Narcissism in the Third Millennium: Personality Disorder or Cultural Phenomenon?

Gidi Rubinstein, Ph.D.*
School of Behavioral Sciences, Netanya Academic College, Israel

Abstract

In an era in which supposedly normative individuals expose their most private lives to the public on prime-time reality TV shows, gyms filled with large mirrors are scattered around the city like mushrooms after the rain, and the rate of cosmetic surgeries is ever increasing, one may wonder whether Axis II's narcissistic personality disorder is indeed a mental disorder or rather a normative phenomenon in a narcissistic culture. This chapter reports the findings of three studies comparing narcissism among candidates for the “Big Brother” reality TV show, gym trainees, women who have undergone cosmetic surgery, and three control groups. As hypothesized, the narcissism levels of all of the research-group participants were significantly higher than those of the corresponding control groups. Women who had undergone cosmetic surgery were the least narcissistic group, as compared to both the Big Brother candidates and the gym trainees, but the narcissism difference between them and the corresponding control group (women who had not undergone and had no intention of undergoing cosmetic surgery) was greater than the research group–control group differences observed in the other two studies. The results are discussed in the context of grandiose vs. vulnerable narcissism, as well as gender roles, to integrate the personality and the sociological-cultural levels of analysis.

Keywords: Narcissism, personality, gender, sport psychology, body image

* School of Behavioral Sciences, Netanya Academic College, 1 University St., Netanya 42365, Israel. E-mail: gidirubi@netvision.net.il.
INTRODUCTION

The term narcissism comes from the Greek myth of Narcissus, a handsome Greek youth who rejected the desperate advances of the nymph Echo and fell in love with his own reflection in a pool of water. Unable to consummate his love, Narcissus "lay gazing enraptured into the pool, hour after hour," and finally changed into the flower that bears his name, the narcissus (Symington, 1993). Currently, this term is used to describe the pursuit of gratification from vanity or the egotistic admiration of one's own physical or mental attributes that derives from arrogant pride.

The Freudian View

Narcissism has had particular meanings in psychoanalytic theory, starting with Sigmund Freud's (1914/2006) “On narcissism,” in which narcissism was defined as the soothing of the self as the sexual object. Although narcissism can be seen as a perversion, as in homosexuality, there is a general developmental egoism, which is characteristic of human development. Freud established a primary narcissism, which he described as the original libido directing its energy into the ego, which causes the ego to become packed. This primary narcissism is evident in young children, in their beliefs in grandiosity, magic, and the power of their words. This primary ego-libido becomes overly stimulated, which causes displeasure, thus it becomes directed outward onto an object, which is then defined as the libido-object. This discomfort is the tension of the overly stimulated ego, which needs to be released and finds resolution with the object-libido. Secondary narcissism is observed when the object-libido is returned inward after it has already become attached to an object and becomes introverted onto the ego. The return of the libido to the ego causes a break with the external world and can be categorized as secondary narcissism. Secondary narcissism echoes the original primary narcissism of the ego-libido, the infantile narcissism.

Heinz Kohut and Self Psychology

For Heinz Kohut and the school of self-psychology that he founded, the narcissistic individual is known by the transference relationships that he or she forms. Kohut opened the world of narcissistic pathology to psychoanalytic treatment by turning Freud’s view of narcissistic neuroses on its head. Whereas for Freud, patients with narcissistic neuroses have failed to form a transference attachment and are, therefore, unamenable to psychoanalytic treatment, Kohut argued that people with narcissistic pathology do form transference relationships, but that their transference relationships are characterized by aloofness, what looks like uninvolve ment, and a tendency to treat the therapist as an extension of their own self rather than as a distinct and separate individual. Kohut formulated the concept of the selfobject to account for these transference phenomena. A selfobject is someone who performs a necessary function in the development and maintenance of a coherent and healthy sense of self. For infants and children, parents are the major selfobjects. They serve as
mirrors of acceptance and confirmation of the child’s early exhibitionism and wish for acknowledgment, thus shaping the development of the child’s basic strivings for power and success. They are also the objects of the child’s idealizing needs, thereby reinforcing the child’s development of values and goals. They also function as essential models for imitation and thereby create a sense of alikeness and belonging, or twinship, between child and parent. These primitive selfobjects serve to build and consolidate the basic structures of the self, its ambitions, skills, and ideals. Healthy narcissism — an inner sense of “freedom and vitality” and the knowledge that “the feelings and wishes one experiences are a part of one’s self” — evolves in an environment in which the parental selfobjects adequately fulfill these functions (Kohut, 1971).

The Current DSM Criteria

In the *DSM-V* (Axis II; American Psychiatric Association, 2013), narcissistic personality disorder includes a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements); a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations); preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love; belief that one is "special" and can only be understood by high-status people; requirement of excessive admiration; interpersonal exploitation (i.e., taking advantage of others to achieve one's own ends); lack of empathy; envy of others or beliefs that others are envious of him or her; and arrogant haughty behaviors or attitudes (American Psychiatric Association, 2013).

The Culture of Narcissism

In an era in which supposedly normative individuals expose their most private lives to the public on prime-time reality TV shows, gyms filled with large mirrors are scattered around the city like mushrooms after the rain, and the rate of cosmetic surgeries is ever increasing, one may wonder whether Axis II’s narcissistic personality disorder is indeed a mental disorder or rather a normative phenomenon in a narcissistic culture. In *The Culture of Narcissism*, Lasch (1979) defined a narcissistic culture as one in which every activity and relationship is defined by the hedonistic need to acquire the symbols of wealth, this becoming the only expression of rigid, yet covert social hierarchies. It is a culture in which liberalism exists only insofar as it serves a consumer society and even art, sex, and religion lose their liberating power. In such a society of constant competition, there can be no allies and little transparency. The threats to acquisitions of social symbols are so numerous, varied, and frequently incomprehensible that defensiveness and competitiveness become a way of life. Any real sense of community is undermined — or even destroyed — to be replaced by virtual equivalents that strive, unsuccessfully, to synthesize a sense of community.
The "Big Brother" TV Show

“Big Brother” is a reality game show franchise created by John de Mol; the original version was developed in the Netherlands. The premise of the show is that a group of people are temporarily living together in a large, usually specially constructed house. During their time in the house, they are isolated from the outside world and are usually unaware of what is going on outside the show. During their stay, contestants are continuously monitored by in-house television cameras, as well as personal audio microphones. Each series lasts for about three months, with 10–20 contestants entering the house. To win the final cash prize, a contestant must survive periodic (usually weekly) evictions and be the last housemate or houseguest remaining in the compound by the series' conclusion.

The idea for “Big Brother” is said to have developed during a brainstorming session at the Dutch-based international Italian television production firm Endemol on March 10, 1997. The first version of “Big Brother” was broadcast in 1999 on the Veronica channel in the Netherlands. Since then, it has become a worldwide TV franchise, airing in many countries in a number of different versions. Although the format of the show has been adapted for the different countries, in every version, the contestants are confined to a specially designed house in which their every action is recorded by cameras and microphones and they are not permitted contact with the outside world. In most versions of the show, the contestants have been known as "housemates." However, in the American and Canadian versions, they are referred to as "houseguests."

The term big brother originates from Orwell's (1949) novel, Nineteen Eighty-Four. In addition to the contestants living together under continuous observation (which is the chief attraction of the contest), the program relies on four basic props: the stripped-bare, back-to-basics environment in which they live; the evictions; the weekly tasks and competitions set by the staff; and the Diary/Confession Room in which the housemates convey their thoughts, feelings, and frustrations, and reveal their nominees for eviction. Contestants are required to evict one of their own on a regular basis. In the earlier versions of “Big Brother,” contestants were evicted every two weeks. However, the UK version introduced weekly evictions and all versions of the show now follow this format.

In Israel, the program was first aired in September 2008 and is based on the same standard format. The Israeli show, in the first season, was simultaneously broadcast as a television program and on a website broadcasting from the Big Brother house 24 hours a day. The cable company HOT also set up a dedicated channel to broadcast video from the house continuously, 24 hours a day. For the second season, the satellite broadcast network YES also had a dedicated “Big Brother” channel program similar to the one operated by HOT.

The Gym Subculture

Sassatelli (1999) addressed the keep-fit culture as a set of situated body practices. In that study, which relied on fieldwork, fitness gyms were revealed to be experienced as places with their own rules, pleasures, and identity games. The ideal of the fit body is filtered from its wider, typically gender- and class-specific charges and transformed into a pure instrument of
training, a machine that does not bear resemblance to the organic body of the changing rooms, an objectified utility which is beyond any social role specification. Social roles and their body requirements are both important for individual clients' structural chances of joining a gym and locally neutralized or reduced to tension-release mechanisms. Similarly, the cultural ideals of a fit and toned body contribute to the popularization of the gym; yet the actual capacity to train is less the result of the direct grip of culture than the outcome of clients' adjustment to playing a particular game of involvement with and detachment from the mechanistic and abstract exercise body. Body definitions are not simply imposed on trainees, but continuously negotiated and transformed.

Barland (2005) vividly described the narcissistic gym experience of bodybuilders:

At first glance, it looks like everyone in the room exercises face to face with the mirror. One soon understands the unrivaled importance of the mirror. To display the body or to pose in front of the mirror is a key act in the bodybuilding culture, not only for the competent, experienced bodybuilders, but also for the 'weekend workout' types, and the 'gym rats'" (p. 24).

Klein (1993) examined narcissism in the context of body building and suggested that body builders have evolved a subculture replete with special terminology, behavior, and values. He invoked the Freudian theory of narcissism in positing that bodybuilders have institutionalized a variety of narcissistic traits and argued that, on the whole, narcissism plays a positive role in body building by bolstering poor self-image, although there are individuals who are candidates for borderline or even pathological narcissism.

Research has found that individuals who score higher for narcissism are more satisfied with their bodies than those with lower narcissism scores (e.g., Davis, Claridge, & Brewer, 1996; Jackson, Ervin, & Hodge, 1992). Jackson et al. (1992) found that both males and females with high levels of narcissism evaluated their physical appearance, fitness, and sexuality more favorably than those with lower narcissism scores. However, these individuals also participated in more fitness and appearance-related behaviors and placed greater importance on fitness and appearance than less narcissistic individuals did (Brown & Graham, 2008). Males are uniformly more narcissistic than females (Tschanz, Morf, & Tumer, 1998). However, differences in levels of masculinity may account for variation between males and females regarding narcissism. Narcissism appears to be strongly associated with masculinity (Jackson et al., 1992). Raskin and Terry (1988) identified self-love, self-admiration, and self-aggrandizement as part of Freud's clinical diagnosis of clinical narcissism, which Philipson (1985) referred to as a distinctive part of the male/masculine experience. It has been suggested that masculinity promotes healthy, adaptive narcissism (Watson, Taylor, & Morris, 1987). Narcissism is associated with aesthetic interest and time investment in physical attractiveness. While gym-active males invest time in fitness and their bodies, greater narcissistic tendencies in these individuals may increase their positive evaluations of their own physical appearance and may protect them from the unhealthy consequences of body dissatisfaction (Brown & Graham, 2008).
Cosmetic Surgery

We live in a time of increasing focus on the body and its perfection. The marketing environment is replete with products and services catering to the health, well-being, and beauty of our bodies. There were over 11 million surgical and nonsurgical cosmetic procedures performed in the United States in 2013. Surgical procedures accounted for 16.5% of the total number of cosmetic procedures and 58% of the total expenditures on cosmetic procedures, with nonsurgical procedures accounting for 83.5% of the total number of procedures and 42% of total expenditures. From 2012 to 2013, there was a 6.5% increase in the total number of cosmetic surgical procedures performed, with almost 1.9 million surgical procedures performed during 2013 (American Society for Aesthetic Plastic Surgery, 2014).

In a study based on interviews with 15 women who had undergone cosmetic surgery, Askegaard, Cardel-Gertsen, and Langer (2002) examined some of the thoughts and feelings of these women before, during, and after the process, as well as the subsequent effects of the surgery on their lives and self-identities. Their findings imply that cosmetic surgery is part of the individual's reflexive construction of self-identity and leads to a focus on issues such as self-determination, self-esteem, and the relationship between body and identity.

Goodman (1996) theorized a parallel between idealized images of women in the media and the increasing incidence of cosmetic surgery, which has become commonplace in our culture. She tracked images of women in film, television, and advertising from 1940 to the present, used them as guides for understanding and interpreting appraisals contemporary women make of their bodies, and presented data collected from 24 women, ages 29 to 75, who participated in a pilot study examining social, psychological, and developmental factors that precipitate cosmetic surgery. The women's self-evaluations were consistent with media depictions of women during their adolescent and early-adult years. Age or, more specifically, cohort membership determined assessments of body image. The fact that body satisfaction decreased proportionately with age among the women sampled is credited to the progressive license taken by the media in depicting female nudity, graphic sex, and violence against women.

Sarwer, Wadden, Pertschuk, and Whitaker (1998a) discussed the psychology of cosmetic surgery. Their review of the research on the psychological characteristics of individuals who seek cosmetic surgery yielded contradictory findings. Interview-based investigations revealed high levels of psychopathology among cosmetic-surgery patients; whereas studies that used standardized measurements reported far less disturbance. This research group investigated body image dissatisfaction and body dysmorphic disorder among cosmetic-surgery patients and found that cosmetic-surgery patients did not demonstrate greater dissatisfaction with their overall appearance, as compared with the reported normal values of the measures they used. However, when asked about the specific bodily feature they were considering having surgically altered, they did report significantly greater dissatisfaction than a normative sample (Sarwer, Wadden, Pertschuk, & Whitaker, 1998b).

Cultural commentators have argued that we live in an "age of narcissism," in which narcissistic self-absorption and perfectionistic striving encourage interest in cosmetic surgery (Twenge & Campbell, 2009). Case studies and media reports also suggest that narcissism (vanity, exhibitionism, superiority, and entitlement) and perfectionism (ceaselessly demanding perfection of oneself) foster interest in cosmetic surgery (Goldwyn, 1991). Fitzpartrick et al. (2011) argued that such observations have yet to be subjected to empirical
scrutiny. To address this shortcoming, they recruited 305 undergraduate women who completed reliable and valid self-reports of narcissism (Raskin & Terry, 1988), perfectionism (Hewitt & Flett, 1991), and interest in cosmetic surgery (Sherry, Hewitt, Lee-Bagley, Flett, & Besser, 2004). A moderated multiple-regression analysis predicting interest in cosmetic surgery explained a moderate amount of variance and indicated that narcissism and perfectionism were unrelated to interest in cosmetic surgery, but that narcissism interacted with perfectionism such that interest in cosmetic surgery was greater among individuals with high levels of both narcissism and perfectionism (Fitzpartrick et al., 2011).

Hypotheses

Based on the literature above reviewed, we developed the following three hypotheses:

- Candidates for the “Big Brother” TV show would be more narcissistic than noncandidates.
- Gym trainees would be more narcissistic than nontrainees.
- Women who had undergone plastic surgery would be more narcissistic than women who had not undergone cosmetic surgery.

The first two hypotheses were also examined with respect to gender differences. While previous knowledge was helpful in predicting narcissism differences between participants in the research and control groups within each study, such predictions across studies have not been supported by the literature. Hence the differences between “Big Brother” candidates, gym trainees, and women who have undergone cosmetic surgeries remain to be analyzed and discussed ex post factum. All of the participants in the three studies reported in this chapter filled in a demographic questionnaire and a valid and reliable Hebrew version (Rubinstein, 2010) of Raskin and Hall's (1981) Narcissistic Personality Inventory (NPI), the most widely studied measure of narcissism. This inventory is a self-report measure of trait narcissism and has been shown to have a complex structure of factors: Leadership/Authority (LA), Superiority/Arrogance (SA), Self-Absorption/Self-Admiration (SASA), and Entitlement/Exploitation (EE). The NPI is comprised of 40 items rated on a forced-choice scale. In all three studies, the Cronbach’s alpha coefficients of the four subscales, as well as those of the entire scale exceeded 0.70, which is quite acceptable (Cortina, 1993). Each of the three studies included other personality measures, which have been reported elsewhere (e.g., Rubinstein, 2009), but only the NPI is referred to in the present chapter.

**Study 1: The "Big Brother" TV Show**

**Method**

**Participants**

The sample was made up of 186 participants (30% men, 64.5% women, and 5.5% who did not specify their gender), with a mean age of 34.34 years (SD = 11.51). Ninety-two of
these participants (22 men and 70 women) took part in the auditions for the Israeli version of the "Big Brother" TV show in 2008; their mean age was 32.55 years (10.66). Ninety-four participants (36 men and 58 women) who did not take part in those auditions and clearly indicated that they had no intention or interest in doing so in the future served as a control group; their mean age was 36.11 years (SD = 12.28). The age difference between the two groups was controlled for in the covariance comparisons (see Results). All of the participants were Jewish, to ensure cultural homogeneity. Of the participants, 3% defined themselves as ultra-orthodox, 11% as orthodox, 53% as secular, and 3.5% did not define their level of religiosity. Only 2.5% of the participants had graduated only from elementary school, 5% had had only partial secondary school education, 36.5% had graduated from secondary school, 15.5% were undergraduate students, 23% held either a BA or a BSc degree, 3% were graduate students, 10.5% held either an MA or an MSc degree, and 4% did not specify their level of education. Ethnically, 32.5% of the participants were of Ashkenazi origin, 40.5% were of Sephardic origin, 19.5% were of mixed origin, and 4% did not respond to this item.

Procedure

Two research assistants administered the questionnaires during auditions for the 2008 season of the "Big Brother" TV show at the sites at which the auditions were held. The response rate of the candidates was 88%. The introduction to the questionnaire included a promise of anonymity. The research forms were collected after they had been filled in as the participants were waiting for their auditions. To achieve optimal similarity between the candidates and noncandidates, the candidates who filled in questionnaires were asked to hand an empty questionnaire to someone whom they considered to be a close friend who had no intention of taking part in "Big Brother" or any other reality show. The questionnaires of the noncandidates were sent by them in stamped envelop addressed directly to the researcher. This procedure was carried out as, to protect their anonymity vis a vis their candidate counterparts. The response rate among the noncandidates reached 69%.

Results

Five 2-way ANCOVAs were carried out to test the effects of audition and gender on each NPI subscale score and the total NPI score. Means and standard deviations of the NPI scores, as well as the results of Scheffé's post hoc tests by audition/no audition and gender, are presented in Table 1. Age, level of religiosity, and education were used as covariates in those analyses.

As far as the LA scale is concerned, the main effects of both Audition \[F(1, 97) = 5.37, p < .05\] and gender \[F(2, 97) = 5.85, p < .05\] were statistically significant. Candidates and men had higher scores than noncandidates and women, respectively, with a significant negative effect of age \[F(1, 97) = 9.39, p < .005\]. None of interaction effects was statistically significant.

However, the ANCOVA indicated that only gender had a significant effect on scores for the SA subscale \[F(1, 97) = 7.07, p < .05\], with men scoring higher than women. In the analysis of the SA scores, we observed no significant effects for Audition or any of the covariates or interactions.
Candidates scored significantly higher than noncandidates on the SASA subscale \(F(1, 97) = 6.09, p < .05\). In this case, the Audition × Gender interaction was statistically significant \(F(1, 97) = 5.85, p < .05\). According to the Scheffé’s post hoc test, this significance is the result of the higher SASA scores of male candidates as compared to male noncandidates (see Table 1). As far as the covariates in this ANCOVA are concerned, only the effect of religiosity was statistically significant \(F(1, 97) = 3.76, p < .05\). Higher levels of religiosity were associated with lower SASA scores.

**Table 1. Narcissism scores of candidates and noncandidates for the "Big Brother" TV show**

<table>
<thead>
<tr>
<th></th>
<th>Candidates</th>
<th>Noncandidates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men (SD)</td>
<td>Women (SD)</td>
</tr>
<tr>
<td>LA</td>
<td>0.81 (0.22)</td>
<td>0.65 (0.23)</td>
</tr>
<tr>
<td>SA</td>
<td>0.54 (0.23)</td>
<td>0.36 (0.25)</td>
</tr>
<tr>
<td>SASA</td>
<td>0.72 (0.32)</td>
<td>0.50 (0.28)</td>
</tr>
<tr>
<td>EE</td>
<td>0.56 (0.26)</td>
<td>0.39 (0.27)</td>
</tr>
<tr>
<td>NPI</td>
<td>0.65 (0.20)</td>
<td>0.46 (0.23)</td>
</tr>
</tbody>
</table>

Note. The higher the score, the greater the value of the dependent variable. Means with different subscripts differ significantly at \(p < .05\) according to Scheffe’s test (\(F\) values are reported in the text). LA = Leadership/Authority; SA = Superiority/Arrogance; SASA = Self-Absorption/Self-Admiration; EE = Exploitativeness/Entitlement; NPI = Narcissistic Personality Inventory.

The EE scores of the candidates were not significantly higher than those of the noncandidates, but the Audition × Gender interaction effect \(F(1, 97) = 4.57, p < .05\) was significant. As was the case with the SASA, here, too, the Scheffé’s post hoc test indicated that this significance was the result of male candidates scoring higher on the EE scale than male noncandidates (see Table 1). As far as the covariates are concerned, only level of education had a significant positive effect on EE scores \(F(1, 97) = 6.740, p < .05\).

Finally, with regard to the total NPI score, the analysis indicated statistically significant effects of both Audition \(F(1, 97) = 5.67, p < .05\) and the Audition × Gender interaction \(F(1, 97) = 6.51, p < .05\), with candidates being more narcissistic than noncandidates and male candidates being more narcissistic than male noncandidates (see Table 1). The only covariate that had a significant effect on the total NPI score was age \(F(1, 97) = 8.72, p<.005\). On average, the older the participant, the lower the NPI score.

**STUDY 2: THE GYM SUBCULTURE**

**Method**

**Participants**

The sample was comprised of 151 participants (51% men and 49% women) with a mean age of 24.57 years \(SD = 2.31\). Eighty of the participants (46 men and 34 women) were gym trainees and their mean age was 24.79 years \(2.16\). Seventy-one participants (31 men and 40 women) who had not taken part in any gym (or other sport) activity served as a control group;
their mean age was 24.38 years ($SD = 2.47$). The age difference between the men ($M = 25.30$) and the women [$M = 23.86; F(1, 147) = 15.60, p < .001$] was controlled for in the covariance comparisons (see Results). All of the participants were Jewish, to ensure cultural homogeneity. Of the participants, 1% defined themselves as ultra-orthodox, 10% as orthodox, 86.5% as secular, and 2.5% did not define their level of religiosity. Two participants held an academic degree and the rest were undergraduate students. Ethnically, 46.4% of the participants were of Ashkenazi origin, 27.8% were of Sephardic origin, and 25.8% were of mixed origin.

**Procedure**

Two research assistants distributed the questionnaires during 2008 in cafeterias of two Israeli universities and three academic colleges at which the auditions took place. The response rate was 79%. The introduction to the questionnaire included a promise of anonymity. The research forms were collected immediately after they were filled in.

**RESULTS**

Five 2-way ANCOVAs were carried out to test the effects of gym training and gender on scores on each of the NPI subscales and the total NPI score. Means and standard deviations of the NPI scores, as well as the results of Scheffé's post hoc tests by audition and gender are presented in Table 2. Age, level of religiosity, and education were considered covariates in those analyses.

As far as the LA scale is concerned, both the effect of Training [$F(1, 144) = 5.65$] and the Training × Gender interaction [$F(1, 144) = 5.22$] were statistically significant at $p < .05$, with trainees and male trainees scoring higher than nontrainees and male nontrainees, respectively. None of effects of the covariates were statistically significant.

The SA ANCOVA revealed significant main effects of both gender [$F(1, 144) = 9.72, p < .001$], with men scoring higher than women, and Training [$F(2, 144) = 7.02, p < .05$], with trainees scoring higher than nontrainees. There was no significant effect of the interaction or for any of the covariates.

**Table 2. Narcissism scores of gym trainees and nontrainees**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Trainees</th>
<th>Nontrainees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men (SD)</td>
<td>Women (SD)</td>
</tr>
<tr>
<td>LA</td>
<td>0.63 (0.27)</td>
<td>0.57 (0.26)</td>
</tr>
<tr>
<td>SA</td>
<td>0.47 (0.24)</td>
<td>0.34 (0.19)</td>
</tr>
<tr>
<td>SASA</td>
<td>0.44 (0.29)</td>
<td>0.37 (0.22)</td>
</tr>
<tr>
<td>EE</td>
<td>0.48 (0.25)</td>
<td>0.39 (0.27)</td>
</tr>
<tr>
<td>NPI</td>
<td>0.50 (0.36)</td>
<td>0.43 (0.15)</td>
</tr>
</tbody>
</table>

Note. The higher the score, the greater the value of the dependent variable. Means with different subscripts differ significantly at $p < .05$ according to Scheffe’s test ($F$ values are reported in the text). LA = Leadership/Authority; SA = Superiority/Arrogance; SASA = Self-Absorption/Self-Admiration; EE = Exploitativeness/Entitlement; NPI = Narcissistic Personality Inventory.
As for the SASA scale, trainees scored significantly higher than nontrainees \( F(1, 144) = 4.80, p < .05 \). The Audition × Gender interaction was also statistically significant \( F(1, 144) = 4.29, p < .05 \). According to Scheffé's post hoc test, this significance is the result of the higher SASA scores of male trainees as compared to female trainees (see Table 1). None of the covariates in this analysis had a significant effect.

As far as the EE scores are concerned, neither the main effects of Training nor gender nor those of the covariates were statistically significant. However, the Gender × Training interaction was significant \( F(1, 144) = 2.77 \), although only at the \( p < .10 \) level, with male trainees scoring higher than female trainees; whereas female nontrainees scored higher than male nontrainees (see Table 2).

With regard to the total NPI scores, the analysis indicated statistically significant effects of both Training \( F(1, 144) = 5.44, p < .05 \), with trainees scoring higher than nontrainees, and the Gender × Training interaction \( F(1, 144) = 4.19, p < .05 \), with male trainees scoring higher than female trainees. None of covariates in this analysis had a significant effect.

Finally, some within-group differences among the trainees seem worth mentioning. While no differences in narcissism were observed between participants involved in different types of training (e.g., weight lifting, aerobic training, etc.), the total NPI scores of male trainees who used protein powder after their workouts \( M = 0.59 \) was significantly higher than that of those who did not \( M = 0.45; F(1, 78) = 6.22, p < .05 \). The EE subscale seems to play the major role in explaining these NPI differences within this group \( F(1, 78) = 6.17, p < .05 \), followed by the SASA subscale \( F(1, 78) = 4.50, p < .05 \), and the SA subscale \( F(1, 78) = 4.42, p < .05 \), which had the lowest \( F \) value, while the difference in LA scores was statistically insignificant.

The purpose of training seems to play a major role in explaining the differences in the total NPI scores observed among the male trainees \( F(3, 76) = 8.10, p < .001 \). The significant differences, according to Scheffé’s post hoc test, are between those who indicated that bodybuilding (by pumping up their muscles) is the main goal of their training \( M = 0.69 \), followed by those who aim only at shaping their body \( M = 0.44 \), and those who confine themselves to healthy fitness \( M = 0.41 \). Here, too, EE was the leading subscale in explaining those differences \( F(3, 76) = 7.21, p < .001 \), followed by the SA subscale \( F(3, 76) = 6.76, p < .001 \), the SASA subscale \( F(3, 76) = 4.78, p < .005 \), and finally the LA subscale \( F(3, 76) = 2.39, p < .10 \). This finding is not surprising, given that 58.3% of the bodybuilding participants used protein powder after working out, as compared to 4.8% of those who confined themselves to either shaping their bodies or keeping fit for health purposes \( \chi^2(3, N = 80) = 24.41, p < .001 \).

The same tendency was observed with regard to training frequency. The EE subscale was the most closely related to training frequency \( F(3, 76) = 7.35, p < .001 \), as compared to the LA \( F(3, 76) = 3.65, p < .05 \), SA \( F(3, 76) = 3.78, p < .05 \), and SASA subscales \( F(3, 76) = 3.24, p < .05 \). Here, too, the total NPI score was related to training frequency \( F(3, 76) = 7.26, p < .001 \) to the same extent as the EE was.
STUDY 3: COSMETIC SURGERY AMONG WOMEN

Method

Participants
The sample was comprised of 100 Jewish women; 86 of whom were between 20 and 30 years of age and 14 of whom were between 25 and 30 years of age. Half of the women had undergone cosmetic surgery and half had not. Religiously, 69 of the women defined themselves as secular, 28 as traditional, and 3 as orthodox. Twelve women had graduated only from secondary school, 48 were undergraduate students, 26 held a BA degree, 10 were graduate students, and 4 held an MA degree. Ethnically, 28 of the participants were of Ashkenazi origin, 52 were of Sephardic origin, and 20 were of mixed origin. Ninety-two of the women were single, seven were married, and one was a divorcee. All of the operated women had undergone only one cosmetic surgery. (We wanted to avoid the inclusion of repetitive, "chronic" cosmetically operated women.) Seven women had been psychotherapy clients (either before or during the study) and 93 had not. Chi-square tests and t tests revealed no statistically significant differences (with respect to the above demographic variables) between the women who had and had not undergone cosmetic surgery.

Procedure
A research assistant administered the questionnaires to women waiting for postoperation checkups at in two popular private cosmetic-medical surgery centers. The response rate of the candidates was 78%. The introduction to the questionnaire included a promise of anonymity. The research forms were collected after they had been filled in as the women waited for their appointments. To achieve optimal similarity between the operated and nonoperated women, the women who had undergone cosmetic surgery and filled in the questionnaires were asked to hand a blank questionnaire to someone whom they considered to be a close female friend, who had not undergone any cosmetic surgery and had no intention of doing so. The nonoperated women sent their completed questionnaires directly to the researcher in preaddressed, stamped envelopes to avoid disclosure of their responses to their operated friends. The response rate among the noncandidates reached 67%.

Five 1-way ANOVAs were carried out to test the effects of gym training and gender on each of the NPI subscale and the total NPI score. Means and standard deviations of the NPI scores, as well as the ANOVA F values, are presented in Table 3. Since no statistically significant demographic differences were observed between the two groups (see Participants), the inclusion of covariates seemed unnecessary.

As can be seen in Table 3, the levels of the LA, SA, SASA, EE, and total NPI scores of the women who had undergone cosmetic surgery were all significantly higher ($p < .001$) than those of the women who had not undergone and had no intention of undergoing cosmetic surgery. The greatest $F$ value was observed for the total NPI score, followed by those of the SA, EE, SASA, and LA subscales. The $F$ value for the LA scores was the lowest, but was still statistically significant at $p < .001$. 
Table 3. Narcissism scores of women who had and had not undergone cosmetic surgery

<table>
<thead>
<tr>
<th>Scale</th>
<th>Operated M (SD)</th>
<th>Nonoperated M (SD)</th>
<th>F(1, 98)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA</td>
<td>0.45 (0.25)</td>
<td>0.23 (0.21)</td>
<td>23.21*</td>
</tr>
<tr>
<td>SA</td>
<td>0.35 (0.20)</td>
<td>0.11 (0.12)</td>
<td>54.32*</td>
</tr>
<tr>
<td>SASA</td>
<td>0.36 (0.24)</td>
<td>0.14 (0.15)</td>
<td>28.34*</td>
</tr>
<tr>
<td>EE</td>
<td>0.42 (0.17)</td>
<td>0.19 (0.17)</td>
<td>44.34*</td>
</tr>
<tr>
<td>Total NPI</td>
<td>0.40 (0.13)</td>
<td>0.17 (0.11)</td>
<td>87.94*</td>
</tr>
</tbody>
</table>

Note. The higher the score, the greater the value of the dependent variable. Means with different subscripts differ significantly at p < .05 according to Scheffe’s test. LA = Leadership/Authority; SA = Superiority/Arrogance; SASA = Self-Absorption/Self-Admiration; EE = Exploitativeness/Entitlement; NPI = Narcissistic Personality Inventory.

*p < .001.

CROSS-STUDY COMPARISONS

We found that the “Big Brother” candidates, the gym trainees, and the women who had undergone cosmetic surgeries were indeed more narcissistic than their respective control groups, as hypothesized. At that point, we were interested in determining which of these three groups is the most narcissistic. To answer this question, an integrated data file was compiled that included only the participants in the three research groups and five 1-way ANOVAs were performed to compare the total NPI scores and scores for the four subscales of the NPI across the three studies. The results of these comparisons are presented in Table 4.

Table 4. Narcissism scores of the “Big Brother” candidates, the gym trainees, and the women who had undergone cosmetic surgery

<table>
<thead>
<tr>
<th>Scale</th>
<th>“Big Brother” candidates M (SD)</th>
<th>Gym trainees M (SD)</th>
<th>Operated women M (SD)</th>
<th>F(1, 227)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA</td>
<td>0.68 (0.24)</td>
<td>0.60 (0.27)</td>
<td>0.45 (0.25)</td>
<td>13.00**</td>
</tr>
<tr>
<td>SA</td>
<td>0.40 (0.23)</td>
<td>0.41 (0.23)</td>
<td>0.35 (0.20)</td>
<td>1.23</td>
</tr>
<tr>
<td>SASA</td>
<td>0.50 (0.28)</td>
<td>0.41 (0.26)</td>
<td>0.36 (0.24)</td>
<td>4.75*</td>
</tr>
<tr>
<td>EE</td>
<td>0.41 (0.25)</td>
<td>0.45 (0.22)</td>
<td>0.42 (0.17)</td>
<td>0.65</td>
</tr>
<tr>
<td>Total NPI</td>
<td>0.49 (0.21)</td>
<td>0.47 (0.20)</td>
<td>0.40 (0.13)</td>
<td>3.50*</td>
</tr>
</tbody>
</table>

Note. The higher the score, the greater the value of the dependent variable. Means with different subscripts differ significantly at p < .05, according to Scheffe’s test. LA = Leadership/Authority; SA = Superiority/Arrogance; SASA = Self-Absorption/Self-Admiration; EE = Exploitativeness/Entitlement; NPI = Narcissistic Personality Inventory.

*p < .05. **p < .001.

As shown in Table 4, as far as the LA subscale is concerned, the differences between the three research groups were significant at p < .001. According to Scheffe’s post hoc test, this statistical significance is the result of the higher LA scores of both the “Big Brother”
candidates and the gym trainees, as compared to those of the women who had undergone cosmetic surgeries. The differences in the SASA scores of the different groups were also statistically significant, although only at $p < .05$, due to the fact that the SASA level of the “Big Brother” candidates was significantly higher than that of the women who had undergone cosmetic surgery. Finally, the comparison of the total NPI scores of three groups revealed a statistically significant difference between the groups (at $p < .05$) that could be attributed to the higher NPI scores of the gym trainees as compared to those of the operated women. Differences between the SA and EE scores of the three research groups were statistically nonsignificant. Regardless of the statistical significance, the narcissism level of the women who had undergone cosmetic surgery was the lowest in all five comparisons.

While the above analyses compared narcissism among participants in the research groups, another cross-study question may be raised as to which mean narcissism difference between participants and their respective controls was the greatest. Since the number of participants differed in the three studies and significance tests might be affected by these $N$ differences, Cohen’s $d$, which does not involve $N$ values, was used. Cohen’s $d$ is based on the means and standard deviations of two groups ($M_1 - M_2 / s_{pooled}$, where $s_{pooled} = \sqrt{(s_1^2 + s_2^2) / 2}$). This measure enabled comparisons of mean differences across the studies, the results of which are presented in Table 5.

Table 5. Mean narcissism differences (Cohen’s $d$) between “Big Brother” candidates, gym trainees, women who had undergone cosmetic surgery and their respective control groups

<table>
<thead>
<tr>
<th>Scale</th>
<th>“Big Brother” candidates vs. Noncandidates</th>
<th>Gym trainees vs. Nontrainees</th>
<th>Operated vs. Nonoperated women</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA</td>
<td>0.74</td>
<td>0.38</td>
<td>0.48</td>
</tr>
<tr>
<td>SA</td>
<td>0.48</td>
<td>0.26</td>
<td>1.45</td>
</tr>
<tr>
<td>SASA</td>
<td>0.34</td>
<td>0.37</td>
<td>1.1</td>
</tr>
<tr>
<td>EE</td>
<td>0.00</td>
<td>0.09</td>
<td>1.35</td>
</tr>
<tr>
<td>Total NPI</td>
<td>0.43</td>
<td>0.41</td>
<td>1.95</td>
</tr>
</tbody>
</table>

Note. Cohen’s $d$ is a measure of effect size used to indicate the standardized difference between two means. LA = Leadership/Authority; SA = Superiority/Arrogance; SASA = Self-Absorption/Self-Admiration; EE = Exploitativeness/Entitlement; NPI = Narcissistic Personality Inventory.

Interestingly, while the narcissism level of the women who had undergone cosmetic surgeries was lower than those of both the Big Brother candidates and the gym trainees, the difference in narcissism scores between women who had and had not undergone cosmetic surgery was twice the size of the differences observed in the other two studies. This is true with respect to the entire NPI scale, as well as for the SA, SASA, and EE subscales.

In the Big Brother study, however, the leading subscale was the LA, followed by LA and the SASA, while the standardized mean difference in EE scores was actually zero. A similar pattern was observed in the gym study, in which the Cohen’s $d$ of the entire NPI was very close to that observed in the Big Brother study. The leading subscale was the LA, followed by the SASA and the SA; whereas the EE standardized mean difference was once again almost zero.
DISCUSSION

Main Findings

This chapter reports the findings of three studies comparing narcissism among candidates for the “Big Brother” reality TV show, gym trainees, women who have undergone cosmetic surgery, and three control groups. The narcissism levels of all of the research-group participants were significantly higher than those observed in the control groups. Hence, all three hypotheses are supported by the results. Women who had undergone cosmetic surgeries were found to be the least narcissistic group, as compared to both the Big Brother candidates and the gym trainees, but the narcissism difference between them and women who had not undergone and had no intention of undergoing cosmetic surgery was the greatest, as compared to the research–control group comparisons of the other two studies.

The “Big Brother” TV Show

The total NPI scores of the Big Brother candidates were significantly higher than those of the noncandidates and those of the male candidates were higher than those of the male noncandidates. Differences in the LA subscale scores explained most of the differences in the overall NPI scores, while the relationship between participation and the EE subscale was negligible. It has been argued that the LA subscale measures a somewhat adaptive form of narcissism (Watson, Little, Sawrite, & Biderman, 1992). The centrality of the LA subscale in the narcissism of the “Big Brother” candidates should not come as a surprise. Reality shows of this kind emphasize leadership and the main motivation of the participants in such program is the desire to become a celebrity, as expressed by the content of the LA items (e.g., “I really like to be the center of attention”).

The Gym Subculture

The total NPI scores of the gym trainees were significantly higher than those of the nontrainees and those of the male trainees were significantly higher than those of the female trainees, with the LA and SASA scores accounting for this gender difference. This finding is in accord with previous studies of narcissism among male bodybuilders (e.g., Klein, 1993; Rubinstein, 2003). Some of the SASA items (e.g., “I like to look at myself in the mirror” or “I like to display my body”) concretely demonstrate what Kohut (1971) called the selfobject transference of mirroring, in which children need to idealize and emotionally “sink into” and identify with the idealized competence of admired figures. In a gym full of glass mirrors, trainees may have their self-worth reflected back at them. The body in which they have invested so much is tangibly reflected in an actual mirror and this allows them to experience self-soothing.

The effect of training on EE scores was negligible, but among male trainees whose main purpose is bodybuilding via pumping up their muscles, who use protein powder, and who workout four times a week, the EE subscale accounted for the most important proportion of
the total NPI scores. It seems that when gym trainees move from healthy fitness or just shaping their body to bodybuilding, quantity is transformed into quality. This is the narcissistic stage at which self-absorption and self-admiration seem to turn into entitlement (e.g., "I will never be satisfied until I get all that I deserve"), exploitativeness (e.g., "I find it easy to manipulate people"), and lack of empathy and unwillingness to recognize or identify with the feelings and needs of others (American Psychiatric Association, 2013). An extreme example of this dimension of narcissism among male bodybuilders is included in Klein's (1993) ethnographic study, in which bodybuilders demonstrate homophobic behavior, but work as muscle worship hustlers for gay clients: "Many, if not most, other hustlers separated hustling from being gay, even in those relatively rare cases where the hustler was known to be gay" (p. 219).

Cosmetic Surgery

The total NPI scores and the subscale scores among women who had undergone cosmetic surgeries were significantly higher than those observed among women who had not undergone cosmetic surgery and had no plans of doing so. The narcissism difference between these two groups of women was twice the size of the differences found in the other two studies. This last finding may suggest that, at least as far as narcissism is concerned, cosmetic surgery could constitute a more drastic measure than either an intention to take part in a reality show or regular gym training (even for improvement of one’s appearance). Research suggests that cosmetic-surgery patients may be not only narcissistic, but also perfectionists with respect to their bodies (Sherry et al., 2004) and, therefore, potentially hostile, vain, entitled, and grandiose (Fitzpartrick et al., 2011). This impression is supported by the very high $F$ values observed for the comparisons of both the SA and EE scores (as compared to the $F$ values for the comparisons of the LA and SASA scores; see Table 3).

In contrast, the NPI scores of the women who had undergone cosmetic surgery were significantly lower than those of the “Big Brother” candidates and those of the gym trainees. This finding may be gender-related, as Studies 1 and 2 included men and women, while Study 3 included only women. The differences in the levels of narcissism observed between this group of women and the two other research groups can be mainly attributed to differences in scores for the LA subscale (see Tables 4 and 5). A similar LA gender main effect was observed in the Big Brother study, in which the LA scores of men were significantly higher than those of women. The total NPI scores of male trainees were also significantly higher than those of female trainees. These gender differences are in accord with Eagly, Karau, & Makshijani’s (1995) meta-analysis, according to which men are more effective than women as far as leadership is concerned. Morf and Rohdewalt (2001) concluded that narcissistic concerns might manifest differently in each gender due to differences in development and socialization. In social intelligence terms, stereotypical narcissistic behaviors may be more pragmatic for men than for women because, for men, there are relatively fewer costs associated with these behaviors.
Narcissism: A Personality Disorder or a Cultural Phenomenon?

The results of all three studies suggest that although we live in a culture of narcissism, in which every activity and relationship is defined by the hedonistic need to acquire symbols of wealth (Lasch, 1979), there are differences in the levels of narcissism that can be observed among those who choose or choose not to take part in the more narcissistic sectors of society. Putting together the sociological-cultural and the personality levels of analysis, our “culture of narcissism” (Lasch, 1979) offers ever increasing opportunities for grandiose-exhibitionist individuals, who may participate in reality TV shows, put a lot of energy in shaping their bodies and showing them off, or undergo cosmetic surgery (to mention only the phenomena examined in this chapter); whereas vulnerable-sensitive individuals may hide, even if they are narcissistic. This explanation is supported by the results of another study, which showed that Facebook users tend to be more extraverted and narcissistic, but less conscientious and less socially lonely than nonusers (Ryan & Xenos, 2009).

Wink (1991) found “two faces of narcissism,” one implying vulnerability-sensitivity and the other grandiosity-exhibitionism. The former is associated with introversion, defensiveness, anxiety, and vulnerability to life's traumas; whereas the latter is related to extraversion, self-assurance, exhibitionism, and aggression. Similarly, Besser and Priel (2010) compared grandiose narcissism and vulnerable narcissism in terms of emotional reactions to threats involving achievement failure and interpersonal rejection and found that grandiose narcissism significantly predicted greater change in negative outcomes in the context of a high-level achievement threat, but not in the context of a high-level interpersonal-threat. In contrast, high levels of vulnerable narcissism were significantly associated with greater change in negative outcomes in the context of a high-level interpersonal threat, but not in the context of a high-level achievement-threat. Miller and Campbell (2008) compared Hyler’s (1994) Personality Diagnostic Questionnaire (PDQ-4, which is usually used for clinical purposes) to the NPI among a sample of undergraduates and their parents. They found that these scales are significantly interrelated, but that the PDQ-4 captures an emotionally unstable, negative-affect-laden, and introverted variant of narcissism; whereas the NPI captures an emotionally resilient, extraverted form.

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REFERENCES


