BULIMIA AS A DISTURBANCE OF NARCISSISM: SELF-ESTEEM AND THE CAPACITY TO SELF-SOOTHE

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Abstract — A review of the literature on eating disorders reveals that, although psychodynamic formulations linking narcissistic dynamics—particularly difficulties with self-soothing—and eating disorders are common in the theoretical and clinical literature, little empirical work has attempted to substantiate this claim. In this study, 117 women completed the Eating Disorder Inventory and the Bulimia Test Revised and four scales that measure different components of narcissism (the Multidimensional Self-Esteem Inventory, measuring self-esteem, the Self-Care Questionnaire, and two subscales of the Ego Functioning Assessment Questionnaire, measuring self-soothing). The four scales used to assess narcissism were all highly correlated with each other, indicating that they measure a similar construct. In addition, the eating-disorder measures were correlated with the measures of narcissism, suggesting that a relationship exists between bulimia and narcissism, as assessed using self-report instruments.

Clinical observations of patients with bulimia frequently include descriptions of the traits of borderline and narcissistic personality disorder (Davis & Marsh, 1986; Johnson & Connors, 1987; Yarrock, 1993; Masterson, 1995). Although there has been empirical support for the association with borderline personality syndrome, investigators attempting to test the hypothesis that bulimia is a disorder of narcissism have produced conflicting findings. In one study using the Dimensional Assessment for Personality Pathology-Basic Questionnaire (Steiger, Stotland, Ghadirian, & Whitehead, 1995), the authors did report elevated narcissism in bulimia, but other investigators using the Millon Clinical Multiaxial Inventory (Kennedy, McVey, & Katz, 1990), and the Narcissistic Personality Disorder Scale (Ruderman & Grace, 1987, 1988) have in general not supported this finding. However, in these instruments the phenomenon of narcissism is described by presenting symptomatology, primarily grandiosity. The underlying feelings of vulnerability and low self-esteem, also components of narcissism, are ignored or minimized.

Theoretical support for the hypothesis that bulimia and other eating disorders represent a disturbance of narcissism comes from the work of Kohut (1971) and other self psychologists who have described the core phenomena of narcissism to include low self-esteem, difficulties with self-soothing, and the use of characteristic defenses. The binge–purge cycles are thought to represent an attempt to provide functions associated with self-esteem maintenance, which the self is unable to provide for itself. Goodsitt (1982, 1983, 1985), Chessick (1985), and Geist (1985, 1989) have argued extensively for the view that bulimics are deficient in their capacity to self-soothe and regulate tension. According to these authors, this “deficiency in the capacity to self-soothe” includes a deficient capacity to self-regulate; that is, to manage chronic or recurrent tension states, and to maintain self-esteem, self-cohesiveness, and self-vitalization. Swift
and Letven (1984) also describe a deficiency in ego functions—a "basic fault" (Balint, 1968) in the ego structure—which the authors postulate may be responsible for the bulimic's inability to regulate tension, prevent overstimulation, and provide soothing.

Khantzian's formulations (1977, 1985) regarding the affect and tension-regulating aspects of drug addiction and the role of the drug as a substitution for defective or nonexistent ego functions such as the ability to self-soothe have prompted a group of studies in which the investigators draw parallels between the phenomena seen in both bulimia and drug addiction. Chelton and Bonney (1987), for example, have defined addictions (including eating disorders) as "any behavior of repeated use to generate diffuse sensations and intense affects and feelings which help maintain order and continuity in the sense of self." Similarly, Cooper et al. (1988) assert that bulimics may use bingeing and purging "as a tension-regulating adaptation," while Steinberg, Tohin, and Johnson (1990) were able to demonstrate that bulimic patients reported reductions in anxiety and fragmentation over the course of the binge-purge cycle.

The purpose of this study was to investigate the connection between disordered eating, specifically bulimia, and relevant psychodynamic formulations, specifically those related to narcissism, with a particular focus on the development of self-esteem and the capacity to self-soothe. Based on the conceptualizations of Kohut (1971, 1977, 1984), it is believed that deficits in self-esteem and the capacity to self-soothe arise from difficulties in the relationship with the primary parental figure, and represent both a disturbance in the development of the self, and a disorder of narcissism. In this study, we posit that there is a relationship between bulimia and bulimia-related eating behaviors and attitudes, and narcissism, when narcissism is defined in terms of the underlying constructs of self-esteem and deficiencies in the capacity to self-soothe, rather than the presenting symptom of grandiosity. The following specific hypotheses were tested in this study:

Hypothesis 1: There will be a significant positive correlation between the measures of self-esteem [Global Self-Esteem subscale (GSE) of the Multidimensional Self-Esteem Inventory (MSEI)] and self-soothing [Self-Care Questionnaire (SCQ); two scales from Bellak's Ego Functioning Questionnaire (EFQ Affect and EFQ Stimulus)], indicating that these are measures of a similar construct, which, drawing on the work of Kohut (1971, 1977), we refer to in this study as the theoretically derived measures of narcissism.

Hypothesis 2: There will be significant relationships between the eating disorder measures and the theoretically derived measures of narcissism. More specifically, there will be negative relationships between the measures of eating disorders [the three subscales of the Eating Disorder Inventory (Bulimia, Body Dissatisfaction, and Drive for Thinness Scales) and the Bulimia Test Revised (BULIT-R)] and the measure of global self-esteem and several of the measures of self-soothing (SCQ, and the EFQ Affect and EFQ Stimulus), indicating that higher levels of eating disorders are associated with low self-esteem and difficulties with self-soothing.

M E T H O D

Subjects and procedures
A nonclinical sample of subjects was used in this study, and it was expected that the sample would include subjects in the "normal" and the "clinical" range with respect to eating attitudes and behavior, particularly given the incidence of undiagnosed eating disorders in the general population, especially in college-aged women. Participants in this study were 117 women from a private college, gathered on a volunteer basis and paid $10 for participation. Inclusion criteria for participation in the study included be-
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ing female and having no evidence of severe psychopathology, as assessed from a self-report personal history questionnaire. The sample consisted of predominantly Caucasian (77.8%) women. However, there were 4 African American, 5 Asian, 8 Hispanic, and 9 “other” participants. The ages ranged from 18 to 48 years, with the mean age 30.8 (SD = 8.8); however, as the sample was mostly college students, the modal age was 19, with 18% 21 years old or under. The sample was highly educated, primarily in psychology, with 45% reporting some college education and 56% reporting some graduate education. Fifty-two percent of the sample were single, 34% were married or living together, and 14% were separated or divorced. A total of 68% of the women were without children, while 9% had one child, and 18% had two or more children.

In the present study, we conceptualized and measured eating-disorder pathology and the theoretically derived measures of narcissism as continuous variables, and a correlational analytic strategy was used. The usefulness of examining personality variables as continuous variables rather than as discrete categorical typologies (presence or absence of narcissism or bulimia) finds support in Mendelsohn, Weiss, and Feimer's (1982) comments on the use of typologies or categories versus conceptions of personality variables along continuous dimensions. Mendelsohn et al. (1982) argue that personality variables are more generally distributed continuously and that, while typologies may be a convenient and efficient means of communication, they are actually arbitrary constructions that may be mistakenly taken to represent genuine divergencies.

**Instruments**

*The Bulimia Test Revised (BULIT-R).* The BULIT-R (Smith & Thelen, 1984; Thelen, Farmer, Wonderlich, & Smith, 1991) is a 36-item self-report multiple-choice measure that assesses bulimic attitudes and behavior based on the criteria of the *Diagnostic and Statistical Manual of Mental Disorders Revised (DSM-III-R; American Psychiatric Association, 1987)* for bulimia. The BULIT-R was developed to identify bulimic individuals in nonclinical as well as in clinical populations. Predictive validity was assessed in a population of 1,739 college women, comparing scores on the BULIT-R with structured clinical interviews. The specificity, positive predictive ability, and negative predictive value were .82 or higher, and the sensitivity was .62.

*The Eating Disorder Inventory—2 (EDI).* The EDI (Garner, 1991) is a 91-item, self-report measure of symptoms commonly associated with anorexia nervosa and bulimia. The EDI is used to derive eight subscales and three provisional subscales. In the present investigation, scores from the subscales Bulimia (B), Body Dissatisfaction (BD), and Drive for Thinness (DT) were of primary focus to assess the hypotheses concerning attitudes and behaviors related to eating and body shape as they are seen as the defining features of bulimia (Garner, 1991). Internal consistency reliability estimates range from .83 to .92 for each of the eight original subscales for the eating-disorder sample (n = 889) on which the instrument was normed. All individual items discriminated between eating disorder and nonpatient samples (Garner, Olmstead, & Polivy, 1983). The validity of the results was supported in the differentiation of eating disorder and nonclinical groups in subsequent studies.

*Multidimensional Self-Esteem Inventory (MSEI).* The MSEI, developed by O’Brien and Epstein (1988); Epstein, 1980, 1986; O’Brien, 1980), is a 116-item self-report inventory that provides measures of several components of self-esteem. In this investigation, Global Self-Esteem (GSE) is used as a summary measure of feelings of worthiness. The
development of the MSEI involved a series of studies conducted over a 7-year period using samples of college students at four different colleges and universities. All scales other than the Defensive Self-Enhancement scale have demonstrated internal consistency reliability (alpha) coefficients of at least .80. In addition, all of the scales showed substantial test-retest reliabilities equal to or greater than .85. In examining convergent validity, correlations were calculated between MSEI scores and scores from personality scales measuring relevant personality variables, and the GSE scale has been shown to have high positive correlations with other measures of self-esteem (r = .87).

**Self-Care Questionnaire (SCQ).** The Self-Care Questionnaire (Pearlman, 1988) is a 76-item questionnaire designed to identify manifest behaviors that characterize "self-care" (Khantzian, 1985). It was selected for use in this study as a measure of the ability to self-soothe as it measures the relative presence or absence of various ego functions believed to be deficient in individuals prone to self-destructive activities. The functions associated with self-care are hypothesized to be related to if not the same as the ability to self-soothe, as both capacities rely on an individual's ability to maintain a cohesive sense of self or healthy self-esteem, the belief that the self is worth protecting, and the ability to tolerate, regulate, and interpret internal anxiety. The psychometric properties of the SCQ were explored using the protocols of 173 individuals. The seen theoretical scales were highly correlated (p < .001). Internal consistencies for the seven scales were moderately high (alpha coefficients ranged from .56 to .77). There are no established norms for the instrument, but higher scores reflect higher levels of self-care.

**Bellak's Ego Functioning Questionnaire (EFQ).** Several subscales from the Bellak Ego Functioning Questionnaire, developed from the Ego Functioning Assessment Interview (Bellak & Goldsmith, 1984; Bellak, Hurvich, & Gediman, 1973), were used in the present study as additional measures of self-soothing. The Regulation and Control of Drives, Affects and Impulses subscale (EFQ Affect) assesses both directness of impulse expression and the effectiveness of delay and control, including the degree of frustration tolerance and the extent to which drives are channeled through ideation, affective expression, and manifest behavior. Conceptually, low scorers are portrayed as unable to experience their strong urges, acting upon them in the form of labile affect, rage, and binges with alcohol, drugs, and sex. The EFQ Stimulus Barrier subscale (EFQ Stimulus) assesses the threshold for, sensitivity to, or awareness of stimuli impinging on sensory modalities and the nature of response to various levels of sensory stimulation in terms of the extent of disorganization, withdrawal, avoidance, or active coping mechanisms employed to deal with them. Low scorers tend to be very aware of minor bodily changes, with minor changes producing discomfort, being easily overstimulated, and suffering from insomnia. The subscales are thought to be relevant to the study of the ability to self-soothe. In addition, both subscales appear to overlap with the other measure of self-soothing used in this investigation, i.e., the SCQ's explicit assessment of impulse control and signal anxiety.

The EFQ was developed from a much more widely used instrument, the Ego Functioning Assessment (EFA) Interview (Bellak, Hurvich, & Gediman, 1973; Bellak & Goldsmith, 1984). In developing the latter, Bellak and others (1973) selected 12 ego functions on the basis of descriptions and ratings from taped 2-hour interviews of 100 subjects. Each of these functions was then defined in terms of its major component factors. In the original study, Bellak et al. (1973) demonstrated an interrater reliability for the 12 ego functions ranging between .61 and .88, with a mean correlation of .77.
The EFA interview has been widely used in clinical assessment, including the assessment of eating-disordered women (Norring et al., 1989).

**RESULTS**

**Statistical analysis**

Correlations among the four theoretically derived measures of narcissism (Hypothesis 1), and between the measures of eating disorders and the four theoretically derived measures of narcissism (Hypothesis 2), were tested using a bivariate correlation. Scatter plots of the relationships among these variables and descriptive statistics were used to assess the adequacy of range for testing these hypotheses.

Relationships between relevant demographic variables and the primary variables were assessed for potentially confounding effects and the necessity of additional statistical controls. Owing to concerns regarding differences in eating disorders and related phenomena based on ethnicity, analyses were conducted for the total sample and for the Caucasian and non-Caucasian groups separately. The small sample size of non-Caucasians necessitated combining all non-Caucasian ethnic groups.

**Descriptive statistics: Primary variables**

The means, standard deviations, and ranges on the primary variables were calculated for the total sample \((N = 117)\), and separately for the Caucasian \((n = 91)\) and non-Caucasian \((n = 26)\) portions of the sample. In general, the ranges and standard deviations for the total sample were comparable to the normative ranges and standard deviations presented for both the narcissism and eating-disorder measures.

Comparisons of the Caucasian and non-Caucasian groups on their mean scores for both the eating-disorder and narcissism measures using independent sample \(t\)-tests are presented in Table 1. No significant differences were found between the Caucasian and non-Caucasian groups on the narcissism measures. However, the Caucasian sample scored significantly higher on all of the eating-disorder measures except the Bulimia Scale, which although higher was not significant. The mean for the non-Caucasian group on the Bulimia Scale was 0.9, also less than the mean for the normative sample of college women for this scale. The small number of non-Caucasian women \((n = 26)\)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Caucasian ((n = 91))</th>
<th>Non-Caucasian ((n = 26))</th>
<th>(t)</th>
<th>(p)</th>
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</thead>
<tbody>
<tr>
<td><strong>Eating disorder measures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>BULIT-R</td>
<td>56.9</td>
<td>47.3</td>
<td>1.99</td>
<td>.049*</td>
</tr>
<tr>
<td>Bulimia</td>
<td>1.3</td>
<td>0.9</td>
<td>.83</td>
<td>.41</td>
</tr>
<tr>
<td>Body dissatisfaction</td>
<td>11.3</td>
<td>7.2</td>
<td>2.16</td>
<td>.03*</td>
</tr>
<tr>
<td>Drive for thinness</td>
<td>4.7</td>
<td>2.0</td>
<td>3.03</td>
<td>.00**</td>
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<tr>
<td><strong>Narcissism measures</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Global self-esteem</td>
<td>33.0</td>
<td>35.3</td>
<td>1.42</td>
<td>.16</td>
</tr>
<tr>
<td>Self-care Questionnaire</td>
<td>289.6</td>
<td>283.4</td>
<td>1.06</td>
<td>.29</td>
</tr>
<tr>
<td>EFQ Affect Regulation</td>
<td>14.2</td>
<td>13.7</td>
<td>.78</td>
<td>.44</td>
</tr>
<tr>
<td>EFQ Stimulus Barrier</td>
<td>13.1</td>
<td>13.4</td>
<td>.28</td>
<td>.78</td>
</tr>
</tbody>
</table>

*\(p < .05\).

**\(**p < .01.**
necessitated collapsing the different ethnic groups, which may obscure the data with respect to each distinct ethnic group. Nonetheless, the findings are consistent with the identification of eating disorders as occurring primarily among Caucasian women.

Eating disorder and psychiatric histories and classifications

Although the dimensions tapped by both the BULIT-R and the EDI have been conceptualized as continuous trait dimensions, cutoff scores identifying approximately 10% of college females are recommended by their authors to identify individuals who are likely to have clinically significant eating disorders. Twenty-nine (25% of the total sample) of the women met the test score criteria on at least one of the four measures. The mean age of this group was 28 years (SD = 8.0), and the ages ranged from 18 to 46 years. The majority of the women had never been married, and the sample was divided equally between undergraduate and graduate-school students. Although the large majority were Caucasian (n = 25, 27% of the Caucasian sample and 21% of the total sample), there were 2 Hispanic and 2 women of unspecified ethnic groups (the 4 non-Caucasians represent 15% of the small non-Caucasian group, but only 3% of the total sample).

A total of 38 women (32.9% of the total sample) reported having had an eating disorder at some point, but only 17 women (14.5%) reported currently having some type of eating disorder. To assess further the correspondence between self-reported histories of eating disorders and subjects’ scores on the eating-disorder measures, chi-square analyses were performed. Results show an overall correspondence between self-report and eating-disorder classification based on the four eating-disorder measures (BULIT-R, Bulimia, Drive for Thinness, and Body Dissatisfaction), with 67 (76.1%) of the 88 subjects who did not meet test criteria for an eating disorder reporting no history of eating disorder whatsoever, while 19 (65.5%) of the 29 subjects who met the test criteria on any of the measures reporting some eating-disorder history. Nonetheless, the lack of both a clinical assessment and data on the weight of the subjects are limitations to this study.

Potentially confounding variables

To assess for the possibility of confounding effects of demographic variables, the relationships between the primary variables of eating disorders and narcissism and the primary demographics were tested. Age was correlated with the primary variables using Pearson product-moment correlations, and independent sample t-tests were calculated comparing marital status, ethnicity, income, and education with the primary variables.

Although marital status was not significantly related to any of the primary variables, income was found to be significantly related to one of the variables, the Self-Care Questionnaire, r(109) = 1.87, p = .006, indicating that higher levels of income were associated with higher levels of self-care. Age was significantly related to the Self-Care Questionnaire, r(107) = .29, p = .002, and the EFQ Affect Regulation Scale, r(110) = .28, p = .003, indicating that older subjects tended to have higher levels of self-care and affect regulation. Education was related to the Self-Care Questionnaire, r(109) = 2.28, p = .002, indicating that higher levels of education were associated with higher levels of self-care.

As a preliminary assessment of differences in ethnicity, analyses of variance were calculated between ethnicity and scores on the primary variables using the four non-Caucasian groups (African American, Hispanic, Asian, Native American, other), producing no significant difference with respect to the eating-disorder measures. Ethn-
Table 2. Correlations among theoretically derived measures of narcissism

<table>
<thead>
<tr>
<th></th>
<th>SCQ</th>
<th>EFQ Affect</th>
<th>EFQ Stimulus</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSE</td>
<td>.62***</td>
<td>.35***</td>
<td>.39***</td>
</tr>
<tr>
<td>SCQ</td>
<td>—</td>
<td>.27**</td>
<td>.25**</td>
</tr>
<tr>
<td>EFQ Affect</td>
<td>—</td>
<td>—</td>
<td>.46***</td>
</tr>
</tbody>
</table>

GSE: Global Self-Esteem Scale; SCQ: Self-Care Questionnaire; EFQ Affect: EFQ Affect Regulation Scale; EFQ Stimulus: EFQ Stimulus Barrier Scale.

**p < .01.
***p < .001.

... was found to be significantly related to the Self-Care Questionnaire, t(109) = 1.59, p = .04 and the EFQ Affect Regulation Scale, t(113) = 1.67, p = .03.

In summary, although some isolated relationships between the demographic variables of income, age, education, and ethnicity and the primary variables were found, for no set of primary hypotheses and tests was age, marital status, income, education, or ethnicity related to both of the variables in the test. Therefore, no additional controls for these variables in the tests of the primary hypotheses were included, except for that of ethnicity. The analyses for Hypothesis 2 involving eating disorders were conducted both for the total sample and for each of the Caucasian and non-Caucasian groups separately to ensure that any relationships between eating disorders and narcissism observed in the primarily Caucasian total sample was not inappropriately extended to non-Caucasian groups.

Tests of the hypotheses

Hypothesis 1 states that the theoretically derived measures of narcissism correlate with one another, indicating that they are measuring components of a similar construct. Presented in Table 2 are the correlations among the theoretically derived measures of narcissism. Correlations ranging from .25 to .62 were significant at p < .01 or greater, indicating that, overall, these instruments were measuring a similar construct. The GSE, SCQ, and the EFQ Affect and EFQ Stimulus were all significantly correlated with each other in the expected directions, indicating that self-esteem and self-soothing were related to one another.

In Hypothesis 2 it was predicted that the eating-disorder measures would correlate negatively with the CSE, SCQ, EFQ Affect and EFQ Stimulus. As discussed previously, although ethnicity was not found to be significantly related to scores on the theoretical narcissism measures, it was consistently related to differences in scores on the eating-disorder measures. Therefore, the analyses were conducted both for the total sample and for each of the Caucasian and non-Caucasian groups separately. Pearson product-moment correlations as tests of the relationships between the eating-disorder measures and the theoretical narcissism measures for both the total sample and the Caucasian and non-Caucasian groups separately are presented in Table 3.

Overall, the results support the hypothesis. All of the eating-disorder measures (BULIT-R, Bulimia, Body Dissatisfaction, and Drive for Thinness Scales) were significantly correlated with the theoretical measures of narcissism in the predicted directions, indicating that greater levels of eating disorder were associated with lower self-esteem and self-care, and difficulties with impulse and affect regulation. Moderate
### Table 3. Correlations between eating-disorder measures and theoretically derived measures of narcissism: Total sample and ethnic groups separately

<table>
<thead>
<tr>
<th>Eating-Disorder Measure</th>
<th>Total Sample</th>
<th>Caucasian Sample</th>
<th>Non-Caucasian Sample</th>
<th>Body Dissatisfaction</th>
<th>Total Sample</th>
<th>Caucasian Sample</th>
<th>Non-Caucasian Sample</th>
<th>Bulimia</th>
<th>Total Sample</th>
<th>Caucasian Sample</th>
<th>Non-Caucasian Sample</th>
<th>Drive for Thinness</th>
<th>Total Sample</th>
<th>Caucasian Sample</th>
<th>Non-Caucasian Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>BULIT-R</td>
<td>-0.43***</td>
<td>-0.41***</td>
<td>-0.45*</td>
<td>-0.31***</td>
<td>-0.29**</td>
<td>-0.34</td>
<td>-0.33***</td>
<td>-0.21*</td>
<td>-0.68***</td>
<td>-0.37***</td>
<td>-0.38***</td>
<td>-0.22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCQ</td>
<td>-0.37***</td>
<td>-0.35**</td>
<td>-0.54**</td>
<td>-0.14†</td>
<td>-0.11</td>
<td>-0.31</td>
<td>-0.26**</td>
<td>-0.19†</td>
<td>-0.49*</td>
<td>-0.19*</td>
<td>-0.22*</td>
<td>-0.18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFQ Affect</td>
<td>-0.14†</td>
<td>-0.21*</td>
<td>-0.002</td>
<td>-0.03</td>
<td>-0.04</td>
<td>-0.03</td>
<td>-0.07</td>
<td>-0.10</td>
<td>-0.01</td>
<td>-0.14†</td>
<td>-0.21*</td>
<td>-0.12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EFQ Stimulus</td>
<td>-0.23**</td>
<td>-0.29**</td>
<td>0.00</td>
<td>-0.01</td>
<td>-0.10</td>
<td>-0.02</td>
<td>-0.30***</td>
<td>-0.33**</td>
<td>-0.18</td>
<td>-0.19*</td>
<td>-0.23*</td>
<td>0.13</td>
<td></td>
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</tr>
</tbody>
</table>

GSE: Global Self-Esteem Scale; SCQ: Self-Care Questionnaire; EFQ Affect: EFQ Affect Regulation Scale; EFQ Stimulus: EFQ Stimulus Barrier Scale.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

† $p < .10$. 
negative correlations were found between the GSE and the eating-disorder measures \((r = -0.31 \text{ to } -0.43; p < 0.001)\), and between both the SCQ and EFQ Stimulus and all the eating-disorder measures \((r = -0.19 \text{ to } -0.37; p < 0.05)\) except the BD Scale.

The pattern of correlations between the narcissism and the eating-disorder measures was not the same for the two ethnic groups when assessed separately. For the Caucasian group, both the frequency and strength of significant relationships decreased from the total sample, with the exception of additional significant relationships between both the EFQ Affect and the DT Scale and the EFQ Affect and the BULIT-R. Nonetheless, similar results were obtained for the total and Caucasian samples. For the non-Caucasian group, as expected, fewer correlations were found than the results for the Caucasian or total samples. However, both the GSE and the SCQ were found to be strongly negatively correlated with the BULIT-R and the Bulimia Scales, \(r = 0.45 \text{ to } -0.68\). Curiously, although not significant, several of the correlations were in the opposite direction expected, with positive nonsignificant relationships obtaining between the EFQ Stimulus and the DT Scale, and between the EFQ Affect and the DT Scale.

Overall, the results support the hypothesis that higher levels of eating disorders are associated with higher levels of theoretically derived components of narcissism, particularly as measured by the GSE, SCQ, EFQ Stimulus, and EFQ Affect for the Caucasian group, indicating lower self-esteem and difficulties with self-soothing.

**DISCUSSION**

The primary purpose of this study was to test hypotheses regarding the relationships between various aspects of narcissism and eating disorders based on the clinical observations of eating-disordered women as demonstrating difficulties with self-regulation. The conceptualization of narcissism used in this investigation was derived primarily from Kohut’s (1971, 1978, 1984) and others’ (Baker & Baker, 1987; Brenner-Liss, 1986; Chessick, 1985; Gehrie, 1990; Geist, 1985, 1989; Goodsitt, 1982; Kohut & Wolf, 1978) description of narcissism as having to do centrally with deficits in self-esteem and the capacity to self-soothe. Based on the conceptualization of eating-disorder-related characteristics as continuous variables representing a continuum rather than a single discrete category, it was hypothesized that higher levels of eating-disorder-related characteristics would be associated with higher levels of theoretically derived aspects of narcissism—namely difficulties in self-soothing and low self-esteem. It was hoped that the results would shed light on the personality dynamics associated with eating disorders—particularly the relationship between eating (and the pathology associated with it) and the process of tension regulation, as these arise out of early relationships and continue to affect experience and relationships—so as to more effectively understand the disorder and guide treatment.

There are two findings that we would like to emphasize in this study. First, the strong correlation between the measures of self-esteem and the capacity to self-soothe indicate that these are measures of a similar construct. Drawing on the conceptualizations of Kohut (1971, 1977, 1984), we propose that these measures, which we have termed the theoretically derived measures of narcissism, may be used to examine narcissistic pathology that may not otherwise be apparent in studies that focus on the grandiose presentation of narcissism. Second, as hypothesized, the theoretical narcissism measures were generally found to correlate with the eating-disorder measures in the expected directions for both the total and the Caucasian groups.
However, the lack of congruence between the Caucasian and non-Caucasian groups raises some problems for this analysis. Although the results of this study are in line with previous studies identifying eating disorders as being primarily a disorder of Caucasian groups, the results do not explain why there is no correlation between the measures in the non-Caucasian group. As indicated earlier, however, the non-Caucasian group in this study was not only a small sample, but also included different ethnic groups, which limits any conclusions regarding this group. At this point, the lack of data from this group indicates that the results generated by Caucasian respondents should not be generalized to non-Caucasian ethnic groups.

We believe that this study helps to resolve the disparity between the clinical observation of narcissistic pathology in patients with bulimia on the one hand, and the failure to confirm this observation in empirical studies on the other. In the diagnosis and treatment of bulimia, it is important to consider carefully how narcissism is both defined and measured to avoid missing what Masterson (1995) has usefully described in bulimia as the “closet narcissistic personality disorder.” Clinicians who remain aware of these issues might expect to see intense feelings of vulnerability, impairments in self-regulation, and the use of action to cope with strong feelings, or the emergence of an idealizing or mirroring transference in the course of treatment with a patient with an eating disorder. Interventions and interpretations designed to help consolidate a fragile and precarious sense of self, strengthen self-other boundaries, and establish object constancy may be more helpful in working with such narcissistically disturbed individuals than more traditional psychoanalytic approaches emphasizing interpretation of defense and resistance.

One of the principal limitations associated with this study is related to the theoretical narcissism measures. One difficulty is the limited usefulness of self-report measures to capture what are largely internal, unconscious constructs—i.e., affect regulation, self-esteem, the capacity to self-soothe—especially given the measures’ somewhat obvious face validity, which may have affected the subjects’ responsiveness. Although we have described the psychometric properties of the different self-report instruments, we recognize the limitations of the methodology. In particular, both the EFQ Affect Regulation and Stimulus Barrier Scales and the EDI Impulse Regulation Scale are relatively new measures that have not been extensively used with different populations and whose psychometric properties are largely unknown. Additional studies employing these measures, in addition to ongoing attempts to develop adequate self-report instruments to measure these constructs, may provide fruitful areas of future research.

A second limitation relates to the subject sample. The present investigation looked at the association of bulimia and narcissism in the general population, including and representing a range of severity of eating-disorder pathology. However, the study did not include an objective clinical interview or assessment of subjects to determine more accurately the presence or absence of eating disorders in the study sample. In addition, there is no data regarding the body weights of the subjects, an important omission given the potential correlation between weight and self-esteem.

Finally, despite the advantages outlined in utilizing a nonclinical sample in the study of eating disorders and its associated pathology, another area requiring further research is the examination of the theoretical measures of narcissism in a clinical population of eating-disordered women. In addition, the subjects used in this study included psychology undergraduate and graduate students, who may likely possess a greater degree of psychological sophistication and insight into their internal processes than the average college student.
REFERENCES


