



Body dissatisfaction, narcissism and self-esteem in young men and women: A moderated mediation analysis

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ABSTRACT

We sought to examine the associations between grandiose (GN) and vulnerable (VN) subtypes of narcissism and body dissatisfaction (BD), and moderation of these associations by sex, in young men and women, controlling for self-esteem (SE). Three hundred and fifty seven men and women aged 18 to 30 completed an online survey that included measures of GN, VN, BD, and SE. For both men and women, VN was positively correlated with BD and VN was negatively correlated with SE, while GN was (positively) correlated with SE only in women. Initial analysis suggested a role of SE in mediating the association between VN and BD. Moderated mediation analysis confirmed that the association between VN and BD was (fully) mediated by SE and that there was no moderation of this association by sex. The findings support the multidimensional nature of narcissism in young people and highlight the role of SE in accounting for the effects of VN on BD. Further research is needed to elucidate the direction of these associations and to consider their practical implications.

1. Introduction

In popular usage, the construct of narcissism is taken to refer to a vain preoccupation with the self (Hill & Lapsley, 2011; Lapsley & Aalsma, 2006). In reality, however, narcissism is a multi-faceted construct for which there is no agreed-upon definition (Jackson, Ervin, & Hodge, 1992). Personality theorists have distinguished two key components of this construct, namely, grandiose narcissism (GN) and vulnerable narcissism (VN) (Dickinson & Pincus, 2003). GN entails aspects of personality that accord with the popular conception of narcissism as outlined above, namely, a sense of omnipotence, an absence of empathy, envy and an inflated sense of self-worth and entitlement. VN, by contrast, encompasses more fragile personality traits, such as shame, interpersonal anxiety, hostility and depressive tendencies (Dickinson & Pincus, 2003). There is some evidence to suggest that the prevalence of narcissism – GN at least – may be increasing in young people (e.g., Twenge & Foster, 2010), although others have disputed this claim

(Stronge, Milojev, & Sibley, 2017; Wetzel et al., 2017).

A second construct that is commonly featured in discussions of the health and well-being of young people is that of body dissatisfaction (BD). BD may be defined as an individual's negative subjective evaluation of his or her body, including body weight, shape, muscularity and tone, and typically involves a discrepancy between one's actual body and one's ideal body (Cash, 2014; Grogan & Richards, 2002). BD has been common in young women for decades, is increasingly common in men, and is associated with a range of adverse outcomes, including low self-esteem, eating-disordered behaviour and poor mental health more generally (Griffiths et al., 2017; Mond et al., 2013). There is good evidence that depiction of idealised male and female bodies in the popular media has contributed to increased levels of BD (Cramblitt & Pritchard, 2013; Levine & Chapman, 2014). More recently, researchers have examined links between BD and the use of social media applications that entail the dissemination and manipulation of individuals' images and experiences (Holland & Tiggeman, 2016).

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Overlap between the constructs of narcissism and BD is evident in terms of a preoccupation with the self and the presence of certain narcissistic traits has been found to be associated with BD and eating-disordered behaviour (Campbell & Waller, 2010). An early study found that adaptive and maladaptive components of narcissism interact to predict young women's satisfaction with their bodies. Specifically, "pathological narcissism" was predictive of greater weight preoccupation, whilst the opposite was true for "adaptive narcissism" (Davis, Claridge, & Cerullo, 1997). More recently, Swami, Cass, Waseem, and Furham (2015) found that pathological aspects of both GN and VN were predictive of women's BD. It is therefore reasonable to hypothesise that BD is more closely associated with VN than with GN, and that GN may be inversely correlated with BD, although empirical evidence bearing on the associations between GN, VN, and BD, is limited.

Although narcissism is commonly seen to entail an exaggerated sense of self-worth, the nature of the association between narcissism and self-esteem (SE) is also unclear and likely to depend on which subtype of narcissism is considered, although few studies have examined associations between subtypes of narcissism and SE (Bosson et al., 2008; Brummelman et al., 2015). Further, it has been suggested that the grandiose self-concept characteristic of the popularised representation of a narcissist is in fact an attempt to mask core fragile SE and feelings of inferiority, so that inverse associations between GN and SE might also be hypothesised (Bosson et al., 2008; Tracy & Robins, 2003). Whether and how SE might influence any observed association between narcissism and BD is also unclear, although it is well-known that BD is strongly and inversely correlated with SE in young people (Griffiths et al., 2017; van den Berg, Mond, Eisenberg, Ackard, & Neumark-Sztainer, 2010). SE was not assessed in Swami et al.'s (2015) research and, to our knowledge, no other study has examined the associations between BD, GN and VN, controlling for SE.

Additionally, there appears to be a paucity of research investigating potential moderation of the associations between narcissism subtypes and BD by sex. Previous research has established strong sex differences with BD, namely, BD has consistently been found to be more common in women than in men (Griffiths et al., 2017; Reilly, Anderson, Schaumberg, & Anderson, 2014). While less is known about sex differences in the occurrence and correlates of narcissism, the available evidence suggests that men may have higher levels of GN – but not VN – than women (Grijalva et al., 2015). These considerations suggest that it would be of interest to examine sex differences in the associations between the different constructs. For example, it would be reasonable to suggest that BD is positively correlated with VN in women but not men (Davis et al., 1997; Grijalva et al., 2015). Aside from being of heuristic value, findings in this regard might have implications for health promotion and/or clinical interventions (Alleva, Sheeran, Webb, Martijn, & Miles, 2015; Brummelman et al., 2015).

The aim of the current study was thus to examine the associations between narcissism – both grandiose and vulnerable subtypes – and BD in young people, and potential moderation of these associations by sex, while taking into account the potential influence of SE. Consistent with the available evidence, it was hypothesised, first, that BD would be negatively correlated with GN and positively correlated with VN. Further, to the extent that GN is characterised by inflated self-image, and VN poor self-image, it was hypothesised that SE would be positively correlated with GN and negatively correlated with VN. The available evidence did not permit any a priori hypotheses concerning the influence of SE on the associations between narcissism and BD, nor the moderation of this association by sex.

2. Method

2.1. Participants

Participants were men and women aged 18 years and over, located in Sydney, Australia. A cross-sectional study design was employed, in

which data were collected by means of an anonymous, online survey. Advertisements for the study, which included a link to the survey, were displayed around the University campus at which the research was conducted, on social media websites, in local community newsletters and on various local community noticeboards. Additional participants, recruited from the University undergraduate psychology student pool, were granted course-credit in exchange for participation. All participants who completed the survey were invited to enter a draw to win one of five \$100 gift-vouchers. The study was approved by the appropriate University Human Research Ethics Committee.

2.2. Measures

2.2.1. Demographic characteristics and body mass index

At the start of the survey, participants were asked to indicate their age, sex, country of birth (Australia, other) and first language (English, other). Body mass index (BMI, kg/m²) was derived from self-reported height and weight.

2.2.2. Grandiose narcissism

GN was assessed using the 13-item version of the Narcissistic Personality Inventory (NPI-13; Gentile et al., 2013). For each item, participants are asked to select which of two alternate statements (e.g., "I will never be satisfied until I get all I deserve", "I will take my satisfactions as they come") more accurately describes them. A score of "1" is allocated to the narcissistically inclined statements, and "0" to the alternative. Total scores are derived by summing the item scores, with higher scores indicating higher levels of GN. For the purpose of the current study, and in order to avoid artificial inflation of the association between GN and BD, three item pairs which specifically relate to BD ("I don't particularly like to show off my body/I like to show off my body", "My body is nothing special/I like to look at my body", and "I like to look at myself in the mirror/I am not particularly interested in looking at myself in the mirror") were excluded. Cronbach alpha values for the 10-item measure (NPI-10) were 0.54 for men (compared with 0.60 for the 13-item measure) and 0.71 for women (compared with 0.69 for the 13-item measure).

2.2.3. Vulnerable narcissism

VN was assessed using the 10-item Hypersensitive Narcissism Scale (HSNS; Hendin & Cheek, 1997). Each item comprises a statement (e.g., "I feel I am temperamentally different from most people", "My feelings are easily hurt by ridicule or the slighting remarks of others") and respondents are asked to rate how characteristic this statement is of their feelings and behaviour. Responses are given on a 5-point scale, where "1" indicates the item is "very uncharacteristic, or untrue", and "5" indicates the item is "very characteristic, or true" of the individual. Total scores therefore range from 10 to 50, with higher scores indicating higher levels of VN. No items on the HSNS pertain specifically to the body, or to BD. Cronbach alpha values in the current study were 0.74 for men and 0.72 for women.

2.2.4. Body dissatisfaction

BD was measured using a modified, 16-item version of Pingitore, Spring, and Garfield's (1997) Body Shape Satisfaction Scale (BSS), in which participants rated their level of dissatisfaction with each of 16 body parts or features (e.g., waist, hips, weight, etc). The items of the modified scale included several features thought to relate more closely to BD as this occurs in men (e.g., height, shoulders, muscularity). Scores on each item ranged from 1 (not at all dissatisfied) to 7 (markedly dissatisfied). Total scores therefore ranged from 16 to 112, with higher scores indicating greater dissatisfaction. Cronbach alpha values in the current study sample were 0.93 for men and 0.92 for women.

2.2.5. Self-esteem

SE was assessed using the 10-item Rosenberg Self-Esteem Scale

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