymia (TAS scales). The patterns of association differed for each of the three elements of alexithymia. The two narcissistic defences were associated with difficulties in identifying feelings and distinguishing them from somatic experiences. In contrast, core narcissism was associated with difficulties in describing feelings to others. Finally, no elements of narcissism were associated with externally-oriented thinking.

Insert Table 1 about here

Discussion

This study has assessed the association between narcissistic characteristics and alexithymia in an eating-disordered population, in order to determine how these treatment-impacting variables interact. As hypothesised, both core narcissism and the narcissistic defences were linked to emotional awareness. However, the associations were relatively specific rather than generalised. While core narcissism was linked with difficulty in describing feelings to others, the narcissistic defences were associated with difficulties in identifying feelings and distinguishing them from somatic experiences. No elements of narcissism were associated with the externally-oriented thinking element of alexithymia, but this element is of little relevance to eating pathology (Taylor et al., 1996; Troop et al., 1995).

The link between core narcissism and alexithymia is consistent with the existing literature, which posits a link between core narcissistic features and poor emotional awareness (Davis & Marsh, 1986; Dimaggio et al., 2006). This study has elaborated the links with relation to one clinical group, showing that core narcissism is linked specifically to difficulties in describing feelings to others. This pattern of association suggests an individual who is so self-oriented that she or he is unable to understand either that others' emotions are different to one's own, or that others might not be automatically aware of one's emotions.

This conclusion is supported by the relationship between core narcissism and lack of empathy (Watson et al., 1984). In contrast, the narcissistic defences were specifically associated with difficulty in identifying feelings and distinguishing them from somatic experiences. This link might arise because such defensive behaviours (e.g., criticism of others, seeing others as hostile) are divorced from the individual's true underlying emotional state (e.g., 'I feel lonely, but I behave angry').

Further research is needed to substantiate these hypotheses, and to discover if these associations are relevant to other clinical groups outside of the eating disorders. However, these findings demonstrate that the way in which alexithymia manifests in the eating disorders is influenced by the personality variables of narcissism. Both alexithymia and narcissism can interfere with the treatment of the eating disorders. Alexithymia can make it difficult to identify the emotional factors that trigger eating behaviours (e.g., Meyer, Waller & Waters, 1998), while narcissism in the patient can make it hard to work collaboratively towards goals that the patient does not necessarily share initially (e.g., experimenting with eating in a structured way). These findings suggest that it might be necessary to address both the alexithymic and narcissistic characteristics of the patient in a joint way, rather than as separate phenomena, using approaches that aim to modify both emotional processing (e.g., Corstorphine, in press) and schema level core beliefs (e.g., Beck, Freeman, Davis & Associates, 2004; Young, Klosko & Weishaar, 2003). This work may be necessary before it is possible to address the eating behaviours and cognitions themselves, but this remains to be determined.

References

- American Psychiatric Association (1994) Diagnostic and statistical manual of mental disorders (4th ed.) Washington, DC: American Psychiatric Association.
- Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (1994a). The twenty-Item Toronto Alexithymia Scale - I. Item selection and cross-validation of the factor structure. Journal of Psychosomatic Research, *38*, 23-32.
- Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (1994b). The twenty-item Toronto Alexithymia Scale-II: Convergent, discriminant, and concurrent validity. Journal of Psychosomatic Research, *38*, 33-40.
- Beck, A. T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders (2nd ed.) New York, NY; Guilford.
- Bydlowski, S., Corcos, M., Jeammet, P., Paterniti, S., Berthoz, S., Laurier, C., Chambry, J., & Consoli, S. M. (2005). Emotion-processing deficits in eating disorders. International Journal of Eating Disorders, *37*, 321-329.
- Cochrane, C. E., Brewerton, T. D., Wilson, D. B., & Hodges, E. L. (1993). Alexithymia in eating disorders. International Journal of Eating Disorders, *14*, 219-222.
- Corcos, M., Guilbaud, O., Speranza, M., Paterniti, S., Loas, G., Stephan, P., & Jeammet, P. (2000). Alexithymia and depression in eating disorders. Psychiatric Research, *93*, 263-266.
- Corstorphine, E. (2006). Cognitive-emotional-behavioural therapy for the eating disorders: Working with beliefs about emotions. European Eating Disorders Review, *14*, 448-461.
- Davis, M. S., & Marsh, L. (1986). Self-love, self-control, and alexithymia: narcissistic features of two bulimic adolescents. American Journal of Psychotherapy, *40*, 224-232.
- Dimaggio, G., Nicolò, G., Popolo, R., Semerari, A., & Carcione, A. (2006). Self-regulatory dysfunctions in personality disorders: the role of poor self-monitoring and mindreading. Applied Psychology: An International Review, *55*, 397-407.
- Fairburn, C. G., Cooper, Z., & Shafran, R. (2003). Cognitive behaviour therapy for eating disorders: A 'transdiagnostic' theory and treatment. Behaviour Research and Therapy,

41, 509-528.

Hendryx, M. S., Haviland, M. G., & Shaw, D. G. (1991). Dimensions of alexithymia and their relationships to anxiety and depression. Journal of Personality Assessment, 56, 227-237.

Laquatra, T. A., & Clopton, J. R. (1994). Characteristics of alexithymia and eating disorders in college women. Addictive Behaviors, 19, 373-380.

Lehoux, P. M., Steiger, H., & Jabalpurwala, S. (2000). State/trait distinctions in bulimic syndromes. International Journal of Eating Disorders, 27, 36-42.

McLaren, L., Gauvin, L., & Steiger, H. (2001). A two-factor model of disordered eating. Eating Behaviors, 2, 51-65.

Meyer, C., Waller, G., & Waters, A. (1998). Emotional states and bulimic psychopathology. In H. W. Hoek, J. L. Treasure, & M. A. Katzman (eds). Neurobiology in the treatment of eating disorders (pp. 271-289). Chichester UK: Wiley.

O'Brien, M. (1987). Examining the dimensionality of pathological narcissism: factor analysis and construct validity of the O'Brien Multiphasic Narcissism Inventory. Psychological Reports, 61, 499-510.

O'Brien, M. (1988). Further evidence of the validity of the O'Brien Multiphasic Narcissism Inventory. Psychological Reports, 62, 879-882.

Sexton, M. C., Sunday, S. R., Hurt, S., & Halmi, K. A. (1998). The relationship between alexithymia, depression, and axis II psychopathology in eating disorder inpatients. International Journal of Eating Disorders, 23, 277-286.

Taylor, G. J. (2000). Recent developments in alexithymia theory and research. Canadian Journal of Psychiatry, 45, 134-142.

Taylor, G. J., Parker, J. D. A., Bagby, M., Bourke, M. P. (1996). Relationships between alexithymia and psychological characteristics associated with eating disorders. Journal of Psychosomatic Research, 41, 561-568.

Troop, N. A., Schmidt, U. H., & Treasure, J. L. (1995). Feelings and fantasy in eating disorders: A factor analysis of the Toronto Alexithymia Scale. International Journal of

Eating Disorders, 18, 151-157.

Wade, T. D., Bergin, J. L., Martin, N. G., Gillespie, N. A., & Fairburn, C. G. (2006). A

transdiagnostic approach to understanding eating disorders. Journal of Nervous and Mental Disease, 194, 510-517.

Waller, G. (1993). Why do we diagnose different types of eating disorder? Arguments for a change in research and clinical practice. Eating Disorders Review, 1, 74-89.

Waller, G., Sines, J., Meyer, C., Foster, E., & Skelton, A. (in press). Narcissism and narcissistic defences in the eating disorders. International Journal of Eating Disorders.

Watson, P. J., Grisham, S. O., Trotter, M. V., & Biderman, M. D. (1984). Narcissism and empathy: validity evidence for the Narcissistic Personality Inventory. Journal of Personality Assessment, 48, 301-305.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). Schema therapy: A practitioners' guide. New York, NY; Guilford.

Zonnevillage-Bendek, M. J. S., van Goozen, S. H. M., Cohen-Kettenis, P. T., van Elburg, A., & van Engeland, H. (2002). Do adolescent anorexia nervosa patients have deficits in emotional functioning? European Child and Adolescent Psychiatry, 11, 38-42.

Table 1

Multiple regression analyses, showing the association of elements of narcissism (OMNI scores) with alexithymia (TAQ scores) among eating-disordered women (N = 70)

	Overall effect			Individual effects			
	Overall <u>F</u>	<u>P</u>	% variance explained	Significant independent variables (OMNI scales)	<u>t</u>	<u>P</u>	<u>Beta</u>
Dependent variable (TAS-20 scale)							
Difficulty identifying feelings/ distinguishing emotions from bodily sensations	17.3	.001	45.7%	Narcissistically abused Poisonous pedagogy	4.07 2.14	.001 .05	.437 .259
Difficulty describing feelings to others	11.2	.001	34.5%	Narcissistic personality	3.60	.001	.437
Externally-oriented thinking	1.49	<u>NS</u>	2.50%	-	-	-	-