

WOMEN'S PATHOLOGICAL NARCISSISM AND ITS RELATIONSHIP WITH SOCIAL APPEARANCE ANXIETY: THE MEDIATING ROLE OF BODY SHAME

Valentina Boursier, Francesca Gioia

Abstract

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Objective: Attention to personal appearance and observers' judgments are integral components of narcissism. However, empirical evidence focused on the association between grandiose/vulnerable traits of narcissism and social appearance anxieties is limited. Moreover, body shame represents a topic of debated interest in the field of narcissism and women's experience of self-consciousness. The aim of the present study is to evaluate the unexplored relationship between covert and overt facets of pathological narcissism and social appearance anxiety, analyzing the mediating role of objectified body shame.

Method: Pathological vulnerable and grandiose narcissism, social appearance anxiety and body shame were assessed in a convenience sample of 775 young women ($M=24.1$, $SD=4.52$).

Results: Body shame fully mediated the association between pathological narcissism and social appearance anxiety, especially for vulnerable narcissists' women.

Conclusions: As expected, vulnerable narcissism had a positive association with social appearance anxieties, and body shame acted as a mediating risky factor. Moreover, as hypothesized and differently from recent findings, also overt narcissism was related to body shame and appearance anxieties. These findings suggest that feelings of shame are essential to deeper understand the narcissistic core features and outcomes. Research and clinical implications are discussed.

Key words: pathological narcissism, body-objectification, body-shame, social appearance anxiety

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1. Introduction

1.1. Social appearance anxiety

Social appearance anxiety specifically refers to concerns about physical appearance and fear of situations in which individuals' overall appearance might be evaluated from the others, including body and face shape, height, and weight (Hart, Leary, & Rejeski, 1989; Hart et al., 2008). Differently from a generic social and/or physique anxiety, the social appearance anxiety definition particularly addresses attention on concerns about individuals' attractiveness, combining personal issues with social comparison anxieties. Moreover, social appearance anxiety may be promoted by the desire and need to create a positive impression on the other, likely reinforced by a personal appraisal of inadequacies to achieve this goal. In other words, individuals who think and negatively evaluate their bodies tend to pay attention to how others view their body. Therefore, social appearance anxiety is directly related to individual's perception of physical appearance and body image (Boursier, Gioia, Griffiths, 2020a; Garcia, 1998; Cash & Fleming, 2002) and, additionally,

to individual's believing and perceiving the other's participation to this evaluation (Leary & Kowalski, 1995). Thus, social appearance anxiety might represent a measure of people's body concerns and dissatisfaction (Hart et al., 2008). It has been demonstrated the role of people's feedback on own appearance concerns (Doğan & Çolak, 2016; Valkenburg, Peter, & Schouten, 2006). Moreover, social appearance anxiety has been explored in association with body-related dimensions, including self-esteem (Sahin, Barut, Ersanli, & Kumcagiz, 2014), fitness engagement (Alemdag, Alemdag, & Ozkara, 2016; Eriksson, Baigi, Marklund, & Lindgren, 2008; Atasoy, Karabulut, & Yalçinkaya, 2016), eating disorders (Claes et al., 2012; Dakanalis et al., 2016; Koskina, Van den Eynde, Meisel, Campbell & Schmidt, 2011; Levinson et al., 2013; Turel et al., 2017), magazine exposure (Trekels, & Eggermont, 2017), as well as in relation to pathological features of the autism spectrum disorders particularly in women (Dell'Osso et al., 2018). Furthermore, the role of general body appreciation has been examined in the relationship between self-confidence and social appearance anxiety, for both women and men (Orkide, 2016). Despite both men and women seem to share similar perceptions of

their physical attractiveness as a function of their level of appearance anxiety (Garcia, 1998), women seem to experience appearance anxiety more often than men (Cusumano & Thompson, 1997; Dakanalis et al., 2016; Jones, Vigfusdottir & Lee, 2004). Finally, according to Hart et al. (2008), personal view of body appearance is also affected by societal and cultural differences, thus social appearance anxiety might be perceived differently in different cultures.

1.2. Narcissistic traits, shame and body concerns

High levels of attention to personal appearance and observers' judgments are integral components of narcissism. Moreover, the relationship between narcissism and body image concerns has been evidenced in terms of a preoccupation with the self (Purton et al., 2018). Many studies have identified associations between negative body image and narcissism (Swami, Cass, Waseem, & Furham, 2015; see Carrotte & Anderson, 2018 for a recent review). However, early studies reported that higher narcissism was associated with more positive body image (Jackson, Ervin, & Hodge, 1992) and lower incidence of disordered eating in women (Karwautz et al., 2001; Steinberg & Shaw, 1997), evidencing the protective role of narcissism on body concerns and experiences (Swami et al., 2015).

These different and somehow controversial considerations problematized the definition of narcissism as a homogeneous construct (Miller, Lynam, Hyatt, & Campbell, 2017). Indeed, as previous literature stated, despite narcissism globally refers to grandiose fantasies and a sense of entitlement, two subtypes of narcissism probably co-exist, characterizing distinct and separate, or fluctuating and co-occurrent, personality traits (Gore & Widiger, 2016; Miller et al., 2017; Ronningstam, 2009). Grandiose narcissism (or 'overt' narcissism) reflects grandiosity traits and is typical of individuals who search for admiration, show high self-esteem, exhibitionism, dominance, and arrogance (Miller & Campbell, 2008; Wink, 1996). Vulnerable/hypervigilant narcissism (or 'covert' narcissism) characterizes individuals with low self-esteem, insecure sense of grandiosity, shame, and hypersensitivity to the others' evaluation (Pincus & Roche, 2011; Dickinson & Pincus, 2003).

In the narcissism research field, several controversies concerning the assessment measures and the unique vs multiple dimension of the construct have been raised. Indeed, many researchers demonstrated that the grandiose and vulnerable dimensions of narcissism have widely divergent nomological network, showing specific patterns of behaviors and different etiological factors (Miller et al., 2010, 2011). Other studies seem to highlight that grandiose and vulnerable narcissistic traits fundamentally share core elements, even though with different manifestations. Consequently, according to specific defensive path, different narcissistic subtype might be established (Broucek, 1982), to face with a common and primary mirroring deficit (Manna & Boursier, 2018). In a clinical psychodynamic perspective (Kernberg, 1998; Kohut, 1971, 1977), the explicit grandiose self-concept displayed by narcissistic individuals masks deep-seated feelings of inferiority, which they try to solve engaging in self-regulatory processes and seeking self-affirmation through the other's view and approval.

Certainly, great attention on self-estimation and hyped concern on the other's evaluation can be

globally considered as key elements of the pathological facets of narcissism. A more recent dynamic self-regulatory processing model of narcissism (Morf & Rhodewalt, 2001) highlighted that fluctuations in self-esteem regulation could lead to changeability from vulnerability into grandiosity. From this perspective, the narcissists' self is shaped from the dynamic interaction of intrapersonal cognitive/affective processes and interpersonal self-regulatory strategies displayed in the social arena (including fluctuations of self-esteem regulation, management of ego ideals, perfectionism, and self-criticism) (Ronningstam, 2010). According to this perspective, grandiose or vulnerable self-concepts appear to underlie the common persistent goal of obtaining external self-affirmation (Morf & Rhodewalt, 2001), eliciting different and opposite responses.

Recently, Hyatt and colleagues (2017) demonstrated that grandiose and vulnerable subtypes provide different responses to ego-threat: they both exhibit anger, however aggression and externalization are more typical of grandiose narcissists' responses. Conversely, sadness and shame seem to characterize vulnerable narcissism. Moreover, Schoenleber and Berenbaum (2012) highlighted that vulnerable and/or grandiose narcissism will result from inappropriate or maladaptive use of a self-shame-regulation process that can lead to the development or maintenance of personality pathology.

Shame is a negative emotion linked to the combination of two mixed perspective involved in self-viewing: a personal self-estimation within a perspective of social quotation. In other words, the personal experience of shame is accompanied by a perception of failure (Troisi, 2018), related to an active self-condemnation and a passive feeling of being exposed. Moreover, according to Schimmenti (2012), the shame experience occurs from the individual's self-representation while remaining an intimate relational experience. Indeed, shame originates from individuals' bad self-evaluation, which can lead to unpleasant emotions about the public self and experiences of personal distress (Tracy & Robins, 2004). Within the psychoanalytic framework (Kohut, 1971), the experience of self-shame has been considered pervasive in narcissistic personality and the basic form of unpleasure which affects this disturbance (Broucek, 1982). In their perspective, Tracy and Robins (2004) proposed that the experience of shame is a central feature of narcissism, strictly related to self-esteem discrepancies and unconscious feelings of insecurity, conversely expressed through grandiose self-views. In this regard, grandiosity should be oriented to prevent low self-esteem and a conscious experience of shame. Furthermore, and more recently, a growing empirical consensus evaluates shame and social anxiety as key features of narcissism (Carrotte & Anderson, 2019; Bilevicius et al., 2019; Purton et al., 2018; Swami et al., 2015).

There is general consensus in considering that people who tend to experience shame are more likely to suffer from low self-esteem. Therefore, even though self-esteem may not be adequately measured by a self-report measure (Miller et al., 2017), the vulnerable dimension of narcissism has been generally associated with self-shame (Bilevicius et al., 2019; Cain et al., 2008; Freis, Brown, Carroll, & Arkin, 2015; Malkin, Barry, & Zeigler-Hill, 2011; Pincus et al., 2009; Ritter et al., 2014, Ronningstam, 2009). On the contrary, despite individuals with elevated (grandiose) narcissism might be expected to down-regulate shame via physical and verbal aggression (Schoenleber & Berenbaum, 2012), generally grandiose narcissism

has been negatively associated with shame-related experiences (Czarna, 2014; Wright, O’Leary, & Balkin, 1989; Pless, Torstveit, Lugo, Andreassen, & Sütterlin, 2018; Schröder-Abé & Fatfouta, 2019). Certainly, the capacity of self-regulation represents a risk-factor for personality pathology (Gratz & Roemer, 2004; Werner & Gross, 2010), and grandiose narcissists have demonstrated higher ability to regulate challenging emotions than vulnerable narcissists (Di Pierro, Di Sarno, & Madeddu, 2017).

Previous research highlighted that individuals who scored highly on vulnerable narcissism more likely based their self-worth on appearance (Zeigler-Hill, Clark, & Pickard, 2008). However, a specific association between pathological narcissism and individuals’ body image concerns has been evidenced, especially in women (Davis, Claridge, & Cerullo, 1997). Additionally, the predictive role of both grandiose and vulnerable pathological traits of narcissism has been found related to women’s body dissatisfaction (Swami et al., 2015).

More recently, specific direct and indirect associations between vulnerable narcissism and high levels of body dissatisfaction and shame have been demonstrated among young men and women, highlighting the strict relationship among this expression of narcissism and body concerns (Carrotte & Anderson, 2019; Purton et al., 2018). Therefore, reasonably, body concerns and dissatisfaction are closely associated with the vulnerable expression of narcissism. However, also the pathological facet of grandiose narcissism has been found significantly related to negative body image (Swami et al., 2015).

Accordingly, it is possible to assume that both the narcissistic facets are characterized by a severe concern for one’s appearance and need for approval (Back, Schulke, & Egloff, 2010; Vazire, Naumann, Rentfrow, & Gosling, 2008). However, it might be supposed that different narcissistic traits/expressions differently influence individuals’ levels of self-objectification and body image-related outcomes (Swami et al., 2015; Zeigler-Hill et al., 2008).

1.3. Narcissism and women’s self-objectification

The role of narcissism in the relationship between body image concerns and the risk of self-objectification represents a key issue only partially explored in literature, also considering its connection with related body-image behaviors (Boursier, Gioia, & Griffiths, 2020b, 2020c; Swami et al., 2015). Very recently, Carrotte and Anderson (2019) stated that self-objectification processes are differently related to narcissistic traits and body-image outcomes. Specifically, hypersensitive traits seem to be related to body-objectification as a specific risky factor. On the contrary, despite previous literature generally identified positive associations between grandiose narcissism and self-objectification (Davis, Dionne, & Shuster, 2001; Davis, Karvinen, & McCreary, 2005; Lipowska & Lipowski, 2015), overt narcissism has been recently evidenced as a protective factor in the relationship between body-objectification and body image concerns, resulting in a lower association with body shame among women (Carrotte & Anderson, 2019). Further exploration on the association between narcissisms and body-objectification is needed, also considering gender-related peculiarities. In fact, as literature stated, women seem to have higher covert predisposition than

men (Casale, Fioravanti, & Rugai, 2016a; Casale, Fioravanti, Rugai, Flett, & Hewitt, 2016b; Grijalva et al., 2015).

Due to cultural and psychological factors, women seem to be more engaged in body appearance concerns and vulnerable to the others’ approval, experiencing higher social and internal pressure on their body image. Indeed, women commonly evaluate themselves in terms of their own body attractiveness and, especially in Western culture - as a result of predominantly image-based societies - women seem to objectify their bodies, perceiving themselves as pervasively observed and evaluated by others through their physical appearance (Fredrickson & Roberts, 1997; Swim, Hyers, Cohen, & Ferguson, 2001; Holland & Tiggemann, 2016; Karsay, Knoll, & Matthes, 2018). According to the *objectification theory* (Fredrickson & Roberts, 1997), women learn to assume and internalize an outside observer’s perspective on their physical selves, together with socio-cultural body standards that they feel forced to accomplish. In this regard, the internalization of an external view on body appearance typically leads women to repeat experiences of self-objectification, in which they are judged - and judge themselves - by how they appear, encouraging self-body surveillance and shame (Aubrey, 2006; Fredrickson & Roberts, 1997; Meier & Gray, 2014). Particularly, within this perspective, *body shame* refers to the perceived sense of failure in achieving expectations of beauty and appearance (McKinley & Hyde, 1996). Obviously, assuming an outside observer’s perspective, the constant monitoring of own appearance might lead to increased body shame when women perceive their bodies as discrepant with unrealistic feminine beauty ideals (Calogero, Boroughs, & Thompson, 2007; Grabe, Ward, & Hyde, 2008; Moradi & Huang, 2008). This theoretical framework and the related psychological body-focusing processes allow to explore the socio-psychological phenomenon which drives prevalent body image concerns among women (Aubrey & Frisby, 2011; Graff, Murnen, & Krause, 2013; Hatton & Trautner, 2011). For instance, previous research suggested that possible negative outcomes of women’s self-objectification include less body satisfaction, decreased well-being and self-esteem, increased appearance anxiety and self-monitoring, a bigger risk for disordered eating, and increased body shame (Adams, Tyler, Calogero, & Lee, 2017; Breines, Crocker, & Garcia, 2008; Calogero, 2004; Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998; Moradi & Huang, 2008; Noser & Zeigler-Hill, 2014). Furthermore, self-objectification has been associated with a greater prevalence of self-harming behaviors (Harrell, Fredrickson, Pomerleau, & Nolen-Hoeksema, 2006; Muehlenkamp, Swanson, & Brausch, 2005), women’s attitude for body manipulation via cosmetic surgery (Calogero, Pina, Park, & Rahemtulla, 2010), and higher rate of mental health risks, including depression (Grabe et al., 2008; Tiggemann & Kuring 2004).

In particular, body shame has been identified as a key negative emotional consequence of self-objectification (Fredrickson & Roberts 1997; Moradi & Huang 2008), consistently mediating the effects of self-objectification on women’s well-being and mental health (Noll & Fredrickson 1998; Quinn, Kallen, Twenge, & Fredrickson, 2006; Tiggemann & Slater, 2013, 2015, 2017). Consequently, body shame has been evidenced as a critical variable in the objectification theory framework and women’s self-experience (Calogero, Afroditi, Park, & Rahemtulla, 2010; Moradi & Huang 2008, for reviews). Finally, the

correlation between body shame and social anxiety has been already evidenced (Thompson, Dinnel, & Dill, 2003), and appearance anxiety and shame have been specifically reported in women with eating disorders (Calogero, Davis, & Thompson, 2005; Calogero & Thompson, 2009), as well as in non-clinical groups (Monro & Huon, 2005).

In light of these considerations, it would be possible to suppose that body appearance concerns affect specifically hypersensitive narcissistic women, particularly engaged in experiences of shame and vulnerability to the others' approval.

1.4. The present study

Individuals with high levels of narcissistic vulnerability appear to have heightened sensitivity to their social environments (Hopwood et al., 2011), thus, they may be hypervigilant to their body appearance and the observer's judgement (Dickinson & Pincus, 2003). The literature on narcissism specifically evidenced a higher predisposition of women to the covert, vulnerable, and hypervigilant form of narcissism (Casale et al., 2016a, 2016b; Grijalva et al., 2015). In line with this, it has been shown that mostly vulnerable narcissists are shame-prone (Schoenleber & Berenbaum, 2012), and women are particularly concerned about how they appear, more vulnerable to the other's evaluation on their appearance, and more involved in preoccupations on body ideal achievement (Dakanalis et al., 2016, Swami et al. 2015). On the contrary, grandiose narcissism is characterized by higher self-esteem, self-promotion, and immodesty. However, the need for admiration and others' approval seems to characterize also overt narcissists and, consequently, self-exhibition can conversely express unconscious feelings of insecurity and shame (Broucek, 1982; Tracy & Robins, 2004). For these reasons also grandiose narcissistic individuals might be involved in body concerns and appearance anxieties, but less than vulnerable ones (Carrotte & Anderson, 2019).

Therefore, it seems reasonable to hypothesize that body concerns and dissatisfaction might be more closely associated with the vulnerable expression of narcissism. However, empirical evidence specifically focused on the association among grandiose/vulnerable traits of narcissism, body concerns, and appearance anxieties is limited (Purton et al., 2018). Moreover, no previous studies have explored the effect of pathological narcissism on social appearance anxiety, taking into account the possible role played by body shame, which could represent a key element involved in both women's narcissism and appearance concerns. Therefore, the present study evaluated the main and indirect effects of pathological narcissism and body shame on young women's social appearance anxiety, hypothesizing that pathological narcissistic traits would predict social appearance anxiety and that body shame would significantly mediate this relationship, reinforcing it. In particular, due to the typical characterization of the hypersensitive aspect of narcissism, it was expected that vulnerable narcissistic traits would be positively associated with higher body shame, which in turn would be related to greater social appearance anxiety. On the contrary, due to the typical characterization of grandiose fantasies and self-representation underlying the overt form of narcissism, it was expected a lower (but ongoing) association between women's grandiose narcissism and body shame, and a lower (but ongoing) predictive association between this expression of

narcissism and body appearance anxieties. Furthermore, taking into account the pervasive risk of women's self-objectification especially in Western culture, body shame has been hypothesized and tested as a significant mediator (and a specific risk factor) in the relationship that both grandiose and vulnerable narcissism have, in predicting social appearance anxiety.

2. Methods

2.1. Participants and procedure

The recruitment of participants was carried out by advertisements shared on Italian university web communities visited by many undergraduate students. All data were collected via an online survey through a website link that participants had to click on to complete the questionnaire. A total of 775 young women (mean age = 24.1 years, SD = 4.52) took part in the online survey study. Before filling out the survey, all participants were informed about the aim of the study, the nature of the research, and the measures to be used in generating the data. Participation was voluntary without remunerative rewards. Confidentiality and anonymity were assured, and all participants were informed that they could interrupt the study at any time. The study was approved by the research team's University Research Ethics Committees and was conducted according to the ethical guidelines for psychological research laid down by the Italian Psychological Association (AIP).

2.2. Measures

Pathological Narcissism Inventory (PNI). The Italian version of the 52-item PNI (Fossati, Feeney, Pincus, Borroni, & Maffei, 2015; original English version by Pincus, 2013; Pincus et al., 2009) has been used to evaluate overt and covert characteristics of grandiose and vulnerable narcissism. The scale was rated on a six-point Likert scale ranging from 1 (*not at all like me*) to 6 (*very much like me*). The PNI consisted of seven first-order subscales: (i) contingent self-esteem (e.g., "It's hard to feel good about myself unless I know other people admire me"), (ii) exploitativeness (e.g., "I find it easy to manipulate people"), (iii) self-sacrificing self-enhancement (e.g., "I try to show what a good person I am through my sacrifices"), (iv) hiding the self (e.g., "I often hide my needs for fear that others will see me as needy and dependent"), (v) grandiose fantasy (e.g., "I often fantasize about performing heroic deeds"), (vi) devaluing (e.g., "Sometimes I avoid people because I'm concerned that they'll disappoint me"), and (vii) entitlement rage (e.g., "I typically get very angry when I'm unable to get what I want from others"). The average score of contingent self-esteem, hiding the self, devaluing, and entitlement rage corresponded to the second-order narcissistic vulnerability scale. Finally, the narcissistic grandiosity was obtained from the average score of exploitativeness, self-sacrificing self-enhancement, and grandiose fantasy. In the present study, Cronbach's alpha values of the first-order scales were very good and ranged from .76 (exploitativeness) to .92 (contingent self-esteem). The Cronbach's alphas for grandiose narcissism and vulnerable narcissism were respectively .85 and .94.

Body Shame (BS). The Body Shame subscale from the Italian version of the OBCS (Dakanalis et al., 2015; original English version by McKinley & Hyde, 1996) has been used to assess the degree to which participants

feel ashamed about their bodies and its appearance. This subscale comprised 8 items (e.g., “I feel ashamed of myself when I haven’t made the effort to look my best”) rated on a 7-point Likert scale, from 1 (*strongly disagree*) to 7 (*strongly agree*). In the present study, Cronbach’s alpha value was very good (.88).

Social Appearance Anxiety Scale (SAAS). The Italian version of SAAS has been used (Dakanalis et al., 2016; original English version by Hart et al., 2008) to assess participants’ social appearance anxiety. Specifically, this scale tests anxiety about being negatively evaluated by others because of overall appearance and body shape (e.g., “I get nervous talking to people because of the way I look,” and “I worry that others talk about flaws in my appearance when I’m not around”). The 16-item SAAS scale was rated on a 5-point Likert ranging from 1 (*not at all*) to 5 (*extremely*). In the present study, the Cronbach’s α value was excellent (.95).

2.3. Statistical analysis

Descriptive statistics were used to assess the mean and standard deviation of the variables. Pearson’s correlations between the study variables were performed. Two independent mediation models have been tested to evaluate the mediating effect of body shame on the relationship between women’s narcissistic grandiosity or vulnerability and social appearance anxiety. All statistical analyses were performed using the Statistical Package for Social Sciences SPSS (Version 26 for Windows). Mediation analyses were conducted by using Model 4 of Hayes’s (2017) Process Macro for SPSS with 1000 bias-corrected bootstrap samples.

3. Results

Descriptive analyses and bivariate correlations are shown in Table 1. Significant positive correlations have been found among covert and overt narcissisms, body shame, and social appearance anxiety. The two proposed mediation models (**figure 1**) were tested. Concerning the first model, as showed in **table 1**, the narcissistic vulnerability had a significant direct effect on body shame ($a: \beta=.866; SE=.053; t=16.445; p<.001$) and social appearance anxiety ($c’: \beta=.389; SE=.037; t=10.525; p<.001$). Moreover, body shame had a significant direct effect on social appearance anxiety ($b: \beta=.414; SE=.022; t=19.060; p<.001$). Finally, the total effect of narcissistic vulnerability on social appearance

anxiety was significant ($c: \beta=.747; SE=.039; t=19.393; p<.001$) and the bias-corrected bootstrapping mediation test indicated that narcissistic vulnerability predicted social appearance anxiety via body shame ($a*b: \beta=.359; SE=.028; Bootstrap\ 95\%CI [.302, .411]; p<.001$). The first model explained 54.3% of the total variance of social appearance anxiety. Furthermore, in the second model, narcissistic grandiosity had a significant direct effect on body shame ($a: \beta=.590; SE=.066; t=8.901; p<.001$) and social appearance anxiety ($c’: \beta=.104; SE=.040; t=2.564; p<.05$). Moreover, body shame had a significant direct effect on social appearance anxiety ($b: \beta=.514; SE=.021; t=24.593; p<.001$). Finally, the total effect of narcissistic grandiosity on social appearance anxiety was significant ($c: \beta=.407; SE=.051; t=7.916; p<.001$) and the bias-corrected bootstrapping mediation test indicated that narcissistic grandiosity predicted social appearance anxiety via body shame ($a*b: \beta=.303; SE=.035; Bootstrap\ 95\%CI [.238, .379]; p<.001$). This second model explained 48.1% of the total variance of social appearance anxiety.

4. Discussion and Conclusion

This study surveyed a specific sample of Italian young women and tested two mediation models to explore the predictive role of vulnerable and grandiose narcissism on body appearance anxieties via body shame. Due to the typical characterization of the hypersensitive aspect of covert narcissism, it was hypothesized that women with higher vulnerable narcissism would have experienced higher body shame, which in turn would have been related to greater social appearance anxiety. Moreover, considering the overt narcissists’ higher self-consideration and admiration demand, it was hypothesized that women with grandiose narcissism would have similarly experienced social appearance anxiety, but lower than vulnerable narcissist women. Furthermore, resulting from a self-objectification process that typically affects women, it was hypothesized that body shame would have played a significant mediating role on the predictive relationship between both vulnerable and grandiose pathological narcissism and social appearance anxieties, acting as a risk factor.

Consistent with expectations, results showed a clear direct effect of pathological narcissistic traits on social appearance anxiety. These findings are consistent with literature, as they showed that appearance concerns are closely associated with the pathological expression of narcissism. In particular, this study

Figure 1. The two proposed mediation models

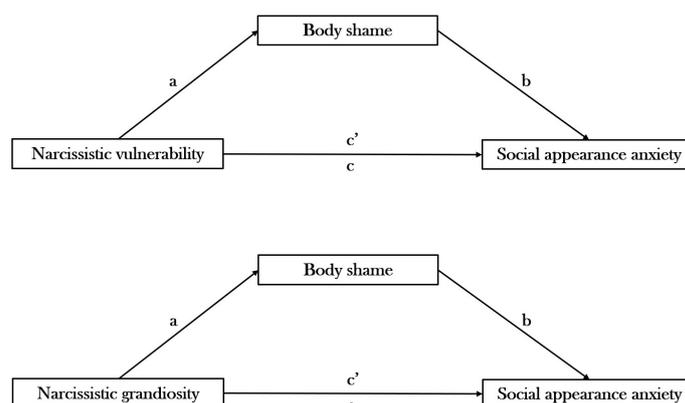


Table 1. Models of the effect of young women's narcissistic grandiosity and vulnerability on social appearance anxiety with mediating effect of body shame

		Model 1 (Social appearance anxiety)		Model 2 (Body shame)		Model 3 (Social appearance anxiety)	
		β	t	β	t	β	t
Narcissistic vulnerability		.389	10.525***	.866	16.445***	.747	19.393***
Body shame						.414	19.060***
R²	.543***						
F_(2,772)	457.835						
*** $p < .001$							
		Model 1 (Social appearance anxiety)		Model 2 (Body shame)		Model 3 (Social appearance anxiety)	
		β	t	β	t	β	t
Narcissistic grandiosity		.104	2.564*	.590	8.901***	.407	7.916***
Body shame						.514	24.593***
R²	.481***						
F_(1,773)	358.222						

* $p < .05$; *** $p < .001$

showed a stronger association between the vulnerable expression of pathological narcissism and appearance concerns (Carrotte & Anderson, 2019; Purton et al., 2018). However, according to Swami et al. (2015), it also showed that the pathological aspect of grandiose narcissism is significantly associated with body anxieties.

Moreover, as hypothesized, the predictive effect of pathological narcissism on appearance anxieties was particularly reinforced through the effect of body shame. This result evidenced the pivotal role played by an objectified body shame in the relationship between narcissism and appearance anxiety, confirming its risk function as a negative emotional consequence of women's self-objectification, in Western culture. Additionally, as it was expected, vulnerable narcissism had a positive association with body shame, stronger if compared to grandiose narcissism. This finding confirmed the hypothesis that women with higher vulnerable narcissistic traits (usually more concerned with their appearance and social approval) would have experienced higher body shame. Additionally, it seems confirmed that the women's typical internalization of a sense of failure in achieving beauty and body ideals would have played a negative function. Furthermore, as expected, also overt narcissism was related to body shame. Differently from a recent study (Carrotte & Anderson, 2019), this finding evidenced the pervasive dimension of shame within women's pathological narcissism. Moreover, it supported the idea that inflated and narcissistic overstatements might hide deeper feelings of inadequacy and shameful experiences (Brown, Budzek, & Tamborski, 2009; Gabbard, 1989; Schimmenti, 2012; Kernberg, 1998).

In this regard, the present findings seem to

contribute to the increasing literature indicating associations between pathological personality traits and body image-related anxieties, especially in narcissistic women. Furthermore, the present study contributes toward a better comprehension of the association between pathological narcissism and body appearance concerns, enlarging knowledge on the facets of narcissism and leading to implications for health promotion and/or clinical interventions. Particularly, these results highlighted the importance to consider both narcissistic traits as different polarities of narcissism, deserving attention especially on the vulnerable one, that appears more clearly fragile and consistently engaged in body-related anxieties and behaviors. However, the grandiose facet of narcissism seems to be similarly involved in appearance anxieties and experiences of body shame. Therefore, these findings seem to confirm the perspective by which the grandiose self represents an evolving compensatory formation, principally instigated by deeper shame experiences, due to elements of discrepancy between expectation and reality (Broucek, 1982). In this regard, women's consciousness of personal experience of body shame seems to be higher and it deserves specifically consideration if compared to previous findings on self-evaluation of personal feelings of generic shame in grandiose narcissists (Carrotte & Anderson, 2019; Czarna, 2014; Poless et al., 2018; Schröder-Abé & Fatfouta, 2019). Furthermore, likely covering the sense of self-inadequacy with explicit expressions of immodesty, self-promotional, and self-enhancing behaviors, grandiose narcissists could assume a more protective function or a better strategy of coping, to deal with this core feature of narcissism. Likewise, individuals with high levels of narcissistic grandiosity

seem to preserve their emotional regulatory abilities if compared to vulnerable narcissists.

In this study, the role of body shame has been demonstrated as a key component of women's narcissism and a specific risk factor in the relationship between narcissism and social appearance anxiety, demonstrating new insights into the objectification theory which deserves further empirical attention, also in comparison to other cultures where appearance and body shame might be perceived differently. Additionally, the narcissists' believing and perceiving the other's participation to own evaluation of personal attitudes, appearance, and characterizations deserve attention as a specific risk for the identity construction process. These findings also may have useful implications considering the association between narcissism and physical experiences via body shame and the risk of maladaptive and unhealthy responses that involve women's body-related, potentially harmful, behaviors (Harrell et al. 2006; Muehlenkamp et al. 2005). Moreover, particular attention should be addressed to the narcissists' engagement in the self-shame-regulation process which might involve both the expressions of pathological narcissism in association with defensive strategies, such as shame-aversion or shame-proneness, and which might sustain the development and/or maintenance of personality pathology (Schoenleber & Berenbaum, 2012). Within the sample of both vulnerable and grandiose narcissistic women here considered, the great involvement in experience of conscious body shame could suggest further exploration in this direction, also in connection with other potential maladaptive strategies and functioning.

Overall, according to Bilevicius et al. (2019), the findings of this study suggest that feelings of shame are essential to deeper understand the narcissistic core features and outcomes, as well as the specific link between narcissism and appearance anxieties.

Some limitations of the present study also need to be addressed when interpreting the findings. Firstly, the study used a self-report survey and its potential biases have to be estimated, in consideration of the potential inadequacy of the variables' assessment via self-report measures. Specifically, considering the narcissists' need to maintain a positive and inflated self-view searching for approval and social desirability, a self-report survey might represent a limitation (Di Sarno, Di Pierro, & Madeddu, 2018). Secondly, the cross-sectional nature of the study and the specific geographic area of the sample might limit the ability to formally test the causality of the data. Consequently, it might be interesting to test this mediating model on different samples from different geographic areas and cultures. Furthermore, it would have been interesting to investigate gender differences, testing the same model also on a male sample, eventually to verify heterogeneity or homogeneity in results. It might be remarkable to take gender peculiarities in consideration for further explorations, also concerning the male's increasing involvement in body-objectification processes (Boursier et al., 2020c; Daniel & Bridges, 2010; Dakanalis et al., 2015; Gioia, Griffiths, and Boursier, 2020; Hatton & Trautner, 2011; Manago, Ward, Lemm, Reed, & Seabrook, 2015; Moradi, 2010; Vandenbosch & Eggermont, 2013). Certainly, other aspects could have been explored alongside the variables investigated here, which could represent trajectories for future research. For example, taking into account the affective-regulation process which could be implicated differently in both facets of narcissism, additional

investigations might be needed to evaluate the influence of other pathological dimensions and functioning, such as depression, emotion dysregulation or alexithymia, on the relationship between narcissism and social anxiety. For instance, clinical interventions on emotion regulation have been already suggested for their utility in narcissistic women (Garofalo, Virgilio, Bogaerts, & Schimmenti, 2019). Finally, specific attention should be addressed on the potential health outcomes of this pattern of functioning on people's psychological distress and well-being, specifically taking into account body-related behaviors and attitudes.

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